

ATTACHMENT A
RESPONDENTS PETITION FOR RECONSIDERATION



1 RICHARD E. ELDER, JR., SBN: 46685
2 Elder Berg Concord
3 3107 Clayton Rd
4 Concord, CA 94519
5 (925) 676-7991
6 Attorneys for Respondent

7 **BEFORE THE BOARD OF ADMINISTRATION**
8 **CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM**

9 In the Matter of the Application for
10 Reinstatement From IDR,

OAH No.: 2015080601

11 CALIFORNIA PUBLIC EMPLOYEES'
12 RETIREMENT SYSTEM,

Agency No.: 2013-0092

13 Petitioner,

14 REVISED PETITION TO REOPEN FOR
15 NEWLY DISCOVERED EVIDENCE

16 v.

17 BY CAREY KELLY

18 CAREY KELLY
19 AND CALIFORNIA HIGHWAY PATROL ,
20 Respondents.

21 COMES NOW, CAREY KELLY, Respondent herein and submits this Revised Petition to
22 Reopen based upon Newly Discovered Evidence. Respondent Kelly submitted a very similar
23 Petition to Reopen on or about February 3, 2017. But the CalPERS Board took no action on the
24 Petition to Reopen. Kelly is informed and believes that the February 3 Petition to Reopen was
25 considered "premature" because the CalPERS Board had not yet adopted the Proposed Decision
26 Below. (A copy of the correspondence from CalPERS counsel, Rory Coffee, in this regard is
27 appended herein and marked "T" for Identification). Now, however, the CalPERS Board has
28 adopted the Proposed Decision. Kelly believes that said decision is not yet "final" as the Board
may reconsider, and Kelly has filed a Notice of Appeal and Request for the record, but Kelly
believes the Board can and should now consider the merits of the Petition to Reopen.

Respondent, CAREY KELLY asserts that the Board has authority to allow reopening
under GC 20120 and 20121, general power of the Board and specific rule making power. Also, the
APA allows the Agency/Board to order reconsideration of all or part of the case on it's own motion

1 or on Petition from any party. (APA11521) The Board can allow reopening (APA11516) The
2 Board has fiduciary responsibility to members and retirees, (Article 3) and has the power to correct
3 "errors or omissions" GC 20160. Ms. Kelly asserts it would be improper and erroneous to decline
4 to consider such newly discovered evidence.

5 Trial in the Application for Involuntary reinstatement from IDR herein was held in
6 November, 2016. Evidence discovered after that trial should be considered now.

7 Ms. Kelly's IDR was originally based, in part on her back condition. Her back condition
8 required testing and treatment after the November trial, including MRI December 13, 2016 and
9 "Operation" "right L4-5 L5-S1 TFESI on December 15, 2016 with additional care at least thru
10 January 19, 2017. This is new evidence relevant to disability. Medical records supporting this
11 claim of newly discovered testing and treatment are appended hereto and marked "U" for
12 identification. Counsel for Ms. Kelly is informed and believes that additional documentation since
13 January, 2017 exists and we request leave to submit said additional documentation as part of the
14 requested Reopening and request for additional discovery.

15 In early February, 2017 Ms. Kelly's attorney, Richard Elder, learned that she had an
16 operation. Petition to Reopen for Newly Discovered Evidence by Carey Kelly was filed about
17 February 3, 2017.

18 Respondent Kelly believes that the evidence of her recent operation is important enough that
19 substantial justice requires reopening for newly discovered evidence. Such evidence should be
20 considered by all parties and the Board as it bears substantially on the issues of disability herein.

21 The evidence relating to testing before the operation and the operation itself and any
22 follow up care after, could not have been discovered at the time of trial herein as trial was on
23 November 17, 2016 about one month before the operation.

