

ATTACHMENT A

THE PROPOSED DECISION

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

**In the Matter of the Appeal of Reinstatement From Industrial
Disability Retirement by:**

**JORDAN M. MENDOZA;
CALIFORNIA MEDICAL FACILITY, CALIFORNIA DEPARTMENT
OF CORRECTIONS AND REHABILITATION, Respondents.**

Agency Case No. 2024-0877

OAH No. 2025030276

PROPOSED DECISION

Administrative Law Judge Juliet E. Cox, State of California, Office of Administrative Hearings, heard this matter on September 25 and December 5, 2025, by videoconference.

Senior Attorney Austa Wakily appeared representing complainant Sharon Hobbs, Chief of the Disability and Survivor Benefit Services Division, California Public Employees' Retirement System.

Respondent Jordan M. Mendoza appeared representing himself.

Despite statutorily appropriate notice, no one appeared for the California Department of Corrections and Rehabilitation. The hearing proceeded in this respondent's absence, in accordance with Government Code section 11520.

The record closed and the matter was submitted for decision on December 5, 2025.

FACTUAL FINDINGS

1. Respondent Jordan M. Mendoza worked between June 2015 and early 2020 as a correctional officer for the California Department of Corrections and Rehabilitation (CDCR) at its California Medical Facility in Vacaville. Because of this employment, respondent was a member of the California Public Employees' Retirement System (CalPERS).

2. Respondent applied in August 2021 to retire for industrial disability, alleging that work-related injuries to several body parts had made him unable to perform his usual duties. After a medical evaluation, CalPERS approved this application, stating in its approval letter that respondent's "right shoulder, left wrist, right knee, and low back" injuries justified his retirement. Respondent retired for industrial disability effective April 18, 2022.

3. In May 2024, a CalPERS staff member notified respondent by letter that CalPERS intended to re-evaluate his ongoing eligibility for industrial disability retirement. After an additional medical evaluation, a CalPERS staff member notified respondent by letter dated September 16, 2024, that CalPERS staff members had determined that he no longer qualified for industrial disability retirement and that he should arrange to return to his employment with CDCR. Respondent timely appealed.

4. Acting in her official capacity as Chief of the CalPERS Disability and Survivor Benefits Division, complainant Sharon Hobbs signed an accusation against respondent on February 3, 2025. Complainant alleges that respondent no longer is unable to perform a correctional officer's usual and customary duties, and that for this reason his industrial disability retirement should end.

5. Respondent agrees that the condition of his left wrist has improved, and that it no longer interferes with his capacity to work as a correctional officer. He denies, however, that the conditions of his right knee, right shoulder, or low back would permit him to return to his former duties.

Employment Duties and History

6. At the California Medical Facility, respondent served as a correctional officer for mentally ill CDCR inmates. He escorted inmates to and from medical appointments and other out-of-cell activities, and supervised them during those activities. The position requires physical fitness, including the ability to lift and carry items, walk and run, and use tools and weapons. Although most of respondent's work-related activity was at low intensities (lifting and carrying items weighing 25 pounds or less; walking; and operating doors and windows), correctional officers at the medical facility occasionally need to act quickly and at sudden high physical intensity, such as to run to an emergency or to intercept and control a violent inmate.

7. In June 2017, respondent injured his right knee at work in a struggle to control a combative inmate. After arthroscopic surgery and rehabilitation, he returned to full duty.

8. Respondent injured his right shoulder at work in January 2020, when an inmate knocked him down. He underwent arthroscopic shoulder surgery in September

2020, and participated in post-surgical rehabilitation. His treatment providers never released him to return to full duty, however. Instead, in August 2021, treating physician Thomas Kelly, M.D., reported that respondent had reached maximum medical improvement without recovering his ability to return to duty.

9. The evidence does not establish when respondent experienced injuries to his low back or left wrist, or what treatment he had for either body part before retiring for industrial disability.

