

**ATTACHMENT A**

**THE PROPOSED DECISION**

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

**In the Matter of the Application for Industrial Disability**

**Retirement of:**

**ANNA E. HUTCHESON, Respondent**

**and**

**CALIFORNIA STATE PRISON - CENTINELA, CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILITATION,  
Respondent**

**Case No. 2018-1065**

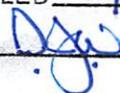
**OAH No. 2019030868**

**PROPOSED DECISION**

Jami A. Teagle-Burgos, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on January 27, 2020, in San Diego, California.

CALIFORNIA PUBLIC EMPLOYEES'  
RETIREMENT SYSTEM

FILED 2/26 20 20



Austa Wakily, Senior Attorney, represented petitioner, Anthony Suine, Chief, Benefit Services Division, Board of Administration, California Public Employees' Retirement System (CalPERS), State of California.

Anna E. Hutcheson, respondent, represented herself.

There was no appearance by California State Prison – Centinela (Centinela State Prison), California Department of Corrections and Rehabilitation (CDCR). Upon proof of compliance with Government Code sections 11504 and 11509, this matter proceeded as a default against Centinela State Prison, CDCR, pursuant to Government Code section 11520.

Oral and documentary evidence was received. The record was closed and the matter was submitted for decision on January 27, 2020.

### **PROTECTIVE ORDER SEALING CONFIDENTIAL RECORDS**

Exhibits A through D, which contain Ms. Hutcheson's medical records, were received and contained confidential information. It is impractical to redact the information from these exhibits. To protect her privacy and the confidential personal information from inappropriate disclosure, Exhibits A through D are ordered sealed. This sealing order governs the release of documents to the public. A reviewing court, parties to this matter, their attorneys, and a government agency decision maker or designee under Government Code section 11517 may review the documents subject to this order, provided that the documents are protected from release to the public.

## **ISSUE**

At the time of Ms. Hutcheson's application for disability retirement, was she permanently disabled or incapacitated from performing the usual and customary duties of a Library Technical Assistant, due to her orthopedic (ankles, knees, shoulders, arms, wrists, back and neck) conditions?

## **SUMMARY OF DECISION**

Ms. Hutcheson had the burden to prove that, at the time of her application, she was permanently disabled or incapacitated from performing her regular and customary job duties as a Library Technical Assistant. The competent medical evidence presented did not support her claim that she was permanently disabled or incapacitated from performing the regular and customary duties of a Library Technical Assistant, due to her orthopedic (ankles, knees, shoulders, arms, wrists, back and neck) conditions. Ms. Hutcheson's claim for disability retirement is denied.

## **FACTUAL FINDINGS**

### **Preliminary Matters**

1. Ms. Hutcheson was employed by Centinela State Prison, CDCR, as a Library Technical Assistant. By virtue of her employment, Ms. Hutcheson was a State safety member of CalPERS subject to Government Code section 21151.
2. On October 2, 2017, Ms. Hutcheson filed an Industrial Disability Retirement Election Application with CalPERS. She was last employed at Centinela

State Prison on September 24, 2014. Her last day on payroll was September 25, 2016. She alleged retirement due to disability as of September 23, 2017. In her application, Ms. Hutcheson claimed the right to receive a disability retirement because she suffered cumulative injuries from the date of her hire to the present, and her disability occurred on November 8, 2008, and September 14, 2014. Ms. Hutcheson described that she was injured in 2008 when she "went off a platform," and injured in 2014 when she "went over the handlebars of her knee scooter." Ms. Hutcheson stated that she was disabled due to bilateral injuries to her ankles, knees, hips, shoulder, arms, and wrists, and injuries to her back, neck, ribs, and head.

3. CalPERS obtained medical records and reports related to Ms. Hutcheson's conditions, and selected James Michael Fait, M.D., an orthopedic surgeon, to perform a disability evaluation. Dr. Fait provided CalPERS with narrative reports of his findings and conclusions. After reviewing all of those documents, CalPERS determined that when Ms. Hutcheson filed her application for a disability retirement, she was not permanently disabled or incapacitated from performing the usual and customary duties of a Library Technical Assistant.

4. On July 23, 2018, CalPERS notified Ms. Hutcheson that her application for disability retirement was denied. CalPERS advised her of her right to appeal that adverse determination.

