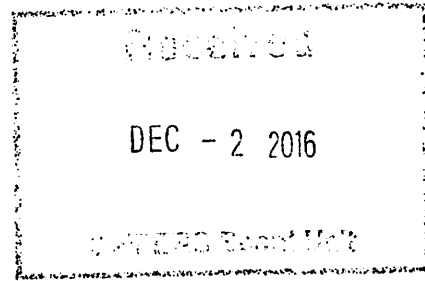


ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

DATE: 11/29/16

TO: CHEREE SWEDENSKY, Assistant to the Board
EXECUTIVE OFFICER
P.O. BOX 942701
Sacramento, CA 94229-2701
Fax 1-916-795-3972



RE: RYANN MULLEN CALPERS ID:
PETITION FOR RECONSIDERATION

I am contacting you regard the most recent correspondence in which I received 11/27/16 indicating the Board of Administration has made a decision to deny my appeal dated 1/27/15. I am informing you that I am in disagreement with the Board of Administration decision. Therefore, I am notifying you of my appeal for reconsideration.

I would once again like to bring your attention to attached report of Dr. Phillip Kanter, M.D. F.A.C.S. (Fellow American of College Surgeons) with a report date of April 06, 2013 and evaluation date of March 06, 2013. The evaluation in which the report is indicating was an Agreed Medical Evaluation requested by Cal Pers Retirement. The Doctor was chosen by Cal Pers list of Doctors qualified to conduct these evaluations. I would then have to agree to attend this evaluation and the findings of Dr. Phillip Kanter, M.D. F.A.C.S., in which I did. As you will see this report consisted of a six hour evaluation with Dr. Phillip Kanter, M.D. F.A.C.S. requested by Cal Pers to make a decision as to my incapacitation in my former position with the Department of Corrections as a Correctional Case Records Analyst. Dr. Phillip Kanter, M.D. F.A.C.S. final findings indicated that I had reached maximum improvement as to cervical spine, right shoulder, right wrist/hand.

Furthermore, Cal Pers requested Dr. Phillip Kanter, M.D. F.A.C.S. to base his findings and decision based American Medical Association's Guides to Evaluation of Permanent Impairment, Fifth Edition. This resulted in the following findings by Dr. Phillip Kanter, M.D. F.A.C.S., In regards to **Cervical Spine** a category II with a continuous trauma; including asymmetric loss of motion and nonverifiable radicular symptomatology, **right shoulder** has a 3% upper extremity impairment due to loss of motion converted to a 2% whole person with a 3% pain-related impairment added, **right wrist/hand** a 4% upper extremity impairment then converted to a 2% whole person. The various whole person impairment was then combined using the Combined Value Chart equating to a 15% total whole person impairment. (All findings being on page 28. Dr. Phillip Kanter, M.D. F.A.C.S. , findings were based on all medical records, radiology reports and test dating as far back as 2010 . I would like to add all this documentation was submitted to Cal Pers during my appeal process.

I would now like to take you to my first treating Occupational Therapy Dr. Carlos Guerrero, M.D.'s report attached dated October 16, 2012. Dr. Carlos Guerrero's M.D.'s findings were consistent with the ultimate findings of Dr. Phillip Kanter, M.D. F.A.C.S. indicating patient (myself) is permanent and stationary with a medical improvement with work restrictions as stated on page 14 and 15 of his report. These restrictions cannot be met as you will see in the attached job description and job physical requirements as a Case Records Analyst.

As to attached reports of local continuous treating Physician, Dr. Alan Moelleken, M.D., from The Spine and Orthopedic Center dated January 28, 2015 the findings are again in agreement and consistent with Dr. Phillip Kanter, M.D. F.A.C.S. findings during the Agreed Medical Examination. The findings indicate the patient (myself) is permanent and stationary and patient must remain off work unless and until such modified work is made available (page 3).

As you will see in the attached documentation by State of California Worker's Compensation Board dated December 12, 2013 (page 7) the ultimate decision was based on the findings in Agreed Medical Examination report dated June 21, 2013 indicating a total impairment of 14% whole body.

Subsequently after all findings by the above treating Physicians I received documentation for Cal Pers Retirement indicating I would now be required to attend an Independent Medical Evaluation in which Cal Pers would once again choose the Physician from their qualified list. Cal Pers chose Dr. Ghol B. Ha'Eri, M.D., in which I agreed. Attached you will see the attached report dated October 21, 2014. This evaluation consisted of a onetime visit consisting of a 45 minute face to face encounter and a medical records review of 2 hours and 45 minutes. As you will see there was a complete inconsistency between Dr. Ghol B. Ha'Eri, M.D.'s findings and all other treating Physicians above including that of Dr. Phillip Kanter, M.D. F.A.C.S. Dr. Ghol B. Ha'Eri's ultimate opinion being all impairment had been resolved and the patient (myself) in no longer substantially incapacitated to perform the position with California Department of Corrections as a Case Records Analyst (page 8).

I then received the attached Cal Pers Retirement correspondence date January 22, 2015 indicating after further review and report of Dr. Ghol B. Ha'Eri that I was no longer substantially incapacitated and would be reinstated to my former position with California Department of Corrections as Correctional Case Records Analyst. Thus leading to my 1st appeal.

My appeal with Cal Pers was conducted on August 09, 2016 at 11:00 am before the Honorable Judge, Ed Washington. In this hearing both Dr. Gohl B. Ha'Eri and myself were called to testify. During this hearing I indicated there were other reports by other treating Physicians not included in the evidence/exhibits by Cal Pers in which conflicted with Dr. Gohl B. Ha'Eri's testimony and findings. I then indicated that should I be granted an extension or opportunity I could provide them, in which I was granted the extension of 3 weeks.

However, due to personal issues and time constraints in obtaining these reports I was unable to provide the documentation requested. Furthermore, during Dr. Gohl B. Ha'Eri's testimony he indicated it was his opinion that Dr. Phillip Kanter, M.D. F.A.C.S. was not an upper extremity specialist and therefore not qualified to conduct the Agreed Medical Examination or make a decision as to my incapacitation.

I would like to point out again the Dr. Phillip Kanter, M.D. F.A.C.S. is part of the Fellow American College of Surgeons Organization and was chosen by Cal Pers Retirement from their Qualified list of Physician's to perform an Agreed Medical Examination and present his ultimate findings.

I am concluding with the understanding that through rigorous treatment and medication I am not currently pain free and still suffer each and every day with the symptoms indicated. I have obtained employment as a Judicial Courtroom Assistant with the Superior Court of California County of Kern out of necessity of being the sole provided for my family. Furthermore at no time was I offered any modified/light duty with the Department of Corrections in my former position as a Case Records Analyst.

Thank you in advance for your time and consideration.

RYANN MULLEN

—
Enclosures: Supporting Physician(s) Documentation
 Job Descriptions

PHILLIP J. KANTER, M.D., F.A.C.S.

A PROFESSIONAL CORPORATION

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ORTHOPAEDIC SURGERY

DIPLOMATE AMERICAN BOARD OF
ORTHOPAEDIC SURGERY
FELLOW AMERICAN ACADEMY OF
ORTHOPAEDIC SURGERY

INDEPENDENT MEDICAL EXAMINER
AGREED MEDICAL EXAMINER
QUALIFIED MEDICAL EVALUATOR

William Todd Berry, Esquire
Law Offices of William Todd Berry
1800 30th Street, Suite 330
Bakersfield, CA 93301

Ms. Gina Quiban, Adjuster
State Compensation Insurance Fund
P.O. Box 65005
Fresno, CA 93650-5005

AGREED MEDICAL EVALUATION
ML104-94

Case Identifiers:

Patient: Ryann Mullen

DOI: CT 09/06/10-09/06/11

Evaluation Date: 03/06/13

CASE IDENTIFIERS:

Patient Name: Ryann Mullen
Patient Address:
Employer: Wasco State Prison
Social Security #:
Date of Birth:
Claim #: 05738204
WCAB #: ADJ 8607420
Date of Injury/Illness: CT 09/06/10-09/06/11
Report Date: 03/06/13
Date of Care: N/A (Seen For Evaluation Purposes Only)

Dear Ms. Quiban & Mr. Berry:

The above individual entered this office today for an orthopaedic evaluation. This evaluation qualifies as an **ML104-94**. Three and three-quarter hours were spent in face-to-face contact with the patient. Six hours were required to review the medical records. This physician spent four and one-half hours on report preparation.

MEDICAL HISTORY:**CHIEF COMPLAINTS:**

1. Cervical pain with radiculitis.
2. Right shoulder pain.
3. Right wrist/hand pain.

NARRATIVE HISTORY:

This 35-year-old female correctional analyst sustained injuries due to her industrially related duties on a continuous trauma basis from September 6, 2010 to September 6, 2011.

The patient stated she developed pain in her cervical spine, right shoulder, with pain radiating down her arm, and right wrist/hand, with numbness and tingling from the right forearm down to the hand and fingers in approximately 2010. She attributes her symptoms to repetitive motion including, but not limited to, repetitive typing on a computer keyboard, repetitive use of a computer mouse, pulling papers from files, filing, and sorting. She did not report it to her employer initially, as she did not know it was a work injury.

She saw her own doctor at Kaiser, Dr. Myat Han, starting in 2010, for the right shoulder and scapular region. She was examined, and x-rays were taken. She was told she had "severe tendinitis." Muscle relaxants were prescribed. At some point, she was taken off of work for two to three weeks. As she continued working, her symptoms increased to the point of developing severe headaches due to the radiating pain from the shoulder and neck.

On September 6, 2011, she went to an urgent care due to severe pain and numbness on the right side of her face. An injection was given, and she was released the same day. She was advised to see her own doctor, whom she saw on September 8, 2011, and she was taken off work. Dr. Han kept her off of work, and muscle relaxants were prescribed. She was advised that her symptoms were due to repetitive work.

The patient then reported it to her employer. She was referred to Dr. K. Mason at Kaiser Occupational. She was examined, and an arm sling was provided. She was given restrictions, but she could not be accommodated by her employer, so she remained off. She had physical therapy two times a week for approximately eight weeks. The treatment modalities consisted of ultrasound, electrical stimulation, hot/cold packs, range of motion, and exercises. She states these were not beneficial. In fact, she believes it worsened her condition.

In approximately March of 2012, she had a cortisone injection into the right shoulder. This provided some relief for about 12 hours only. Medications were prescribed. X-rays and MRI studies of the right shoulder and cervical spine were done. The studies revealed "severe tendinitis" in the shoulder. She does not know the results of the studies of the cervical spine. A nerve test was also done of the right upper extremity. This revealed "slight carpal tunnel syndrome."

In approximately October of 2012, Dr. Guerrero at Kaiser Occupational declared her permanently disabled at 7%, with permanent restrictions.

The patient subsequently retained counsel and in approximately November of 2012, she was referred to Dr. M. Price and Dr. A. Moelleken. Medications and topical patches were prescribed. X-rays were taken. She does not know the results of the x-rays. An MRI study of the cervical spine was done. She was informed there were "two bulging discs." An MRI study of the right shoulder revealed "severe tendinitis." She had physical therapy and chiropractic treatments two times a week for four weeks. The treatment modalities consisted of chiropractic adjustments, exercises, and range of motion. She states these were not beneficial.

The patient was scheduled for a cervical spine epidural steroid injection in February, but due to transportation issues, she could not have it done. She was rescheduled for today, March 6, 2013, but due to today's agreed medical evaluation in this office, she was again rescheduled, this time for March 20, 2013. No further treatment has been rendered thus far.

She has remained off work, as her employer does not meet Dr. Guerrero's restrictions. She does not feel she can go back to work, as her job requires a lot of heavy lifting.

The patient last worked on September 6, 2011. She received workers' compensation benefits from approximately November of 2011 to October of 2012. She has received State disability insurance benefits from approximately September of 2011 to October of 2011 and from October of 2012 to the present.

EMPLOYMENT HISTORY:

While employed by Wasco State Prison, the patient worked as a correctional analyst. In this job capacity, she was required to repetitively use a computer, repetitively type on a computer keyboard, purge and pull papers from charts, sort papers, file, push and pull carts with files, answer phones, make calls, and fax. She also cleaned her work area.

The physical requirements of her job duties entailed prolonged sitting, standing, and walking. There was frequent bending of the neck, bending and stooping of the waist, twisting and turning of the neck and waist, squatting, climbing reaching, twisting, turning, grabbing, grasping, gripping, and squeezing. She would occasionally kneel and crawl.

Case Identifiers:

Patient: Ryann Mullen

DOI: CT 09/06/10-09/06/11

Evaluation Date: 03/06/13

The patient would frequently lift and carry up to 30 pounds and occasionally lift and carry up to 50 pounds.

She was employed in this capacity from October of 2000 to September 6, 2011. She denies concurrent employment.

FAMILY HISTORY:

Her father is alive and well. Her mother is alive and has syringomyelia and collagenous colitis. She has two sisters and two children in good health.

There is no family history of cancer, diabetes or tuberculosis.

PAST MEDICAL HISTORY:

Previous Difficulties With The Above-Mentioned Areas: The patient denied any difficulties with the cervical spine, right shoulder, or right wrist/hand prior to her employment at Wasco State Prison.

Previous Major Accidents Including Industrial or Automobile Accidents: In approximately February of 2005, the patient had a motor vehicle accident in which she had no injuries. No doctor was seen.

Subsequent Accidents: None.

Medical Illnesses: She has a thyroid condition.

Previous Surgeries: She had gastric bypass surgery in 2005, abdominoplasty in 2008, cholecystectomy in 2009, surgery for abdominal fluid in approximately 2009, bowel obstruction repair surgery in 2010, and a hysterectomy in April of 2012. She also had four to five ear surgeries and right eye surgery as a child.

Present Medications: She is currently taking Levothroid, cyclobenzaprine, nortriptyline, prednisone, and Estrace.

Allergies to Medications: She is allergic to sulfa drugs, Compazine, and Phenergan.

PRESENT COMPLAINTS:

At the present time the patient continues to experience symptoms referable to the cervical spine, right shoulder, and right wrist/hand. She attributes these symptoms to the continuous trauma secondary to her job-related duties up until her last day of work.

CERVICAL SPINE:

With respect to the cervical spine, she complains of constant pain. It is generalized about the cervical spine region. It varies between a dull ache and a sharp sensation. It is in the midline, and radiates to the right of the midline.

At times it radiates down the right upper limb. This is an aching sensation, at times becoming sharp in nature. There is numbness and tingling in her right upper limb. She notes weakness in her right arm.

She notes cervical stiffness and tightness. There is popping and cracking in her neck.

She has headaches which radiate from the neck up into the head region. She has occasional nausea and vomiting. She complains of blurring of vision and dizziness. She also notes ringing in the ears.

She states the pain in this region is aggravated by movements of the head and neck. Overhead usage of the upper extremities for such activities as lifting, pushing, pulling, or reaching increases the pain in this region. Cold and damp weather has an adverse effect on her symptoms.

She states that nothing in particular alleviates the pain in the cervical spine.

Activities of Daily Living: Cervical Spine

The patient characterizes her pain at this particular time during this examination on a scale of 0 to 10, with 0 indicative of the individual being entirely able to do her activities and 10 indicative of not being able to do any activities at all. She states her cervical spine condition is 7. She states at its worst, the pain is 9. On an average, she would rate this pain as 7. She states that with physical activities her symptoms are aggravated up to 9. The frequency of the pain is rated as 10.

With regard to any limitation or interference with her physical activities, rating this on a scale of 0 to 10, where 0 means she can do it entirely and with 10 meaning she cannot do it at all, her cervical spine condition is rated 4 with regard to interfering with her ability to walk one block. She states that her ability to lift a 10 pound bag is 8. Her ability to sit for half an hour is 5. Regarding her ability to stand for a half hour, it is 5. Regarding her ability to get enough sleep, it is 8. Regarding her ability to participate in social activities, it is 8. With regard to her ability to travel up to one hour by car, it is 8. With regard to interfering with her activities of daily living

in general, it is 8. Regarding limiting her activities to prevent pain from getting worse, it is 7. Regarding her relationship with her family, partner or significant other, it is 7. With regard to pain interfering with her ability to do jobs around the house, it is 8. With regard to interfering with her ability to shower or bathe without assistance, it is 8.

Regarding the pain interfering with her ability to write or type, it is 8. With regard to the pain interfering with her ability to dress herself, it is 8. Regarding the symptoms interfering with her ability to engage in sexual activities, it is 8. With regard to symptoms interfering with her concentration, it is 7.

With regard to any effect these symptoms have on her mood, on a scale of 0 to 10, with 0 being minimal and 10 being most severe, her overall mood during this past week was 8. Anxiety or apprehension during the past week due to pain was 8. With regard to being depressed this past week, it was 8. Regarding irritability due to pain this past week, it was 8. Regarding any anxiety or apprehension about performing activities because they might make her pain/symptoms worse, this is 8.

RIGHT SHOULDER:

With respect to the right shoulder, she complains of constant pain. It is generalized about the entire shoulder region. It is independent of any cervical pain radiating from the neck into the upper extremities. There is numbness and tingling in the shoulder region. She has a stiff feeling and a weak feeling. There is a clicking and popping sensation. There is a pseudo-locking feeling.

She states the pain in this region is aggravated by heavy lifting. Repetitive overhead use of the upper extremities for such activities as pushing or pulling exacerbates this condition. Gripping onto objects increases the pain in this region.

She states the pain in this region is alleviated a little by taking medication.

Activities of Daily Living: Right Shoulder

The patient characterizes her pain at this particular time during this examination on a scale of 0 to 10, with 0 indicative of the individual being entirely able to do her activities and 10 indicative of not being able to do any activities at all. She states her right shoulder condition is 7. She states at its worst, the pain is 9. On an average, she would rate this pain as 7. She states that with physical activities her symptoms are aggravated up to 9. The frequency of the pain is rated as 10.

With regard to any limitation or interference with her physical activities, rating this on a scale of 0 to 10, where 0 means she can do it entirely and with 10 meaning she cannot do it at all, her right shoulder condition is rated 4 with regard to interfering with her ability to walk one block. She states that her ability to lift a 10 pound bag is 8. Her ability to sit for half an hour is 5.

Regarding her ability to stand for a half hour, it is 5. Regarding her ability to get enough sleep, it is 8. Regarding her ability to participate in social activities, it is 8. With regard to her ability to travel up to one hour by car, it is 8. With regard to interfering with her activities of daily living in general, it is 8. Regarding limiting her activities to prevent pain from getting worse, it is 7. Regarding her relationship with her family, partner or significant other, it is 7. With regard to pain interfering with her ability to do jobs around the house, it is 8. With regard to interfering with her ability to shower or bathe without assistance, it is 8.

Regarding the pain interfering with her ability to write or type, it is 8. With regard to the pain interfering with her ability to dress herself, it is 8. Regarding the symptoms interfering with her ability to engage in sexual activities, it is 8. With regard to symptoms interfering with her concentration, it is 7.

With regard to any effect these symptoms have on her mood, on a scale of 0 to 10, with 0 being minimal and 10 being most severe, her overall mood during this past week was 8. Anxiety or apprehension during the past week due to pain was 8. With regard to being depressed this past week, it was 8. Regarding irritability due to pain this past week, it was 8. Regarding any anxiety or apprehension about performing activities because they might make her pain/symptoms worse, this is 8.

RIGHT WRIST/HAND:

With respect to the right wrist/hand, she complains of intermittent pain. It is generalized about the entire wrist/hand region. There is numbness and tingling in this region. There is a clicking and popping sensation. She has a stiff feeling and a weak feeling.

She states the pain in this region is aggravated by heavy lifting. Forceful strength activities, such as pushing or pulling, exacerbate this condition. Gripping onto objects increases the pain in this region. Writing aggravates this condition.

She states that nothing in particular alleviates the pain in this region.

Activities of Daily Living: Right Wrist/Hand

The patient characterizes her pain at this particular time during this examination on a scale of 0 to 10, with 0 indicative of the individual being entirely able to do her activities and 10 indicative of not being able to do any activities at all. She states her right wrist/hand condition is 5. She states at its worst, the pain is 6. On an average, she would rate this pain as 5. She states that with physical activities her symptoms are aggravated up to 6. The frequency of the pain is rated as 3.

With regard to any limitation or interference with her physical activities, rating this on a scale of 0 to 10, where 0 means she can do it entirely and with 10 meaning she cannot do it at all, her right wrist/hand condition is rated 2 with regard to interfering with her ability to walk one block.

She states that her ability to lift a 10 pound bag is 9. Her ability to sit for half an hour is 0. Regarding her ability to stand for a half hour, it is 0. Regarding her ability to get enough sleep, it is 0. Regarding her ability to participate in social activities, it is 2. With regard to her ability to travel up to one hour by car, it is 5. With regard to interfering with her activities of daily living in general, it is 8. Regarding limiting her activities to prevent pain from getting worse, it is 7. Regarding her relationship with her family, partner or significant other, it is 7. With regard to pain interfering with her ability to do jobs around the house, it is 8. With regard to interfering with her ability to shower or bathe without assistance, it is 8.

Regarding the pain interfering with her ability to write or type, it is 8. With regard to the pain interfering with her ability to dress herself, it is 8. Regarding the symptoms interfering with her ability to engage in sexual activities, it is 8. With regard to symptoms interfering with her concentration, it is 7.

With regard to any effect these symptoms have on her mood, on a scale of 0 to 10, with 0 being minimal and 10 being most severe, her overall mood during this past week was 8. Anxiety or apprehension during the past week due to pain was 8. With regard to being depressed this past week, it was 8. Regarding irritability due to pain this past week, it was 8. Regarding any anxiety or apprehension about performing activities because they might make her pain/symptoms worse, this is 8.