10. Respondent has returned to work, but in a less physically demanding environment than any CDCR facility.

Medical History

11. Few medical records preceding respondent's August 2021 application for industrial disability retirement are in evidence.

a. An operative report from December 2017 confirms that orthopedic surgeon Alexander Rose Disston, M.D., surgically repaired the lateral meniscus in respondent's right knee after the June 2017 injury. An imaging report from March 2018 states that although respondent continued to experience poor knee function, the surgical repairs to this knee had healed in a manner consistent with the surgical report.

b. An imaging report from March 2020 shows that after respondent's January 2020 right shoulder injury he had a significant, though not full-thickness, tear in his supraspinatus tendon. Orthopedic surgeon Chad MacLachlan, M.D., repaired this tear. Follow-up imaging in June 2021 confirmed the repair's success but showed ongoing "severe tendinosis" in the supraspinatus tendon.

c. In early August 2021, Dr. Kelly reported that respondent's range of motion in his right shoulder was 130 degrees in forward flexion (lifting the arm toward the front and overhead) and 90 degrees in abduction (lifting the arm to the side and overhead). Dr. Kelly reported further that respondent should not engage in "takedowns or defensive tactics," should not use a baton with his right arm (which is respondent's dominant arm), should not lift items weighing more than 25 pounds to shoulder level with the right arm, and should not lift items weighing more than 10 pounds overhead with the right arm. Dr. Kelly stated that respondent had reached a "plateau" in his recovery and was unlikely to experience significant further medical improvement.

12. Respondent recalls undergoing an independent medical evaluation after applying for industrial disability retirement, but the report from that evaluation is not in evidence.

13. Respondent has continued to receive relevant medical treatment since his retirement.

a. On a date that the evidence does not establish, respondent had bariatric surgery. He has lost significant weight since his retirement and believes that this change has reduced his knee and low back discomfort.

b. Respondent also has continued to receive treatment for his low back pain. He has undergone physical therapy, and sees a pain management physician regularly. His pain management physician has performed therapeutic injections, and also radiofrequency nerve ablation. Respondent's testimony about this treatment is credible, but no medical records describing it from his treatment providers' perspective are in evidence.

c. In February 2023, respondent had carpal tunnel release surgery on his left wrist. He considers this surgery to have been successful, because since the surgery he has near-normal use of his wrist and hand, and experiences only minor rather than debilitating pain.

d. In late 2023, respondent consulted orthopedic surgeon Craig Wiseman, M.D., because his right knee continued to be stiff and painful. Imaging showed further damage to respondent's right lateral meniscus. Dr. Wiseman performed an additional arthroscopic surgery on respondent's right knee in February 2024, and gave respondent a corticosteroid injection into that joint on a later date. Respondent testified credibly that he has complied with all post-surgical rehabilitation recommendations, but that he still experiences pain and stiffness in this knee, especially with sudden movements or with impact such as from running.

e. As recently as September 25, 2025, the physician coordinating respondent's ongoing treatment (Navjeet Bhoparai, M.D.) reported to the workers' compensation insurance adjuster overseeing respondent's care that respondent's activity restrictions had not changed. Specifically, Dr. Bhoparai reports that respondent should avoid "heavy pushing & pulling" and "takedowns or defensive tactics"; should not use "swinging weapons"; and should not run or jump. Respondent's current employment does not require these activities.

14. Respondent sees his pain management specialist and his knee specialist regularly. He has participated since 2021 in significant rehabilitative activity, but believes himself to be "at a standstill" with respect to his recovery. Day-to-day activities are within his capabilities; but respondent does not consider himself able to swing a baton, run, or physically restrain a combative adult, and does not believe that his ability to do any of these activities has improved meaningfully since August 2021.

Expert Opinion

15. On August 14, 2024, orthopedic surgeon David Chang, M.D., evaluated respondent's current condition and capacity to return to work as a correctional officer. He reviewed medical records about respondent (most of which are not in evidence), and examined respondent in person. Dr. Chang also testified at the hearing.

RIGHT SHOULDER

16. Between August 2021 and August 2024, respondent's range of motion in his right shoulder improved. Dr. Chang measured respondent's forward flexion range at 150 degrees, and his abduction range also at 150 degrees.