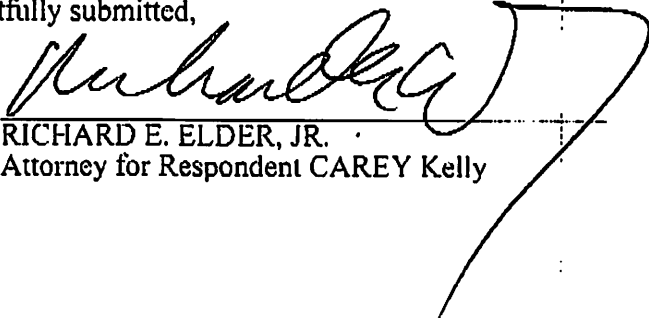
24 Counsel for CAREY KELLY, believes this Petition should be directed to CalPERS. But
25 perhaps in excess of caution will also serve the Office of Administrative hearings.
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

WHEREFORE, Respondent CAREY KELLY, Petitions that the matter be reopened for newly discovered evidence, that the Proposed Decision of December, 2016 and the Board Action on or about February 15, 2017 be suspended or revised, and that the parties be allowed proper discovery, and further action according to justice.

Date: March 14, 2017

Respectfully submitted,



RICHARD E. ELDER, JR.
Attorney for Respondent CAREY Kelly

1 STATE OF CALIFORNIA)
 2 COUNTY OF CONTRA COSTA) ss.

3 I am the attorney for in the above-entitled action; I have read the foregoing REVISED
 4 PETITION TO REOPEN FOR NEWLY DISCOVERED EVIDENCE BY CAREY KELLY and
 5 know the contents thereof; and I certify that the same is true of my own knowledge, except to those
 6 matters which are therein stated upon my information or belief, and as to those matters I believe it
 7 to be true.

8 I declare under penalty of perjury that the foregoing is true and correct.

9 Executed on March 14, 2017 at Concord, California.

10 
 11 _____
 12 RICHARD E. ELDER, JR.
 13 Elder and Berg

14
15
16
17
18
19
20
21
22
23
24
25
26
27
28



Elder Berg <elderandberg@gmail.com>

Petition to Reopen for Newly Discovered Evidence

Coffey, Rory <Rory.Coffey@calpers.ca.gov>

Tue, Feb 7, 2017 at 12:58 PM

To: "elderandberg@gmail.com" <elderandberg@gmail.com>

Cc: "Seabourn, Margo" <Margo.Seabourn@calpers.ca.gov>, "Bodily, Christy" <Christy.Bodily@calpers.ca.gov>, "Kassis, Kristen" <Kristen.Kassis@calpers.ca.gov>

Mr. Elder: As the Board has not yet had an opportunity to review, consider and act upon the Proposed Decision in this matter, the Petition to Reopen is premature. There is no way of knowing what action the Board will take with regard to the Proposed Decision. If the Board decides to adopt the Proposed Decision, then Respondent would have available to her the ability to file a Petition for Reconsideration. If the Board does adopt the Proposed Decision, then the Legal Office will regard/treat the Petition to Reopen as a Petition for Reconsideration and place the matter on the Board's Agenda, presumably for the March, 2017 meeting. If this is how the matter proceeds/develops, then the Legal Office will provide you with written notice. Alternatively, if the Board rejects the Proposed Decision and directs that the matter be set for a Full Board Hearing, or if the Board remands the matter to the ALJ for the purpose of taking further evidence, then I will respond further with regard to the Petition to Reopen. If the Board adopts the Proposed Decision and the Petition to Reopen is placed on the March, 2017 Agenda of the Board as a Petition for Reconsideration I will be submitting written opposition to the Petition. At present, the Legal Office will retain the Petition to Reopen, pending action by the Board on the Proposed Decision, as it stands.

From: Elder and Berg [mailto:elderandberg@gmail.com]**Sent:** Friday, February 03, 2017 2:59 PM**To:** Coffey, Rory**Subject:** Petition to Reopen for Newly Discovered Evidence

Mr. Coffey

This is a "heads-up" Today, I filed a Petition To Reopen based on "newly discovered evidence" namely that my client had an operation in December, 2016, about a month after the hearing. I am unclear regarding lines of authority at this time when the Board has not acted, but the Judge did. Perhaps the ALJ no longer has authority since the hearing was closed, and the Proposed Decision issued. The Board has general wide authority. I served the Board, OAH, you and others.

