[ ] Prev Gp

04/22/20

MURRIETA 2015

29990 HUNTER RD, SUITE 101
MURRIETA, CA 92563

ARROWHEAD EVALUATION SERVICES, INC.
1680 Plum Lane
Redlands, California 92374
(909) 335-2323

Patient No: 269540

DATE 05/12/20 TIME 11:00:00

APPLICANT: DANIEL KITT B/D 01/15/89 SS# *****6424 PHONE: 909-973-4367*

MAILING ADDRESS: 24140 SAVORY WAY, LAKE ELSINORE, CA 92532 ALT PHONE: N/A

TYPE OF INJURY: LOW BACK, KNEE EMAIL: N/A

DOCTOR: PAUL MILLING, M.D. TYPE OF EXAM: PQME RE-EVAL Panel QME #7274230

SCHEDULING AGENCY: SCIF PHONE: 707-586-5032

CALLER: JENNIFER SIEVERS FAX: 707-646-0263

APP. ATTY. FIRM: LAW OFFICES OF CHRISLIP & HERVATIN

APP ATTY: LISA HERVATIN,ESQ. APP. ATTY PHONE: 714-547-0197

A.A. ADDRESS: 1505 NORTH BROADWAY, SANTA ANA CA 92706 A.A. FAX: 714-547-6374

A.A. EMAIL ADDRESS: TATIANA@CHRISLIPHERVATIN.COM

DEF. ATTY. FIRM: SCIF - IN HOUSE

DEF. ATTY: DEF. ATTY. PHONE:

DEF. ATTY. ADDRESS: DEF. FAX:

DEF. ATTY EMAIL ADDRESS:

INTERPRETER [ ] INTERPRETER NAME N/A

SCHED. AGENCY WILL SET INTERPRETER [ ] AGENCY N/A PHONE: N/A

INS. CARRIER: SCIF

INS. ADDRESS: P.O. BOX 3171 SUISUN CITY CA 94585

CLAIM REP: JENNIFER SIEVERS PHONE: 707-586-5032 FAX:

CLAIM REP. EMAIL ADDRESS: JESIEVERS@SCIF.COM

DATE OF INJURY 01/29/19 **CT** - ADJ. NO. 11960190 CLAIM NO. 06423992

EMPLOYER: CAL FIRE

EMPLOYER ADDRESS P.O. BOX 944246, SACRAMENTO, CA 94244

PATIENT CONFIRM DATE 12/16/19 HIST/PX/SENT 12/16/19VS QME 110 MAILED 11/22/19

COVER LETTER 9/9/19INS9/13/19JOINT12/20/19I MED RECS REC'D: [0.5"] [09/09/19]"[1/3/20)1"4] [09/10/19]

X-RAYS: REFERRAL TAKEN BY: bjimenez 08/15/19]

REVIEW of MEDICAL RECORDS
KITT, Daniel
DOB: 01/15/89

The applicant was seen for numerous non-industrially related medical reasons, including conjunctivitis, otitis media, assessor nipple tissue, viral URI, throat pain, diverticulitis, constipation, renal cysts, genetic counseling for possible polycystic kidney disease, vision exams, ventricular premature beats, headaches, urethritis, sinusitis, pharyngitis, acne, hypoglycemia and URI.

10/09/06 – Progress Notes by Amy Porter, MD at Kaiser Permanente. DX: 1. Rule out renal cyst. 2. Back pain, seems muscular at this days exam. Motrin prescribed.

01/24/07 - Work Status Rpt by Illegible Signature at Kaiser Permanente. Off work.

02/14/07 - Work Status Rpt by Illegible Signature at Kaiser Permanente. Regular work from 02/15/07.

08/03/07 – ED Provider Notes by Juli Fung, MD at Kaiser Permanente. The applicant presented with R rib pain since last night. No known injury, but he went on a hike yesterday and carried a heavy rock for some time. Pain now radiated up to neck. DX: Chest wall pain, likely strain. Tylenol/Motrin recommended. Advised to rest. No lifting or exertion.

09/25/07 – X-rays of the T-Spine Interpreted by Marwan Saab, MD at Kaiser Permanente. DX: No significant abnormality.

09/25/07 – X-rays of the C-Spine Interpreted by Marwan Saab, MD. DX: No significant abnormality.

09/04/09 – ED Provider Notes by Craig Huber, MD at Kaiser Permanente. The applicant complained of L testicular pain, onset 1-2 days prior to this exam and tonight was suddenly worse. Pain now radiated down the L leg to the L lower back. DX: Groin pain. Ibuprofen prescribed. Activity as tolerated.

09/05/09 – Testicular Ultrasound Interpreted by Jamie Fiori, MD at Kaiser Permanente. DX: Bilat hydrocele. R varicoceles. Increase testicular vascular flow, bilat.