17. In Dr. Chang's professional experience, people who have shoulder injuries and surgeries similar to respondent's usually return to "full function" within about six months. Based on this experience, as well as on the improvement in respondent's range of motion, Dr. Chang concluded that respondent should be able, several years after his right shoulder surgery, to use his right shoulder and arm well enough to perform a correctional officer's duties.

18. Dr. Chang acknowledged, however, that his examination and record review did not offer an opportunity to observe or assess respondent's day-to-day performance under physical stress. In addition, although Dr. Chang's professional experience is that the majority of patients return to their previous abilities after similar shoulder surgery, he did not testify that full recovery is certain. Except to suggest that respondent might never have needed shoulder surgery, and that Dr. Kelly had been wrong to characterize respondent in August 2021 as having reached maximum medical improvement, Dr. Chang did not address respondent's recovery specifically and personally; and he identified no relevant changes in respondent's condition since

respondent's retirement aside from respondent's measured range of right shoulder motion. His opinion that respondent has recovered his ability to use his right arm and shoulder to a degree enabling a return to duty is not persuasive.

RIGHT KNEE

19. According to Dr. Chang, the right knee surgery respondent had in late 2017 usually leads to "full recovery" within three to four months. Even after respondent's second right knee surgery, Dr. Chang believes that the current condition of respondent's right knee is "amenable to conservative care with a flexibility and strengthening program and not cause for permanent impairment or substantial incapacity to perform usual duties."

20. As for respondent's right shoulder, Dr. Chang did not explain why he believes respondent's current right knee condition is significantly better than it was when respondent retired. He also did not explain why he believes that a "flexibility and strengthening program" could return respondent to duty today or in the near future, when (in light of the matters stated in Findings 11.a, 13.d, and 14) it did not before August 2021 and has not since then. Dr. Chang's opinion that respondent's right knee condition no longer prevents his performing the usual duties of a correctional officer is not persuasive.

LOW BACK

21. Dr. Chang described his examination of respondent's low back as "unremarkable." He opined that respondent's recurring pain and stiffness are musculoskeletal in origin, and that "there is no anatomical reason why additional conservative treatment cannot restore his full function, especially after his" notable weight loss.

22. According to respondent's testimony, however, he has undergone what Dr. Chang would characterize as "conservative treatment" for several years, with little improvement. Dr. Chang's report and testimony do not explain why or how respondent's condition has improved since his retirement in a manner that would allow respondent now to return to duty, or what new and different treatment would be appropriate. The opinion that respondent's low back condition no longer incapacitates him for duty as a correctional officer is not persuasive.

LEGAL CONCLUSIONS

1. Complainant has the burden in this matter of proving by a preponderance of the evidence that respondent is no longer incapacitated from performing the duties of a correctional officer. (Evid. Code, §§ 500, 115.)

2. The issue in this proceeding is not whether CalPERS correctly approved respondent's application for industrial disability retirement. Rather, because of the matters stated in Finding 2, the CalPERS Board of Administration must presume in evaluating complainant's allegations in this accusation that when respondent retired in April 2022, injuries to his right shoulder, right knee, left wrist, and low back (a) prevented him from performing his correctional officer's duties, and (b) would continue to do so permanently, or for a period of at least 12 consecutive months. (Gov. Code, § 20026 [defining "disability" and "incapacity"].) The CalPERS Board must presume further that "competent medical opinion" supported these conclusions. (*Id.*)

3. The matters stated in Findings 5 and 13.c establish that the condition of respondent's left wrist no longer prevents him from performing a correctional officer's duties.

4. The matters stated in Findings 15 through 22 do not establish, however, that the condition of respondent's right shoulder, right knee, or low back has changed since his retirement, such that respondent can return to duty.

ORDER

The appeal by respondent Jordan M. Mendoza from the staff determination that CalPERS should reinstate him from disability retirement is granted. The accusation in this matter is dismissed.

DATE: 12/16/2025



JULIET E. COX

Administrative Law Judge

Office of Administrative Hearings