R Elder

02/03/2017 FRI 10:45 FAX

PATIENT NAME: Kelly, Carey
BIRTH DATE:
MP#: KEL50816
DATE OF EXAM: 12/13/2016



REFERRED BY: Chad Stephens, DO
4444 Heritage Trace Pkwy - Ste 408
Keller, TX 76244

EXAM: MRI LUMBAR SPINE without CONTRAST

HISTORY: Low back pain. History of remote or axilla. Bilateral leg pain and right greater the left.

COMPARISON: November 6, 2016.

TECHNIQUE: MRI of the lumbar spine was performed without IV contrast administration. The following pulse sequences were obtained: Sagittal T1, T2, STIR, axial T2 and T1.

FINDINGS:

Cord: There is no cord compression, expansion, edema or abnormal cord signal. Cord terminates at L1..

Vertebral Bodies: Vertebral body height is normal. AP alignment is normal. No acute fractures seen. There is no destructive lesion. No severe congenital canal stenosis is seen. Small hemangioma suspected. No pathologic marrow signal identified.

L1-2: There is normal disc height and configuration. No significant bulge or protrusion is seen. Normal disc signal seen. No significant canal or foraminal stenosis seen..

L2-3: There is normal disc height and configuration. No significant bulge or protrusion is seen. Normal disc signal seen. No significant canal or foraminal stenosis seen. Stable tiny facet effusion seen.

L3-4: Minimal degenerative signal loss is seen. There is a right posterior lateral annular fissure and broad-based 9 mm protrusion. Facet degeneration, small effusions and mild ligament flavum thickening is seen. The facet disease is stable. No high-grade central canal or foraminal stenosis is seen. No cord impingement identified.

L4-5: There is loss of disc height and signal compatible with degeneration. There is 3 mm

PATIENT NAME: Kelly, Carey
BIRTH DATE:
MPN: KEL60816
DATE OF EXAM: 12/13/2016



circumferential disc bulge with superimposed broad-based 3 mm right central and paracentral protrusion. This was present on the prior study. Facet degeneration is seen without large effusion. There is no high-grade canal or foraminal stenosis. No nerve root impingement is seen.

L5-S1: Minimal asymmetric disc bulging to the left with mild facet degeneration identified. No high-grade canal or foraminal stenosis or nerve root impingement is seen.

The soft tissues are unremarkable.

IMPRESSION:

1. Disc degeneration with disc bulging and protrusions at L3-4 and L4-5 as described. Although on the right, there is a hyperintense annular fissure and extension of the protruding disc material into the neural foramen, there is no nerve root impingement or high-grade canal or foraminal stenosis. Additionally, these findings were seen on the prior study some degree, slightly progressed on the right at L3-4 and grossly stable at L4-5.

2. No acute osseous abnormality or cord impingement.

3. Facet degeneration and scattered stable small facet effusions.

A handwritten signature in black ink, appearing to read "Eric Davis".

Eric Davis, MD

This document was electronically signed by Eric Davis, MD on 12/13/2016

C
12/13/14



Kelly, Carey

Surgeon: Chad Stephens, DO

12/15/2016

Chad Stephens, DO

OPERATIVE REPORT**Pre-op. Diagnosis:**

1. Lumbosacral radiculitis
2. lumbar degenerative disc disease

Post-op. Diagnosis:

1. Same as pre-op diagnosis

Operation:

1. Right L4-5 L5-S1 TFESI

Anesthesia:

General IV anesthesia was performed by a qualified CRNA, using 100 mg of propofol. The patient's vitals were monitored and remained stable.

Details of Procedure:

The procedure and potential complications were explained to the patient, and voluntary informed, signed consent was obtained. The patient was escorted to the surgery suite and placed in the prone position. A sided oblique fluoroscopic view was obtained. The skin over the intended target site, the 6 o'clock position of the L4 pedicle was marked, prepped with Chloraprep three times, and draped in a sterile fashion. With sterile technique, the skin and subcutaneous tissues were anesthetized with 1% lidocaine. The tip of a 3.5 inch spinal needle was advanced toward the 6 o'clock position of the L4 pedicle under intermittent fluoroscopic guidance. Confirmation of proper needle position was made with AP, oblique and lateral fluoroscopic views. After negative aspiration for blood and cerebrospinal fluid, 1/2 cc of contrast was injected. Fluoroscopic imaging revealed a clear outline of the L4 spinal nerve with proximal spread of agent through the neural foramen into the anterior epidural space. Subsequently, 1 cc of 1% lidocaine dissolved in 10 mg of dexamethasone was slowly administered without resistance. The same procedure was performed at the right L4 and right S1 levels. The patient tolerated the procedure with no untoward effects. The patient was subsequently transferred to the recovery room for further monitoring. After an uneventful recovery the patient was discharged home with appropriate instructions.