11/07/09 – ED Provider Notes by Thomas Tsou, MD at Kaiser Permanente. The applicant had L testicle pain and L lower quadrant pain since 9 pm the night prior to this exam and had similar pain 2 months prior to this exam. DX: 1. Varicocele. 2. Hydrocele. Ultrasound of scrotum ordered. Labs ordered. Injection of ketorolac administered.

11/07/09 – Ultrasound of Scrotum Interpreted by Christian Yi, MD at Kaiser Permanente. DX: Normal.

12/16/09 – Progress Notes by Young Kim, MD at Kaiser Permanente. L testicular pain noted. He works as a paramedic and lifts patients often and does not recall if he strained himself. DX: 1. L testicular pain, now resolved, possibly pulled muscle or strain, continue with observation, KUB to rule out stones. 2. Renal cysts, follow up ultrasound.

12/16/09 – Ultrasound of Kidney Interpreted by Phuc Nguyen, MD at Kaiser Permanente. DX: Normal.

04/24/12 – ED Provider Notes by Kristen Cannizzo, MD at Kaiser Permanente. Complained of L flank pain. Pain radiated to the L testicle when severe. DX: Flank pain. Ibuprofen and Vicodin prescribed. Modified duty.

04/24/12 – Ultrasound of Scrotum Interpreted by Robert Arthur, MD at Kaiser Permanente. DX: Testicular ultrasound within normal limits.

04/25/12 – CT of Kidneys Interpreted by Robert Arthur, MD. DX: L renal cyst. No significant abnormalities are seen.

12/12/13 – Initial Ortho Eval by Jae Chon, MD at Cedars Sinai Kerlan-Jobe Institute. DOI: 07/25/13. The applicant was doing CrossFit workout at work with a Teddle Belt and felt a pop. Since then, he had lower back pain that radiated down the L leg. Sitting aggravates the symptoms. DX: Loss of disc height at L5-S1 with a new onset of L sciatica. Begin PT. Voltaren prescribed. Full duty.

Undated – X-rays of the L-Spine Interpreted by Jae Chon, MD at Cedars-Sinai Kerlan-Jobe Institute. DX: Retrolisthesis of L5 on S1, loss of disc height at the L5-S1 and foraminal stenosis at the L5-S1. On flexion and extension x-ray, the patient has mild instability at the L5-S1.

03/06/14 – Progress Notes by Jae Chon, MD. Ongoing lower back pain that radiated down the leg with stiffness and numbness. 80% reduction of pain. Continue PT. Full duty.

03/06/14, 05/30/14– PT Treatment Notes from Team PT. DX: L-Spine discogenic strain.

04/24/14 – Re-Eval by Jae Chon, MD. The applicant was not improving. Consider chiro and acupuncture. Additional PT recommended. Full duty.

06/12/14 – Re-Eval by Jae Chon, MD. Ongoing lower back pain that radiated down the L leg. Increasing numbness down to the L big toe. The applicant had pretty significant disc herniation. ESI at left L5-S1 recommended. Full duty.

07/24/14 – Re-Eval by Jae Chon, MD. The applicant continued to have ongoing pain. Authorization received for ESI. Full duty.

07/26/14 – Op Report by Jae Chon, MD at Cedars-Sinai Kerlan-Jobe Institute. Pre-Op and Post-Op DX: L sciatica. Operation Performed: 1. Transforaminal ESI, left L5-S1. 2. Needle localization using fluoroscopy. 3. Epidurogram.

07/26/14 – X-rays of the Lumbosacral Spine Interpreted by John Braunstein, MD at Marina Del Rey Hospital. DX: C-arm fluoroscopy provided.

07/26/14 - C-Arm Fluoroscopy of L/S, interpreted by John Braunstein, MD at Marina Del Rey Hospital. Findings: C-arm fluoroscopy is provided. Fluoroscopy time is 4 seconds. Impression: C-arm fluoroscopy is provided.

08/06/14 - Progress Rpt by Sunil A. Roy, MD at Kaiser Permanente. Pt presents with R upper quadrant abdominal pain x3 days. He is taking Voltaren and Norco for work-related back pains. PE: Tenderness in the B/L lower quadrants and RLQ. Dx: 1) Abdominal pain. 2) Lumbar disc herniation. Plan: Referred to GI. Encouraged to call or e-mail as needed.

10/16/14 – Re-Eval by Jae Chon, MD. The applicant continued to do well. Underwent ESI 3 months prior to this exam and leg pain was now gone and he just had pain in the back. He still felt popping and cracking. Full duty.