REVIEW OF SUBMITTED MEDICAL RECORDS:

State of California - Division of Workers' Compensation

1. 10/29/12 Application for Adjudication of Claim

DOI: CT 9/6/10 – 9/6/11. BODY PARTS: Neck, back, shoulder, upper ext, unclass - headaches. INJURY: Repetitive use of body parts.

Kaiser Permanente – David Harmon, D.O.

2. 9/7/11 Work Status Report

DIAGNOSIS: Headache.

WORK STATUS: Off work from 9/7/11 – 9/7/11. Return to full capacity on 9/8/11.

Kaiser Permanente – Myat Han, M.D.

3. 9/12/11 Work Status Report

DIAGNOSIS: Shoulder region pain.

WORK STATUS: Off work from 9/12/11 – 9/18/11.

Kaiser Permanente – Myat Han, M.D.

4. 9/20/11 Work Status Report

DIAGNOSIS: Impingement syndrome of shoulder.

WORK STATUS: Off work from 9/19/11 – 10/3/11.

Kaiser Permanente – Kathryn Mason, M.D.**5. 9/20/11 First Report of Occupational Injury or Illness. DOI: 9/5/11**

SUBJECTIVE: Right shoulder pain that is aching, numbing and tingling, rated 6/10, constant and radiating to the arm, wrist and neck. The pain wakes her up at night.

HISTORY: Repetitive motion injury to the right trapezius muscle radiating to the neck, right shoulder, upper arm, elbow, forearm and wrist that occurred on 9/5/11 when purging records, pulling files and typing. She had noticed mild pain before but nothing serious. There was nothing different that day but the pain began that night after work and was quite severe. Since then the pain has continued.

X-RAY (9/15/11): Cervical spine - cervical muscle spasm. Right shoulder - lateral sloping acromion which may be associated with impingement.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Pain in the right upper limb, right wrist and right hand.

TREATMENT PLAN: Prednisone; physical therapy; home stretching; and cold, then heat.

WORK STATUS: Modified duty from 9/20/11 - 9/27/11: Limited use of right arm to functioning at waist level; no overhead work; no repetitive reaching; use a sling periodically for comfort; and no lifting greater than 3 pounds with the right arm.

Kaiser Permanente – Carlos Guerrero, M.D.**6. 9/29/11 Primary Treating Physician's Progress Report**

SUBJECTIVE: Headache and arm pain were so severe she almost went to ER. Muscle relaxants didn't help. Can't wear arm sling due to pressure on neck. Tingling and numbness of right arm. Right neck pain that is aching, numbing and sharp, constant, radiating to the shoulder, arm and wrist/hand and is worsening. Right shoulder pain is aching, sharp and shooting, constant, radiating to the shoulder, arm and wrist/hand and worsening.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Pain in the right upper limb, right wrist and right hand.

PLAN: Awaiting physical therapy; NCS right arm; continue medications; cold then heat.

WORK STATUS: Off work from 9/29/11 – 10/4/11.

Terrio Therapy-Fitness**7. 10/7/11 Evaluation**

SUBJECTIVE: Constant pain in the right shoulder, neck and upper extremity. Pain from her neck down to her fingers.

PLAN: Modalities, AAROM/PROM, and strengthening exercises.

Kaiser Permanente – Carlos Guerrero, M.D.**8. 10/11/11 Primary Treating Physician's Progress Report**

SUBJECTIVE: Pain in right arm is worse, going up to right side of head. Went to physical therapy, couldn't do evaluation due to pain. Right shoulder pain is aching and sharp, constant, radiating to the arm, elbow and wrist/hand and worsening. Right elbow

pain is aching, constant, radiating to the wrist/hand and worsening. Right wrist/hand pain is numbing and sharp, constant and worsening.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Pain in the right upper limb, right wrist and right hand.

PLAN: Vicodin; cervical spine MRI; cold then heat.

WORK STATUS: Off work from 10/11/11 – 10/20/11.

Stephen Helvie, M.D.

9. 10/18/11 NCS: Right Upper Extremity

IMPRESSION: 1) Right median nerve conduction study is normal. No conduction block at the wrist or evidence of carpal tunnel syndrome. The distal sensory latency and palmar latency across the wrist is entirely normal. 2) Right ulnar nerve conduction study normal. No conduction block at the elbow or wrist.

Kaiser Permanente – Carlos Guerrero, M.D.

10. 10/20/11 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same. Went to physical therapy for second treatment, did evaluation and warm packs. NCS – normal.

DIAGNOSES: 1) Strain of lumbar region. 2) Strain, shoulder, trapezius muscle. 3) Pain of the upper limb, right wrist and right hand.

PLAN: Cervical spine MRI; continue physical therapy and medications.

WORK STATUS: Off work from 10/20/11 – 11/8/11.

Kern Radiology – John Gundzik, M.D.

11. 10/27/11 MRI: Cervical Spine w/o Contrast

CONCLUSION: 1) Minimal C5-6 and C6-7 spondylosis, appropriate for age. 2) Remainder of cervical disc levels are otherwise essentially unremarkable. 3) Nonspecific cervical straightening. 4) Nonspecific marked hypertrophy of the lingual tonsillar tissue.

Kaiser Permanente – Carlos Guerrero, M.D.

12. 11/8/11 Primary Treating Physician's Progress Report

SUBJECTIVE: Headache. Shooting pain going up from fingers to the neck and making her whole side of face go numb, which lasts ½ to 1 hour.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Pain upper limb. 3) Neuropathy.

PLAN: Medications; continue physical therapy; and referral to Dr. Helvie for evaluation.

WORK STATUS: Off work from 11/8/11 – 11/18/11.

Kaiser Permanente – Carlos Guerrero, M.D.

13. 11/17/11 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Pain of the upper limb, wrist and hand. 3) Sprain of thoracic back.

PLAN: Continue medications; await consult with Dr. Helvie.

WORK STATUS: Off work from 11/17/11 – 12/1/11.

Kaiser Permanente – Carlos Guerrero, M.D.

14. 12/1/11 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels worse. Pain really bad. Headache since Thanksgiving.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb pain. 3) Neck pain.

PLAN: Continue medications; Dr. Helvie evaluation.

WORK STATUS: Off work from 12/1/11 – 12/13/11.

John Larsen, M.D., Orthopedic Surgery

15. 12/5/11 Qualified Medical Examination. DOI: 9/6/11

HISTORY: The patient developed pain in her neck, right shoulder, right arm and hand during the course of her employment. She attributes developing pain in her neck to constantly turning her head from side to side while at her workstation. She states her workstation is not ergonomically correct which caused her to constantly turn her head from side to side. She attributes developing pain, numbness and tingling in her neck and right shoulder due to constantly reaching above shoulder level and grabbing files from shelves and cradling the phone receiver between her ear and shoulder. She attributes developing pain in her hands but mostly her right hand due to constantly gripping and grasping large amounts of prison files and repetitively typing. She also attributes developing more pain in her right hand due to repetitively turning pages of prison files with her right wrist and hand, constantly gripping the phone receiver and use of the computer mouse. She continued to work with pain and discomfort until 9/6/11, when she was having intense pain in her right shoulder, right arm and right hand. She became concerned after experiencing numbness and tingling in the right side of her head and face. She sought treatment on her own.

PRESENT COMPLAINTS: 1) Aching to sharp pain in the cervical spine with pain radiating through the right shoulder, extending to her right hand. Frequent headaches. Stiffness in the cervical region. Locking and popping in her neck. Fatigue in her neck. 2) Aching to sharp pain in the right shoulder with pain radiating up to her neck. Popping in the neck. 3) Cramping and poking pain in her right wrist and hand with pain radiating through her arm reaching into her shoulder. Numbness and tingling in her wrist, hand and fingers. Weakness and cramping in the right hand and has dropped items on several occasions. (Review of Medical Records).

DIAGNOSES: 1) Cervical and thoracic strain. 2) Right upper extremity radiculopathy vs. peripheral neuropathy. 3) Possible early pain syndrome.

RECOMMENDATIONS: Therapy and medication, and she should be followed by a physician. If no improvement, she should be evaluated by a pain management specialist. She may be a candidate for early intervention and a functional restoration program.

Kaiser Permanente – Carlos Guerrero, M.D.

16. 12/13/11 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb, wrist and hand pain.

PLAN: Continue medications; await QME report.

WORK STATUS: Off work from 12/13/11 – 12/20/11.

Kaiser Permanente – Carlos Guerrero, M.D.

17. 12/20/11 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same. Right arm and hand still numb, heavy. Neck, right upper back and neck bothering her. She had spasms of the neck last week. Pain is in the neck, right shoulder and upper back.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb, wrist and hand pain.

PLAN: Continue medications.

WORK STATUS: Off work from 12/20/11 – 12/29/11.

Kaiser Permanente – Carlos Guerrero, M.D.

18. 12/29/11 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Strain of lumbar region. 3) Wrist and hand pain.

PLAN: Dr. Helvie 1/13/12; continue home exercise program.

WORK STATUS: Off work from 12/29/11 – 1/12/12.

Stephen Helvie, M.D.

19. 1/13/12 Neurological Evaluation

PRESENT COMPLAINTS: Persistent pain involving the right posterior cervical neck region, shoulder region, with extension to the right upper extremity. Associated with paresthesia of the right hand, and right sided headache.

HISTORY: For several years, off and on, the patient has had neck pain. This is noted in the right posterior cervical neck region. It extends into the right shoulder and upper arm. With this, she has headache. In the past, she was treated by her primary treating physician. She attributed it to stress. In September, she had worsening of her pain involving the posterior cervical and shoulder region with radiation into the arm. With this, right sided headache was noted anteriorly. With this episode, she admitted to numbness involving the right hand. Also the right side of the face.

IMPRESSION: Chronic cervical and shoulder strain. Question of persistence related to pre-existing fibromyalgia. Admits to diffuse burning type pain to touch, present for a year torso and extremities. Doubt primary neurological problem.

RECOMMENDATIONS: MRI of the head; arthritic panel and collagen vascular workup.

Kaiser Permanente – Carlos Guerrero, M.D.

20. 1/17/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Wrist/hand pain.

PLAN: Blood work.

WORK STATUS: Off work from 1/17/12 – 1/24/12.

Kaiser Permanente – Carlos Guerrero, M.D.**21. 1/24/12 Primary Treating Physician's Progress Report**

SUBJECTIVE: Patient feels the same. Felt worse this weekend. Pain in the shoulder, neck, arm, wrist. Right neck pain is aching, numbing and burning, rated 4/10, constant. Right upper back pain is aching and burning, rated 4/10, constant and radiating to the neck causing headaches. Right shoulder pain is aching and burning, rated 4/10, intermittent. Right wrist/hand pain is aching, numbing and tingling, rated 1/10, intermittent.

DIAGNOSES: 1) Strain of lumbar region. 2) Strain, shoulder, trapezius muscle. 3) Upper limb, wrist and hand pain. 4) Myofascial pain syndrome.

PLAN: Blood work; continue medications; ice/warm pack.

WORK STATUS: Off work from 1/24/12 – 2/7/12.

Kaiser Permanente – Carlos Guerrero, M.D.**22. 2/7/12 Primary Treating Physician's Progress Report**

SUBJECTIVE: Patient feels the same. She holds her head to the right side now due to neck pain. Burning sensation of hand and fingers with numbness.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb, wrist/hand pain. 3) Neck pain, musculoskeletal.

PLAN: Today, steroid injection given to the right shoulder and trigger point injection to the right rhomboid muscle. Continue medications; home exercise program.

WORK STATUS: Off work from 2/7/12 – 2/17/12.

Kaiser Permanente – Carlos Guerrero, M.D.**23. 2/17/12 Primary Treating Physician's Progress Report**

SUBJECTIVE: Patient feels worse lately. The right shoulder injection and pressure point injection helped for a few days. Now the same.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Strain lumbar region. 3) Upper limb, wrist/hand pain. 4) Shoulder joint pain.

PLAN: Continue medications; physical therapy referral.

WORK STATUS: Off work from 2/17/12 – 3/6/12.

Kaiser Permanente – Carlos Guerrero, M.D.**24. 3/8/12 Primary Treating Physician's Progress Report**

SUBJECTIVE: Patient feels the same.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb, wrist/hand pain.

PLAN: Vicodin; continue physical therapy.

WORK STATUS: Off work from 3/8/12 – 3/22/12.

Kaiser Permanente – Carlos Guerrero, M.D.**25. 3/22/12 Primary Treating Physician's Progress Report**

SUBJECTIVE: Patient feels the same. She was driving her car four days ago when she got a severe pain of the right shoulder and shoulder blade radiating to the right side of her neck, lasted two days straight.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Wrist/hand pain. 3) Neck pain, musculoskeletal. 4) Bursitis of shoulder.

PLAN: Patient to schedule physical therapy; continue medication.

WORK STATUS: Off work from 3/22/12 – 4/6/12.

Terrio Therapy-Fitness

26. 3/27/12 Evaluation

SUBJECTIVE: Constant neck and shoulder pain; constant numbness and tingling in right upper extremity.

PLAN: AAROM/AROM; cryotherapy; electrical stimulation; home exercise program; joint mobilization; moist hot packs; postural stabilization training. Soft tissue massage; and strengthening.

Kaiser Permanente – Carlos Guerrero, M.D.

27. 4/6/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same. Therapy not helping, causes pain to neck and shoulder the next day.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb and wrist pain. 3) Neck pain.

PLAN: Continue physical therapy and medications; ice/warm compresses.

WORK STATUS: Off work from 4/6/12 – 4/24/12.

Kaiser Permanente – Carlos Guerrero, M.D.

28. 4/24/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels worse. Has had headache for 3 days. Pain in neck and shoulder are worse. No precipitating factor. She was asleep, the pain woke her up. Physical therapy not helping. Right neck pain is aching and burning, rated 7/10, constant and worsening. Right upper back pain is aching and burning, rated 7/10, constant and worsening. Right shoulder pain is aching and burning, rated 7/10, constant and worsening. Right elbow pain is aching, rated 3/10, intermittent. Right wrist/hand pain is numbing and tingling, rated 3/10, constant.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb and wrist pain.

PLAN: Medications; right shoulder MRI.

WORK STATUS: Off work from 4/24/12 – 5/8/12.

Kern Radiology – Stephen Denaro, M.D.

29. 5/4/12 MRI: Right Shoulder w/o Contrast

IMPRESSION: 1) Mild infraspinatus and posterior supraspinatus tendinosis. 2) No ligamentous injury.

Kaiser Permanente – Carlos Guerrero, M.D.

30. 5/8/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same. Right neck and shoulder area has been swelling after her last physical therapy session.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb and wrist pain. 3) Carpal tunnel syndrome. 4) Tendinitis of shoulder.

PLAN: Continue home exercise program and medications.

WORK STATUS: Off work from 5/8/12 – 5/25/12.

Kaiser Permanente – Carlos Guerrero, M.D.

31. 5/25/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same. She had a hysterectomy on 5/11. Has had more pain in right shoulder due to having to use her arms to pull/push herself up. Right wrist and hand are numb.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb and wrist pain.

PLAN: Additional physical therapy to right neck, right upper/mid back and right shoulder.

WORK STATUS: Off work from 5/25/12 – 6/12/12.

Kaiser Permanente – Carlos Guerrero, M.D.

32. 6/12/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb and wrist pain. 3) Chronic neck pain.

PLAN: Waiting QME referral; continue home exercise program; additional physical therapy approved.

WORK STATUS: Off work from 6/12/12 – 6/28/12.

Terrio Therapy-Fitness

33. 6/20/12 Evaluation

SUBJECTIVE: Pain in the right shoulder and cervical spine.

Kaiser Permanente – Carlos Guerrero, M.D.

34. 6/28/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same. Her right upper back is more painful. Unable to sleep due to pain. Physical therapy hasn't helped at all. She feels it's worse. Feels like right upper back, neck and shoulder are burning.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb and wrist pain. 3) Elbow joint pain.

PLAN: Lab work; referral to QME.

WORK STATUS: Off work from 6/28/12 – 7/13/12.

Kaiser Permanente – Carlos Guerrero, M.D.

35. 7/13/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same. Finished physical therapy last week, did not help, "actually feels worse." Right neck pain is aching and burning, rated 5/10, constant. Right upper back pain is aching and burning, rated 5/10, constant. Right shoulder pain is aching and burning, rated 5/10, constant. Right arm pain is aching and burning of upper arm and numbing of lower arm, rated 3/10, constant. Right wrist/hand pain is numbing with occasional shooting pain, rated 3/10, constant numbing and intermittent sharp pain.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb and wrist pain. 3) Strain of lumbar region. 4) Chronic neck pain.

PLAN: FCE and then proceed with P&S.

WORK STATUS: Off work from 7/13/12 – 8/1/12.

Kaiser Permanente – Carlos Guerrero, M.D.

36. 8/2/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb and wrist pain. 3) Arm paresthesia. 4) Neck pain, musculoskeletal. 5) Carpal tunnel syndrome.

PLAN: Continue Vicodin as needed; awaiting authorization for FCE, then P&S.

WORK STATUS: Off work from 8/2/12 – 8/9/12.

Kaiser Permanente – Carlos Guerrero, M.D.

37. 8/9/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb and wrist pain. 3) Arm paresthesia. 4) Neck pain, musculoskeletal.

PLAN: Continue Vicodin as needed; patient has submitted request for QME; ice/heat and continue home exercise program.

WORK STATUS: Off work from 8/9/12 – 8/23/12.

Functional Ergonomics

38. 8/21/12 Functional Capacity Evaluation

EMPLOYER: Wasco State Prison/State of California. JOB TITLE: Correctional Records Analyst.

SUBJECTIVE: Prior to testing she reported a burning pain in her neck, shoulder and down to her fingers, rated 7/10. During testing she reported increased pain in her neck, shoulder down her arm, rated 8-9/10. Her pain increased with all test performed. Post testing pain was rated at 6/10.

FUNCTIONAL MOBILITY/POSITIONAL TOLERANCE: Frequent: Sitting, standing, walking, and balance. Occasional: Stair climbing, squatting, bending/stooping and fine manipulation. Unable: Ladder climbing and reaching overhead. Less than Occasional: Reaching forward.

SUMMARY: The patient gave forth a consistent effort, but limited herself from further effort due to her pain complaints of her affected body parts. Her strength tests demonstrated that she has adequate strength, but she limited use of her arms and guarded her shoulder by keeping it as close to her body as possible.

Kaiser Permanente – Carlos Guerrero, M.D.

39. 8/23/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels worse. Since she finished her FCE, on 8/21, she has had more pain. She has had to take whole Vicodin, every 4-6 hours. Has had constant pain in the right neck, shoulder and upper arm, and a little in the right upper back. Pain 7/10.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb pain. 3) Arm paresthesia. 4) Neck pain, musculoskeletal.

PLAN: Zanaflex; continue Vicodin as needed; ice/heat.

WORK STATUS: Off work from 8/23/12 – 9/6/12.

Kaiser Permanente – Carlos Guerrero, M.D.

40. 9/28/12 Primary Treating Physician's Progress Report

SUBJECTIVE: Patient feels the same.

DIAGNOSES: 1) Strain, shoulder, trapezius muscle. 2) Upper limb and wrist pain. 3) Arm paresthesia. 4) Carpal tunnel syndrome.

PLAN: Continue Ibuprofen.

WORK STATUS: Off work from 9/28/12 – 10/16/12.

Kaiser Permanente – Carlos Guerrero, M.D.

41. 10/16/12 Permanent and Stationary Report. DOI: 9/5/11

PRESENT COMPLAINTS: Right sided constant pain involving the neck, shoulder, and arm that is so severe it causes headaches on the right side. Numbness of lower arm from the elbow distally, hand and finger. Right hand weakness, dropping things often.

ASSESSMENT: 1) Carpal tunnel syndrome. 2) Strain of lumbar region. 3) Strain, shoulder, trapezius muscle. 4) Upper limb pain. 5) Wrist pain. 6) Arm paresthesia. 7) Neck pain, musculoskeletal.

DISABILITY STATUS: Permanent and stationary/maximum medical improvement.

CAUSATION: Industrial injury.

AMA IMPAIRMENT: Cervical spine – 5%; pain – 3%.

APPORTIONMENT: 100% industrial.

WORK RESTRICTIONS: No lifting greater than 10 pounds; no repetitive pulling, pushing, reaching or reaching above shoulders; no repetitive hand/wrist and elbow motion; may have 10 minute break every hour.

FUTURE MEDICAL CARE: For flare-up: medication refill, physical therapy, physician office visits, steroid injections, and orthopedic consultation for surgical intervention if flare-ups do not improve with all above conservative treatment.

FUNCTIONAL CAPACITY ASSESSMENT: Limited, but retains maximum capacity to lift (including upward pulling) and/or carry 15 pounds; frequently lift and/or carry 5 pounds; occasionally lift and/or carry 10 pounds; stand, walk or sit – no restrictions; occasional climbing, stooping, kneeling, crouching, crawling, twisting, handling, and fingering; frequent balancing; and never reaching.

State of California - Division of Workers' Compensation

42. 10/22/12 Workers Compensation Claim Form (DWC 1)

DOI: CT 9/6/10 – 9/6/11. **BODY PARTS:** Neck, upper back, right shoulder, right arm, right elbow, right forearm, right wrist, right hand, right fingers, headaches.

The Spine & Orthopedic Center - Michael Price, M.D.

43. 11/9/12 First Report of Occupational Injury or Illness. DOI: 9/6/10 – 9/6/11

CHIEF COMPLAINT: Pain in the neck, upper back, right shoulder, right arm, right elbow, right forearm, right wrist, right hand, right finger and headaches.

HISTORY: The patient states she was injured with repetitive motion, pushing carts, pulling carts, pulling files, and typing while working as a case records analyst.

DIAGNOSES: 1) CRPS right upper extremity, per patient's history. 2) Right radial tunnel syndrome. 3) Right shoulder bursitis/trapezius spasm. 4) Rule out cervical radiculopathy.