5. On August 18, 2018, Ms. Hutcheson timely filed her appeal, and requested an administrative hearing.

6. On March 15, 2019, petitioner filed the statement of issues in his official capacity. The statement of issues, notice of hearing, and other jurisdictional documents were served on all respondents. Centinela State Prison, CDCR, did not

respond to the statement of issues or appear in this matter and the matter proceeded against it as a default.

## **Job Description Documents**

7. The Essential Functions of a Library Technical Assistant, and the Physical Requirements of that position outlined the tasks and physical requirements of that position. Dr. Fait relied upon those documents in formulating his opinion.

## **CalPERS's Medical Evaluation Conducted by a Medical Expert**

### **DR. FAIT AND HIS INITIAL AND SUPPLEMENTAL REPORTS AND TESTIMONY**

8. Dr. Fait is a board certified orthopedic surgeon, and he received his medical degree from the University of California, Davis. He has a private practice and he has been a provider at Foundation Medical Group, Inc., since 2012. He was previously a provider at Southern California Permanente Medical Group, from 2002 until 2012.

9. On May 21, 2018, Dr. Fait conducted an orthopedic Independent Medical Examination (IME) of Ms. Hutcheson, and prepared an initial report for CalPERS that same day. Dr. Fait noted that his examination included an interview with Ms. Hutcheson where he was asked about her current complaints, relevant history of injuries, past medical history, family and social history, and daily activities.

Ms. Hutcheson complained of having constant neck pain radiating to her upper back and down her arms; constant bilateral shoulder pain radiating to her hands and fingers; intermittent bilateral elbow pain without popping or locking; constant bilateral wrist and hand pain, right greater than left, radiating to her elbows, without popping or locking of fingers; constant pain in her entire back radiating to her groin and down

both legs, right greater than left; intermittent bilateral hip pain radiating to her legs and feet; and constant bilateral pain in her knees, ankles, and feet. She reported that her pain in all of these areas was improved with either medication, stretching, massage, ice/heat applications, bracing, and/or laying on her back.

Ms. Hutcheson provided the following explanation of the history of her injuries. In 2008, she was "walking down steps, when she tripped and fell down the remaining stairs (5-6 feet) and struck a wall and a fire extinguisher box with the right side of her body." She received treatment from Frederick Arbenz, M.D., and John Lane, M.D.<sup>1</sup>

Ms. Hutcheson was deemed temporarily totally disabled from 2008 until 2011 in connection with a workers' compensation claim. In 2010, Ms. Hutcheson underwent right knee surgery and right shoulder. She returned to work after these surgeries.

In 2011, Ms. Hutcheson sustained an injury when she fractured her left hand after it was caught in the steering wheel of a golf cart that she was driving at work. She was relieved of work duties for a few weeks.

In 2013, Ms. Hutcheson's right knee gave out when she stood up from her couch while she was at home. She was relieved of work duties for one year.

Soon after she returned to work in 2014, Ms. Hutcheson sustained another injury when she crashed her scooter and flipped over the handlebars while she was at work. She stopped working after this last work injury and has not returned to work.

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<sup>1</sup> In her October 2, 2017, Industrial Disability Retirement Election Application, Ms. Hutcheson identified Dr. Lane as her "treating physician." Dr. Lane specializes in orthopedic medicine.

She more recently underwent surgery to her left knee, but could not remember the date of her surgery. Her treatment has since been limited to pain medications prescribed by Charles Stevens, M.D.

10. Dr. Fait reported that Ms. Hutcheson began working at Centinela State Prison in 2004. She last worked there in September 2014. Since December 2017, she has been working, one to two hours each month, as a field agent for Onsource. Since January 2018, she has been working two hours each week as a mystery shopper. She has two adult children. She has been a smoker for 20 years, and currently smokes 10 to 20 cigarettes per day. Dr. Fait reported that Ms. Hutcheson was independent with bathing, dressing, grooming, oral care, toileting, walking, eating, managing medications, using the telephone, managing money, and driving. She needed help with transferring, climbing stairs, shopping, and cooking.