Specimens:

N/A

Complications:

None

Findings:

N/A

Procedure Codes:

- 1.64483 INJ FORAMEN EPIDURAL L/S. Modifier: RT
 2.64484 INJ FORAMEN EPIDURAL ADD-ON. Modifier: 59, RT

02/03/2017 FRI 10:47 FAX



Electronically signed by Chad Stephens, DO on 01/06/2017 at 12:19 PM CST
Sign off status: Completed

Baylor Surgicare Oakmont
7200 OAKMONT BLVD
FORT WORTH, TX 76132-3902
Tel: 817-732-3300
Fax: 817-732-0110

Patient: Kelly, Carey DOB: 12/28/1968 Progress Note: Chad Stephens, DO 12/15/2016

Note generated by aClinicalWorks EMR/PM Software (www.aClinicalWorks.com)

Kelly, Carey

Guarantor: Kelly, Carey Insurance:

Appointment Facility: Sports & Spine Rehab Systems SI

Progress Notes: Timothy Chapman, DC

01/03/2017

Post Medical History

past medical history Head: First medical history is unremarkable.
past medical history Neck: First medical history is unremarkable.

History of Present Illness

HPI: feeling better in lower back. First time in a long time that I have not had lower back pain.
Headache today with upper back stiffness today.

Examination

Lumbar:

Extension 20.
Flexion 30.
Lateral Flexion R/L 30/30.
Rotation R/L 45/45.
L2 (Iliopsoas / mid anterior thigh sensation) R/L 5/5 normal.
L3 (quadriceps / distal anterior thigh sensation) R/L 5/5 normal.
L6 (RHL / dorsal foot sensation) R/L 5/5 normal.
Romberg (R/L) +/+.
Babinski (R/L) neg/neg.
Sternal S/R (R/L) neg/neg.
Supine S/R (R/L) decreased bilaterally with radiation of pain.
Tenderness to palpation none.

Cervical:

Extension 60.
Flexion 50.
Lateral Flexion R/L 45/45.
Rotation R/L 80/80.
Cervical facet compression (R/L) neg/neg.
C5 (Deltoid / lateral arm sensation / Biceps) R/L 5/5 normal 2+.
C6 (Wrist extension / Lateral forearm sensation / brachioradialis 5/5 normal 2+.
C7 (Triceps / Middle finger sensation / Triceps reflex) R/L 5/5 normal 2+.
C8 (Interossei / ulnar forearm) R/L 5/5 normal.
T1 (Intersossei / Medial arm) R/L 5/5 normal.
Tenderness to palpation none.

Assessments

- 1. Other intervertebral disc displacement, lumbosacral region - M5-L7 (Primary)
- 2. Tension-type headache, unspecified, not intractable - G44.209

Treatment

1. Others

Notes: IR was applied first to transfer fluids and inhibit pain in lumbar and hip area to allow for better outcomes during strength and stability training. Core stability pressure exercises were performed so patient could learn how to engage abdominal muscles during full body exercises to rate of 5 holds. Rows on bosu ball (35lbs), Tricep Extensions (25lb) 3x10. -TRX squats 3x3 lateral squats 3x6 (3 each side) -One leg holds 3x20 seconds each leg for muscular endurance build up.