12/17/14 – Re-Eval by Jae Chon, MD. The applicant had some L leg pain that was returning. DX: Recurrent L sciatica. Second ESI at left L5-S1 recommended. Full duty.

07/17/15 – PR-2 Report by Vic Osborne, MD. Pain noted in the L knee. DX: L knee medial meniscal tear. L knee scope recommended. Modified duty.

07/17/15 – Doctor's First Report by Vic Osborne, MD. DOI: 06/04/15. The applicant was walking downhill on freeway when he felt a pop in the L knee. DX: L knee medial meniscus tear. Surgery was ordered. Modified duty.

07/23/15 – Re-Eval by Jae Chon, MD. The applicant continued to have ongoing pain on the L side. Pain no longer went down the legs. ESI scheduled. Full duty.

08/11/15 – History & Physical by Vic Osborne, MD at San Gabriel Valley Surgical Center. The applicant was walking down hill when he felt a pop in his L knee on 06/04/15 and he had persisting pain in the medial aspect since then. Knee occasionally locked on him. Treated with meds and underwent MRI, which revealed positive findings. DX: L knee medial meniscal tear. L knee arthroscopy with probable partial medial meniscectomy recommended.

08/11/15 – Op Report by Vic Osborne, MD at San Gabriel Valley Surgical Center. Pre-Op DX: L knee medial meniscal tear. Post-Op DX: Intact medial meniscus, L knee with probable synovial plica syndrome. Operation Performed: Excision of anteromedial synovial plica, L knee.

08/19/15 – PR-2 Report by Vic Osborne, MD. Discontinue stitches. DX: 1. Status post excision of anteromedial synovial plica, L knee. Begin PT. Modified duty.

09/16/15 – PR-2 Report by Vic Osborne, MD. The applicant was doing “pretty good”. DX: status post L knee plica excision. Continue PT and HEP. Modified duty.

10/07/15 – PR-2 Report by Vic Osborne, MD. No L knee symptoms. DX: Status post L knee plica excision. Resume full activities.

10/29/15 – Re-Eval by Jae Chon, MD. The applicant just had knee surgery. Back was doing okay. Continue full duty.

12/18/15 – P&S Report by Vic Osborne, MD at Orthopaedic Medical Group. DOI: 06/05/15. The applicant was walking down hill on a freeway in the course of his work and felt a pop in the L knee followed by persistent medial pain and occasional locking of the knee. He underwent MRI, which revealed positive findings and underwent L knee arthroscopy on 08/11/15. He received post-op PT and made satisfactory progress and returned to full duty. DX: Status post L knee arthroscopy with plica excision. Causation of injury was work-related injury. There was no indication for apportionment. Future medical care was not recommended, but he may required future PT, bracing, injections, meds and further arthroscopy. Released to full duty.

07/27/16 – Progress Notes by Julius Ruidera,MD at Kaiser Permanente. The applicant complained of lower back pain for 3 years due to work injury, but the WC case was settled last year and he was advised by his attorney to follow-up with PMD for medication refills. Occasionally, pain radiated down the L leg. He requested Voltaren and Norco. DX: 1. Chronic lower back pain. 2. L-Spine disc herniation. Mobic and Norco refilled.

12/13/16 – Progress Notes by Julius Ruidera, MD at Kaiser Permanente. The applicant complained of chronic lower back pain and epigastric pain. DX: 1. Epigastric abdominal pain. 2. Chronic lower back pain. Prilosec and Mobic prescribed. Flu shot administered.

09/19/17 – Follow-Up by Jae Chon, MD. The applicant reported worsening pain in the back over the past 2 months. Pain radiated to the L buttock. There were several days that he could not get out of bed. DX: L-sided sciatica. Acupuncture 2 x 6 recommended. Full duty.

06/04/18 – Progress Notes by Kevin Chang, MD at Kaiser Permanente. The applicant has been a firefighter since last seen and working hard. While fighting a vehicle fire on 05/10/18, he had palpitations and chest tightness. He admitted to having worked for 15 days in a row before the event. DX: 1. Palpitations with PVC and non-specific ST change, likely related to prolonged work hours. 2. History of Holter showed PVCs and 3 beats of PVCs with normal LV EF. ETT study ordered.

06/06/18 – Doctor's First Report by Hannah Kim,MD at Kaiser Permanente. The applicant has worked 15 days straight with 4-5 cups of coffee leading up to injury date (05/10/18) where he was fighting with respirator on and he felt palpitations and was seen at Kaiser Permanente ER and saw cardiologist. DX: Premature ventricular beats. Follow-up with cardiology and undergo ETT. Modified duty.

06/21/18 – Treadmill Exercise Test by Sheila Uriarte, RN at Kaiser Permanente. DX: Normal exercise stress test without significant ECG changes noted or chest symptoms reported at high workload. Excellent exercise capacity noted for age.