11. Dr. Fait performed a physical examination of Ms. Hutcheson, and he diagnosed her with cervical spine degenerative disc disease with low-grade neural foraminal stenosis and mild facet joint arthrosis, with no interval change since an MRI in 2009; lumbar spine degenerative disc disease with disc protrusion, mild facet arthropathy, and retrolisthesis, and no progression of change; history of right shoulder arthroscopic surgery and likely subacromial decompression; history of unknown fracture to left hand without residual deformity; status-post arthroscopic surgery to right knee with right knee contusion and patellar chondromalacia, and post-operative change versus tear of lateral meniscus; history of fracture of left 11th rib; right ankle fracture, status-post open reduction and internal fixation; left ankle sprain/strain, status-post presumed lateral ligamentous reconstruction; and chronic pain syndrome.

In regard to Ms. Hutcheson's diagnoses above, Dr. Fait reported that Ms. Hutcheson had a slow gait but did not require a brace for ambulation. She had poor

balance but only put forth a fair effort and a degree of magnification was suspected. She had complaints of pain throughout nearly the entire musculoskeletal system, but there was no evidence of radiculopathy, as she had no paraspinal spasms in her neck or back, no evidence of focal weakness, and no evidence of asymmetry of reflexes in the upper or lower extremities. She had evidence of healed surgical scars in the right shoulder, bilateral knees, and bilateral ankles, but she had relatively symmetric range of motion of both shoulders, and she had no evidence of anterior cruciate ligament injury of the right ankle as shown by MRI. She had no more than trace effusion of the right knee and no evidence of varus or valgus instability, and no evidence of malalignment of the right or left knee. She had healed surgical scars on both ankles, but no evidence of deformity, crepitation, or instability.

12. In addition, Dr. Fait reviewed treatment records and/or reports by Ms. Hutcheson's providers, including medical records by Dr. Lane, Dr. Arbenz, and Beth Bathgate, M.D. Dr. Fait also reviewed Ms. Hutcheson's diagnostic imaging and testing results, as well as operative reports.

13. Based on his findings, Dr. Fait concluded the following:

While the examinee reports the experience of pain with activities such as walking, climbing stairs, sitting, driving, or transferring, I cannot find evidence, either on physical examination or on diagnostic studies, that would preclude the performance of such activities. Overall, the examinee has functional range of motion of the neck, and upper and lower extremities without evidence of radiculopathy, muscular weakness, atrophy or instability. Therefore, while the examinee may experience pain with performance of the

activities of a Library Technical Assistant, I cannot find evidence that this represents an inability to perform these activities.

14. Dr. Fait prepared a supplemental report on July 2, 2018, which indicated that he reviewed a progress report by Dr. Lane, dated October 13, 2017, which stated Ms. Hutcheson was last able to perform her job duties on November 5, 2015. Dr. Lane's report indicated that Ms. Hutcheson's work restrictions included no lifting over 15 pounds and no squatting, kneeling, or repetitive climbing activities. Dr. Fait concluded in his supplemental report that his conclusions in his initial report took into account Ms. Hutcheson's diagnoses of a cervical and lumbar strain, bilateral upper extremity conditions, bilateral knee conditions, and bilateral ankle conditions. His conclusions in his initial report also took into consideration the work restrictions given by Dr. Lane. Dr. Fait also noted that he had the opportunity to review several of Ms. Hutcheson's medical records. As such, Dr. Fait concluded that following his review of the additional medical record by Dr. Lane, his overall opinion remained unchanged.

15. Dr. Fait prepared a second supplemental report on October 4, 2018, which indicated that he reviewed a Qualified Medical Re-Evaluation by Dr. Bathgate signed on April 16, 2018, and a supplemental report by Dr. Bathgate signed on March 15, 2018. Dr. Bathgate's re-evaluation indicated that Ms. Hutcheson was unable to perform her usual and customary occupation as a Library Technical Assistant because she had a work restriction of no lifting over 10 pounds and no squatting or kneeling. However, Dr. Bathgate's supplemental report indicated that Ms. Hutcheson had no work restrictions with respect to her left knee injury. Dr. Fait also noted that Dr. Bathgate found Ms. Hutcheson's range of motion in her bilateral shoulders was more extensive than found by him, and he felt that Ms. Hutcheson had symptom

magnification. As such, Dr. Fait again concluded that following his review of the additional medical records by Dr. Bathgate, his overall opinion remained unchanged.