Procedure Codes
97110 THERAPEUTIC EXERCISES
97140 MANUAL THERAPY

Follow Up
3 x wk, 2 Weeks



Electronically signed by Chad Stephens , DO on 01/09/2017 at 10:47 PM CST

Sign off status: Completed

Sports & Spine Rehab Systems 81
3129 W SOUTHLAKE BLVD
SOUTHLAKE, TX 76092-6784
Tel: 817-518-1112
Fax: 817-518-1112

Patient: Kelly, Carey DOB: 12/28/1968 Progress Note: Timothy Chapman, DC 01/03/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Kelly Carey

Guarantor: Kelly, Carey Insurance:

Appointment Facility: Sports & Spine Rehab Systems SU

01/05/2017

Progress Notes: Timothy Chapman, DC

Past Medical History

past medical history EBM: Past medical history is unremarkable.

past medical history EBM: Past medical history is unremarkable.

History of Present Illness**HPI:**

overworking on farm and feel pain all over. she related that while her lower back is sore not as much as it had been with same activity.

Examination**Lumbar:**

Extension 20.

Flexion 30.

Lateral Flexion R/L 30/30.

Rotation R/L 45/45.

L2 (Iliopsoas / mid anterior thigh sensation) R/L 5/5 normal.

L3 (quadriceps / distal anterior thigh sensation) R/L 5/5 normal.

L5 (EHL / dorsal foot sensation) R/L 5/5 normal.

Kemps (R/L) +/+.

Babinski (R/L) neg/neg.

Seated SLR(R/L) neg/neg.

Supine SLR (R/L) decreased bilaterally with radiation of pain.

Tenderness to palpation none.

Cervical:

Extension 60.

Flexion 50.

Lateral Flexion R/L 45/45.

Rotation R/L 80/80.

Cervical facet compression (R/L) neg/neg.

C5 (Deltoid / lateral arm sensation / Biceps) R/L 5/5 normal 2+.

C6 (Wrist extension / Lateral forearm sensation / brachiorad 5/5 normal 2+.

C7 (Triceps / Middle finger sensation / Triceps reflex) R/L 5/5 normal 2+.

C8 (Interossei / ulnar forearm) R/L 5/5 normal.

T1 (Interossei / Medial arm) R/L 5/5 normal.

Tenderness to palpation none.

Assessments

1. Other intervertebral disc displacement, lumbosacral region - M51.22 (Primary)
2. Tension-type headache, unspecified, not intractable - G44.209

Treatment**1. Others**

Notes: -IF was applied first to transfer fluids and inhibit pain in lumbar and hip area to allow for better outcomes during strength and stability training

-Stability Training:

-Quadruped 3x5 each side

-Supine extensions on table 3x5

-Kinesiotape applied to lower back for support during ADL's and exercise activity.

Procedure Codes

97110 THERAPEUTIC EXERCISES

97140 MANUAL THERAPY

Follow Up

3 x wk, 2 Weeks



Electronically signed by Chad Stephens, DO on 01/09/2017 at 10:48 PM CST

Sign off status: Completed

Sports & Spine Rehab Systems SI
3120 W SOUTHLAKE BLVD
SOUTHLAKE, TX 76092-6784
Tel: 817-518-1112
Fax: 817-518-1112

Patient: Kelly, Carey DOB: 12/28/1968 Progress Note: Timothy Chapman, DC 01/03/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Kelly, Carey

Guarantor: Kelly, Carey Insurance:

Appointment Facility: Sports & Spine Rehab systems SI

01/10/2017

Progress Notes: Timothy Chapman, DC

Past Medical History

past medical history E&M (Past medical history is unremarkable..
past medical history E&M (Past medical history is unremarkable..

History of Present Illness

HPI:

feeling better without flare up since last visit. she is doing more of her home exercises and feels stronger.

Examination

Lumbar:

- Extension 20 .
- Flexion 30 .
- Lateral Flexion R/L 30/30 .
- Rotation R/L 45/45 .
- L2 (Iliopsoas / mid anterior thigh sensation) R/L 5/5 normal .
- L3 (quadriceps / distal anterior thigh sensation) R/L 5/5 normal .
- L5 (EHL / dorsal foot sensation) R/L 5/5 normal .
- Kemps (R/L) +/+ .
- Babinski (R/L) neg/neg .
- Seated SLR(R/L) neg/neg .
- Supine SLR (R/L) decreased bilaterally with radiation of pain .
- Tenderness to palpation none .