07/05/18 – PR-2 Report by Hannah Kim, MD at Kaiser Permanente. DOI: 05/10/18. The applicant has had no more episodes of heart palpitations, no chest pain and was motivated to return to full duty. DX: Premature ventricular beats. He wished to be discharged. He has switched to decaf and was drinking less soda, which was helpful. Work status not indicated.

02/03/19 – Doctor's First Report by Heather Palmer, PA at Eisenhower Medical Center. DOI: 01/29/19. The applicant had lower back pain that began when transferring a patient and pulling a gurney out of ambulance. He felt a pop and pain in the lower back, but continued working. Past history of same with herniation at L5-S1 over 3 years prior to this exam with WC injury. He continued to have pain since Tuesday, when he was off work, and returned to work today and had pain in the neck with numbness/tingling down legs. DX: 1. Lower back pain, unspecified back pain laterality, unspecified chronicity, with sciatica presence unspecified. 2. L-Spine herniated disc. Follow-up with PMD in 1-2 days. Toradol injection administered.

02/03/19 – MRI of the L-Spine Interpreted by Dwight Lee at Eisenhower Health. DX: DDD at the L5-S1 level with diffuse disc bulge approximating the origin of the L S1 nerve root and mild to moderate stenosis of the R L5-S1 neural foramen.

02/11/19 – Doctor's First Report by Gerald Ivan West, MD at Kaiser Permanente. DOI: 01/29/19. The applicant stated that his ADL's have been significantly impacted as a result of the injury. He was mostly concerned about the continued numbness in the L leg from the calf to the 4th and 5th toes. DX: 1. L-Spine muscle strain, initial. 2. L-Spine disc herniation. Referred to PT. Tiger balm and Motrin prescribed. Advised to apply ice several times a day. Modified duty.

02/19/19 to 04/26/19 – PT Treatment Notes by Linda Evans, PT at Kaiser Permanente. 7 sessions noted. DX: Lower back pain.

02/25/19 – PR-2 Report by Gerald West, MD. Continued numbness in the L leg. DX: 1. L-Spine disc herniation. 2. L-Spine muscle strain, subsequent. Advised to apply heat. OTC meds recommended. Modified duty.

03/21/19 – PR-2 Report by Gerald West, MD. Attending PT. Numbness/tingling has been improved. He was performing some light housework over the weekend and the muscle spasms became severe. DX: L-Spine disc herniation. 6 additional PT sessions recommended. Advised to apply heat to areas. Modified duty.

04/12/19 – PR-2 Report by Gerald West, MD. Completed first PT session and the frequency and intensity of myospasms have declined. DX: L-Spine disc herniation. Continue PT. Chiro manipulation recommended. Advised to apply heat to affected area. Modified duty.

05/03/19 – PR-2 Report by Gerald West, MD. Frequency and intensity of myospasms have declined. DX: L-Spine disc herniation. Continue PT. Full duty.

07/11/19 – PR-2 Report by Gerald West, MD. Completed PT. He reported a setback at work and pain in the lower back, which has been increasing. He never followed up with chiro. DX: 1.

L-Spine disc herniation. 2. L-Spine muscle strain, subsequent. Advised to attempt sessions with chiro. Robaxin and Norco prescribed. Full duty.

NOTE: Remainder of the medical record includes duplicates of those previously reviewed, cover sheet, shipping list, authorization, declaration of service, authorization for the use and disclosure of all medical information, state compensation insurance fund, declaration of custodian of records, certificate of professional photocopier, patient information, meaningful use patient registration form, notice of privacy practices acknowledgement, information regarding WC HIPAA exclusion, certification of records, WC appointment authorization, PT prescription, subpoena duces tecum, declaration for subpoena duces tecum, declaration of service, declaration of injuries on or after 01/01/90 and before 01/01/94, chart completion checklist, surgery scheduling information, notice of authorization, SGVS surgical-wrong site prevention checklist, authorization for and consent to surgery or diagnostic or therapeutic procedure and/or administration of anesthesia, types of anesthesia and definitions, patient consent for anesthesia, patient-facility arbitration agreement, patient acknowledgment form, patient's communication preferences regarding their PHI, preoperative orders, medication reconciliation, VTE risk assessment, anesthetic evaluation and record, physician discharge order, patient home care instructions, postop phone call, prescription, authorization for use or disclosure of patient health information, probably bacterial conjunctivitis, acute otitis media, assessory nipple tissue, viral URI, patient with feared complaint, throat pain, exposure to streptococcal pharyngitis, diverticulitis, abdominal pain, renal mass, cystic disease of kidney, pharyngitis, ventricular premature beats, polycystic kidney, astigmatism, myopia, eyes and vision examination in pt with contact lenses, complete or partial physical examination, abnormal finding on cardiovascular function, tension HA, sinusitis, guide to documentation within the medical record, ancillary orders, ED patient instructions, acne, screening, hypoglycemia, conjunctivitis, persistent mydriasis, dizziness, urinary frequency, prophylactic vaccine for influenza, constipation, otitis externa, allergic rhinitis, epistaxis, myopia, astigmatism, urethritis, prophylactic vaccine for influenza, smoking cessation counseling, prophylactic vaccine with pneumococcal polysaccharide 23 Valent, folliculitis, otalgia, gastroenteritis, routine adult health checkup exam, palpitations, epigastric abdominal pain, gastritis, vaccination for DTaP, mouth mucocele, lower lip mucocele; consent to operation, administration of anesthetics, and the rendering of other medical services, treadmill exercise stress test, consent for cardiac stress test, US of kidney, CT of abdomen, 2-D M-Mode echocardiogram, CT of abdomen and pelvis, ECG, x-ray of chest, US of scrotum, and laboratory studies.