TREATMENT Request prior medical records; consult with Dr. Moelleken for neck and upper back pain; and consult with Dr. Lee, pain management.

WORK STATUS: No use of the right upper extremity.

The Spine & Orthopedic Center - Alan Moelleken, M.D.

44. 11/16/12 Spine Surgery Consultation

CHIEF COMPLAINT: Neck pain with right arm symptoms and upper back pain.

HISTORY: The patient states she was working when she started to develop neck and upper back pain 2-3 years ago. She attributes her pain to repetitive movements including pushing and pulling carts and files, typing and shuffling paperwork. She says her neck and upper back pain continues to increase with time and her pain can be severe at times. She reports radiation of pain, numbness and tingling down the right arm down to hand. She reports persistent headaches in her posterior neck region. She reports prior motor vehicle accident but denies any injuries.

DIAGNOSES: 1) Disc herniations at C5-6 and C6-7, most significant at C5-6 with stenosis. 2) Cervical radiculopathy.

PLAN: Pain management consult with Dr. Lee to evaluate possible CRPS in the right upper extremity; interlaminar epidural injection on the right at C5-6; and trial of chiropractic treatment.

DISABILITY STATUS: Per primary treating physician, Dr. Price.

The Spine & Orthopedic Center - Tony Kim, D.C.

45. 11/29/12 – 1/15/13 Progress Notes

The patient attended chiropractic therapy for neck pain.

TREATMENT: CMT on cervical spine, therapeutic exercise, and modalities.

The Spine & Orthopedic Center - David Lee, M.D.

46. 12/7/12 Medicine & Rehabilitation / Pain Consultation

CHIEF COMPLAINT: Neck pain, which extend down the scapular region through the shoulder and then down the arm to approximately the elbow.

HISTORY: The patient states she sustained injury from cumulative trauma from 2010 to 2011 particularly from repetitive movement of pushing and pulling carts, filing, and typing. (Review of Medical Records).

IMPRESSION: 1) Right-sided neck pain, arm pain with associated paresthesias within the distribution of C6 nerve with evidence of spondylosis at both C5-6 and C6-7. 2) Cervical spondylosis. 3) Cervical disc disease. 4) Right shoulder pain.

PLAN: Authorization for transforaminal right sided C5-6 epidural steroid injection; Tramadol, Cyclobenzaprine, and Medrox patches; in the interim, continue conservative pain management and chiropractic treatments.

DISABILITY STATUS: Per primary treating physician Dr. Price.

CLINICAL EVALUATION:

PHYSICAL EXAMINATION:

General examination revealed a well-developed, well-nourished female.

Height: She stands 5 feet, 6 inches by history.

Weight: She weighs 195 pounds by history.

CERVICAL SPINE:

There was no deformity or discoloration.

No scars were noted.

Cervical posture was noted to be well-preserved without any splinting.

The patient had tenderness to palpation in the posterior aspect of the cervical spine. There was tenderness to palpation of the right and left trapezius muscles. There was tenderness along the vertebral border of the right scapula. There was slight tenderness along the vertebral border of the left scapula.

No cervical paravertebral muscle spasm was present.

Range of Motion of the Cervical Spine:

	NORMAL	ACTIVE	PASSIVE
Forward flexion	50 degrees	44 degrees	44 degrees
Extension	60 degrees	54 degrees	54 degrees
Right lateral bending	45 degrees	35 degrees	35 degrees
Left lateral bending	45 degrees	36 degrees	36 degrees
Right rotation	80 degrees	72 degrees	72 degrees
Left rotation	80 degrees	71 degrees	71 degrees

The patient complained of pain, especially at the extremes, with forward flexion and extension. She complained of pain at the extremes of right lateral bending, left lateral bending, right rotation, and left rotation.

The patient had 100% range of motion of the elbows, metacarpophalangeal joints, and interphalangeal joints.

The tests for thoracic outlet syndrome (Adson's, costoclavicular and hyperabduction) were all negative.

RIGHT SHOULDER:

There was generalized tenderness to palpation about the right shoulder, mainly subacromial.

Impingement Tests:

	RIGHT	LEFT
Impingement Test I	Negative	Negative
Impingement Test II	Equivocal	Negative

There was no atrophy about the shoulder girdle.

No deformity or discoloration was present.

There was no ligamentous laxity or evidence of instability.

The drop-arm test was negative bilaterally.

Range of Motion of the Shoulders:

	NORMAL	ACTIVE Right/Left	PASSIVE Right/Left
Forward flexion	180 degrees	174/180 degrees	174/180 degrees
Extension	50 degrees	44/50 degrees	44/50 degrees
Adduction	50 degrees	45/50 degrees	45/50 degrees
Abduction	180 degrees	173/180 degrees	173/180 degrees
Internal rotation	90 degrees	73/90 degrees	73/90 degrees
External rotation	90 degrees	87/90 degrees	87/90 degrees

The patient complained of pain, especially at the extremes, with forward flexion, extension, adduction, abduction, internal rotation, and external rotation of the right shoulder.

RIGHT WRIST/HAND:

No deformity or discoloration was present.

There was palmar- and dorsal- sided tenderness to palpation about the right wrist/hand. There was slight radial- and ulnar- sided tenderness to palpation about the right wrist/hand.

There was no atrophy in the thenar or hypothenar eminences.

The tests for carpal tunnel syndrome (Tinel test, Phalen sign and reverse Phalen sign) were negative.

There was no ligamentous laxity or instability.

No swelling or effusion was present.

Range of Motion of the Wrists:

	NORMAL Right/Left	ACTIVE Right/Left	PASSIVE Right/Left
Dorsiflexion	60/60 degrees	53/60 degrees	53/60 degrees
Palmar flexion	60/60 degrees	54/60 degrees	54/60 degrees
Radial deviation	20/20 degrees	20/20 degrees	20/20 degrees
Ulnar deviation	30/30 degrees	30/30 degrees	30/30 degrees

The patient complained of pain at the extremes of dorsiflexion and palmar flexion of the right wrist/hand. She complained of slight pain at the extremes of radial and ulnar deviation of the right wrist/hand.

There was no audible or palpable grinding on range of motion.

NEUROLOGICAL EXAMINATION OF THE UPPER EXTREMITIES:**Upper Extremity Reflexes:**

	RIGHT	LEFT
Biceps	2+	2+
Triceps	2+	2+
Brachioradialis	2+	2+

Sensory Examination:

There were no sensory abnormalities noted with sensation intact to light touch and sharp/dull sensation to pinprick in all dermatomes in the bilateral upper extremities.

Motor Strength Evaluation:

	RIGHT	LEFT
Shoulder abductors	5/5	5/5
Shoulder flexors	5/5	5/5
Shoulder adductors	5/5	5/5
Shoulder extensors	5/5	5/5
Shoulder internal rotators	5/5	5/5
Shoulder external rotators	5/5	5/5
Elbow flexors	5/5	5/5
Elbow extensors	5/5	5/5
Wrist flexors	5/5	5/5
Wrist extensors	5/5	5/5
Finger abductors	5/5	5/5
Thumb opposition	5/5	5/5
Thumb abductor	5/5	5/5

Cranial nerves II through XII were intact.

Cervical compression tests were negative.

Vascular Examination:

There were 2+ radial pulses bilaterally. There was good capillary refill in the fingers bilaterally.

Circumferential Measurements:

Maximal biceps:

RIGHT

34 cm

LEFT

34 cm

Case Identifiers:

Patient: Ryann Mullen

DOI: CT 09/06/10-09/06/11

Evaluation Date: 03/06/13

10 cm distal to the olecranon process:

RIGHT	LEFT
26 cm	26 cm

Midwrist:

RIGHT	LEFT
16 cm	16 cm

Hand Grasp Using the Jamar Dynamometer:

RIGHT (DOMINANT)	LEFT
31 kg	27 kg
31 kg	28 kg
31 kg	27 kg

REVIEW OF X-RAYS:

Cervical Spine (03/06/13): There was normal bony architecture and alignment. No fracture, subluxation or dislocation was seen. The intervertebral disc spaces were well-preserved. There was no bony encroachment on the intervertebral foramina. No bony abnormalities were noted on these films.

Right Shoulder (03/06/13): There was a Type II acromion. No fracture, subluxation or dislocation was seen. No soft tissue calcifications were noted.

Right Wrist/Hand (03/06/13): There was no evidence of fracture or dislocation. No soft tissue calcifications or bony abnormalities were noted.

DIAGNOSES:

1. CERVICAL RADICULITIS SYNDROME.
2. RIGHT SHOULDER SPRAIN.
3. RIGHT WRIST/HAND SPRAIN.

INDUSTRIAL CAUSATION:

With regard to the **cervical spine, right shoulder, and right wrist/hand**, there is felt to be industrial causation. This is based upon the history elicited from this individual today, her physical examination and review of the submitted medical records.

The patient complained of symptoms of insomnia, sexual dysfunction, and psychological difficulties. These are outside of my area of specialty as an orthopaedic surgeon. Hence, they will not be addressed in my report.

DISABILITY/IMPAIRMENT STATUS:

It is felt that this patient's cervical spine, right shoulder, and right wrist/hand conditions have reached a level of MAXIMUM MEDICAL IMPROVEMENT. It is felt that this status was reached as of today, March 6, 2013.

OBJECTIVE FACTORS:**CERVICAL SPINE:**

1. Decreased range of motion.
2. Tenderness.
3. Positive MRI study (10/27/11) showing:
 - a. Minimal C5-6 and C6-7 spondylosis, appropriate for age.
 - b. Remainder of cervical disc levels are otherwise essentially unremarkable.
 - c. Nonspecific cervical straightening.

RIGHT SHOULDER:

1. Tenderness.
2. Decreased range of motion.
3. Equivocal impingement test.
4. Positive x-rays (03/06/13) showing a Type II acromion.
5. Positive MRI study (05/04/12) showing:
 - a. Mild infraspinatus and posterior supraspinatus tendinosis.
 - b. No ligamentous injury.

RIGHT WRIST/HAND:

1. Decreased range of motion.
2. Tenderness.
3. Noteworthy is a normal electrodiagnostic study dated October 18, 2011.

SUBJECTIVE FACTORS:

With regard to the **cervical spine**, the patient has constant minimal to slight pain, increasing to less than moderate with prolonged posturing and repetitive flexion-extension.

With regard to the **right shoulder**, the patient has constant minimal to slight pain, occasionally increasing to moderate with very heavy lifting and repetitive overhead use for such activities as pushing, pulling, lifting, or reaching.

With regard to the **right wrist/hand**, the patient has intermittent slight pain, increasing to less than moderate with forceful strength activities.

WORK ABILITY/WORK RESTRICTIONS:

With regard to the **cervical spine**, no work restrictions are indicated.

With regard to the **right shoulder**, this individual is **precluded from very heavy lifting and repetitive overhead use for such activities as pushing, pulling, lifting, or reaching.**

With regard to the **right wrist/hand**, no work restrictions are indicated.

VOCATIONAL REHABILITATION:

The patient is a Qualified Injured Worker and should have the opportunity to undergo Vocational Rehabilitation for job-related duties within her limitations.

RECOMMENDATIONS/FUTURE MEDICAL CARE:

With regard to the **cervical spine**, future medical care is indicated.

Maintenance Contact: Will need to be maintained with the treating physician for prescription modalities of care.

Acute Exacerbations: For acute exacerbations, she may need a course of physical therapy. I would not anticipate more than eight visits per year for all exacerbations.

Procedural Treatment: If there is a marked exacerbation and the above modalities are unsuccessful in diminishing her pain, provisions should be made for her to receive epidural steroid injections up to three times a year.

Surgical Intervention: No surgery is envisioned.

With regard to the right shoulder, future medical care is indicated.

Maintenance Contact: Will need to be maintained with the treating physician for prescription modalities of care.

Acute Exacerbations: For acute exacerbations, she may need a course of physical therapy. I would not anticipate more than ten visits per year for all exacerbations.

Procedural Treatment: If there is a marked exacerbation and the above modalities are unsuccessful in diminishing her pain, provisions should be made for her to receive a Xylocaine/steroid injection once a year.

Surgical Intervention: If the patient's condition deteriorates any further, one cannot rule out the need for surgery.

With regard to the right wrist/hand, future medical care is indicated.

Maintenance Contact: Will need to be maintained with the treating physician for prescription modalities of care.

Acute Exacerbations: For acute exacerbations, she may need a course of physical therapy. I would not anticipate more than six visits per year for all exacerbations.

Procedural Treatment: No injections are envisioned.

Surgical Intervention: No surgery is envisioned.

CAUSATION/APPORTIONMENT:

Regarding the **cervical spine**, based upon Labor Codes 4663 and 4664, it is my professional medical opinion that 90% of this individual's disability/impairment is compatible with and directly attributable to the continuous trauma of her job-related duties from September 6, 2010 up until her last day of work. Ten percent (10%) is due to degenerative changes. In other words,

absent her injurious industrial exposure, she would have 10% of her present impairment/disability due to the preexisting degenerative changes.

Regarding the **right shoulder**, based upon Labor Codes 4663 and 4664, it is my professional medical opinion that 90% of this individual's disability/impairment is compatible with and directly attributable to the continuous trauma of her job-related duties from September 6, 2010 up until her last day of work. Ten percent (10%) is due to the Type II acromion. In other words, absent her injurious industrial exposure, she would have 10% of her present impairment/disability due to the Type II acromion.

Regarding the **right wrist/hand**, based upon Labor Codes 4663 and 4664, it is my professional medical opinion that 100% of this individual's disability/impairment is compatible with and directly attributable to the continuous trauma of her job-related duties from September 6, 2010 up until her last day of work. The mechanism of the injury explains the development of the condition underlying the impairment. There are no other factors of causation.

IMPAIRMENT RATINGS AND RATIONALE:

<u>Cervical Spine</u>	<u>Chapter/Reference</u>	<u>Impairment</u>
Diagnosis-Related Estimate	Ch 15, pp 392-395 (Table 15-5)	8% WP
<u>Right Shoulder</u>	<u>Chapter/Reference</u>	<u>Impairment</u>
Range of Motion	Ch 16, pp 474-479 (Figures 16-38, 16-39, 16-40, 16-41, 16-42, 16-43, 16-44, 16-45, 16-46)	2% WP
Pain-Related Impairment	Ch 18	3% WP
<u>Right Wrist</u>	<u>Chapter/Reference</u>	<u>Impairment</u>
Range of Motion	Ch 16, pp 466-470 (Fig 16-26, 16-27, 16-28, 16-29, 16-30, 16-31)	2% WP

Total Whole Person Impairment:

15% WP

METHODOLOGY:

With regard to the **cervical spine**, the patient is Category II in the diagnosis-related estimate (DRE) as per the American Medical Association's Guides to the Evaluation of Permanent Impairment, Fifth Edition, Table 15-5 on page 392. This is based upon the clinical history and

examination findings compatible with a continuous trauma; findings include asymmetric loss of motion and nonverifiable radicular symptomatology.

With regard to the **right shoulder**, based upon Figures 16-38 through 16-46 on pages 474-479 in the American Medical Association's Guides to the Evaluation of Permanent Impairment, Fifth Edition, the patient has a 3% upper extremity impairment due to loss of motion. This is then converted via Table 16-3 on page 439 to 2% whole person.

It is not felt that the above methodology fully depicted the patient's impairment. Hence, as per the clinical judgment of this examiner, 3% pain-related impairment was added on per Chapter 18 of the American Medical Association's Guides to the Evaluation of Permanent Impairment, Fifth Edition.

With regard to the **right wrist/hand**, based upon Figures 16-26 through 16-31 on pages 466-470 in the American Medical Association's Guides to the Evaluation of Permanent Impairment, Fifth Edition, the patient was noted to have a 4% upper extremity impairment. This was then converted via Table 16-3 on page 439 to 2% whole person.

The various whole person impairments were then combined using the Combined Value Chart on page 604 which equated to 15% total whole person impairment.

DISCLOSURE STATEMENT:

I declare under penalty of perjury that the information that is contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to any information I have indicated that I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Mr. Jorge Casillas assisted me in obtaining the initial history from the patient. Ms. Tina Sapanza did the initial review of the medical records. The entire history was reviewed, the physical examination performed, x-rays interpreted, and medical records further reviewed by Phillip J. Kanter, M.D. X-rays taken in my office were performed by Carlos A. Jacinto, License #RHP 74899, expiration date December 31, 2013.

I further declare under penalty of perjury, that I personally performed the evaluation of the patient and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

I further declare under penalty of perjury, that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this



IDENTIFYING INFORMATION:

Ryann O Mullen is a 34 year old right hand dominant female whose occupation is correctional records analyst. The patient has been employed by Wasco State prison since 10/2000.

HISTORY OF PRESENT INJURY: Ryann O Mullen describes a repetitive motion injury to the right trapezius muscle radiating to the neck, the right shoulder, upper arm, elbow, forearm and wrist that occurred on 9/5/2011 when purging records, pulling files, and typing. She had noticed mild pain before but nothing serious. There was nothing different that day but pain began that night after work and was quite severe. Since then the pain has continued. She was seen in the Urgent Care on 9/5/11 and treated for headache. She was seen later by her PCP and given Vicodin and Flexeril. She was taken off work by Urgent Care until the 19th and by her PCP for 2 weeks. She was referred for evaluation.

My medical opinion based upon my examination, the diagnostic tests, and the course of his recovery is that the patient has reached maximum medical improvement.

PATIENT'S CURRENT COMPLAINTS:

Patient complains to right sided constant pain involving the neck, shoulder arm. The notices numbness of lower arm (from the elbow distally), hand and finger. The pain in the neck and shoulder is so severe it causes headaches on the right side. She complains of right hand weakness, dropping things often. She is not able to do her day to day activities; exercises, can't blow dry her hair, brush teeth due to the pain she experiences

PAST MEDICAL HISTORY:

The patient has history of obesity, sleep apnea, and hiatal hernia which resolved after gastric bypass, 3/2005. She has history of anemia.

PAST SURGICAL HISTORY: Gastric bypass, 2005; cholecystectomy, hysterectomy, right eye surgery for "lazy eye", tonsillectomy and adnoidectomy, abdominoplasty, small bowel obstruction repair.

CURRENT MEDICATIONS:

Outpatient Prescriptions Marked as Taking for the 10/16/12 encounter (Office Visit) with Guerrero, Carlos (M D.)

Medication

- Estradiol (ESTRACE) 2 mg Oral Tab

- HYDROcodone-Acetaminophen (VICODIN) 5-500 mg Oral Tab
- Pantoprazole (PROTONIX) 40 mg Oral TBEC DR Tab
- Levothyroxine (LEVOTHROID) 100 mcg Oral Tab

ALLERGIES:

Phenergan (Prometha* Skin Rash and/or Hives

Prochlorperazine Ma*

Sulfa (Sulfonamide * Skin Rash and/or Hives

SOCIAL HISTORY: Single, engaged

Smoking status: Never Smoker

Smokeless tobacco:

alcohol

Drug Use: No

Hobbies: Reading, walking

On 9/29/2011, the patient was first seen by me in the Occupational Medicine Clinic at the Kaiser Permanente Kern County Medical Center. I have remained the patient's primary treating physician for this work injury that occurred on 9/6/2011.

TREATMENT SUMMARY:

9/20/2011: Patient was first seen by Dr. Mason. She presented with the history as above, complaining of right shoulder pain that she characterized as aching, numbing and tingling, constant and radiating to her right neck, arm and wrist. She was noted to hold her arm protectively, without deformity. There was tenderness of the right lateral tip of the shoulder, AC joint, biceps tendon, anterior and posterior shoulder. She had full range of motion. Of the upper arm and elbow, there was tenderness of the biceps, triceps and deltoid muscle as well as the olecranon with full range of motion. He had wrist tenderness of the dorsal and volar wrist, radial and ulnar styloid, and dorsum and palm of the hand with full range of motion. Xray of the cervical spine showed cervical muscle spasm and a shoulder film was unremarkable. She was diagnosed with strain of the shoulder, trapezius muscle, upper arm pain, wrist pain and hand pain. A referral to physical therapy was requested, she was prescribed prednisone and released to modified duty.





9/29/2011: She was first seen by this provider complaining that she was worse. She complained that she had developed a headache and arm pain were so severe she almost went to ER. The muscle relaxant didn't help and she could not wear the arm sling she had been given by her PCP due to pressure on neck. She complained of tingling, numbness of right arm. On examination she appeared uncomfortable, holding her head forward rather stiffly. There was Tenderness of the right > left cervical paraspinals, upper trapezius/levator scapula, rhomboids and the thoracic interspinous ligaments. Range of motion was noted to be normal and sensation was noted to be normal. There was also tenderness of the right AC joint, anterior shoulder with limited range of motion, and right elbow lateral epicondyle tenderness with full range of motion.

A request for a nerve conduction study was submitted. She was placed on total temporary disability, as she was not accommodated with work restrictions and was given a return visit on 10/4/2011.

10/11/11 Patient return complaining that her right arm pain is worse and is going up to the right side of her head. She is unable to do the physical therapy evaluation due pain. She complained her right shoulder, elbow, and wrist pain were worse. Her examination was notable due to increased pain of the right cervical and upper thoracic complex, while holding her neck stiffly, and decreased sensation to light touch and dull pinprick of the right upper limb, C-5, C-6, and C-7. She had increased pain of the lateral tip and anterior shoulder, decreased range of motion and with decrease hand grip, 4/5 on the right, vs 5/5 on the left. She had diffuse pain of the right wrist and diffuse numbness of the right hand with normal range of motion. An MRI of the cervical spine was requested to rule out nerve root impingement, prescribed Norco 5 mg, and continued on total temporary disability.