Cervical:

- Extension 60 .
- Flexion 50 .
- Lateral Flexion R/L 45/45 .
- Rotation R/L 80/80 .
- Cervical facet compression (R/L) neg/neg .
- C5 (Deltoid / lateral arm sensation / Biceps) R/L 5/5 normal 2+ .
- C6 (Wrist extension / Lateral forearm sensation / brachiorad 3/5 normal 2+ .
- C7 (Triceps / Middle finger sensation / Triceps reflex) R/L 5/5 normal 2+ .
- C8 (Intercost / ulnar forearm) R/L 5/5 normal .
- T1 (Intercost / Medial arm) R/L 5/5 normal .
- Tenderness to palpation none .

Assessments

1. Other intervertebral disc displacement, lumbosacral region - M51.27 (Primary)
2. Tension-type headache, unspecified, not intractable - G44.209

Treatment

1. Others

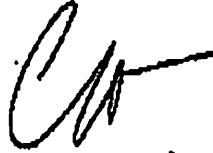
- Notes: -IF was applied first to transfer fluids and inhibit pain in lumbar and hip area to allow for better outcomes during strength and stability training
- Posture walk for 5 minutes at 2.5 mph
- Squats: 3x3 deadlift taps and body weight front squats
- Single leg stability training to enhance uni-lateral neuromuscular control.

Procedure Codes

97110 THERAPEUTIC EXERCISES

97140 MANUAL THERAPY

Follow Up
3 x wk, 2 Weeks



Electronically signed by Chad Stephens, DC on 01/18/2017 at 10:25 PM CST

Sign off status: Completed

Sports & Spine Rehab Systems #1
3120 W SOUTHLAKE BLVD
SOUTHLAKE, TX 76092-6784
Tel: 817-518-1112
Fax: 817-518-1112

Patient: Kelly, Carey DOB: 12/28/1968 Progress Note: Timothy Chapman, DC 01/10/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Kelly, Carey

Guarantor: Kelly, Carey Ins...

Appointment Facility: Sports & Spine Rehab Systems S...

03/14/2017

Progress Notes: Timothy Chapman, DC

Past Medical History

past medical history E&M :Past medical history is unremarkable...
past medical history E&M :Past medical history is unremarkable.

History of Present Illness

HPI:

pt describes feeling stronger with her normal act's.

Examination

Lumbar

Extension 20 .
Flexion 30 .
Lateral Flexion R/L 30/30 .
Rotation R/L 45/45 .
L2 (Iliopsoas / mid anterior thigh sensation) R/L 5/5 normal .
L3 (quadriceps / distal anterior thigh sensation) R/L 5/5 normal .
L5 (EHL / dorsal foot sensation) R/L 5/5 normal .
Kerns (R/L) +/- .
Babinski (R/L) neg/neg .
Seated SLR(R/L) neg/neg .
Supine SLR (R/L) decreased bilaterally with radiation of pain .
Tenderness to palpation none .

Cervical:

Extension 60 .
Flexion 50 .
Lateral Flexion R/L 45/45 .
Rotation R/L 80/80 .
Cervical facet compression (R/L) neg/neg .
C5 (Deltoid / lateral arm sensation / Biceps) R/L 5/5 normal 2+ .
C6 (Wrist extension / Lateral forearm sensation / brachiorad 5/5 normal 2+ .
C7 (Triceps / Middle finger sensation / Triceps reflex) R/L 5/5 normal 2+ .
C8 (Interossei / ulnar forearm) R/L 5/5 normal .
T1 (Interossei / Medial arm) R/L 5/5 normal .
Tenderness to palpation none .

Assessments

- 1. Other intervertebral disc displacement, lumbosacral region - M51.27 (Primary)
2. Tension-type headache, unspecified, not intractable - G44.209

Treatment

1. Others

Notes: -IF was applied first to transfer fluids and inhibit pain in lumbar and hip area to allow for better outcomes during strength and stability training

- Posture walk for 5 minutes at 2.8 mph
-Quadruped 1 minute
-Glute Bridges 1 minute
-Resisted Gait Pulls 3x5 each side forwards and backwards
-Rows (25lbs) and Tricep Extensions (25lbs) 3x5 each
-3 deadlift taps and 3 body weight squats x3 each
-TRX single leg stability training 3 rounds each leg.