PM/ml/dt/lt

09/26/19

269540
05/12/20
INSCL

ARROWHEAD EVALUATION
APR 21 2020
RECEIVED

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April 16, 2020

Paul Milling M.D.
1680 Plum Ln
Redlands CA 92374-4532

Claim Number: 06423992
Employee: Daniel D. Kitt
Date of Injury: 01/29/2019

Dear Paul Milling M.D.,

Thank you for agreeing to examine Daniel D. Kitt on May 12, 2020 at 11:00 A.M. as the Qualified Medical Evaluator.

You are being asked to examine Daniel D. Kitt because there exists a dispute with the findings of the primary treating physician's determination, regarding the following:

BACKGROUND:

Daniel D. Kitt sustained an injury to his lower back area on January 29, 2019 while employed by Department Of Forestry Workers' Compensation Unit as a fire apparatus engineer (paramedic) hired on June 29, 2016. You last evaluated Mr. Kitt on 01/07/20 and determined that Mr. Kitt was not yet permanent and stationary. You requested that he complete an EMG and you also requested to review additional records. Enclosed please find the EMG report dated 03/23/20. Records from Mobile Copy Service will be sent under separate cover.

MEDICAL RECORDS:

Medical record(s) enclosed for your review..

Please list all medical and non-medical records that you review in preparing your report pursuant to Section 10606(b)(4) of the California Code of Regulations (CCR). Please dispose of the records in a manner that ensures medical confidentiality or return them to State Fund for disposal.

PLEASE ADDRESS THE FOLLOWING IN YOUR REPORT:

1. A detailed medical and employment history, including any outside activities.
2. What is the diagnosis? Please describe the medical basis for your opinion.
3. Are your medical findings consistent with the mechanism of injury alleged by Daniel D. Kitt?
4. What future medical treatment is reasonably necessary to cure or relieve the effects of the injury? In accordance with Labor Code §4604.5, the Medical Treatment Utilization Schedule is to be utilized and shall be presumptively correct on the issue of extent and scope of medical treatment. Please use the Medical Treatment Utilization Schedule or other evidence-based criteria to substantiate your medical opinion and to describe the scope, frequency, and duration of such treatment.

SCANNED

3pg's

Mailing Address: PO Box 65005, Fresno CA 93650

5. Pursuant to recent changes to Labor Code Section 4663, apportionment of permanent disability shall be based on causation. Any physician preparing reports on the issue of permanent disability must address the issue of causation. The physician must make an apportionment determination by finding what approximate percentage of the permanent disability was caused as a direct result of the work-related injury, and what portion was caused by other factors, including prior industrial injuries or other non-industrial factors.

   Pursuant to recent changes to Labor Code Section 4664, if an injured worker has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury. Based on the foregoing, please indicate what the approximate percentage of the applicant's current disability is due to the industrial injuries alleged in this case and which percentage is due to a) any previous industrial injuries; b) any subsequent industrial injuries; c) and any non-industrial injuries including asymptomatic prior conditions, retroactive prophylactic work preclusions, illnesses or pathology.

   If the percentage of disability set forth in the prior Award or Compromise and Release was determined pursuant to a pre-2005 rating schedule, please review all settlement papers and medical reports and provide an opinion as to the appropriate rating for the percentage of disability pursuant to the 2013 rating schedule that is attributable to the prior award.If the injured worker has received a prior Award or Compromise and Release, please review the medical reports regarding the prior injury or illness and indicate percentage of disability, if any, that reasonably medically caused by the prior injury.If reasonably medically indicated, please include the percentage of disability that is attributable to heredity or genetic factors and not the industrial injury. Please determine the medically probably percentage of each causal factor of permanent disability including industrial, non-industrial, and prior injuries and advise what percentage of permanent disability is directly caused by the current industrial injury.