10/20/2011 Ms. Mullen returns for evaluation. Her examination is unchanged except for now she displays symptom magnification with grimacing, moaning and groaning with palpation and range of motion of the cervical spine and right shoulder, right elbow and wrist. She has diffuse pain of the right upper extremity and wrist, with numbness of the entire right hand and decreased right hand grip. A Nerve Conduction Study (10/18/11) was reported as Normal. She was continued on total temporary disability. Authorization for an MRI of the cervical spine was pending.

11/8/11: Patient returns complaining of increased pain. She states that she gets a headache which the pain medication only helps a little for an hour to rest. There is shooting pain she describes as "zinger-type" pain traveling up the right side of her neck, making her face go numb which can last for 1/2 to 1 hour. She complained of numbness, pressure and heaviness of her right arm. Her examination was unchanged, with limited range of motion of cervical spine and right shoulder; equivocal supraspinatus sign, Neer's and Hawkins' impingement signs of the shoulder, and continued decreased sensation of right upper extremity, C-5, C-6, C-7, and C-8 and T-1 dermatomes. An MRI of the Cervical Spine showed minimal cervical spondylosis, appropriate for age, nonspecific cervical straightening and normal disc levels. She was given a refill of Norco 5 mg and prescribed Zanaflex 4 mg for cervical muscle tightness.

A referral to Dr. Helvie was submitted to evaluate her marked neuropathic pain of the upper limbs despite a normal Nerve Conduction Study. She was to continue physical therapy and was continued on total temporary disability.

11/17/11: She return for re-evaluation. Her examination is unchanged. She did have pain of the lumbar paraspinous muscles with decreased range of motion. Her right shoulder examination was more impressive with marked decrease range of motion and increased right shoulder impingement signs. She continued with decreased sensation of the right upper extremity in the C-7, C-8,T-1 dermatome. She was prescribed Valium 5 mg, as the Zanaflex knocked her out all day and couldn't function. She was continued on total temporary disability.

12/1/11: Ms. Mullen return for re-evaluation. She complains of increased pain that was "really bad". She has had a headache since Thanksgiving Day. Her examination was unchanged. She was given Toradol 60 mg IM for her headache, and continued on total temporary disability while awaiting the referral to Dr. Helvie for evaluation.

12/13/12: Patient return for evaluation. She states she had been sent to a QME who diagnosed Right shoulder bursitis and early carpal tunnel syndrome. She continued to feel the same. On examination, she continued to display symptom magnification. Her cervical examination was unchanged with decreased range of motion and decreased sensation to light touch right upper extremity, C-5,C-6,C-7, C8-T1. Shoulder range of motion was improved from 11/17/11 without impingement signs. She was continued on Norco 5mg for pain, and Valium 5 mg for muscle spasms. She was continued on total temporary disability.

12/20/12: She return complaining of right arm and hand numbness with neck muscle spasms.

She appears to be in no distress. She does have grimacing and guarding and Pain, and normal cervical spine range of motion without spasms. Sensation of the right upper extremity is unchanged. She was to continue physical therapy and her medications. She was continued on total temporary disability.

12/29/11: Patient returns stating she feels the same. Her examination is unchanged, with diffuse pain and decreased range of motion of cervical spine and right shoulder and continued decreased sensation of the right upper extremity, not substantiated by a nerve conduction study. She has an appointment with Dr. Helvie 1/13/12 for evaluation of neuropathic pain. She was to continue home exercise program and follow-up Dr. Helvie for evaluation. She was continued on total temporary disability.

1/17/12: Patient returns unchanged. She saw Dr. Helvie whom she states ordered lab tests. She describes her right neck, upper back and arm, as aching, burning and her right hand as aching, numbing and tingling. Her examination is unchanged, and she initially appears in no distress, as she does on most of her examinations. However, she does demonstrate significant pain response on examination. Blood tests to rule out a rheumatologic cause for her symptomatology were ordered. She continued on total temporary disability.

1/24/12: Ms. Mullen returns feeling the same. Her pain complaints are all right sided. Blood tests taken 1/17/12 were negative, except for anemia. There is continued pain of the right cervical/thoracic complex with normal range of motion. Right shoulder examination is unchanged with decreased range of motion with continued decreased sensation of the right upper limb to light touch C5,C6,C7,C8-T1. Dr. Helvie's note 1/13/12: Dr. Helvie: 1/13/2012: Symptoms are somewhat disproportionate to lack of findings. History suggests fibromyalgia over the last year or so. Diffuse pain described as burning to touch. Touch as well as covers, etc., bother her. More recently superimposed cervical and shoulder strain.

The patient with the present problem admits to numbness of the right face. With this in mind, would get MRI of the head to rule out demyelinating disease state. In addition, would get arthritic panel and collagen vascular work-up.

Additional lab tests to rule out a rheumatologic source of her complaints were ordered. She was continued on total temporary disability.

2/7/12: Patient returns feeling the same. She continues to complain of pain of right shoulder, right arm, upper back and associated numbness of right forearm and wrist/hand. Examination is unchanged. She received steroid injection right shoulder, and trigger point injections of the right trapezius and rhomboid muscle without problems. She was continued on total temporary disability.

2/17/12: Ms. Mullen return for complaining she feels the same. The steroid injection helped for a few days, but now she feels the same to worse. She continues with same complaints. On examination, she hold her neck stiffly, flexed forward and deviated to her right with limited range of motion with decreased sensation to light touch on the right C5,C6,C7,C8-T1. Shoulder and wrist examination is unchanged. She was referred for physical therapy of cervical, right shoulder and right thoracic spine. She was continued on total temporary disability.

3/8/12: Patient continues with same complaints. She is doing physical therapy which doesn't help. Her examination is unchanged. She is to continue physical therapy, was prescribed vicodin for pain. She is continued on total temporary disability.

3/22/12: Patient returns for re-evaluation. She complains of increased right shoulder pain, otherwise she feels the same. Her examination continued unchanged, associated with symptom magnification. She saw Dr. Helvie who states: "her symptoms are disproportionate to lack of findings". He suggested fibromyalgia as a possible diagnosis. He recommended MRI of head to rule out Demyelinating disease due to complaint of face numbness. She was continued on total temporary disability.

4/6/12: Patient complains that physical therapy is not helping, causes more neck and shoulder pain. Her examination is significant for a new finding of subjective numbness and decreased sensation to light touch and pinprick in a stocking glove distribution from the right mid forearm distally to the right hand. Her strength is normal. Otherwise, the examination is unchanged with decreased range of motion of the cervical spine, and right shoulder, associated with disproportionate pain behavior. She is continued with



physical therapy and continued on temporary total disability. It appears patient is having other health issues.

4/24/12: Patient returns for re-evaluation. She complains of increased pain of the right shoulder and neck with severe right sided headache. Physical therapy is not helping. She is unable to sleep due to pain. Cervical and thoracic examination demonstrates limited range of motion , punctuated by symptom magnification, grimacing, withdrawal on palpation. Loss of light touch and pinprick sensation in stocking glove distribution of the right upper extremity persists. She was given toradol 60 mg IM, prescribed cytotec 100mcg q day and an MRI of the right shoulder was requested. She was continued on total temporary disability.

5/8/2012: Ms. Mullen complains increased right cervical and right shoulder pain with physical therapy with spasms of the muscles. She has normal range of motion of the cervical spine and right shoulder, associated with marked pain response. She continues with decreased sensation right forearm distally to fingers, and decreased hand grip strength right. MRI right shoulder showed mild infraspinatus and posterior supraspinatus tendinosis. She was to continue home exercise program, cytotec and vicodin is needed for pain. She continued on total temporary disability.

5/25/12: Patient returns feeling worse. She had a hysterectomy. Her neck, right shoulder and right upper back are worse since she has to help herself up from her bed. Her examination is unchanged. She has right shoulder decreased range of motion, and persistent numbness of right arm distal 1/3 to the fingers of right hand. Her grip strength right hand is less than left. A request for Physical therapy of right shoulder, neck and upper back was submitted. Laboratory testing for rheumatologic cause for her pain are negative. She was continued on total temporary disability abdominal tenderness .

6/12/12: Patient returns complaining of same symptoms. Examination is unchanged. She is to start Physical therapy and continue home exercise program . She is continued on total temporary disability.

6/28/12: Patient return for re-evaluation. States she feels worse. Her right upper back and shoulder are worse and feels like burning. Physical therapy has not helped at all. Complains she cannot sleep due to pain. Her examination is unchanged, during which she has symptom magnification. **She now has decreased sensation to light touch and pinprick from the right elbow, anterior cubital fossa, distally to the tip of the fingers.**(previously from mid forearm distally), but normal grip strength.

7/13/12: Ms. Mullen returns for re-evaluation. She feels she is worse with physical therapy. She describes her pain as aching, sharp, burning of the neck, right shoulder, right upper arm with numbness distally from the elbow to the finger tips. Her examination is unchanged. We discussed the need to proceed with a P & S. A Functional Capacity Evaluation was ordered to determine her work capabilities. She was continued on total temporary disability .

8/2 and 8/9: She returned for evaluation with similar complaints. Examination was unchanged. She was given vicodin for pain, continued on home exercise program and

awaiting approval for functional capacity evaluation. She continued on total temporary disability.

8/23/12: Patient return for recheck. She feels worse. Since she finished her functional capacity evaluation, on 8/21, she has had more pain and has had to take a whole vicodin, every 4-6 hours. She has constant pain, right neck, shoulder and upper arm, and a little in right upper back. She feels like she has severe "charlie horse" from shoulder blade up to the neck. On examination she demonstrated moderate pain behavior. There was increased pain of the right cervical and right shoulder musculature with decreased range of motion. Decreased sensation of right upper extremity was unchanged. She was prescribed Zanaflex 4 mg q hs for her muscle cramps. She continued on total temporary disability, waiting for the functional capacity evaluation report.

9/6/12: She returns for re-evaluation. She complains that physical therapy didn't help. Zanaflex made her sleepy, but didn't help. Since the functional capacity evaluation, her right arm has been weak and shakey. Her examination is unchanged. She was continued on total temporary disability and scheduled an appointment for a Permanent and Stationary evaluation.

9/28/12: Ms. Mullen return for re-evaluation. Unfortunately, she was scheduled for a 20 minute appointment on a busy day. Her complaints were unchanged and her examination remained unchanged. She was continued on total temporary disability and scheduled to return 10/16 for a permanent and stationary evaluation.

DIAGNOSTIC STUDIES:

Right Shoulder Xray

CONCLUSION: Laterally sloping acromion which may be associated with impingement. Otherwise, unremarkable examination.

Dictated by: David P. Schale, M.D. on 09/15/2011

Cervical Spine-INDICATIONS: Pain in right side of the neck

FINDINGS:

BONES: There is straightening and reversal of the cervical lordosis.

There is no evidence for fracture. There is no visible osteophytic spurring producing foraminal stenosis.

DISC SPACES: Normal. No significant disc height narrowing, subluxation, or endplate abnormality.

PARASPINOUS: Negative. No paraspinous abnormality is seen.

OTHER: Negative.

CONCLUSION: Cervical muscle spasm. Otherwise negative examination.

Dictated by: David P. Schale, M.D. on 09/15/2011

NERVE CONDUCTION STUDY: 10/18/2011

Right ulnar and right medial conduction study: Normal

MRI Cervical spine; Minimal C5-C6 and C6-C7 spondylosos, appropriate for age

Remainder of the cervical disclevels are otherwise essentially unremarkable

Nonspecific cervical straightening

Nonspecific marked hypertrophy of the lingular tonsillar tissue

MRI right shoulder: Mild infraspinatus and posterior supraspinatus tendinosis

No ligamentous injury. Otherwise negative exam.

Laboratory Studies: **ANA: < 1:80 Rheumatoid factor: <5 CRP 0.6 ESR 16 Uric acid 6.0**

8/21/12: Functional Capacity Evaluation: "The expected results for maximum volitional effort was present. The results are considered a valid estimate of current safe maximal work abilities and functional strength level. She gave forth a consistent effort, but limited herself from further effort due to her pain complaints of her affected body parts. "

PRIOR INJURIES TO RELATED BODY PARTS:

Patient denies any previous injury or disability to the above affected area(s).

ROS:as above

JOB DESCRIPTION:

No official job description was provided by the employer, however the patient reports that his/her job responsibilities and required physical activities include(s): lifting over 40 pounds, repetitive bending/twisting, climbing stairs/ladders, prolonged computer work, repetitive grasping bilateral, repetitive hand motion bilateral, repetitive reaching above shoulder bilateral, kneeling/squatting, pushing/pulling, prolonged sitting and prolonged standing.

OCCUPATIONAL HISTORY: The patient states she has done office work which includes pulling files, purging, answering phones, general office duties. At one time, 1996-1999, she worked as a medical tech for private prisons. She was a roustabout during high school in the oilfields.

FAMILY HISTORY: Mother-fibromyalgia, collagenous colitis

Father-hypertension, hypothyroidism

OBJECTIVE FINDINGS:

BP 113/72 | Pulse 81 | Resp 16 | SpO2 99% | LMP 04/29/2012

generally

HEENT: normocephalic, atraumatic

CHEST/LUNGS: good respiratory effort. CTA

HEART: S1 and S2 normal, no murmurs, regular rate and rhythm

ABDOMEN: soft, nontender, no organomegaly or mass.

LUMBAR SPINE:

Gait: nonantalgic, within normal limits

Posture: no asymmetry, normal posture not forward flexed

Palpation: nontender lumbar paraspinals bilateral

Range of Motion: full range of motion

Motor Strength: 5/5 in bilateral lower limbs

toe rise right normal left Normal

Sensation: within normal limits throughout bilateral limbs. and grossly intact to light touch and pinprick throughout bilateral lower limbs

Reflexes: Physiologic 2+ throughout bilateral lower limbs

Special tests: Negative Supine Leg Raise bilateral

Sits up without difficulty from supine position.

Toe/heel walk normal

SKIN: No rash, abrasions or lacerations.

NEURO: Nonfocal. CN 2-12 grossly intact. DTRs 2+ symmetric.

PSYCHIATRIC: Mood/affect: normal. Memory intact to recent and remote events.

Before performing the spine. Range of motion measurements, which were performed with dual inclinometer, the patient performed a standard warmup of 2 flexion-extensions, 2 right-left rotations, 2 right-left lateral bending, and one additional flexion, extension, pretty aiming guides to the evaluation of permanent impairment, fifth edition, section 15.8, a period.

CERVICAL/ THORACIC SPINE EXAM

Gait: nonantalgic, within normal limits

Inspection: sitting upright in exam chair. She holds her neck stiffly.

Palpation: mild tenderness of cervical paraspinals right, suboccipital region right, upper trapezius /levator scapula right, sternocleidomastoid right and rhomboids right without spasms. Patient flinches and withdraws during examination.

RANGE OF MOTION:

Flexion: 24 degrees (Normal 50),



Extension: 40 degrees (Normal 60)

Lateral bending: Right 20 degrees (Normal 45)

Lateral bending: Left 30 degrees (Normal 45)

Lateral rotation: Right 30 degrees (Normal 80)

Lateral rotation: Left 40 degrees (Normal 80)

Special Tests: Negative Spurling's bilaterally

Motor Strength: Grip strength: Right 40/50/45; Left 65/72/68 lbs.

SENSATION: Subjective diminished to both light touch and skin prick in the C5 dermatome, C6 dermatome, C7 dermatome, C8-T1 dermatomes right.

The degree of diminished sensation does not follow expected dermatomal distributions.

There is 5/5 sensation of the entire left upper extremity including the palm and dorsum of the left hand.

There is 5/5 sensation of the lateral aspect of the right upper arm, then becomes 3/5 laterally, just proximal to the elbow. Beyond the elbow, including the right forearm, her sensation is 2/5 and 2/5 on the dorsum of the hand. However, there is 1/5 diminished sensation of the medial aspect of the upper arm, distally to the palm of the right hand.

Reflexes: Normal DTRs bilaterally

SHOULDER EXAM

Inspection: no asymmetry, normal posture

Palpation: tenderness of right anterior shoulder, posterior shoulder, lateral tip of shoulder and lateral upper trapezius

Range of Motion: Slow full range of motion with C/O pain

Special Tests: Negative Supraspinatus / Empty Can right

Negative Hawkin's Impingement right

Negative Neer's Impingement right

Motor Strength: Normal 5/5 in bilateral upper limbs.

Reflexes: Physiologic 2+ throughout bilateral upper limbs

Sensation: within normal limits throughout bilateral limbs.

ELBOW EXAM

Inspection: No erythema, swelling, or ecchymosis

Palpation: no tenderness

Range of Motion: full range of motion

Special tests: Negative Tinel's at ulnar groove bilateral

Motor Strength:Grip strength:Right 40/50/45; Left 65/72/68 lbs.

Reflexes: Physiologic 2+ throughout bilateral upper limbs

WRIST AND HAND EXAM

Inspection: No erythema, swelling, or ecchymosis

Palpation: nontender

Wrist Range of Motion: Full range of motion

Hand Range of Motion: Full range of motion

Special tests: Negative Carpal Compression bilateral

Negative Tinel's bilateral

Negative Finkelstein's bilateral

Motor Strength: Grip Strength:Right 40/50/45; Left 65/72/68 lbs

Sensation: diminished to both light touch and skin prick in the
C6 dermatome,C7 dermatome,C8-T1 dermatomes right.

ASSESSMENT:

354.0 CARPAL TUNNEL SYNDROME

847.2 STRAIN OF LUMBAR REGION

840.8 STRAIN SHOULDER, TRAPEZIUS MUSCLE

729.5 UPPER LIMB PAIN

719.43 WRIST PAIN

782.0 ARM PARESTHESIA

723.1 NECK PAIN, MUSCULOSKELETAL

ACTIVITIES OF DAILY LIVING: Per page 4 of the AMA guidelines

-Self Care/Personal hygiene:

brushing teeth, combing hair, bathing, dressing oneself, eating.

-Communication:

Writing, and typing causes pain right shoulder, arm and neck

-Physical Activity:

climbing stairs

-Sensory function:



tactile feeling with decreased ability to feel

-Nonspecialized hand activities:

Grasping, lifting, tactile discrimination

-Travel:

driving is affected due to neck pains, not able to turn to the right, right arm hurts

Sexual function:

Orgasm, ejaculation, lubrication, erection but notes pain

No decline in ability to perform these functions

-Sleep:

Restful, nocturnal sleep pattern is disrupted due to pain

PERMANENT AND STATIONARY (DISABILITY STATUS)

It is my medical opinion based upon my examination, the diagnostic tests, and the course of her recovery is that this patient has reached maximum medical improvement (MMI) as defined by the AMA guides, 5th edition (Chapter 1, section 1.2, page 2) as of 10/16/2012 .

CAUSATION:

Based on the information available at this time and absent evidence to the contrary and based on the patient's clinical history, and my examination, it is my opinion that within reasonable medical probability the disability and or impairment as described was a direct result of the injury discussed above.

IMPAIRMENT RATING CRITERIA PER AMA GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT, 5TH EDITION:

After careful review the following was found to be the most medically appropriate method for rating the described injury/injuries.

Based on the physical examination and pertinent studies, the patient would best be categorized using DRE of Cervical Spine, table 15.6, page 392, Category II due to asymmetric loss of range of motion or nonverifiable radicular complaints, defined as complaints of radicular pain without objective findings and no alteration in structural integrity. Her neurologic findings of diminished sensation to light touch and pinprick are not consistent with dermatomal distribution. The MRI of the cervical spine is essentially normal and the nerve conduction study is normal. WPI 5%.

As well, would increase impairment rating with an additional 3% for pain as allowed by the AMA Guides, 5th Edition.

2 2785549 00000012 022 025 05738204

WPI 8 % (5% + 3%)

Discussion: Ms. Mullen has been employed as a correctional records analyst for Wasco State Prison since 2000. Her job entails purging records, pulling files, typing on a daily basis. Her symptoms are a result of cumulative repetitive soft tissue/ligamentous injuries. There is no neurological evidence of serious carpal tunnel syndrome or cervical nerve root compression. The subjective complaints of numbness of the right upper extremity are unusual and do not follow any consistent anatomical distribution. She was seen by Dr. Helvie, who suggested some demyelinating disease which would account for the sensory deficit of her right upper extremity as well as a suggestion of "fibromyalgia". However, neither is work related. Her neurologic complaints do not follow a logical dermatomal pattern, at she complains of numbness and weakness of the entire right arm from the elbow distally. Therefore, she would be entitled to 5% WPI of the cervical spine as noted above and 3% additional for pain of the neck, right shoulder and right arm, for a total of 8%.

PAIN ASSESSMENT:

The burden of the worker's condition and ADL's have not been increased by pain-related impairment in excess of the pain component already incorporated in the WPI rating under Chapters 3-17 of the AMA Guides, 5th Edition.

APPORTIONMENT:

The issue of apportionment has been considered pursuant to SB 899, specifically in regard to Labor Code Sections 4663 and 4664, and in regard to the Escobedo decision. Absent evidence to the contrary it is my medical opinion that Ryann O Mullen has no evidence of any underlying illness or condition or any activity recreationally that may be causally related to the onset of his injury or resultant disability. Additionally, he/she has no history of prior injury involving the body parts of this claim. Apportionment, therefore, is not indicated and 100% of the patient's disability is related to the industrial injury.

The patient's current impairment is apportioned as followed:

No lifting greater than 10#, no repetitive pulling, pushing, reaching, or reaching above shoulders. No repetitive hand/wrist and elbow motion, may have 10 minute break every hour.