16. In addition, Dr. Fait appeared and testified at the hearing, and he had an opportunity to review the medical records that Ms. Hutcheson brought to the hearing. Dr. Fait stated that a permanent and stationary report by Dr. Lane on June 15, 2017, demonstrated conclusions that were similar to his and were in consideration of an MRI of the cervical spine. Dr. Fait stated a progress report by Dr. Lane on January 23, 2020, reported Ms. Hutcheson had spine cord stimulators implanted for subjective complaints of pain, and she had virtually normal flexion and abduction of her bilateral shoulders. Dr. Fait noted that EMG and nerve conduction studies by Dr. Bullock on April 2-3, 2019, indicated Ms. Hutcheson had bilateral carpal tunnel syndrome, but this condition would not incapacitate her from performing her job duties. There was also no evidence of sural sensory nerve damage in the lower outer calf and/or foot. Dr. Fait commented that the MRIs of lumbar and cervical spine on June 18, 2019, were not indicative of any significant pathology, and Ms. Hutcheson's congenital condition in her pelvis had not progressed significantly since Dr. Bathgate's findings years earlier. Dr. Fait reported that a progress report by Dr. Lane on July 2, 2019, demonstrated that Ms. Hutcheson was being managed with pain medications and she was referred to a spinal surgeon for an evaluation but she had not yet made an appointment.

## **Respondent's Evidence**

### **MEDICAL RECORDS BY TREATING PROVIDERS**

17. At the hearing, Ms. Hutcheson submitted medical records from several treating providers. These medical records were from the following providers: Dr. Lane, a treating orthopedic surgeon; Dr. Stevens, a treating pain management specialist; and

the results of diagnostic studies, including MRIs, x-rays, and EMG and nerve conduction testing.

As discussed above, Ms. Hutcheson had the opportunity to cross examine Dr. Fait, at the hearing, and have him review portions the medical records that she submitted at the hearing. The testimony by Dr. Fait regarding his opinions of these additional medical records is discussed above in Factual Finding 16.

### **TESTIMONY OF RESPONDENT, ANNA E. HUTCHESON**

18. Ms. Hutcheson testified that she was first employed by Centinela State Prison in 2004. She received three promotions in a period of eight months. Her last day at work at Centinela State Prison was in 2014. She felt that she was entitled to disability retirement because her medical conditions no longer allowed her to work as a Library Technical Assistant.

19. Ms. Hutcheson stated she was injured at work in November 2008 when she fell off a platform during a prisoner graduation ceremony, and fell down six to seven feet and hit a metal fire extinguisher box. She underwent right shoulder surgery and right knee surgery in 2010. She returned to work in July 2011. She injured her left hand at work in January 2012 when it was caught in the steering wheel of a golf cart. She was released from work duties for two weeks. She broke her right ankle in July 2013 when she stood up from sitting on her couch at home. She had right ankle surgery that same month and was released from work duties. She returned to work on September 2, 2014, and she used a golf cart and scooter to transport herself around the prison. She complained to her supervisors that the scooter was not stable. On September 21, 2014, she crashed her scooter and flipped over the handlebars. She has not returned to work at Centinela State Prison since this last injury.

20. Ms. Hutcheson stated that since she stopped working at Centinela State Prison, she has undergone left knee surgery in January 2017. She complained that her workers' compensation providers took too long to approve this surgery, and she is now "walking wrong." She had pain stimulators implanted in her spine in September 2019. She underwent right carpal tunnel release surgery in December 2019. She is also treating with several medications, including the following: Gabapentin, Percocet, Amitriptyline, Morphine, Trazadone, Omeprazole, Bupropion, and Duloxetine.

21. Ms. Hutcheson stated, "I haven't had a life at all since 2013. I was able to bounce back from 2011 . . . I've had two grandbabies born since that time, but I can't even hold them."

### **TESTIMONY OF LOUIS MADRID**

22. Mr. Madrid appeared and testified at the hearing in support of Ms. Hutcheson. She has lived within him since 2015. He stated that her medical conditions worsened about two and half years ago, and "she could not do much of anything." She could not stand for more than 10 to 15 minutes at a time; she could not walk around the house without bumping into things; and she sometimes could not make it to the bathroom in a timely manner. He was frustrated about her medical conditions.

## **LEGAL CONCLUSIONS**

### **Burden and Standard of Proof**

1. Absent a statutory presumption, an applicant for a disability retirement has the burden of proving by a preponderance of the evidence that he or she is entitled to it. (*Glover v. Board of Retirement* (1989) 214 Cal.App.3d 1327, 1332.)