   Please provide a basis for any apportionment you give in your report. To be substantial evidence on the issue of apportionment, "a medical report must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and must set forth reasoning in support of its conclusions." [WCAB En Banc Decision Escobedo v. Marshalls]

   Although this case may apply a presumption statute, we still require your opinion as to all causative factors.

6. Has Daniel D. Kitt's disability reached maximum medical improvement (MMI) and considered permanent and stationary? If yes, please note as of what date and list all factors of permanent residuals and or if requires future medical care. If not yet considered at maximum medical improvement, please provide an estimate of when his MMI status can be expected.

7. For permanent disability evaluations performed pursuant to the 2005 Permanent Disability Rating Schedule, your report concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition. Your narrative permanent impairment evaluation report must include the following:

   - Narrative history
   - Current clinical status
   - Diagnostic study results
   - Medical basis for determining Maximum Medical Improvement
   - Diagnoses, impairments
   - Impairment rating criteria, prognosis, residual function, and limitations

   When listing your medical findings, please use the applicable reporting forms found in the AMA Guides to the Evaluation of Permanent Impairment, Fifth edition:

   - Cervical range of motion - page 422
   - Thoracic range of motion- page 416

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- Lumbar range of motion - page 410
- Upper extremity - page 436
- Lower extremity - page 561

Once State Fund has obtained copies of all medical history records, they will be sent to you for completion of your report.

You have the authority to conduct diagnostic tests that are necessary to complete your evaluation.

Please submit your bill and the original of your report to State Compensation Insurance Fund, PO Box 3171 Suisun City CA 94585-6171. Also, send a copy of the report to the applicant's attorney, Lisa Hervatin, at the address listed below.

Per Labor Code 139.2(j)(1), you are required to submit your report within 30 days of the exam date.

Your bill will be paid in accordance with the Medical/Legal Fee Schedule set forth in Section 9795 of the Division of Workers' Compensation Administrative Director Rules.

California Senate Bill 863 established California Labor Code §139.32, effective January 1, 2013, which requires interested parties to disclose financial interests in other entities in the administration of workers' compensation claims. State Fund utilizes medical cost containment conventions for services provided by outside vendors as permitted by law including, but not limited to, utilization review, interpretation, transportation, bill review, photocopy, and pharmacological services. State Fund is not in violation of Labor Code §139.32 in the payment or provision of any of these services.

Except as otherwise permitted by law, Labor Code §139.32 prohibits any interested party other than a claims administrator or a network service provider from referring a person for services relating to workers' compensation provided by another entity, if the interested party has a financial interest in the other entity.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE AND BILLING.

Sincerely

Jennifer E. Sievers

Jennifer E. Sievers
Senior Claims Representative
(707) 586-5032
Fax: (707) 646-0263

Lisa Hervatin
1505 North Broadway Santa Ana CA 92706-0000

Enc: List of Medical Reports

cc: Lisa Hervatin, 1505 North Broadway, Santa Ana, CA 92706-0000

2 5175109 000000001 003 010 06423992

Claim Number: 06423992
Employee: Daniel D. Kitt
Date of Injury: 01/29/2019

ATTENTION: MEDICAL PROVIDERS
COPIES - Please dispose the records in a manner that ensures medical confidentiality or return them to State Fund for disposal.

ATTENTION : STATE FUND
If records are returned, do not reimage.

Name	Date
Ronald Kent, M.D.	03/23/2020

2 5175109 000000001 004 010 06423992

RONALD N. KENT, M.D., PH.D.
NEUROLOGY
11481 HEACOCK STREET, SUITE 120
MORENO VALLEY, CA 92557
(951) 247-5703 • FAX (951) 247-0175
rkentmdphd@gmail.com

Additional offices: Corona, Covina, Murrieta, Ontario, and San Bernardino

2 5175109 000000001 005 010 06423992

March 23, 2020

Paul Milling, M.D.
Fax: 760-738-0287

PATIENT: KITT, Daniel (DOB 1/15/89)
D/I: January 29, 2019
D/E: March 23, 2020

Dear Dr. Milling:

I am pleased to receive your referral of Mr. Daniel Kitt for neurophysiologic evaluation. Mr. Kitt presents as a 31-year-old, right-handed male, who stands 6' 1" tall and weighs 230 pounds.

Mr. Kitt arrives with a referring diagnosis of lumbosacral radiculopathy. I examined Mr. Kitt in my office at 29990 Hunter Road, #101, Murrieta, CA on 3/23/20, performing electromyographic and nerve conduction testing to rule out lumbosacral radiculopathy, lumbar plexopathy, and peripheral nerve entrapment. The following is the report of the neurophysiologic testing performed.