Procedure Codes
97110 THERAPEUTIC EXERCISES
97140 MANUAL THERAPY

Follow Up
3 x wk, 2 Weeks



Electronically signed by Chad Stephens, DO on 01/18/2017 at 10:25 PM CST

Sign off status: Completed

Sports & Spine Rehab Systems SI
3120 W SOUTHLAKE BLVD
SOUTHLAKE, TX 76092-6784
Tel: 817-518-1112
Fax: 817-518-1112

Patient: Kelly, Carey DOB: 12/28/1968 Progress Note: Timothy Chapman, DC 01/18/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Kelly, Carey

Guarantor: Kelly, Carey Insurance:

Appointment Facility: Sports & Spine Rehab Systems SI

01/17/2017

Progress Notes: Timothy Chapman, DC

Past Medical History

past medical history E&M :Past medical history is unremarkable.
past medical history E&M :Past medical history is unremarkable.

History of Present Illness

HPI:

feeling "rough" unable to sleep since weather change, also not as consistent with home rehab activities.

Examination

Lumbar:

- Extension 20 .
- Flexion 30 .
- Lateral Flexion R/L 30/30 .
- Rotation R/L 45/45 .
- L2 (Iliopsoas / mid anterior thigh sensation) R/L 5/5 normal .
- L3 (quadriceps / distal anterior thigh sensation) R/L 5/5 normal .
- L5 (EHL / dorsal foot sensation) R/L 5/5 normal .
- Kemps (R/L) +/+ .
- Babinski (R/L) neg/neg .
- Seated SLR(R/L) neg/neg .
- Supine SLR (R/L) decreased bilaterally with radiation of pain .
- Tenderness to palpation none .

Cervical:

- Extension 60.
- Flexion 30.
- Lateral Flexion R/L 45/45.
- Rotation R/L 80/80.
- Cervical facet compression (R/L) neg/neg.
- C5 (Deltoid / lateral arm sensation / Biceps) R/L 5/5 normal 2+.
- C6 (Wrist extension / Lateral forearm sensation / brachiorad 5/5 normal 2+.
- C7 (Triceps / Middle finger sensation / Triceps reflex) R/L 5/5 normal 2+.
- C8 (Interossei / ulnar forearm) R/L 5/5 normal.
- T1 (Interossei / Medial arm) R/L 5/5 normal.
- Tenderness to palpation none.

Assessments

1. Other intervertebral disc displacement, lumbosacral region - M61.87 (Primary)
2. Tension-type headache, unspecified, not intractable - G44.209

Treatment

1. Others

- Notes: -IF was applied first to transfer fluids and inhibit pain in lumbar and hip area to allow for better outcomes during strength and stability training
- Postura walk for 5 minutes at 2.8 mph
 - Quadruped 1 minute
 - Glute Bridges 1 minute
 - Resisted Gait Pulls 3x5 each side forwards and backwards
 - Rows (25lbs) and Tricep Extensions (25lbs) 3x5 each
 - 3 deadlift taps and 3 body weight squats x3 each
 - TRX single leg stability training 3 rounds each leg.

02/03/2017 FRI 10:45 FAX

015/021

Procedure Codes
97110 THERAPEUTIC EXERCISES
97140 MANUAL THERAPY

Follow Up
3 x wk, 2 Weeks



Electronically signed by Chad Stephens , DO on 01/18/2017 at 10:26 PM CST

Sign off status: Completed

Sports & Spine Rehab Systems SI
8120 W SOUTHLAKE BLVD
SOUTHLAKE, TX 76092-6784
Tel: 817-518-1112
Fax: 817-518-1112

Patient: Kelly, Carey DOB: 12/28/1968 Progress Note: Timothy Chapman, DC 01/27/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Kelly, Carey

Guarantor: Kelly, Carey Insurance:

Appointment Facility: Sports & Spine Kelly Systems in

01/19/2017

Progress Notes: Timothy Chapman, DC

Part Medical History

past medical history 2004 (Past medical history is
unremarkable.
past medical history 2004 (Past medical history is
unremarkable.)