Patient is permanent and stationary, maximum medical improvement with future medical and work restrictions

Stand: Frequently (up to 75% of shift). Walk: Frequently (up to 75% of shift). Sit: Frequently (up to 75% of shift). Drive: Frequently (up to 75% of shift). Bend at the waist: Occasionally (up to 25% of shift). Torso/spine twist: Occasionally (up to 25% of shift). Squat/kneel, knee bending: Occasionally (up to 25% of shift). Climb stairs: Occasionally (up to 25% of shift). Climb ladders: Not at all. Use of scaffolds/work at height: Not at all. Neck motions: Intermittently (up

to 50% of shift). Reach above right shoulder: Not at all. Reach above left shoulder: Frequently (up to 75% of shift). Keyboard/mouse use: Occasionally (up to 25% of shift). Repetitive right hand motions: Occasionally (up to 25% of shift). Repetitive left hand motions: Frequently (up to 75% of shift). Gripping/grasping right hand: Occasionally (up to 25% of shift). Gripping/grasping left hand: Frequently (up to 75% of shift). Lift/carry/push/pull no more than 10 pounds for no longer than 50 minute(s) per hour.

100 % due to the industrial injury on 9/6/2011

FUTURE MEDICAL TREATMENTS:

There will be need for future medical care for flare-up of shoulder, neck, arm pain as follows:

Medication refill up to four times a year.

Physical therapy up to twelve times per year.

Physician office visits up to four times per year.

Steroid injections up to three times per year.

Orthopedic consultation evaluate for surgical intervention if flare-ups do not improved with all above conservative treatment.

FUNCTIONAL CAPACITY ASSESSMENT:

Limited, but retains MAXIMUM capacity to lift (including upward pulling) and /or CARRY:
15#

Frequently lift and/or carry: 5#

Occasionally lift and/or carry: 10#

Stand and/or walk a total of: No restrictions

Sit a total of: No restrictions

Push and/or pull (including hand or foot controls):

Limited Degree of limitation as follows:

Activities allowed: F= Frequently O= Occasionally N= Never

Climbing - O Balancing - F Stopping - O Kneeling - O

Crouching - O Crawling - O Twisting- O Reaching- N

Handling - O Fingering - O feeling - F Seeing - F

Hearing - F Speaking - F



WORK STATUS:

May return to work with the following

RECORDS / DOCUMENTATION REVIEWED:

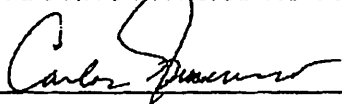
The following information I have reviewed in preparing this report or relied upon for the formulation of my medical opinions:

Medical records: Kaiser Permanente

Dr. Helvie

Functional Ergonomics

CONTRIBUTING PHYSICIANS TO THIS PATIENTS CARE:



Carlos Guerrero, M. D.

DIPLOMATE, AMERICAN BOARD OF FAMILY PRACTICE

DEPARTMENT OF OCCUPATIONAL MEDICINE

KAISER PERMANENTE - KERN COUNTY

Affidavit of Compliance The Treating Physician Labor Code 4061.5

In compliance with Section 10606 and, Labor Code 4628 Rule of Practice and Procedures Manual of the Worker's Compensation Appeals Board, this disclosure is made: The background information (i.e., occupational history, history of the injury and past medical history) was obtained by this examiner. I personally reviewed the medical history and the background information with the patient and performed all necessary changes and additions for clarification. I also performed a complete initial comprehensive evaluation of the patient.

This report is not to be construed as a complete physical examination for general health purposes. Only those symptoms which I believe to have been involved in the injury or might relate to the injury have been addressed.

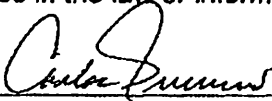
This patient was examined and a report was prepared as mandated by Labor Code 4061.5 with the understanding that I would be compensated at my usual and customary charges, not to exceed charges mandated by Subsequent 31 for the final comprehensive report.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

As of July 16, 1993, Per Labor Code 5703, I declare under penalty of perjury that the attached bills are true and correct, to the best of my knowledge as the examining and/or treating physician.

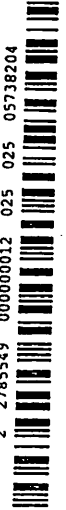
Under Labor Code 139.3, I have not offered nor been offered or delivered and/or received and/or accepted any consideration in any form for the referral of this patient. I declare under penalty of perjury under the laws of the State of California that the above is true and correct to the best of my knowledge.

Additionally, because of SB 899, I reserve the right to amend my report due to any changes in the law or information, as it becomes available.



Carlos Guerrero, M.D.

Executed on this 10/16/2012, at Bakersfield, California, Kern County.



The Spine and Orthopedic Center, Tax ID# 77-0412386
Please send all Utilization Review correspondence to
401 E. Carrillo St., Santa Barbara, CA 93101.
Phone: (805) 563-3307 Fax: (805-563-0998)

Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)
This is a Request for Treatment

TRANSLATOR: None

Last: MULLEN	First: RYANN	SS#:	Date of Birth:
Date of Exam: 01/28/2015	Date of Injury: 09/06/2010-09/06/2011 9/06/2011	Claim #: 05738204	
Employer:	Contact:	Tel #:	Fax #:
Adjuster: MARIVIC MUTUC		Nurse Case Manager:	
Carrier/Administrator: SCIF		Tel #: 661-664-4130	Fax #:
Address: P.O. BOX 65005	City: FRESNO	State: CA	Zip: 93650-5005

Request For Treatment Authorization

REASON FOR SUBMITTING REPORT (Check all that apply. If any box aside from "Other" applies, this report is mandatory.)

<input type="checkbox"/> Significant change in patient's condition	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Info. requested by:	
<input type="checkbox"/> Significant change in work status	<input type="checkbox"/> Need for surgery or hospitalization	<input type="checkbox"/> Discharged	<input checked="" type="checkbox"/> Request for authorization
<input type="checkbox"/> Significant change in treatment plan	<input type="checkbox"/> Periodic Report (45 days since last report)	<input type="checkbox"/> Other:	

Chief COMPLAINTS:

The patient is a 37 year old female with complaints of ongoing neck and right upper extremity complaints. She states that her symptoms have not changed since her last. She does continue with home exercise which is beneficial. She was authorized for an ILESI at the C5-6 level, however, the patient notes she was not notified of this. She was unable to proceed when this was first authorized, however, she notes she is able to proceed at this time. She wishes to proceed, however the authorization has again expired. We will re-request this for her. The patient notes her case is closed with future medical care for her shoulder and neck. She is currently medically retired. She notes that she had a recent medical evaluation by a doctor from her retirement insurance company. Per the patient, she was found to have no need for work restrictions. This is directly contradicts the opinion of Dr Kanter, the patient's AME doctor. Per the patient she is still currently working on modified duty.

The comprehensive Interval history form was reviewed. The patient's pain diagram was reviewed in detail with the patient.

History of Treatment:

-physical therapy: no benefit
-chiropractic therapy, no benefit

She denies any surgeries or injections at this time.

Medications:
OTC motrin prn.

She does note she tries to limit her oral medications due to a history of gastric bypass.

Also,
Levothyroid, and Protonix, which is prescribed by her PCP.

Current Complaints:

Per the patient her right sided neck pain is aching and burning, which she rates at 7/10 on the pain scale. Her neck pain radiates down her right upper extremity all the way into her fingers. Per the patient from the right elbow down to her fingers is numb with a pins and needles sensation. She denies any radiating pain down her left upper extremity. The patient states her pain makes it difficult to do daily activities such as getting dressed to go to work and sleeping. Activities such as blow drying her hair, cleaning cabinets, and carrying a purse exacerbate her pain. The patient states she uses her left arm for things that she cannot do with her right, due to the pain. The patient

also states using a heating pad and ice to help reduce her pain.

OBJECTIVE FINDINGS:

The patient is alert and oriented, in no acute distress. She is able to sit comfortably for today's examination. Tenderness to palpation of cervical spine as well as cervical paraspinal muscles tenderness. Range of motion of cervical spine is decreased in all planes. Decreased sensation to the right C6 and C7 dermatomes. Motor exam is 4+/5 for right deltoids, biceps, internal and external rotators, wrist extensors and flexors. Positive Spurling's on the right with pain to the hand.

DIAGNOSES:

1. Disc herniations at C5-6 and C6-7, most significant at C5-6 with stenosis.722.0,723.0
2. Cervical radiculopathy. 723.2

TREATMENT PLAN: At this point, we discussed the patient's treatment options.

The patient was authorized for an ILESI to the C5-6. This expired and we requested an extension. The patient was not aware the extension was authorized. We request the extension be authorized again. After discussing the risks, benefits, and alternatives to do this injection, she does wish to proceed. This is inline with the AME.

In regards to the patients work abillites, per the AME, these are reasonable and should remain in effect.

No medications provided today. She is avoiding oral medications due to a history of gastric surgery.

She was advised to return in 8 weeks for re-evaluation and further discussion at that time.

Guidelines: Cervical Epidural Steroid Injections

INDICATIONS FOR CERVICAL EPIDURAL INJECTIONS PER EVIDENCE BASED MEDICINE:

Per Evidence Based Medicine, page 175, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain.

Per Evidence Based Medicine, page 175, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve-root compromise.

Per Evidence Based Medicine, page 181, table 8-8:

Table 8-8. Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints

Clinical Measure	Recommended	Optional	Not Recommended
Injections		Epidural Injection of corticosteroids to avoid surgery (D) Botulinum toxin (dystonia only) (B)	Facet Injection of corticosteroids (D) Diagnostic blocks (D)

REQUEST FOR AUTHORIZATION:

1. Follow-up in 8 weeks.
2. 2nd Extension to the previously authorized ILESI to target C5-6 introduced through a C7-T1 catheter

inline with the AME. 62310 x2

DISABILITY STATUS: Permanet and Stationary per AME.

If no modified work is available, employer must keep employee off work unless, and until, such modified work is made available.

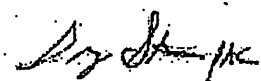
DISCLOSURE STATEMENT

I declare under penalty of perjury that I have not violated the provlsons of California Labor Code Section 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628.

NOTICE: This report is for medical/legal assessment of the Injury noted and is not to be construed as a complete physical examination for general health purposes. Only these symptoms which are believed to have been involved in the Injury or that mlight relate to the Injury have been assessed.

DATE OF REPORT: 1/28/2015

Dated this 28th day of January, 2015 at Santa Barbara County, California.



Greg Stevens, PA-C
1/28/2015
Date



Alan Moelleken, M.D.
1/28/2015
Date

Greg Stevens, PA-C/Alan P. Moelleken, M.D.
GS/APM/md/an

cc: State Compensation Insurance Fund, Richard McManus, PO Box 65005, Fresno, CA 93650
Wm. Todd Berry, 1800 30th Street, #330, Bakersfield, CA 93301

Enclosure: RFA Form

The Spine and Orthopedic Center, Tax ID# 77-0412386
Please send all Utilization Review correspondence to
401 E. Carrillo St., Santa Barbara, CA 93101.
Phone: (805) 563-3307 Fax: (805-563-0998)

D: 1/28/2015 R: 2/2/2015 T: 2/19/2015

EXECUTED AT:
Bakersfield

NAME:
Alan Moelleken, M.D.
ADDRESS:

CAL. LIC.#
G68712
SPECIALTY:
Orthopedic Spine
PHONE:
661.864.1150

2725 16th Street, Bakersfield, CA 93301

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF SANTA BARBARA

I am employed in the County of Santa Barbara, State of California. I am over the age of 18 years and not a party to the within action. My business address is: 401 E. Carrillo Street, Santa Barbara, CA. 93101.

On 2/19/2015, I served the foregoing document(s) described as:

REPORT OF Alan P. Moelleken, M.D./RFA Form

by placing a true and correct copy thereof in a sealed envelope addressed as follows:

State Compensation Insurance Fund
Richard McManus
PO Box 65005
Fresno, CA 93650

Wm. Todd Berry
1800 30th Street, #330
Bakersfield, CA 93301

and caused such envelope with postage thereon fully prepaid to be placed in the United States mail at Santa Barbara, California.

I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice, correspondence or documents served as above indicated would be deposited with the U.S. Postal Service on that same day in ordinary course of business. I am aware that on motion of party served, service is presumed invalid if the postal cancellation date or postage meter date is more than one day after the date of deposit for mailing in affidavit.

Executed on 2/19/2015, at Santa Barbara, California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to my knowledge.



Ms. Ashley Nelson,
(2/19/2015 11:02 AM)

Attn: Ricky DeLaCruz 661-758-7063
Re: Ryan Mullen

PHYSICIANS

Alan Moelleken, MD
Board Certified in Orthopedic Surgery, Surgical and Non-Surgical Spine Treatment
Spine Fellowship trained in Neurosurgery & Orthopedic Surgery

Chad Burgoyne, MD
Board Certified in Orthopedic Surgery, Fellowship trained in Sports Medicine
Specializing in Arthroscopic Surgery, Shoulder and Knee Reconstruction & Fracture Care

Michael Kenly, MD
Board Certified in Physical Medicine & Rehabilitation
Fellowship trained in Interventional Spine Care & Pain Management
Specializing in Minimally Invasive Constructive Surgery & Non-Surgical Spine Treatment

Thomas Jacques, MD
Pain Management Specialist, Fellowship trained in Interventional Pain Management
Board Certified in Pain Medicine, Specializes in minimally-invasive, outpatient
injection procedures for chronic pain

David Pires, DO
Anesthesiologist, Fellowship trained in Interventional Pain Management
Specialized in advanced procedures and surgical anesthesia

**THE SPINE AND
ORTHOPEDIC
CENTER**

PHYSICIANS *Continued*

Amit Malikani, DO
Board Certified in Family Practice, Specializing in Primary Medical Care and Wound Care

Julio Bonitas, MD
Specializing in Primary Medical Care including Surgical Clearance, General Internal Medicine,
Health Maintenance & Preventative Medicine

Jeffrey LeCheminant, DPM
Reconstructive Foot and Ankle Surgery, Minimally Invasive Arthroscopic Surgery
Sports Medicine, Non-Surgical Podiatric Treatment

CHIROPRACTORS

Tony Kim, DC
Terry Brightwell, DC
Daniel Chang, DC
Lisa Pappas, DC
Bradford Alex, DC
Adam Sverdlin, DC
Martha Garcia, DC

ACUPUNCTURISTS

Andrea Lewis, LAc
Shih-Ting Chiu, LAc
Jaewoo You, LAc
Tonatihu Marquez, LAc

OFFICE LOCATIONS:

401 East Camino St., Santa Barbara, CA 93101 PH: 805.563.3307 FAX: 805.563.8996 • 325 West Main St., Suite 125, Santa Maria, CA 93456 PH: 805.925.9907 FAX: 805.925.9908
2723 10th St., Buena Vista, CA 95701 PH: 916.804.1139 FAX: 916.804.1143 • 640 South B St., Oceanside, CA 92050 PH: 805.463.7012 FAX: 805.463.0716

WWW.SPINEANDORTHOCENTER.COM

Disability Status

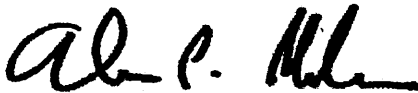
Last: MULLEN	First: RYANN	SS#:	Date of Birth:
Date of Exam: January 28, 2015	Date of Injury: 9/06/2011	Claim #: 05738204	
Employer:	Contact:	Tel #:	Fax #:
Adjuster: MARIVIC MUTUC		Nurse Case Manager:	
Carrier/Administrator:		Tel #:	Fax #:
Address:	City:	State:	Zip:

WORK STATUS

to
upto
Other: PERMANENT AND STATIONARY PER AME

If no modified work is available, employer must keep employee off work unless, and until, such modified work is made available.

Follow-up Appointment Scheduled on: April 6, 2015 with Stevens Greg, PA-C



Alan Moelleken, M.D.

2/18/2015
Date

Form Faxed to: _____ / _____ Back Office Staff Initials: _____ Date: _____
Company / fax number

DATE: 01/27/2015

TO: CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
BENEFIT SERVICES DIVISION
P.O. Box 0463
Sacramento, CA 95812
Phone 1-888-225-7377
Fax 1-916-795-1280

ATTN: APPEALS DIVISION/DISABILITY RETIREMENT

RE: RYANN MULLEN CALPERS ID:
APPEAL PER CCR SECTIONS 555-555.4, TITLE 2

I am contacting you in regards to the recent correspondence dated January 22, 2015. The letter states that after a careful review of medical reports and other information that I am no longer considered substantially incapacitated from performing my job duties as a **Case Records Technician** for the Department of Corrections California State Prison - Wasco. However, I am appealing this decision.

First and foremost I would like to bring to your attention that **Case Records Technician** was not the correct job duty I was performing upon disability retirement from Wasco State Prison. I was in the position and performing job duties as a **Correctional Case Records Analyst** in which has a completely different job description that entails much more strenuous work than that of the stated Case Records Technician.

Furthermore, I am currently still undergoing treatment from my treating Physician(s), at The Spine and Orthopedic Center in which I have been receiving treatment from since the injury. As you will see in the reports there has not been any substantial changes indicating that I have recovered or am expected to recover from this injury. On 03/06/2013 I also underwent an Agreed Medical Evaluation under the care of Dr. Phillip J. Kanter, M.D., F.A.C.S. in which I am attaching the report also indicating the same findings as my current treating Physician. I have not been cleared from my treating Physician to return to my previous job as I am still suffering from the injury and have substantial limitations in which I cannot complete the duties as a Correctional Case Records Analyst.

I am including supporting documentation from my treating Physician(s) along with the report from the AME Doctor Phillip J. Kanter, M.D., F.A.C.S., dated 03/06/13. I am also attaching both the job duty statement of the Correctional Case Records Analyst and the job duty statement of a Case Records Technician.

I would ask that there be a reconsideration made as to the decision of my disability retirement. As you will see I am still seeking medical care in regards to the injury sustained.

Thank in advance for you time and reconsideration. Please contact me for any further information required.

Ryann Mullen

1st Executive, General

Enclosures: Supporting Physician(s) Documentation
Correctional Case Records Analyst Job Description



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

Ref. No. 2015-1146

November 21, 2016

VIA OVERNIGHT MAIL

Ryann O. Mullen

Subject: In the Matter of the Reinstatement from Disability Retirement of
RYANN O. MULLEN, Respondent, and WASCO STATE PRISON,
CALIFORNIA DEPARTMENT OF CORRECTIONS AND
REHABILITATION, Respondent.

Dear Ms. Mullen:

We enclose a copy of the Board of Administration's Decision in the above matter. Please be advised that this Decision was made pursuant to the Administrative Procedure Act (Gov. Code, secs. 11370, et seq.) and California Code of Regulations, title 2, sections 555-555.4, on November 16, 2016.

Any party who participated in this case and is dissatisfied with this Decision has a right to petition the Board for reconsideration and the right of appeal to the courts within 30 days after the last day on which reconsideration can be ordered. (See Gov. Code, secs. 11521 and 11523.) It is not necessary that a Petition for Reconsideration be filed in order to appeal to the courts. (Gov. Code, sec. 11523.) **If you choose to file a Petition for Writ of Mandate, please submit a written request to our office for preparation of the administrative record.**

The Board's Decision is being mailed to you on November 21, 2016. Because the Board is not scheduled to meet in January, any Petition for Reconsideration must be received by CalPERS' Executive Office by December 2, 2016, in order to be included on the Board's agenda for its December 21, 2016, meeting, which is the last day on which reconsideration can be ordered. (See Gov. Code secs. 11521 and 11523.) **IF A PETITION FOR RECONSIDERATION IS NOT RECEIVED BY DECEMBER 2, 2016, THE BOARD WILL NOT BE ABLE TO ACT ON IT AND THE ORIGINAL EFFECTIVE DATE APPLIES.**


Please title your submission "Petition for Reconsideration" and insure that all personal information has been redacted, as this will become a public document when included in the agenda item. Please send this to:

**Cheree Swedensky, Assistant to the Board
Executive Office
California Public Employees' Retirement System
P.O. Box 942701
Sacramento, CA 94229-2701
FAX: (916) 795-3972**

In addition, it is recommended that you send, via facsimile, a copy of any Petition for Reconsideration to the attention of Matthew G. Jacobs, General Counsel, at (916) 795-3659.

If your Petition for Reconsideration is denied, the next step in the appeal process is to file a Petition for Writ of Mandate in Superior Court.

Sincerely,


MATTHEW G. JACOBS
General Counsel

MGJ:smh

Enclosure

cc: Wasco State Prison, California Department of Corrections & Rehabilitation
Katherine Minnich, California Department of Corrections & Rehabilitation

II.
1 BOARD OF ADMINISTRATION
2 CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

3 In the Matter of the Reinstatement from) CASE NO. 2015-1146
4 Disability Retirement of:) OAH NO. 2016030813
5)
6 RYANN O. MULLEN,) DECISION
7)
8 Respondent,)
9)
10 and)
11)
12 WASCO STATE PRISON, CALIFORNIA)
13 DEPARTMENT OF CORRECTIONS AND)
14 REHABILITATION,)
15)
16 Respondent.)
17)

18 RESOLVED, that the Board of Administration of the California Public
19 Employees' Retirement System, pursuant to Government Code section 11517(c)(2)(C),
20 which authorizes the Board to "make technical or other minor changes in the proposed
21 decision", hereby modifies the Proposed Decision, deleting the word "industrial" before
22 the words "disability retirement" on pages seven and eight of the Proposed Decision,
23 and hereby adopts as its own Decision the Proposed Decision dated
24 September 22, 2016, as modified, concerning the appeal of Ryann O. Mullen;
25 RESOLVED FURTHER that this Board Decision shall be effective 30 days following
mailing of the Decision.

