

ATTACHMENT B

STAFF'S ARGUMENT

STAFF'S ARGUMENT TO ADOPT THE PROPOSED DECISION

Lupe O. Mendoza (Respondent) was employed as a Correctional Officer for North Kern State Prison, Department of Corrections and Rehabilitation (CDCR). By virtue of his employment, Respondent was a state safety member of CalPERS subject to Government Code section 21151.

On January 19, 2023, Respondent applied for industrial disability retirement (IDR) based on his cardiological (hypertension, coronary artery disease), psychological stress (post-traumatic stress disorder), and bilateral upper extremities (carpal tunnel syndrome and arm and elbow pain) conditions.

As part of CalPERS' review of Respondent's medical conditions, James M. Schmitz, M.D., who is board-certified in internal medicine by the American Board of Internal Medicine, with a subspecialty in cardiovascular disease, performed an Independent Medical Examination (IME). Dr. Schmitz interviewed Respondent, reviewed his work history and job descriptions, obtained a history of his past and present complaints, and reviewed his medical records. Dr. Schmitz opined that Respondent was not substantially incapacitated for the performance of his duties as a Correctional Officer due to his cardiovascular issues.

To be eligible for disability retirement, competent medical evidence must demonstrate that an individual is substantially incapacitated from performing the usual and customary duties of his or her position. The injury or condition which is the basis of the claimed disability must be permanent or of an extended duration which is expected to last at least 12 consecutive months or will result in death.

After reviewing all medical documentation and the IME reports, CalPERS determined that Respondent was not substantially incapacitated from performing the duties of his position due to his cardiological (hypertension, coronary artery disease), psychological stress (post-traumatic stress disorder), and bilateral upper extremities (carpal tunnel syndrome and arm and elbow pain) conditions.

Respondent appealed this determination and exercised his right to a hearing before an Administrative Law Judge (ALJ) with the Office of Administrative Hearings (OAH). A hearing was held on June 12, 2025. Respondent represented himself at the hearing. CDCR did not appear at the hearing and a default was taken as to CDCR only.

Prior to the hearing, CalPERS explained the hearing process to Respondent and the need to support his case with witnesses and documents. CalPERS provided Respondent with a copy of the administrative hearing process pamphlet, answered Respondent's questions, and clarified how to obtain further information on the process.

At the hearing, Dr. Schmitz testified in a manner consistent with his examination of Respondent and the IME report. Dr. Schmitz described Respondent's medical history. In 2010 and 2018, Respondent experienced chest pain. Coronary imaging confirmed Respondent experienced blockage in one of the major blood vessels of his heart.

Respondent underwent surgical procedures to install a stent to improve blood flow. After the 2018 surgery, Respondent generally controlled his risk factors well. He exercised regularly, managed his blood pressure with medication, and maintained a healthy weight.

In 2022, the day after running six miles, Respondent again experienced chest pain. Subsequent imaging of his heart showed restricted blood flow in the same area. His doctor deployed another stent. Respondent made a full recovery. He was cleared to return to work in January 2023.

Dr. Schmitz opined that Respondent's prognosis is "very good." Respondent is "exceptionally active" and takes his cardiovascular health seriously. Dr. Schmitz explained that continued disease of the same vessel is not uncommon. However, each time Respondent experienced signs of cardiovascular disease, increasing blood flow to the damaged vessel alleviated his symptoms. Though cardiovascular disease can always recur, there is nothing Dr. Schmitz observed in Respondent's medical records or his personal examination that indicates Respondent was incapacitated for the performance of his duties on January 19, 2023, the date of his IDR application.

Respondent testified that he started to observe signs of cardiovascular disease in the early 2000s. In 2010, his doctor recommended surgery to install the first stent to improve blood flow. Respondent took his health seriously and improved his condition. He began running for exercise. Respondent participated in a "Spartan" obstacle course race in early December 2022. The race involved carrying 60 pounds up and down hills, climbing ropes, and navigating multiple obstacles over approximately two to three miles.

Respondent considered himself to be in the "best shape of his life." Approximately one week after his Spartan race, Respondent ran six miles in the morning. Afterwards, he felt like he was "going to die." Respondent sought medical attention. He learned the same vessel again experienced reduced blood flow. His doctor successfully deployed an additional stent. Respondent recovered for a few weeks. He was cleared to return to work in January 2023.

When Respondent attempted to return to work, he felt overwhelmed by anxiety. The previous stress of his career combined with the recent health episode caused Respondent to worry when the "next event" would happen. Respondent agreed he is physically fit. However, after his 2022 procedure he felt he could no longer safely work in stressful environments with significant physical activity.

Respondent self-described suffering from post-traumatic stress disorder (PTSD) and anxiety for many years, but he did not seek formal psychological treatment. Respondent met with a therapist once in 2010 but did not return.

Respondent underwent three surgical procedures for carpal tunnel syndrome in 2010, 2017, and 2018. After each procedure and a period of recovery, he returned to full duty. He did not seek treatment for any wrist injury after 2018. Respondent also testified that he experiences shoulder and arm pain at times but has not received a diagnosis related to those issues.

After considering all the evidence introduced, as well as arguments by the parties, the ALJ denied Respondent's appeal. Respondent filed his IDR application based on claimed cardiovascular disease, injuries to his upper extremities, and PTSD. He bears the burden at hearing to support his IDR application.

The ALJ found that Respondent failed to submit evidence based upon competent medical opinion that, when he applied for IDR, he was incapacitated for performing the usual duties of a Correctional Officer for each of his three claimed medical conditions.

The ALJ found that Respondent's subjective belief is insufficient to prove that he suffers from PTSD or anxiety such that he is incapacitated for work as a Correctional Officer. Respondent did not provide any evidence of psychological diagnoses. Further, he testified that he did not seek treatment from a psychiatrist or psychologist for his PTSD.

Respondent also failed to prove that prior injuries of his bilateral upper extremities (carpal tunnel syndrome and arm and elbow pain) rendered him incapacitated at the time of his IDR application. Respondent underwent surgical procedures to repair wrist injuries three times, most recently in 2018. Each time, Respondent recovered and returned to work on full duty. He has no other diagnoses related to arm or elbow pain. The ALJ found that although Respondent credibly testified he felt the aggregate effects of arm or wrist injuries over time, he failed to prove they rendered him incapacitated when he filed his IDR application in 2023.

Finally, Respondent failed to prove that his cardiovascular issues rise to the level of incapacitation. Dr. Schmitz credibly opined that Respondent recovered from each of his stent surgeries and performed "exceptionally well." Though he required further treatment in 2018 and 2022, Respondent fully recovered, and even thrived, after each procedure. At the time of Dr. Schmitz's examination in June 2023, Respondent did not experience chest pains or present any other symptoms consistent with additional cardiovascular disease. By his own admission, Respondent is in excellent cardiovascular condition.

The ALJ determined that Respondent did not establish that he was incapacitated for the performance of his duties as a Correctional Officer at the time of his IDR application. Therefore, the ALJ concluded that Respondent is not eligible for IDR.

For all the above reasons, staff argues that the Proposed Decision should be adopted by the Board.

September 17, 2025

Austa Wakily
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