HISTORY OF INJURY:

Mr. Kitt has been employed as an engineer paramedic for Cal Fire for 3-1/2 years. He states he was lifting a person weighing 400 pounds onto a gurney, when he felt a pop involving the low back and mild pain involving the left hip. He did not think much about it until he began experiencing pain involving the low back.

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CHIEF COMPLAINT:

Currently, Mr. Kitt is symptomatic with pain involving the low back (right greater than left), and occasionally down the left calf to the entire left foot. He reports numbness and tingling from the entire left foot to all five toes and occasionally some tingling involving he left buttock and calf. He has difficulty with prolonged standing. He describes stiffness and popping involving the low back. These symptoms are frequent involving the low back and occasional involving the left leg, increased with activity, at night, and in cold weather.

PAST MEDICAL HISTORY:

The past medical history is significant for a left knee meniscus repair in 2015. He may have hepatitis, however, he has not been diagnosed.

The patient is allergic to morphine.

Mr. Kitt denies a bleeding disorder, anticoagulant medication, or exposure to HIV.

FAMILY HISTORY:

The patient's family history is noncontributory.

REVIEW OF SYSTEMS:

Neurological and musculoskeletal review of systems is significant for numbness and tingling.

Review of systems is negative for headaches, dizziness, imbalance, diminished hearing, difficulty with memory/concentration, fainting, seizures, and incontinence.

NEUROLOGIC EXAMINATION:

MENTAL STATUS: Mental status is intact to memory, fluency, computation, interaction, and affect. The patient is oriented to time and place, and is able to comprehend questioning.

Kitt, Daniel
DOB (4/21) 5/12

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CRANIAL NERVES:

III, IV, VI:	Pupils are equal and round, responding to light and accommodation with full extraocular movements, without nystagmus.
V:	Masseters are intact bilaterally, as is facial sensation.
VII:	Face is symmetric, with normal tone.
VIII:	Hearing is intact to voice and fingers rubbing.
IX, X:	Palate elevates bilaterally.
XI:	Sternocleidomastoid and trapezius musculature are of normal strength and bulk.
XII:	The tongue is midline, without atrophy or fasciculations.
MOTOR:	Strength is 5/5 throughout the bilateral lower extremities. The extremities are well-developed with normal tone and bulk.
COORDINATION:	Coordination is intact to heel-knee-shin maneuver.
GAIT:	Casual gait is intact.
SENSORY:	Sharp sensation is intact throughout the legs and feet.
REFLEXES:	Deep tendon reflexes are 1+ and symmetric at the knees and trace and symmetric at the ankles. Toes are downgoing bilaterally.

NERVE CONDUCTION STUDIES:

* = Abnormal result.
** = Dispersed.
NR = No recordable response.

2 5175109 000000001 008 010 06423992

SURAL NERVE:	Right	Left	Normal
Sensory distal latency	3.9	3.6	< 4.5 msec
Amplitude	15	17	> 4 μV

SUPERFICIAL PERONEAL CUTANEOUS NERVE:	Right	Left	Normal
Sensory distal latency 14 cm	4.1	4.3	< 4.5 msec
Amplitude	8.0	9.0	> 4 μV

PERONEAL NERVE	Right	Left	Normal
Motor distal latency	5.2	5.8	< 6.0 msec
Amplitude	8.6	8.6	> 2.2 mV
Motor nerve conduction velocity: foreleg	48	43	> 40 m/sec
Distal F-wave latency	45.3	47	< 58.0 msec

TIBIAL NERVE:	Right	Left	Normal
Motor distal latency	4.5	5.1	< 7.0 msec
Amplitude	12.2	14.5	> 5.0 mV
Motor nerve conduction Velocity: foreleg	46	42	> 40 m/sec
Distal F-wave latency	49.7	47.7	< 58.0 msec
H-reflex latency	32.8	33	< 35.0 msec

ELECTROMYOGRAPHY (MONOPOLAR NEEDLE EXAMINATION)

Right Lower Extremity	Fibs.	Motor Unit Potentials/Other
Medial gastrocnemius	0	Normal
Lateral gastrocnemius	0	Normal
Peroneus longus	0	Normal
Long head of biceps femoris	0	Normal
Lumbar paraspinous	0	Normal

2 5175109 000000001 009 010 06423992

Right Lower Extremity	Fibs.	Motor Unit Potentials/Other
Tibialis anterior	0	Normal
Vastus medialis	0	Normal
Vastus lateralis	0	Normal
Rectus femoris	0	Normal

Left Lower Extremity	Fibs.	Motor Unit Potentials/Other
Medial gastrocnemius	0	Normal
Lateral gastrocnemius	0	Normal
Peroneus longus	0	Normal
Long head of biceps femoris	0	Normal
Lumbar paraspinous	0	Normal
Tibialis anterior	0	Normal
Vastus medialis	0	Normal
Vastus lateralis	0	Normal
Rectus femoris	0	Normal

IMPRESSION:

1. **No evidence of lumbosacral radiculopathy, plexopathy, or peripheral entrapment neuropathy.**

   Electromyographic needle examination for the lower extremities and related lumbosacral paraspinous musculature is normal, with no evidence of denervative or reinnervative change.