26 I hereby certify that on November 16, 2016, the Board of Administration,
27 California Public Employees' Retirement System, made and adopted the foregoing
28 Resolution, and I certify further that the attached copy of the Administrative Law

29 ///

30 ///

31 ///

1 Judge's Proposed Decision is a true copy of the Decision adopted by said Board of
2 Administration in said matter.

3 BOARD OF ADMINISTRATION, CALIFORNIA
4 PUBLIC EMPLOYEES' RETIREMENT SYSTEM
5 MARCIE FROST
6 CHIEF EXECUTIVE OFFICER

7 Dated: 11/21/2016

8 BY

9 
10 DONNA RAMEL LUM
11 Deputy Executive Officer
12 Customer Services and Support
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BEFORE THE
BOARD OF ADMINISTRATION
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
STATE OF CALIFORNIA

In the Matter of the Reinstatement from
Disability Retirement of:

RYANN O. MULLEN

Respondent,

and

WASCO STATE PRISON, CALIFORNIA
DEPARTMENT OF CORRECTIONS AND
REHABILITATION,

Respondent.

Case No. 2015-1146

OAH No. 2016030813

PROPOSED DECISION

Administrative Law Judge Ed Washington, Office of Administrative Hearings (OAH), State of California, heard this matter on August 9, 2016, in Fresno, California.

Senior Staff Attorney John Shipley represented the California Public Employees' Retirement System (CalPERS).

Ryann O. Mullen (respondent) was present and represented herself.

CalPERS properly served Wasco State Prison, California Department of Corrections and Rehabilitation (CDCR) with the Notice of Hearing. CDCR made no appearance. This matter proceeded as a default against CDCR pursuant to Government Code section 11520, subdivision (a).

Evidence was received and the record remained open through August 30, 2016, to allow respondent to submit medical reports to support her claimed incapacity by August 23, 2016, and to allow complainant to submit any objections to those reports by August 30, 2016. Respondent did not submit medical reports or any other documents to OAH by August 23, 2016. The record was closed, and the matter was submitted for decision on August 30, 2016.

ISSUE

Is respondent disabled or substantially incapacitated from performing the usual duties of a Correctional Case Records Analyst for CDCR due to an orthopedic (right shoulder, right wrist) condition?

FACTUAL FINDINGS

Procedural History

1. Respondent is 39 years old. She began working for CDCR in 2000, and last worked for them as a Correctional Case Records Analyst. About March 11, 2013, respondent filed an application for disability retirement (Application) with CalPERS, based on an orthopedic condition (right upper extremity, upper back, neck and headaches, carpal tunnel syndrome right hand/wrist, bulging disc in the cervical region C3-4, severe tendonitis in the right shoulder, chronic pain in the neck and right shoulder with radiating pain in the upper back and frequent migraine headaches). CalPERS approved the Application on May 28, 2013, based on her right shoulder and right wrist conditions. Respondent disability retired, effective December 13, 2012, at 35 years old.

2. On an unspecified date between May 28, 2013, and January 22, 2015, CalPERS initiated a re-examination of respondent to assess her ability to perform her former job duties pursuant to Government Code section 21192, because respondent was under the minimum age for voluntary service retirement. The re-examination involved a review of information obtained from medical providers, including an Independent Medical Evaluation (IME) performed by Ghol Ha'Eri, M.D., on October 21, 2014, and information obtained from respondent regarding the scope, nature, and earnings of any employment.

3. After reviewing respondent's medical and employment information, CalPERS determined that respondent was no longer substantially incapacitated from performing the duties of a Correctional Case Records Analyst for CDCR. Respondent appealed from CalPERS' determination.

Respondent's Disability Retirement Application

4. In the Application, respondent described her disability, as follows:

(Right upper extremity, upper back, neck and headaches) Carpal tunnel syndrome right hand/wrist, a bulging disc in the cervical region (C3-4), severe tendonitis in the right shoulder, chronic pain in the neck and right shoulder with radiating pain in the upper back and frequent migraine headaches.

5. In response to the question on the Application that asks how the disability occurred, respondent stated that the disability was "[d]ue to repetitive motion over the course of [her] career which includes constant lifting, pushing and pulling, as well as constant and prolonged keyboarding. Additionally, the inadequate ergonomics of my immediate work station have attributed to my condition."

6. In response to the question on the Application that asks what limitations or preclusions resulted from her injury or illness, respondent described her limitations as follows:

No lifting, pushing or pulling over five (5) pounds and for no longer than fifty (50) minutes per hour. No working for more than four (4) hours per work day and more than three (3) days per week. No repetitive pushing, pulling, reaching, or reaching above the shoulder, and no repetitive motion with the right hand/wrist and elbow, and must have ten (10) minute break per hour.

7. In response to the question asking how her injury or illness affected her ability to perform her job, respondent stated that "due to [her] physical condition and doctors restrictions, [she is] no longer able to perform the essential functions of [her] job." In response to the question asking whether she was currently working in any capacity, respondent replied "No."

Duties of a Correctional Case Records Analyst

8. The essential functions of a Correctional Case Records Analyst are set forth in the CDCR, Division of Adult Institutions, Wasco State Prison—Reception Center, Correctional Case Records Analyst, Essential Functions form. The form includes a list of the essential job functions of a CDCR Correctional Records Analyst, including the following 10 physical essential functions:

- Must be able to work full time 40 hours per week, days and hours as assigned.
- Ability to work over 40 hours per week, or in emergency situations.
- Physically handle offender files. The offender file is comprised of the central file (minimum weight of one file is 2 pounds and maximum weight of one file is 20 pounds). These are approximate weights; a typical offender record is approximately 17 pounds. A box of files weighs a maximum of 40 pounds.
- Maneuver (push and pull) files on and off 7-foot shelving units, in and out of carts and boxes, onto and off of desks, credenzas, copy machines, and other work areas.
- Reach and bend to retrieve and place files on the lower three shelves.
- Step on a footstool and/or reach to retrieve and place files on the top two shelves.

- Push or pull files for placement or removal from the shelf. Some file shelves are cramped requiring excessive pushing and pulling.
- Transport files by either hand carrying (individually or a box of files) or placing into a cart and pushing the cart.
- Bend and lift the file to place in cart.
- Routinely move files or boxes of files throughout the office in order to complete a function, i.e., from the file room or their desks to the Case Records Technician work area, to the Offender Based Information System (OBIS) work area for data input, to intake/shipping, other staff, etc.

9. On March 7, 2013, a CDCR representative completed a Physical Requirements of Position/Occupational Title form for the Correctional Case Records Analyst position. According to that form, a Correctional Case Records Analyst must be able to engage in the following physical activities:

- Constant (over 6 hours) sitting, twisting (at the neck and waist), reaching (above and below shoulder), pushing and pulling, simple grasping, repetitive use of hands, keyboard use, and mouse use.
- Frequent (up to 6 hours) walking, fine manipulation, and power grasping.
- Occasional (up to 3 hours) standing, kneeling, bending (at the neck and waist), and lifting or carrying up to 25 pounds.

Duties of a Judicial Courtroom Assistant

10. Respondent currently works as a Judicial Courtroom Assistant for the Superior Court of California, County of Kern. The Job Task Analysis form for this position specifies that a Judicial Courtroom Assistant must occasionally (up to a third of the workday) push and pull up to 50 pounds with force to perform such job duties as opening and closing file cabinets, pushing and pulling wheeled carts, and pushing and pulling chairs. The Job Task Analysis form also specifies that a Judicial Courtroom Assistant must occasionally lift up to 25 pounds, both from floor to waist and from waist to shoulder, and lift up to 10 pounds from shoulder to overhead, to lift files, documents, and small office equipment. The document also specifies that a Judicial Courtroom Assistant must occasionally carry up to 25 pounds at waist height when carrying files, documents, and small office equipment.

Respondent's Testimony

11. Respondent began working for the Superior Court of California in September 2013. She initially worked as a Collections Specialist prior to becoming a Judicial Courtroom Assistant. She testified that although the Job Task Analysis form for her current position provides a "general overview" of the tasks performed by a Judicial Courtroom Assistant, the task may vary from assignment to assignment.

12. Respondent testified that she cannot perform her former job duties, as a Correctional Case Records Analyst for CDCR, because she cannot perform multiple functions required for the position. She specified that she "[does] not believe [she is] able to maneuver files on and off of 7-foot shelving units because [she does] not believe [her] arm has sufficient strength." She also stated that she does not believe she can transport a box of files by lifting it to put it on a cart. Respondent testified that she could push a box of files once it was on a cart, but does not believe she could lift the box to the cart. She asserted that she is precluded from performing these functions due to "shoulder pain, lack of strength, numbness, and tingliness." Respondent added that she was told that she could no longer perform the duties of a Correctional Case Records Analyst by Physician's Assistant Kevin Groh on August 25, 2014, during a consultation at the office of Alan Moelleken, M.D., an orthopedic spine specialist. Respondent testified that during this consultation she was told that her C3-4 and C5-6 vertebrae "had some defect to them that was not repairable by surgery because it would do more harm than good."

Ghol Ha'Eri, M.D.

13. Ghol Ha'Eri, M.D., testified at hearing. Dr. Ha'Eri is a Diplomate of the American Board of Orthopaedic Surgery and the American Board of Neurological and Orthopaedic Surgery. He has been licensed to practice medicine for approximately 47 years and served as chief of orthopedic surgery at Kern Medical Center in Bakersfield for 11 years. Until approximately 2010, Dr. Ha'Eri operated a private practice and treated orthopedic patients. For the last six years he has primarily performed IMEs and Qualified Medical Evaluations for a variety of entities and occasionally performs out-patient surgical procedures.

14. On October 21, 2014, Dr. Ha'Eri evaluated respondent. He reviewed the Application, respondent's job description, job functions and medical records, and prepared a 9-page report. Respondent told Dr. Ha'Eri that she was experiencing right side neck pain with radiation to the right shoulder and upper arm, a tingling sensation and numb feeling from the right elbow to the right hand, and occasional headaches.

15. Dr. Ha'Eri examined respondent's neck and upper extremities and found no deformity. Respondent had normal cervical lordosis and there was no swelling or atrophy around her right shoulder. She had mild tenderness over the right trapezius muscle with palpation of her neck and right shoulder, but no spasms were noted. The report reflects that respondent's range of motion in her cervical spine and right shoulder were normal. However, she reported end of range discomfort in both the neck and right shoulder.

16. Dr. Ha'Eri also performed a neurological examination on respondent, measured her extremities, and tested her grip strength. Her neurological examination was normal with no deficits. The circumferential measurement of her extremities showed no abnormalities. Measurement of bilateral hand grip strength showed a significant disparity between the right and left hand, with differences of up to 40 pounds in measurements. In a supplemental report prepared on January 14, 2015, Dr. Ha'Eri noted that respondent's grip

strength disparity was not consistent with manual muscle testing he performed on respondent during the examination. He opined that the disparity was "more consistent with suboptimal effort rather than true objective finding."

17. At the conclusion of the evaluation, Dr. Ha'Eri diagnosed respondent with "[c]ervical strain, resolved," and "[r]ight shoulder strain/mild rotator cuff tendinitis, resolved." In response to questions posed by CalPERS, in his report Dr. Ha'Eri opined that "there are no specific job duties [respondent] is unable to perform due to her physical condition of cervical spine and right upper extremity. ... [Respondent] is not substantially incapacitated for the performance of her duties as a Correctional Case Records Analyst."

18. At CalPERS' request, Dr. Ha'Eri prepared three supplemental IME reports after receiving additional medical records or information for consideration. The additional records and information did not alter Dr. Ha'Eri's opinion that respondent was not substantially incapacitated for the performed of her duties as a Correctional Case Records Analyst.

19. Dr. Ha'Eri's testimony at hearing was consistent with his IME reports. He briefly explained his examination process and reiterated the diagnoses in his report. It was Dr. Ha'Eri's opinion that respondent's medical records include erroneous conclusions about respondent's condition because many of the conclusions were made by physician's assistants rather than orthopedic specialist. He testified that although the medical records prepared by Physician's Assistant Groh included diagnoses for disc herniation at C5-6 and C6-7 and cervical radiculopathy, Dr. Ha'Eri found no objective medical evidence to support such diagnoses. Dr. Ha'Eri also testified that he was "puzzled" that epidural steroid injections of the cervical spine were recommended by Physician's Assistant Greg Stevens and approved by Dr. Moelleken, because the previous MRI showed no abnormality to substantiate the need for this procedure. Dr. Ha'Eri reiterated that he found nothing during his examination or review of respondent's records which indicated that respondent could not perform the duties of a Correctional Case Records Analyst for CDCR.

Discussion

20. Incapacity for performance of duty must be based on competent medical evidence. (Gov. Code § 20026.) Dr. Ha'Eri opined that respondent is not substantially incapacitated from performing her job duties. This opinion was based on his medical experience, training and expertise, examination of respondent, and review of respondent's medical records. No other competent medical evidence was produced at hearing. Respondent produced no medical reports or other records at hearing and did not call a medical expert to testify in support her claimed incapacity. At respondent's request, the record was left open for 21 days after the hearing to allow her to submit supportive medical records. Respondent submitted no additional evidence. Her evidence of incapacity to perform her former job duties consists of her testimony that she does not believe she can perform some of the duties of a Correctional Case Records Analyst for CDCR because of "shoulder pain, lack of strength, numbness, and tingliness."

21. When all the evidence is considered, CalPERS submitted sufficient evidence to meet its burden. Dr. Ha'Eri's opinion was persuasive and respondent presented no competent medical evidence to support her claimed incapacity. As a result, CalPERS' request that respondent be involuntarily reinstated from industrial disability retirement is granted.

LEGAL CONCLUSIONS

1. In accordance with Government Code section 21192, CalPERS re-evaluates members receiving disability retirement benefits who are under the minimum age for service retirement. That section, in relevant part, provides:

The board ... may require any recipient of a disability retirement allowance under the minimum age for voluntary retirement for service applicable to members of his or her class to undergo medical examination The examination shall be made by a physician or surgeon, appointed by the board Upon the basis of the examination, the board or the governing body shall determine whether he or she is still incapacitated, physically or mentally, for duty in the state agency ... where he or she was employed and in the position held by him or her when retired for disability, or in a position in the same classification, and for the duties of the position with regard to which he or she has applied for reinstatement from retirement.

2. Government Code section 21193 governs the reinstatement of a recipient of disability retirement determined to no longer be substantially incapacitated for duty and, in relevant part, provides:

If the determination pursuant to Section 21192 is that the recipient is not so incapacitated for duty in the position held when retired for disability or in a position in the same classification or in the position with regard to which he or she has applied for reinstatement and his or her employer offers to reinstate that employee, his or her disability retirement allowance shall be canceled immediately, and he or she shall become a member of this system.

3. Government Code section 20026 defines "disability" and "incapacity for performance of duty," and, in relevant part, provides:

"Disability" and "incapacity for performance of duty" as a basis of retirement, mean disability of permanent or extended and

uncertain duration, as determined by the board ... on the basis of competent medical opinion.

4. In *Mansperger v. Public Employees' Retirement System* (1970) 6 Cal.App.3d 873, 876, the court interpreted the term "incapacity for performance of duty" as used in Government Code section 20026 (formerly section 21022) to mean "the *substantial* inability of the applicant to perform his usual duties." (Italics in original.) In *Hosford v. Board of Administration of the Public Employees' Retirement System* (1978) 77 Cal.App.3d 854, 862 the court held that a disability or incapacity must currently exist and that a mere fear of possible future injury which might then cause disability or incapacity was insufficient. Furthermore, in *Harmon v. Board of Retirement* (1976) 62 Cal.App.3d 689, 697, the court determined that a deputy sheriff's subjective complaints alone, without competent medical evidence to substantiate the complaints, were insufficient to support a finding that he was permanently incapacitated for the performance of his duties.

5. When all the evidence in is considered, CalPERS established that respondent is no longer substantially incapacitated for the performance of her usual duties as Correctional Case Records Analyst for CDCR, due to her orthopedic conditions. Consequently, CalPERS' request that respondent be involuntarily reinstated from industrial disability retirement is granted.

6

ORDER

Respondent's appeal is DENIED. The request of California Public Employees' Retirement System to involuntarily reinstate respondent Ryann O. Mullen from disability retirement to her former usual job duties as a Correctional Case Records Analyst for CDCR is GRANTED.

DATED: September 22, 2016

DocuSigned by:
Ed Washington
D1857747BA4F405...
ED WASHINGTON
Administrative Law Judge
Office of Administrative Hearings

PROOF OF SERVICE

I am employed in the County of Sacramento, State of California. I am over the age of 18 and not a party to the within action; my business address is: California Public Employees' Retirement System, Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811 (P.O. Box 942707, Sacramento, CA 94229-2707).

On November 21, 2016, I served the foregoing document described as:

DECISION – In the Matter of the Reinstatement from Disability Retirement of RYANN O. MULLEN, Respondent, and WASCO STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.; Case No. 2015-1146; OAH No. 2016030813.

on interested parties in this action by placing ____ the original XX a true copy thereof enclosed in sealed envelopes addressed as follows:

Ryann O. Mullen

Office of Administrative Hearings
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4231

Via Email: sacfilings@dgs.ca.gov

Wasco State Prison
California Department of Corrections & Rehabilitation
701 Scofield Avenue
Wasco, CA 93280-7515

Katherine Minnich
California Department of Corrections & Rehabilitation
Office of Personnel Services
1515 "S" Street, Room 211-South
Sacramento, CA 95811


[XX] BY OVERNIGHT DELIVERY: I caused such envelope(s) to be delivered to the above address(es) within 24 hours by overnight delivery service.

[XX] BY ELECTRONIC FILING: I caused such documents to be e-filed to the email address(es) shown above.

Executed on November 21, 2016, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Summer Hazlett
NAME


SIGNATURE

my copy

California Department of Corrections and Rehabilitation
Division of Adult Institutions
Wasco State Prison-Reception Center
Correctional Case Records Analyst
Essential Functions

Under supervision of the Correctional Case Records Supervisor (CCRS), performs complex, technical work in processing, maintenance, and control of inmate records; calculates inmate release and discharge dates, applying credits and enhancements; interprets and applies laws, policies and procedures; acts as liaison with other units and related agencies. Consequence of error is significant. Essential functions include:

- Must be able to work full time, 40 hours per week, days and hours as assigned
- Ability to work over 40 hours per week or in emergency situations
- Must be able to work in both minimum and maximum security institutions
- Physically handle offender files. The offender file is comprised of the central file (minimum weight of one file is 2 pounds and maximum weight of one file is 20 pounds). These are approximate weights; a typical offender record is approximately 17 pounds. A box of files weighs a maximum of 40 pounds.

Functions include:

- ❖ Maneuver (push and pull) files on and off 7-foot shelving units, in and out of carts and boxes, onto and off desks, credenzas, copy machines, and other work areas.
- ❖ Reach and bend to retrieve and place files on the lower three shelves.
- ❖ Step on a footstool and/or reach to retrieve and place files on the top two shelves.
- ❖ Push or pull files for placement or removal from the shelf. Some file shelves are cramped, requiring excessive pushing or pulling.
- ❖ Transport files by either hand carrying (individually or a box of files) or placing onto a cart and pushing the cart.
- ❖ Bend and lift the file to place in cart.
- ❖ Routinely move files or boxes of files throughout the office in order to complete a function; i.e., from the file room or their desk to the Case Records Technician work area, to the Offender Based Information System (OBIS) work area for data input, to intake/shipping, other staff, etc.
- ❖ Routinely enter and query data on personal computer or data base (OBIS, RSTS, C-File Tracking, ARDTS).
- ❖ Review and read numerous documents and chronos in the central file, which is comprised of 10 sections that need to be flipped through (two hole punched at the top of each section, chrono's taped on top of each other on a single sheet of paper).

The Correctional Case Records Analysts may assist in the training of new Analysts. They must monitor and prioritize own workload to ensure timely and accurate processing of all Case Records functions. These duties are as follows:

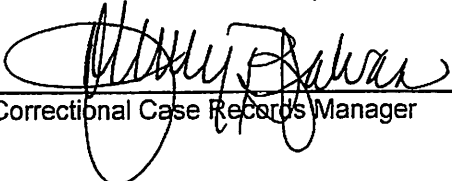
- Calculate release/discharge dates for offenders pursuant to appropriate laws, policies and procedures and post (hand write) on the CDC 112 as appropriate.
- Audit offender records for legal and mathematical accuracy.
- Analyze, interpret and process legal documents to ensure compliance with statutory and departmental policy. Identify and correct discrepancies.
- Research and respond to the Board of Prison Terms regarding specific cases and jurisdictional issues.

California Department of Corrections and Rehabilitation
 Division of Adult Institutions
 Wasco State Prison-Reception Center
 Correctional Case Records Analyst
 Essential Functions

- Research and respond to inquiries/appeals from offenders concerning legal status and other records related issues.
- Communicate with Courts, Attorney General, County Clerks, District Attorneys, County Clerks and Legal Processing Unit regarding specific case issues.
- Represent the State of California by testifying as an expert witness in routine court proceedings.
- Comply with subpoenas, court orders and miscellaneous requests by identifying and releasing specific information according to the Information Practices Act, statutory and departmental policy.
- Read and write English at a level required for successful job performance.
- Ability to be supervised by assigned supervisor or manager.
- Ability to produce large quantities of work with little or no error.
- Work independently performing routine duties.

The reasoning ability and mental requirements described here are representative of those that must be met by the Correctional Case Records Analyst to successfully perform the essential functions of this job. The Correctional Case Records Analyst must have the ability to:

- Analyze, define, interpret and take action on various legal documents and court orders.
- Analyze inmate records and recognize and correct discrepancies and irregularities.
- Prepare accurate and concise reports.
- Make sound decisions and recommendations in regard to the records keeping function.
- Provide criminal identification services necessary to the administration of the CDCR.
- Disseminate information to administrative, legislative and judicial agencies, attorneys and the general public.
- Understand a broad range of technical data and apply it to individual cases.
- Learn; follow oral and written instructions; and progressively perform more difficult and analytical tasks in the correctional case records keeping process.
- Decipher written instructions and apply instructions appropriately.
- Comprehend complex legal documents to insure appropriate case law is applied.
- Communicate effectively with institutional and law enforcement officials.