History of Present Illness

HRP:
feeling better but still having flare ups in lower back but more mild and less
intense.

Examination

Extension 20.
Flexion 30.
Lateral Flexion R/L 30/30.
Rotation R/L 45/45.
L2 (thoracic / mid anterior thigh sensation) R/L S/S normal.
L3 (quadriceps / distal anterior thigh sensation) R/L S/S normal.
L5 (KHL / distal foot sensation) R/L S/S normal.
Kerns (R/L) +/-.
Babinski (R/L) neg/neg.
Seated SLR (R/L) neg/neg.
Supine SLR (R/L) decreased bilaterally with radiation of pain.
Tenderness to palpation none.

Cervical:

Extension 60.
Flexion 60.
Lateral Flexion R/L 45/45.
Rotation R/L 80/80.
Cervical facet compression (R/L) neg/neg.
C5 (Deltoid / lateral arm sensation / biceps) R/L S/S normal 2+.
C6 (Wrist extension / lateral forearm sensation / brachioradial S/S normal 2+.
C7 (Triceps / Middle finger sensation / Triceps reflex) R/L S/S normal 2+.
C8 (Interossei / ulnar forearm) R/L S/S normal.
T1 (Interossei / Medial arm) R/L S/S normal.
Tenderness to palpation none.

Assessments

1. Other Intervertebral disc displacement, lumbosacral region - M51.27 (Primary)
2. Tension-type headache, unspecified, not intractable - G44.209

Treatment

1. Others
Notes: - Manual reduction of restricted segments and active release of hypertonic
tissue is performed and tolerated well. - Interferential current with heat is applied
paraspinally to increase fluid transfer, facilitate healing and inhibit pain.
- Proprioceptive neuromuscular facilitated stretching is utilized for better outcomes
in joint mobility to decrease stress on movement patterns.
- Abdominal squeezes to reps of 5 second holds to warm up abdominal muscles
before engaging in girth and hamstring development routine.
- TRX lateral squats 3x5 each side
- Dumbbell front squat 3x5 at 10lbs

Patience Kelly, Carey

Progress Notes: Timothy Chapman, DC 01/19/2017
This document is copyrighted by CCHS/PH Software (www.cchsph.com)

- Dumbbell deadlifts 3x5 at 20lbs
- Glute bridges 3x15
- TRX single leg holds 3x30 seconds each side.

Procedure Codes

97110 THERAPEUTIC EXERCISES
97140 MANUAL THERAPY .

Follow Up

3 x wk, 2 Weeks



Electronically signed by Chad Stephens , DO on 01/27/2017 at 10:58 PM CST

Sign off status: Completed

Sports & Spine Rehab Systems SI
3120 W SOUTHLAKE BLVD
SOUTHLAKE, TX 76092-6784
Tel: 817-518-1112
Fax: 817-518-1112

Patient: Kelly, Carey DOR: 12/28/1968 Progress Note: Timothy Chapman, DC 01/19/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

PROOF OF SERVICE BY MAIL (1013a, 2015.5 C.C.P.)
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

I am a resident of the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action; my business address is 3107 Clayton Road, Concord, California.

On March 14, 2017 , I served the within PETITION TO REOPEN FOR NEWLY DISCOVERED EVIDENCE BY CAREY KELLY AND EXHIBITS, on the interested parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid, in the Unites States mail at Concord, California, addressed as follows:

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

Cheree Swedensky, Assistant to Board
CalPERS Executive Office
PO Box 942701
Sacramento, CA 94229-2701
VIA FAX TO (916) 795-3972

Ms. Judith Recchio
State of California Department of Justice
P.O. Box 944255
Sacramento, CA 94244
VIA EMAIL

Mr. Rory Coffey
CalPERS, Legal Office
PO Box 942707
Sacramento, CA 94229-2707
VIA EMAIL

Disability and Retirement Section
California Department of Highway Patrol
P.O. Box 942898
Sacramento, CA 94298

Ms. Carey Kelly

VIA EMAIL

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 14, 2017, at Concord, California.