## Applicable Statutes

2. Government Code section 20026 defines "disability" and "incapacity for performance of duty," for purposes of a retirement, to mean "disability of permanent or extended and uncertain duration" based on "competent medical opinion."

3. Government Code section 21150, subdivision (a), provides that a member who is "incapacitated for the performance of a duty" shall receive a disability retirement. Section 21151, subdivision (a), provides that such incapacitated member shall receive a disability retirement regardless of age or amount of service.

4. Government Code section 21152, provides in part: Application to the board for retirement of a member for disability may be made by:

(a) The head of the office or department in which the member is or was last employed, if the member is a state member other than a university member.

[11] . . . [11]

(d) The member or any person in his or her behalf.

5. Government Code section 21154 provides in part:

The application [for disability retirement] shall be made only (a) while the member is in state service, . . . On receipt of an application for disability retirement of a member, other than a local safety member with the exception of a school safety member, the board shall, or of its own motion it may, order a medical examination of a member who is

otherwise eligible to retire for disability to determine whether the member is incapacitated for the performance of duty. On receipt of the application with respect to a local safety member other than a school safety member, the board shall request the governing body of the contracting agency employing the member to make the determination.

6. Government Code section 21156, provides that if the medical evaluation or other evidence demonstrates that an eligible member is incapacitated physically or mentally, then CalPERS shall immediately retire the member for disability. The determination of incapacitation shall be based on competent medical opinion.

7. Government Code section 21166 provides:

If a member is entitled to a different disability retirement allowance according to whether the disability is industrial or nonindustrial and the member claims that the disability as found by the board, or in the case of a local safety member by the governing body of his or her employer, is industrial and the claim is disputed by the board, or in case of a local safety member by the governing body, . . . the Workers' Compensation Appeals Board, using the same procedure as in workers' compensation hearings, shall determine whether the disability is industrial.

## **Appellate Authority**

8. "Incapacitated" means the applicant for a disability retirement has a substantial inability to perform his or her usual duties. When an applicant can perform

his or her customary duties, even though doing so may be difficult or painful, the public employee is not "incapacitated" and does not qualify for a disability retirement. (*Mansperger v. Public Employees' Retirement System* (1970) 6 Cal.App.3d 873; *Sager v. County of Yuba* (2007) 156 Cal.App.4th 1049, 1057.)

## **Interplay between CalPERS's Disability Retirement and Workers' Compensation**

9. Although the Public Employees' Retirement Law and the Workers' Compensation law are aimed at the same general goals with regard to the welfare of employees and their dependents, they represent distinct legislative schemes. Courts may not assume that the provisions of one apply to the other absent a clear indication from the Legislature. (*Pearl v. W.C.A.B.* (2001) 26 Cal.4th 189, 197.)

10. Receipt of any type of disability in a related workers' compensation proceeding does not establish qualification for a disability retirement. (*Harmon v. Board of Retirement* (1976) 62 Cal.App.3d 689; *Hosford v. Board of Administration* (1978) 77 Cal.App.3d 854.) Workers' compensation appeal board determinations do not apply to industrial disability retirement proceedings. (*English v. Board of Administration of the Los Angeles City Employees' Retirement System* (1983) 148 Cal. App. 3d 839, 844-845; *Hawpe v. City of Napa* (2004) 120 Cal.App.4th 194, 207.)

11. Generally, a Workers' Compensation Appeals Board proceeding concerns whether the employee suffered *any* job-related injury, and if that injury resulted in some permanent residual loss, the Workers' Compensation Appeals Board awards the employee a permanent disability rating. Retirement boards, on the other hand, focus on a different issue: whether an employee has suffered an injury or disease of such magnitude and nature that he is incapacitated from substantially performing his job

responsibilities. Because of the differences in the issues, “[a] finding by the [Workers’ Compensation Appeals Board] of permanent disability, which may be partial for the purposes of workers’ compensation, does not bind the retirement board on the issue of the employee’s incapacity to perform his duties.” (*Bianchi v. City of San Diego* (1989) 214 Cal App 3d 563, 567, citations omitted.)

12. Although the schemes of the retirement boards and the Workers’ Compensation Appeals Board are independent and serve different functions, their purposes are in harmony rather than in conflict and applying workers’ compensation laws by analogy to retirement board cases may be appropriate as it seems clear that the tendency is to view the two bodies of law as compatible rather than the opposite. (*Heaton v. Marin County Employees’ Retirement Bd.* (1976) 63 Cal.App.3d 421,428.)