 Correctional Case Records Manager

11.15.12
 Date

 Hiring Authority

 Date

 Institution Personnel Office

 Date



Physical Requirements of Position/Occupational Title

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

Section 1

This form must be completed by the member and their employer to supplement the physical requirements listed on the member's job duty statement/job description.

Member Information

Ryann O. Mullen

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Correctional Case Records Analyst

Position/Occupational Title

Wasco State Prison/CDCR

Name of Employer

P.O. Box 8800

Worksite Street Address

Wasco

City

CA

State

93280

ZIP

Section 2

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

Physical Requirements Information

Activity	Never	Occasionally Up to 3 hours	Frequently 3-6 hours	Constantly Over 6 hours	Distance/ Height
Sitting				✓	
Standing		✓			
Running	✓				
Walking			✓		
Crawling	✓				
Kneeling		✓			
Climbing	✓				
Squatting	✓				
Bending (neck)		✓			
Bending (waist)		✓			
Twisting (neck)				✓	
Twisting (waist)				✓	
Reaching (above shoulder)				✓	
Reaching (below shoulder)				✓	
Pushing & Pulling				✓	
Fine Manipulation			✓		
Power Grasping			✓		
Simple Grasping				✓	
Repetitive use of hand(s)				✓	
Keyboard Use				✓	
Mouse Use				✓	
Lifting/Carrying					
0 - 10 lbs.		✓			
11 - 25 lbs.		✓			
26 - 50 lbs.	✓				
51 - 75 lbs.	✓				
76 - 100 lbs.	✓				
100 + lbs.	✓				

Continued on page 2.

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

CASE NUMBER(S):

ADJ8607420

APPLICANT,

Ryann Mullen

VS.

State of CA-CDJR

DEFENDANTS.

MINUTES OF HEARING/ORDER/ORDER AND
DECISION ON REQUEST FOR CONTINUANCE/
ORDER TAKING OFF CALENDAR/
NOTICE OF HEARING

☐ TRIAL ☐ CONT TRIAL ☐ PRIORITY CONF ☐ BEFORE
☐ LIEN TRIAL ☐ MSC ☐ RATING CONF ☐ AT
☐ EXP HEARING ☐ LIEN CONF ☒ CONF walk thru

DATE OF:

HEARING

12-3-13

REQUEST

APPEARANCES: APPLICANT ☐ PRESENT ☒ NOT PRESENT

APPLICANT REPRESENTED BY Lin Todd Bergby Anne Smith

DEFENDANT REPRESENTED BY SCIF

OTHERS APPEARING

☒ ATTORNEY

☐ HEARING REP.

☒ ATTORNEY

☐ HEARING REP.

☐ ATTORNEY

☐ HEARING REP.

CERTIFICATION NO.

INTERPRETER

PARTY MAKING REQUEST ☐ JOINT ☐ APPLICANT ☐ DEFENDANT ☐ OTHER

REQUEST FOR: ☐ CONTINUANCE ☐ OTOC REQUEST BY: ☐ LETTER ☐ TELEPHONE

POSITION OF OPPOSING PARTY ☐ AGREE ☐ OPPOSE ☐ UNREACHABLE ☐ UNKNOWN

REASON FOR REQUEST

- ☐ FURTHER DISCOVERY
☐ CALENDAR CONFLICT
☐ SETTLEMENT PENDING
☐ IMPROPER/INSUFFICIENT NOTICE BY PARTY
☐ IMPROPER DECLARATION OF READINESS/VALID OBJECTION
☐ NON APPEARANCE ☐ APP ☐ DEF ☐ LIEN CLAIMANT ☐ WITNESS
☐ APPLICANT ☐ DEF COUNSEL ☐ VACATION ☐ ILLNESS
☐ UNAVAILABILITY OF WITNESSES ☐ APP ☐ DEFENSE
☐ DISPUTE RESOLVED BY AGREEMENT ☐ NO ISSUES PENDING
☐ JOINDER ☐ CONSOLIDATION ☐ VENUE ☐ NEW APPLICATION
☐ AUTO REASSIGN ☐ DISQUALIFY
☐ APPLICANT NOW REPRESENTED/REQUESTS REPRESENTATION
☐ CHANGE OF CIRCUMSTANCES

BOARD REASON

- ☐ INSUFFICIENT TIME ☐ WCJ NOT AVAILABLE ☐ RECUSAL
☐ REPORTER ☐ INTERPRETER ☐ NOT AVAILABLE
☐ DEFECTIVE WCAB NOTICE ☐ ARBITRATION

OTHER/COMMENTS

EDD withdrew
lien - walk through
of CDJR - Order
Approval issued
over

GOOD CAUSE APPEARING, IT IS ORDERED THAT THE REQUEST FOR:

☐ CONT ☒ OTOC IS: ☒ GRANTED ☐ DENIED

☒ C&R STIPS SUBMITTED FOR APPROVAL ☒ C&R STIPS APPROVED

☐ NOI TO ALLOW/DISMISS ISSUED (#s)

☐ LIEN STIPS AND ORDER APPROVED (#s)

☐ STIP AND ORDER APPROVED (#s)

☐ ORDER

☐ SET FOR ☐ TRIAL ☐ LIEN TRIAL ☐ EXP HEARING ☐ CONT TRIAL

TIME: ☐ 1 HR ☐ 2 HRS ☐ 3 HRS ☐ 4 HRS ☐ 1 DAY

☐ MSC ☐ LIEN CONF ☐ PRIORITY CONF ☐ RATING MSC ☐ CONF

SET ON: AT: (AM OR PM)

LOCATION: BAK BEFORE JUDGE

☐ SUPPLEMENTAL PAGES ATTACHED

PAGES:

NOTICE TO:

SCIF

DATE:

DEC 03 2013

Pursuant to Rule 10500 you are designated to serve
this/these document(s) on all parties as shown on
the Official Address Record.

DATE:

BY:

WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

Ryann Mullen

Applicant,

vs.

State of CA-CDCR;
SCIF

Defendants.

Case No. ADJ8607420

ORDER APPROVING
COMPROMISE & RELEASE

(Rodgers and Sumner Findings)

BASED UPON:

- (☒) The reasons given in the settlement;
- (☒) The medical reports on file;
- (☒) The disability rating;
- (☒) Discussions with the parties, the settlement appears reasonable and fair and is deemed adequate.

THE FOLLOWING ARE CHECKED APPLICABLE:

- (☒) The WCALJ has considered the release of death benefits in determining the adequacy of the Compromise and Release and they are hereby released.
- (☒) The WCALJ has considered the release of liability pursuant to Rodgers vs WCAB (1985) 168 Cal. App. 3d 527, 50CCC299, this Compromise and Release releases liability for injuries during rehabilitation that are the compensable consequences of the primary injury but does not settle Labor Code §139.5 benefits

The parties to the above-titled action having filed a Compromise and Release herein, on 12-3-2013, settling this case for \$ 30,000.00, in addition to all sums which may have been paid previously, and requesting that it be approved, and this Board having considered the entire record, including said Compromise and Release, now finds that it should be approved.

IT IS ORDERED that said Compromise and Release be approved.

AWARD IS MADE IN FAVOR OF: Ryann Mullen

AND AGAINST: State of CA-CDCR; SCIF

PAYABLE IN ONE LUMP SUM TO APPLICANT, LESS APPROVED ATTORNEY'S FEES OF \$ 4,500.00 AND LESS CREDIT FOR PERMANENT DISABILITY ADVANCES, IF ANY, SUBJECT TO ACCOUNTING AND PROOF, WITH WCAB JURISDICTION RESERVED.

- (☒) Defendants are Ordered to pay, adjust or litigate all industrial liens of record. The Board retains jurisdiction re liens.
- (☐) All liens of record are resolved.
- (☐) There are no liens of record.

Applicant owed TD in the amount of \$3,287.83 to be paid separately.

DATE: DEC 03 2013

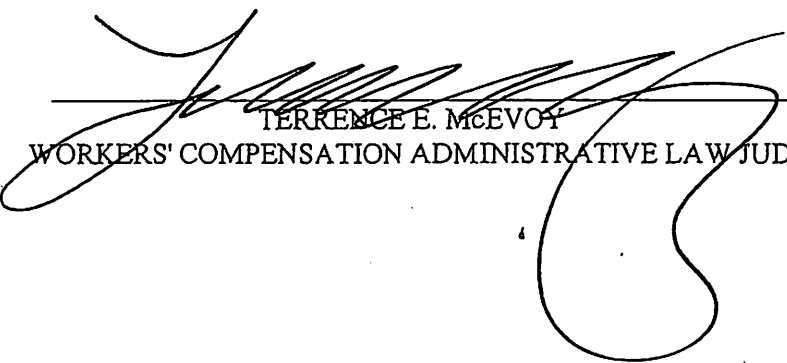
HAND SERVED ON ALL PARTIES PRESENT

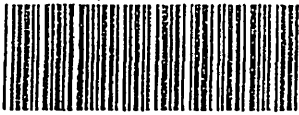
X

NOTICE TO: SCIF

Pursuant to Rule 10500, you are designated to serve this/these document(s) forthwith on all parties shown on the Official Address Record.

Bv: _____


TERRENCE E. MCEVOY
WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE



STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
COMPROMISE AND RELEASE

ADJ8607420

Case Number 1

Case Number 4

Case Number 2

Case Number 5

Case Number 3

SSN (Numbers Only)

Venue Choice is based upon: (Completion of this section is required)

- ☒ County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)
☐ County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)
☐ County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

BAK

Select 3 Letter Office Code For Place/Venue of Hearing (From Document Cover Sheet)

Employee (Completion of this section is required)

RYANN

First Name

MI

MULLEN

Last Name

Address/PO Box (Please leave blank spaces between numbers, names or words)

City

CA
State

Zip Code

Employer Information (Completion of this section is required)

- ☐ Insured ☐ Self-Insured ☒ Legally Uninsured ☐ Uninsured

STATE OF CA - CDCR (WASCO)

Employer Name (Please leave blank spaces between numbers, names or words)

P.O. BOX 8800

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

WASCO

City

CA
State

93280
Zip Code

Applicant's Attorney or Authorized Representative:

☒ Law Firm/Attorney ☐ Non Attorney Representative

JAMIE

First Name

SNITH

Last Name

6573397

Law Firm Number

L/O WILLIAM TODD BERRY

Law Firm Name

1800 30TH STREET, #330

Address/PO Box (Please leave blank spaces between numbers, names or words)

BAKERSFIELD

City

CA

State

93301

Zip Code

Defendant's Attorney or Authorized Representative:

☒ Law Firm/Attorney ☐ Non Attorney Representative

GAYLEN

First Name

ERICKSEN

Last Name

Law Firm Number

STATE COMPENSATION INSURANCE FUND

Law Firm Name

P.O. BOX 3171

Address/PO Box (Please leave blank spaces between numbers, names or words)

SUISUN CITY

City

AR

State

94585

Zip Code

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Claims Administrator Information (if known and if applicable)

STATE CONTRACT SERVICES/SCIF

Name (Please leave blank spaces between numbers, names or words)

P.O. BOX 65005

Street Address/PO Box (Please leave blank spaces between numbers, names or words)

PINEDALE

City

CA

State

93650

Zip Code

IT IS CLAIMED THAT:

1. The injured employee, born 06/14/1977, alleges that while employed as a(n) CORRECTIONAL ANALYST,
(DATE OF BIRTH: MM/DD/YYYY)

CORRECTIONAL ANALYST

sustained injury

(OCCUPATION AT THE TIME OF INJURY)

arising out of and in the course of employment at the locations and during the dates listed below:

(State with specificity the date(s) of injury(ies) and what part(s) of body, conditions or systems are being settled.)

☐ Specific Injury

ADJ8607420

Case Number 1

09/06/2010

(Start Date: MM/DD/YYYY)

09/06/2012

(End Date: MM/DD/YYYY)

☒ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 200 NECK Body Part 2: 420 BACK Body Part 3: 450 SHOULDER

Body Part 4: 398 UPPER EXT Other Body Parts: 999 UNCLASS; PSYCHE, SLEEP & SEXUAL DYSFUNCTION; HEADACHES

The injury occurred at _____
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

WASCO

City

CA

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

☐ Specific Injury

Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

(End Date: MM/DD/YYYY)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

The injury occurred at _____
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

☐ Specific Injury

Case Number 3

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

(End Date: MM/DD/YYYY)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

The injury occurred at _____
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

☐ Specific Injury

Case Number 4

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

(End Date: MM/DD/YYYY)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

The injury occurred at _____
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

☐ Specific Injury

Case Number 5

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

(End Date: MM/DD/YYYY)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

The injury occurred at _____
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

2. Upon approval of this compromise agreement by the Workers' Compensation Appeals Board or a workers' compensation administrative law judge and payment in accordance with the provisions hereof, the employee releases and forever discharges the above-named employer(s) and insurance carrier(s) from all claims and causes of action, whether now known or ascertained or which may hereafter arise or develop as a result of the above-referenced injury(ies), including any and all liability of the employer(s) and the insurance carrier(s) and each of them to the dependents, heirs, executors, representatives, administrators or assigns of the employee. Execution of this form has no effect on claims that are not within the scope of the workers' compensation law or claims that are not subject to the exclusivity provisions of the workers' compensation law, unless otherwise expressly stated.

3. This agreement is limited to settlement of the body parts, conditions, or systems and for the dates of injury set forth in Paragraph No. 1 and further explained in Paragraph No. 9 despite any language to the contrary elsewhere in this document or any addendum.

4. Unless otherwise expressly stated, approval of this agreement RELEASES ANY AND ALL CLAIMS OF APPLICANT'S DEPENDENTS TO DEATH BENEFITS RELATING TO THE INJURY OR INJURIES COVERED BY THIS COMPROMISE AGREEMENT. The parties have considered the release of these benefits in arriving at the sum in Paragraph 7. Any addendum duplicating this language pursuant to Sumner v WCAB (1983) 48 CCC 369 is unnecessary and shall not be attached.

5. Unless otherwise expressly ordered by the Workers' Compensation Appeals Board or a workers' compensation administrative law judge, approval of this agreement does not release any claim applicant may have for vocational rehabilitation benefits or supplemental job displacement benefits.

6. The parties represent that the following facts are true: (If facts are disputed, state what each party contends under Paragraph No. 9.)

EARNINGS AT TIME OF INJURY \$ 876.23

TEMPORARY DISABILITY INDEMNITY PAID \$14,186.74 Weekly Rate \$584.16 TO RATE

Period(s) Paid 09/18/2012 (IDL) 03/06/2013 (TD)
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

PERMANENT DISABILITY INDEMNITY PAID 5,244.02 Weekly Rate \$230/264.50 (as of 03/06/2013)

Period(s) Paid 03/07/2013 End date 7/8/13
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

TOTAL MEDICAL BILLS PAID \$ 15254.17 Total Unpaid Medical Expense to be Paid By: DEFENDANT

Unless otherwise specified herein, the employer will pay no medical expenses incurred after approval of this agreement.

7. The parties agree to settle the above claim(s) on account of the injury(ies) by the payment of the SUM OF

\$ 30,000.00
Settlement Amount

The following amounts are to be deducted from the settlement amount:

\$ 5244.02 for permanent disability advances through SUBJECT TO PROOF

\$ _____ for temporary disability indemnity overpayment, if any.

\$ 3287.83 payable to APPLICANT AS TO YET OWED

\$ _____ payable to _____

\$ _____ payable to _____

\$ _____ payable to _____

\$ 4,500.00 requested as applicant's attorney's fee.

LEAVING A BALANCE OF \$ 16,968.15, after deducting the amounts set forth above and less further permanent disability advances made after the date set forth above. Interest under Labor Code section 5800 is included if the sums set forth herein are paid within 30 days after the date of approval of this agreement.

8. Liens not mentioned in Paragraph No. 7 are to be disposed of as follows (Attach an addendum if necessary):

WCAB TO RETAIN JURISDICTION OVER LIENS
DEFENDANT TO PAY/ADJUST/LITIGATE LIENS

9. The parties wish to settle these matters to avoid the costs, hazards and delays of further litigation, and agree that a serious dispute exists as to the following issues (initial only those that apply). ONLY ISSUES INITIALED BY THE APPLICANT OR HIS/HER REPRESENTATIVE AND DEFENDANTS OR THEIR REPRESENTATIVES ARE INCLUDED WITHIN THIS SETTLEMENT.

Applicant Defendant

<u>Rm</u>	<u>GE</u>	earnings
<u>Rm</u>	<u>GE</u>	temporary disability
<u>Rm</u>	<u>GE</u>	jurisdiction
<u>Rm</u>	<u>GE</u>	apportionment
<u>Rm</u>	<u>GE</u>	employment
<u>Rm</u>	<u>GE</u>	injury AOE/COE
<u>Rm</u>	<u>GE</u>	serious and willful misconduct
<u>Rm</u>	<u>GE</u>	discrimination (Labor Code §132a)
<u>Rm</u>	<u>GE</u>	statute of limitations
<u>Rm</u>	<u>GE</u>	future medical treatment
<u>Rm</u>	<u>GE</u>	other <u>RETRO TD; MEDICAL MILEAGE; RIGHT TO REOPEN</u>
<u>Rm</u>	<u>GE</u>	permanent disability _____
<u>Rm</u>	<u>GE</u>	self-procured medical treatment, except as provided in Paragraph 7
<u>Rm</u>	<u>GE</u>	vocational rehabilitation benefits/supplemental job displacement benefits <u>INCLUDED IN</u>

COMMENTS:

SETTLEMENT AMOUNT

SETTLEMENT BASED ON KANTER, MD (ATME) 06/21/2013 WHICH RATES 14%.

ALL ISSUES OF RETRO TD ARE RESOLVED BY THIS SETTLEMENT

ALL INTEREST AND PENALTIES WAIVED IF AWARD PAID WITHIN 30 DAYS OF WLAB APPROVAL.

ADDITIONAL TD OWED IS \$3287.83 (12/25/2012 - 03/06/2013 = \$6008.50 - PD PAID 12/25/2012 - 03/06/2013 = \$2720.63)

See Addenda A-C

Any accrued claims for Labor Code section 5814 penalties are included in this settlement unless expressly excluded.

10. It is agreed by all parties hereto that the filing of this document is the filing of an application, and that the workers' compensation administrative law judge may in its discretion set the matter for hearing as a regular application, reserving to the parties the right to put in issue any of the facts admitted herein and that if hearing is held with this document used as an application, the defendants shall have available to them all defenses that were available as of the date of filing of this document, and that the workers' compensation administrative law judge may thereafter either approve this Compromise and Release or disapprove it and issue Findings and Award after hearing has been held and the matter regularly submitted for decision.

11. WARNING TO EMPLOYEE: SETTLEMENT OF YOUR WORKERS' COMPENSATION CLAIM BY COMPROMISE AND RELEASE MAY AFFECT OTHER BENEFITS YOU ARE RECEIVING TO WHICH YOU BECOME ENTITLED TO RECEIVE IN THE FUTURE FROM SOURCES OTHER THAN WORKERS' COMPENSATION, INCLUDING BUT NOT LIMITED TO SOCIAL SECURITY, MEDICARE AND LONG-TERM DISABILITY BENEFITS.

THE APPLICANT'S (EMPLOYEE'S) SIGNATURE MUST BE ATTESTED TO BY TWO DISINTERESTED PERSONS OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC

By signing this agreement, applicant (employee) acknowledges that he/she has read and understands this agreement and has had any questions he/she may have had about this agreement answered to his/her satisfaction.

Witness the signature hereof this 26th day of November, 2013 at Bakersfield CA

CMM Engle 11-26-2013
Witness 1 (Date)

M. R. A 11/26/13
Witness 2 (Date)

Interpreter (Date)

Ryan Miller 11/26/13
Applicant (Employee) (Date)

[Signature] 11-26-13
Attorney for Applicant (Date)

[Signature] 12/3/13
Attorney for Defendant (Date)

Attorney for Defendant (Date)

Attorney for Defendant (Date)

Attorney for Defendant (Date)



Addendum A

Date: 11/14/2013

Applicant Attorney: Jamie L. Smith

Claimant: Ryann O. Mullen

SSN#:

Claim#: 05738204

ADJ: ADJ8607420

Claim Effective Date (CED): 09/07/11

Per telephone conversation with Jaime Smith EDD/SDI is withdrawing its lien on the above claimant. The department has determined there are no overlapping payments of benefits between State Fund and EDD paid to claimant. If it is determined at a later date, there were actually overlapping benefits paid to claimant. The department reserves the right to reopen case and collect any funds due to include interest. Claimant was paid benefits from 09/14/2011 – 10/30/2013 at \$476/week. The department is withdrawing its lien with the noted stipulations. Any questions, contact the department.

Sincerely,

A handwritten signature in cursive script that reads "Carl E. Collins".

Carl E. Collins, EDD SDI/NDI
WC Specialist
209-948-3923

Addendum B

APPLICANT: *Ryan Muller*

WCAB NO: *ADJ 860742*

STATE FUND Claim No: *0573 8204*

SJDB/Rodgers & Carter/Accrued Benefits Addendum

1. SETTLEMENT OF ACCRUED BENEFITS

The settlement includes any claims for retroactive benefits and reimbursement, including, but not limited to, temporary disability indemnity, mileage reimbursement, out-of-pocket medical expense, and any interest or penalties, including, but not limited to, sanctions and self-imposed penalties, claimed up to the date of the Order Approving Compromise and Release.

2. SUPPLEMENTAL JOB DISPLACEMENT BENEFITS [SELECT ONE]

[MUST SELECT ONE OPTION]

(OPTION 1)

☐ Applicant is not prevented from returning or has returned to work for the employer; therefore, applicant is not entitled to the supplemental job displacement benefit.

