

ATTACHMENT A
RESPONDENT'S PETITION FOR RECONSIDERATION

Received

MAY 30 2014

CalPERS Board Unit

ATTACHMENT A

Petition for Reconsideration

Paulette Manning

Ref No. 2013-0271

Factual Findings dated 3/4/14 Paragraph 9 – states the Work of a Correctional Case Records Analyst. The duties listed do not include any of physical Requirements of a Correctional Case Records Analyst. It does not include the 3-6 hours of sitting; the up to 3 hours of standing; the 3-6 hours bending, twisting (neck), twisting (waist); reaching above shoulders up to 3 hours repetitively; repetitive lifting up to 10 lbs for 3-6 hours; the lifting of 11-25 lbs repetitively for up to 3 hours.

Dr. Martinson's evaluation letter dated 7/12/12, page 14 paragraph 2 she states "I see no reason why she could not perform the simple grasping, power-grasping, keyboard and mouse use that her job requires"

Please look at the Physical Requirements of Position/Occupation Title: It clearly states the physical requirements require more than the simple duties stated above.

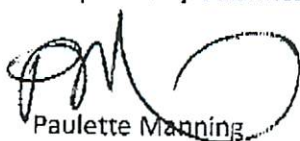
6/7/11 – Steven M Brouman, MD, Agreed Medical Examination Permanent and Stationary Status Report did not include the following work restrictions imposed: Patient should prophylactically (take precaution against; according to merriam Webster.) avoid heaving lifting, or repetitive forceful gripping, grasping, pushing, pulling, squeezing, twisting, and torqueing with her hand.

It also includes the fact that I had been working with the modifications. **The above noted injury is from 2006. I fell at CIM 7/27/10.**

As stated by Dr. Akmajian, I am incapacitated from physically performing my job duties as a Correctional Case Records Analyst.

I respectfully request the board reconsider their decision.

Respectfully Submitted



Paulette Manning

May 30, 2014

Seventeenth Street Orthopedic



Specialists Medical Clinic, Inc.

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Santa Ana, CA 92705

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MEDICAL OFFICES OF
STEVEN N. BROURMAN, M.D.

CME, IME

Diplomate, American Board of Orthopedic Surgery
Fellow, American Academy of Orthopedic Surgeons
American Society for Surgery of the Hand

June 7, 2011

SCIF

Attn: Mary J. Carlson
P. O. Box 65005
Pinedale, CA 92650

Cleveland & Metz

Attn: Charles R. Cleveland, Jr., Esquire
9330 Baseline Road, Suite 100
Rancho Cucamonga, CA 91701

PATIENT:	MANNING, Paulette
EMPLOYER:	California Dept of Corrections
JOB TITLE:	Correctional Case Record Analyst
SOCIAL SECURITY #:	
WCAB #:	ADJ 6631354
CLAIM #:	EQ613589
D/INJURY:	April 21, 2006
D/EXAMINATION:	June 7, 2011

AGREED MEDICAL EXAMINATION
PERMANENT AND STATIONARY STATUS REPORT

Dear Ladies and Gentlemen:

Paulette Manning was reevaluated by me today, June 7, 2011.
She was last seen by me on April 6, 2010

ML 102: This examination constituted a BASIC COMPREHENSIVE MEDICAL-LEGAL Examination.

INTERIM HISTORY:

The applicant is a 49-year-old, right hand dominate female, who was initially seen in the office on February 23, 2010 for an Agreed Medical Evaluation. At that time she was

RE: MANNING, Paulette
 DATE: June 7, 2011
 PAGE: 7

Based on the old guidelines, the following are the factors of disability:

SUBJECTIVE FACTORS OF DISABILITY:

Bilateral wrist pain, frequent slight to occasional moderate.

OBJECTIVE FACTORS OF DISABILITY:

The objective findings of disability are as noted in the physical examination, diagnostic studies section and record.

WORK RESTRICTIONS: (take precaution against)

The patient should prophylactically avoid heavy lifting, or repetitive forceful gripping, grasping, pushing, pulling, squeezing, twisting, and torquing with her hands.

QIW STATUS:

According to the applicant, she has been working with modifications, and may continue to do so as outlined herein.

FUTURE MEDICAL TREATMENT:

Future medical treatment is indicated in the form of medications, injections, therapy, splinting, and possibly periodic cortisone injections to the basal joints.

APPORTIONMENT:

Apportionment is not an issue in this case.

ALMARAZ-GUZMAN II:

Under the Almaraz-Guzman II decision I would not see a need to alter the conclusions regarding the patient's disability. In my opinion it is reasonable, fair, and equitable. The grip losses should be utilized in this case as a good effort was made with use of the Jamar and grip loss is common with basal joint conditions.

I have considered the medical history, examination, radiologic studies and other information made available to me in this case and conclude that, pursuant to Labor Code



Physical Requirements of Position/Occupational Title

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

Section 1

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

Member Information

Paulette D. Manning

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

Social Security Number

Correctional Case Records Analyst

California Institution for Men/CDCR

Position/Occupational Title

Name of Employer

P.O. Box 128

Worksite Street Address

Chino

City

CA

State

91708

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending (neck)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending (waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting (neck)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting (waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching (above shoulder)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching (below shoulder)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing & Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Grasping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive use of hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Keyboard Use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouse Use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 - 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - 25 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 - 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 - 75 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76 - 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 + lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on page 2.