### **Competent Medical Opinion**

13. CalPERS makes its determination whether a member is disabled for retirement purposes based upon “competent medical opinion.” That determination is based on the evidence offered to substantiate the member’s disability. (*Lazan v. County of Riverside* (2006) 140 Cal. App. 4th 453, 461, distinguished on other grounds.)

14. Evidence Code section 801 provides:

If a witness is testifying as an expert, his testimony in the form of an opinion is limited to such an opinion as is:

(a) Related to a subject that is sufficiently beyond common experience that the opinion of an expert would assist the trier of fact; and

(b) Based on matter (including his special knowledge, skill, experience, training, and education) perceived by or personally known to the witness or made known to him at or before the hearing, whether or not admissible, that is of a type that reasonably may be relied upon by an expert in forming an opinion upon the subject to which his testimony relates, unless an expert is precluded by law from using such matter as a basis for his opinion.

15. The determinative issue in each case must be whether the witness has sufficient skill or experience in the field so that his testimony would be likely to assist the trier of fact in the search for the truth, and "no hard and fast rule can be laid down which would be applicable in every circumstance." (*Mann v. Cracchiolo* (1985) 38 Cal.3d 18, 37-38.)

16. A properly qualified expert may offer an opinion relating to a subject that is beyond common experience, if that expert's opinion will assist the trier of fact but the expert's opinion may not be based on assumptions of fact that are without evidentiary support or based on factors that are speculative or conjectural, for then the opinion has no evidentiary value and does not assist the trier of fact. (*Brown v. Ransweiler* (2009) 171 Cal.App.4th 516, 529-530.)

17. Government Code section 11513, subdivision (d), provides in part: "Hearsay evidence may be used for the purpose of supplementing or explaining other evidence but over timely objection shall not be sufficient in itself to support a finding unless it would be admissible over objection in civil actions."

18. Unless admissible over objection in civil actions, hearsay evidence shall not be sufficient in itself to support a finding in an administrative proceeding. (*Carl S. v. Commission for Teacher Preparation & Licensing* (1981) 126 Cal.App.3d 365,371.)

19. Hearsay evidence is not competent evidence that can independently support a finding. (*McNary v Department of Motor Vehicles* (1996) 45 Cal.App.4th 688.)

20. Determining both the nature of Ms. Hutcheson's medical condition, and whether that condition incapacitated her from the performance of her duties, is sufficiently beyond common experience that expert testimony is required. Ms. Hutcheson's physicians did not testify or offer written reports, and Ms. Hutcheson's medical records were received as administrative hearsay. Thus, they were only considered to the extent they supplemented and/or explained other non-hearsay evidence.

## **Evaluation**

21. In order to qualify for industrial disability retirement, Ms. Hutcheson must demonstrate with competent medical opinions that she was permanently disabled or incapacitated from performing the usual and customary duties of a Library Technical Assistant when she filed her application. Dr. Fait concluded that Ms. Hutcheson was not incapacitated from performing her job duties. Ms. Hutcheson offered no competent medical opinions to refute the opinion of Dr. Fait. Thus, Ms. Hutcheson failed to meet her burden of proof and her application must be denied. Petitioner's determination that Ms. Hutcheson was not permanently disabled or incapacitated from performance of her duties is affirmed.

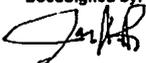
## **Cause Exists to Deny the Application**

22. Cause exists to deny Ms. Hutcheson's application for an industrial disability retirement. Ms. Hutcheson failed to establish by a preponderance of the evidence that she was permanently disabled or incapacitated from performing her usual and customary duties as a Library Technical Assistant, for Centinela State Prison, CDCR, based on orthopedic conditions (ankles, knees, shoulders, arms, wrists, back and neck), when she filed her application for industrial disability retirement.

### **ORDER**

The application for industrial disability retirement filed by Anna E. Hutcheson with the California Public Employees' Retirement System on October 2, 2017, is denied. California Public Employees' Retirement System's denial of Anna E. Hutcheson's application is affirmed.

DATE: February 25, 2020

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JAMI A. TEAGLE-BURGOS

Administrative Law Judge

Office of Administrative Hearing