(OPTION 2)

☐ The employer has offered modified or alternative work; therefore, applicant is not entitled to the supplemental job displacement benefit.

(OPTION 3)

☐ As a result of the injury settled herein, applicant is entitled to a SJDB voucher in an amount

[MUST CHOOSE ONE OPTION a-d TO GO WITH OPTION 3]

(a) ☐ up to \$4,000 (PD less than 15%) (b) ☐ up to \$6,000 (PD: 15% to 25%)

(c) ☐ up to \$8,000 (PD: 26% to 49%) (d) ☐ up to \$10,000 (PD: 50% to 99%)

(OPTION 4)

☒ The settlement amount indicated in paragraph 7 includes consideration to settle the potential eligibility for the SJDB voucher. Therefore, no supplemental job displacement benefit is owed to applicant. [8 CCR 10133.52]

APPLICANT: FIDENCIO NAVARRO

WCAB NO: ADJ6938472

SCIF CLAIM NO: 05440458

3. RODGERS/CARTER RELEASE – Supplemental Job Displacement Benefits

In the event applicant has participated, is participating, or later participates in an education related re-training or skill enhancement program or plan, pursuant to Labor Code section 4658.5, the following release applies: Applicant has been advised, fully understands, and specifically agrees this settlement agreement releases all liability of the defendants for any workers' compensation benefits including, but not limited to, potential disability benefits and medical benefits, to which applicant may be entitled for any injury or injuries to applicant that may occur or might have occurred during education related re-training or skill enhancement program which are a direct and natural consequence of the original injury or injuries recited in this Compromise and Release. The applicant hereby agrees to waive such potential claim or claims for workers' compensation benefits pursuant to *Rodgers v. Workers' Comp. Appeals Bd. et al* (1985) 168 Cal.App.3d 567, 50 Cal.Comp.Cases 299, and *Carter et al., v. County of Los Angeles et al* (1986) 51 Cal.Comp.Cases 255 (*en banc*).

APPLICANT

Ryan Muller

DATE

11-26-13

APPLICANT'S
ATTORNEY

[Signature]

DATE

11-26-13

DEFENDANT'S
ATTORNEY

[Signature]

DATE

12/3/13

APPLICANT: RYAN MULLER
WCAB NUMBER: ADJ 860712
SOCIAL SECURITY NUMBER:
CLAIM NUMBER: 0573 8204

ADDENDUM C
MEDICARE ELIGIBILITY VERIFICATION

I, RYAN MULLER attest that I am not currently receiving, nor have I ever received Medicare benefits at the time of the approval of the Compromise and Release in this matter.

1. I do understand that this Medicare Eligibility Verification is an essential part of the settlement on my workers compensation case by way of a Compromise and Release. I do understand that I have a right to seek the advice of an attorney if I have any questions. I do understand that, under Federal Law: I, as beneficiary am "...responsible for taking whatever action is necessary to obtain any payment that can reasonably be expected under workers compensation"; and that Medicare will not pay benefits until my remedies under workers compensation are exhausted. (Title 42CFR 411.43)

2. I do understand that, in the event that I have ever received, are currently receiving, or have ever applied for Medicare benefits, my failure to advise Medicare of my receipt of benefits under the Workers Compensation System in the State of California may result in Medicare's refusal to pay for any medical services until such time as my medical expenditures have exhausted the amount of this Compromise and Release or the portion of the Compromise and Release which clearly relates to medical care.

☒ (OPTION A - SETTLEMENT IS LESS THAN \$250,000)

For Medicare purposes, this Compromise & Release includes an allocation of \$11,937.41 in consideration for the applicant's Permanent Disability, estimated to be rated at 14%, with regard to the industrial injury. The settlement amount also takes into consideration other disputed benefits, such as temporary disability benefits, past and future, non-Medicare covered expenses such as nursing home fees, all or a portion of sums which are claimed as regular non-medical benefits. The balance of settlement proceeds is paid in consideration of potential medical benefits, including pharmacy costs, which is valued at the sum of \$18,062.59

☐ (OPTION B - SETTLEMENT IS \$250,000 OR MORE)

The Applicant and Defendant agree that the settlement sum indicated in Paragraph #7 of this Compromise & Release includes \$ in consideration for the Applicant's estimated Medicare-covered future medical expenses due to the industrial injury. A third-party vendor specializing in Medicare allocation and set-aside issues has reviewed the Applicant's history of medical expenses and treatment resulting from the subject industrial injury and made a recommendation for the Medicare Set-Aside. See attached report from, which is incorporated herein by reference. The Medicare Set-Aside allocation has been completed but not submitted to the Centers for Medicare and Medicaid Services for approval. A copy of the Medicare Set-Aside allocation has been provided to the Applicant.

2 2082136 00000361 017 013 0528726 3506

3. Applicant releases Defendants and State Compensation Insurance Fund from further liability for any claim that applicant may have against Defendants and State Compensation Insurance Fund for, or as a result of, any and all claims against Applicant made by CMS against these settlement proceeds, and for sums which may be paid by Medicare to the applicant in the future for this industrial injury. Applicant releases Defendants and State Compensation Insurance Fund from any liability for any claim made by or against applicant due to loss, either at present or in the future, of Federal Program benefits, including but not limited to: Social Security, the aforementioned Medicare benefits including prescriptions, and possibly other relief and entitlement benefits governed by Federal Statute, to the extent the Applicant would have been entitled to same in the absence of this settlement. Applicant acknowledges and verifies he/she has read (or has had read to him/her) the entire Compromise and Release, including this Addendum. He/She understands and accepts the provisions of these documents. Applicant acknowledges he/she has the right to discuss these documents with legal counsel, and if represented, he/she has had the opportunity to confidentially discuss same with legal counsel so as to fully understand the significance of these documents.

Signed this 26th day of November, 2013 at Los County,

California.

APPLICANT

Ryan Muller

APPLICANT'S ATTORNEY

INTERPRETER

CERTIFICATION NUMBER

Law Office of
WM. TODD BERRY
A Professional Corporation

Attorneys

Wm. Todd Berry
Barbara A. Stevens (WCJ Retired)*
Jaime L. Smith
James A. Dubbels*

*Of Counsel

1800 30th Street, Suite 330
Bakersfield, CA 93301
(661) 716-5555
Fax (661) 716-5556

Email: wberry@wtb-law.com

Hearing Representatives

Teresa Valencia
Monica Amavizca
Mirella Machuca
Gabor Falvy

Fresno Office

1300 W. Shaw Ave., Ste 3E
Fresno, CA 93711
(559) 227-7290
Fax (559) 493-5673

RE: Ryann Mullen vs. Wasco State Prison
WCAB No.: ADJ8607420
Claim No.: 05738204
Date of Injury: CT:09/06/2010-09/06/2011

COMPROMISE AND RELEASE ACKNOWLEDGMENT

I, RYANN MULLEN, have voluntarily decided to settle my workers' compensation case via Compromise and Release. I acknowledge that this settlement closes out my rights to any further benefits, including compensation and medical treatment (including surgery). Upon approval of this settlement, my case shall be closed in its entirety for all purposes. I understand that I cannot reopen my workers' compensation claim in the future.

My attorney has explained that the settlement of my workers' compensation claim by Compromise and Release means that the workers' compensation carrier will not be responsible for any future medical expenses incurred after the date of approval of this agreement. I understand that this means that if my condition worsens and requires future medical treatment, the cost of this future medical treatment will be my responsibility. My attorney has further advised me that he or she cannot estimate the actual cost of future medical treatment and that he or she cannot warrant coverage under any medical plan.

I understand that I received State Disability Insurance benefits from the Employment Development Department that may have overlapped with temporary disability and permanent disability benefits paid to me by State Compensation Insurance Fund. I understand that EDD is withdrawing its lien on my case and will not be seeking reimbursement from State Fund or myself at this time. However, I also understand that EDD is reserving its right to reimbursement in the future from myself or State Fund. I understand that if EDD seeks reimbursement from me in the future, I am solely responsible for such reimbursement.

RE: Ryann Mullen vs. Wasco State Prison

November 26, 2013

Page 2

I have elected to settle my case in its entirety after full consideration of the above-referenced issues.

DATE: 11.26.13

Ryann Mullen
Applicant



Ghol B. Ha'Eri, M.D.
5300 Lennox Ave., #302
Bakersfield, CA 93309

DATE: October 21, 2014

CalPERS
P.O. Box 2796
Sacramento, CA 95812

CLAIMANT: MULLEN, RYANN
CLAIM NO.:

INDEPENDENT MEDICAL EVALUATION

Ryann Mullen is a 37-year-old, right-hand dominant female, who was seen for an Independent Medical Examination/Disability Evaluation in the specialty of Orthopedics on October 21, 2014, in my office located at 5300 Lennox Avenue, Ste. 302, Bakersfield, California 93309.

IDENTIFYING DATA

The claimant's identity was verified through her photo ID.

Prior to the claimant's examination, I had the opportunity to review the available medical records, Disability Retirement Election Application of the member, and the Job Description of a Correctional Case Records Analyst at Wasco State Prison, with its physical requirements and essential functions.

RECORD OF TIME SPENT:

Examination and preparation of report:

(a) Face-to-face encounter:	45 minutes
(b) Review of medical records:	2 hours and 30 minutes
(c) Preparation of medical report:	1 hour and 15 minutes
Total time spent:	4.5 hours

CLAIMANT: MULLEN, RYANN
CLAIM NO.:

October 21, 2014
Page 2

PAST MEDICAL HISTORY

Illnesses: Hypothyroidism.

PRIOR SURGERIES

1. Tonsillectomy.
2. Insertion of tubes in ears.
3. Eye surgery.
4. Gastric bypass surgery.
5. Abdominoplasty.
6. Cholecystectomy.
7. Hysterectomy.

CURRENT MEDICATIONS

Levothyroid and Protonix.

ALLERGIES TO MEDICATIONS

SULFA DRUGS, COMPAZINE, AND PHENELGAN.

SOCIAL HISTORY

Marital status: Single. She has 2 children.

PERSONAL HABITS

She denies smoking and denies alcohol consumption.

CLAIMANT: MULLEN, RYANN
CLAIM NO.:

October 21, 2014
Page 3

EMPLOYMENT HISTORY

Claimant has been employed by the Department of Corrections since the year 2000. She is currently working as a Collection Specialist at the Superior Court of Kern County.

HISTORY OF INJURY/MEDICAL CARE (as related by the claimant)

Ms. Mullen related that since early 2009, she started to experience a numb feeling and weakness in her right arm. For this, she was seen at Kalsor Permanente by Carlos Guerrero, M.D. (Occupational Medicine). X-rays, MRIs, and electrodiagnostic studies of her right upper extremity were obtained. The claimant was referred for physical therapy.

Claimant's care was then transferred to Alan Moelleken, M.D. (Orthopedic Spine Specialist), and Michael Price, M.D. (Orthopedic Surgeon). Through these doctors, she was referred for additional diagnostic studies.

Ms. Mullen related that she has been seen by David Lee, M.D. (Pain Management specialist). She has also been evaluated by John Larson, M.D. (Orthopedic Surgeon), in the capacity of a Qualified Medical Examiner, and by Phillip Kanter, M.D. (Orthopedic Surgeon), in the capacity of an Agreed Medical Examiner (AME).

Ms. Mullen related that she has been returned to work by her treating doctors with limitations. However, her limitations could not be accommodated. She stated that currently she is working as a Collection Specialist at the Superior Court of Kern County.

PRESENT COMPLAINTS

1. Right-sided neck pain with radiation to the right shoulder and upper arm.
2. Tingling sensation and numb feeling from the right elbow to the right hand.
3. Occasional headaches.

CLAIMANT: MULLEN, RYANN
CLAIM NO.:

October 21, 2014
Page 4

PHYSICAL EXAMINATION

Ms. Mullen was available for examination as an adult female. She stood 5 feet and 6 inches tall and weighed 190 pounds. Her pulse rate was 60. Blood pressure: 120/40.

NECK EXAMINATION

Visual inspection of the claimant's neck and upper extremities revealed no deformity. She had a normal cervical lordosis. There was no swelling or atrophy about the right shoulder.

Palpation of her neck and right shoulder revealed mild tenderness over the trapezius muscle on the right. No muscle spasm was present.

Range of motion of the cervical spine was as follows:

		<u>Normal</u>
Flexion:	70 degrees.	70 degrees.
Extension:	40 degrees.	40 degrees.
Lateral bend:	40 degrees R/L.	40 degrees R/L.
Lateral rotation:	60 degrees R/L.	60 degrees R/L.

Range of motion of the right shoulder was as follows:

		<u>Normal</u>
Abduction:	180 degrees.	180 degrees.
Adduction:	45 degrees.	45 degrees.
Flexion:	180 degrees.	180 degrees.
Extension:	45 degrees.	45 degrees.
External rotation:	80 degrees.	80 degrees.
Internal rotation:	80 degrees.	80 degrees.

(End range discomfort was noted in her neck and the right shoulder).

CLAIMANT: MULLEN, RYANN
CLAIM NO.:

October 21, 2014
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NEUROLOGICAL EXAMINATION

Neurological examination of the upper extremities showed no deficits.

Sensory exam using light touch and pinprick showed no deficits.

Motor power was 5/5 in the bilateral upper extremities.

Deep tendon reflexes were bilaterally present and normoactive.

MEASUREMENTS

Circumferential measurements of her extremities were as follows:

Upper arm:

Right: 32 cm.

Left: 33 cm.

Forearm:

Right: 27 cm.

Left: 27 cm.

Thigh:

Right: 64 cm.

Left: 64 cm.

Calf:

Right: 40 cm.

Left: 39 cm.

CLAIMANT: MULLEN, RYANN
CLAIM NO.:

October 21, 2014
Page 6

Measurement of bilateral hand grip strength on 3 consecutive attempts using the Jamar Dynamometer, were as follows:

Right hand: 60/40/20 pounds.

Left hand: 80/60/60 pounds.

The following records were reviewed:

Disability Retirement Election Application by Ms. Ryann Mullen.

Job Description of a Correctional Case Records Analyst at Wasco State Prison, with its physical requirements and essential functions was reviewed.

REVIEW OF MEDICAL RECORDS

09/20/2011 - Kathryn Mason, M.D. (Occupational Medicine) at Kaiser Permanente. This was a First Doctor Report of the Injury. Dr. Mason referred her for x-rays of the cervical spine and right shoulder, which were obtained on 09/15/2011 and they were normal. Claimant was placed on modified duties.

09/29/2011 through 11/14/2012 - Carlos Guerrero, M.D. (Occupational Medicine) at Kaiser Permanente – numerous office reports. Dr. Guerrero referred the claimant for physical therapy. He ordered electrodiagnostic studies of her right upper extremity. Dr. Guerrero declared the condition of the claimant's neck and right upper extremity to be permanent and stationary on 10/16/2012.

11/16/2012 and 08/14/2014 - Alan Moelleken, M.D. (Orthopedic Spine Specialist). This last report was the Physician's Report on Disability. Claimant was given work limitations.

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11/09/2012 through 05/23/2013 - Michael Price, M.D. (Orthopedic Surgeon) - Multiple office reports. Claimant was diagnosed with right shoulder bursitis, right radial tunnel syndrome, cervical radiculopathy, and complex regional pain syndrome (CRPS) of right upper extremity. Dr. Price also recommended the claimant to have work limitations.

12/07/2012, 02/25/2013, and 03/19/2013 - David Lee, M.D. (Pain Management) - Multiple reports.

09/06/2011, 12/05/2011 - John Larsen, M.D. (Orthopedic Surgeon) - Qualified Medical Examination.

03/06/2013, 06/21/2013 - Phillip Kanter, M.D. (Orthopedic Surgeon) - Agreed Medical Examinations (AME).

10/18/2011 - Electrodiagnostic studies of right upper extremity (Nerve conduction study/EMG), by Stephen Helvie, M.D. (Neurologist), which was reported normal. Dr. Helvie also did a neurological consultation dated 11/13/2012.

04/25/2013 - Electrodiagnostic study of right upper extremity. This study was reported normal by Michael Kenly, M.D. (Physical Medicine & Rehabilitation).

MRI FINDINGS

10/27/2011 - MRI of the cervical spine was reported by John Gundzik, M.D. (Radiologist) to show straightening of the normal cervical lordosis.

05/04/2012 - MRI of the right shoulder, reported by Stephen Denaro, M.D., to show mild rotator cuff tendinitis.

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DIAGNOSES

1. Cervical strain, resolved.
2. Right shoulder strain/mild rotator cuff tendinitis, resolved.

ANSWERS TO SPECIFIC QUESTIONS

I have been asked to address the following questions by CalPERS:

1. Are there specific job duties that you feel the member is unable to perform because of a physical or mental condition? If so, please explain in detail.

There are no specific job duties which I feel the member is unable to perform due to her physical condition of cervical spine and right upper extremity.

2. In your professional opinion, is the member presently, substantially incapacitated for the performance of his usual duties? If yes, on what date did the disability begin? In order to answer this question, please also refer to the attachment, section titled "MEDICAL QUALIFICATIONS FOR DISABILITY RETIREMENT."

It is my professional opinion that this member is not substantially incapacitated for the performance of her duties as a Correctional Case Records Analyst.

3. If incapacitated, is the incapacity permanent or temporary? If temporary, what is the expected duration: (a) less than six months; (b) six months to one year; (c) one to two years; (d) other?

Not applicable.



California Public Employees' Retirement System
Benefit Services Division
P.O. Box 2796
Sacramento, CA 95812-2796
TTY: (877) 249-7442
(888) CalPERS (225-7377) phone • (916) 795-1280 fax
www.calpers.ca.gov

CalPERS ID:

January 22, 2015

AMENDED

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Ms. Ryann O. Mullen

Dear Ms. Mullen:

We have completed our reevaluation of your qualifications for disability retirement. A careful review of the medical reports and other information indicates that you are no longer substantially incapacitated from performing the job duties of Case Records Analyst for Department of Corrections California State Prison - Wasco based upon your disabling condition. In accordance with Government Code section 21192, you will be reinstated to your former position.

Actual re-entry into employment must be arranged between you and the Department of Corrections California State Prison - Wasco. Please contact Department of Corrections California State Prison - Wasco personnel office to arrange your return to the position. The Department of Corrections California State Prison must notify CalPERS regarding your reemployment date to minimize the possibility of an overpayment of retirement benefits paid to you. To complete the reinstatement action, the Department of Corrections California State Prison - Wasco must also submit a membership document verifying your entry into compensated employment.

You have the right to request a review of the medical file upon which our determination was made. Please be aware that under certain conditions, not all medical information may be released to you. Information classified as confidential under the Information Practices Act (Civil Code, section 1798.40) will not be released to you without written authorization from the applicable physician(s). Upon your written request to CalPERS, confidential information may be released to your attorney, employer or designated physician.

You have the right to appeal this decision, if desired, by filing a written appeal with the System's Sacramento office, within thirty days of the mailing of this letter, in accordance with sections 555-555.4, Title 2, California Code of Regulations. An appeal, if filed, should set forth the factual basis and the legal authorities for such an appeal. If you file an appeal, the Legal Office will contact you and handle all requests for information.

Ryann Mullen
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Please be aware that reinstatement from retirement affects the cost-of-living adjustment (COLA) benefits. COLAs are determined based upon the year in which you retire. Your reinstatement will change the base year of your future retirement and will therefore also change the date that you will be entitled to begin receiving future COLAs.

Sincerely,

di'ane alsup

DIANE ALSUP, Interim Chief
Benefit Services Division

Enclosure

cc: Department of Corrections California State Prison - Wasco
State Compensation Insurance Fund

CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTIONS 555 - 555.4

555. ACTION OF EXECUTIVE OFFICER.

The Executive Officer is hereby authorized to act: on any application for refund of contributions, crediting of service, correction of records, retirement for disability or service, and death benefits and allowances; and to fix and authorize the payment of any refund, allowance or benefit to which such applicant may be found to be entitled; to cause medical examination of retired persons; and to reinstate such persons from retirement upon his determination that disability does not exist. The Executive Officer may refer the question of an applicant's entitlement to any refund, allowance or benefit or of his reinstatement from retirement to a hearing officer for hearing.

The Executive Officer is hereby authorized and empowered to delegate to his subordinates authority to take any such action on his behalf.

555.1. RIGHT OF APPEAL.

Any applicant dissatisfied with the action of the Executive Officer on his application, other than his referral of the matter for hearing, may appeal such action to the Board by filing a written notice of such appeal at the offices of the Board within thirty days of the date of the mailing to him by the Executive Officer, at his most recent address of record, of notice of the action and right of appeal. An appeal shall contain a statement of the facts and the law forming the basis for appeal. Upon a satisfactory showing of good cause, the Executive Officer may grant additional time not to exceed 30 days, within which to file an appeal.

555.2. STATEMENT OF ISSUES.

Any applicant filing an appeal shall be entitled to a hearing, and upon the filing of an appeal in accordance with these rules, or upon the Executive Officer's referral of any question for hearing, the Executive Officer shall execute a statement of issues. Such action of the Executive Officer shall not preclude the Board from recalling the proceedings for its review or hearing.

555.3. ACCUSATION.

Any member whose retirement for disability has been requested by his employer shall be entitled to a hearing. The Executive Officer, upon determination that a member shall be retired for disability on such application, shall file an accusation and serve a copy thereof on the member and his employer.

555.4. HEARINGS.

All hearings shall be conducted in accordance with the provisions of Chapter 5, Part 1, Division 3, Title 2 of the Government Code. Each case shall be heard by the hearing officer alone. All proposed decisions of hearing officers shall be referred to the Board. The Executive Officer is hereby authorized and empowered to take, in the name and on behalf of the Board, any action which the Board is authorized or directed by law to take with respect to procedural and jurisdictional matters in connection with any case in which a statement of issues or accusation has been filed.