   Sensory and motor nerve conduction testing for the lower extremities is symmetric and well within normal limits.

Thank you very much for referring Mr. Kitt for electrodiagnostic evaluation. If I can answer any questions, please do not hesitate to contact me.

Cordially,

Ronald N. Kent, M.D., Ph.D.

RNK:mcb

cc: One Call Care Diagnostics

2 5175109 000000001 010 010 06423992

[ ] Prev Gp

04/21/20

MURRIETA 2015

29990 HUNTER RD, SUITE 101
MURRIETA, CA 92563

ARROWHEAD EVALUATION SERVICES, INC.
1680 Plum Lane
Redlands, California 92374
(909) 335-2323

Patient No: 269540

DATE 05/12/20 TIME 11:00:00

APPLICANT: DANIEL KITT B/D 01/15/89 SS# *****6424 PHONE: 909-973-4367*

MAILING ADDRESS: 24140 SAVORY WAY, LAKE ELSINORE, CA 92532 ALT PHONE: N/A

TYPE OF INJURY: LOW BACK, KNEE EMAIL: N/A

DOCTOR: PAUL MILLING, M.D. TYPE OF EXAM: PQME RE-EVAL Panel QME #7274230

SCHEDULING AGENCY: SCIF PHONE: 707-586-5032

CALLER: JENNIFER SIEVERS FAX: 707-646-0263

APP. ATTY. FIRM: LAW OFFICES OF CHRISLIP & HERVATIN

APP ATTY: LISA HERVATIN,ESQ. APP. ATTY PHONE: 714-547-0197

A.A. ADDRESS: 1505 NORTH BROADWAY, SANTA ANA CA 92706 A.A. FAX: 714-547-6374

A.A. EMAIL ADDRESS: TATIANA@CHRISLIPHERVATIN.COM

DEF. ATTY. FIRM: SCIF - IN HOUSE

DEF. ATTY: DEF. ATTY. PHONE:

DEF. ATTY. ADDRESS: DEF. FAX:

DEF. ATTY EMAIL ADDRESS:

INTERPRETER [ ] INTERPRETER NAME N/A

SCHED. AGENCY WILL SET INTERPRETER [ ] AGENCY N/A PHONE: N/A

INS. CARRIER: SCIF

INS. ADDRESS: P.O. BOX 3171 SUISUN CITY CA 94585

CLAIM REP: JENNIFER SIEVERS PHONE: 707-586-5032 FAX:

CLAIM REP. EMAIL ADDRESS: JESIEVERS@SCIF.COM

DATE OF INJURY 01/29/19 **CT** - ADJ. NO. 11960190 CLAIM NO. 06423992

EMPLOYER: CAL FIRE

EMPLOYER ADDRESS P.O. BOX 944246, SACRAMENTO, CA 94244

PATIENT CONFIRM DATE 12/16/19 HIST/PX/SENT 12/16/19VS QME 110 MAILED 11/22/19

COVER LETTER 9/9/19INS9/13/19JOINT12/20/19 MED RECS REC'D: [0.5"] [09/09/19] [4.75"01/03] [09/10/19]

X-RAYS: REFERRAL TAKEN BY: bjimenez 08/15/19]

269540
05/12/20
INS

STATE COMPENSATION INSURANCE FUND

Mailing Address:
P. O. Box 3171
Suisun City, CA 94585

COVERSHEET

DATE: April 15, 2020

RECEIVED
APR 21 2020
BY:

TO: PUAL MILLING, M.D.

FROM: Jennifer Sievers, Sr. Claims Adjuster **PHONE:** (707)586-5032
FAX: (707) 646-0263

REFERRING TO: DANIEL KITT CLAIM #06423992

Please be advised the enclosed following records are being sent directly from Copy Service Mobile Copy Service for review in relation to the Panel QME with Dr. Paul Milling on 05/12/2020:

Records:

-WCAB Long Beach

Thank you!

Sincerely,

Jennifer Sievers
Sr. Claims Adjuster, State Fund
(707)586-5032 Phone
(707)646-0263 - Fax

1"

MOBILE COPY SERVICE

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Your National Copy Service ~ Specializing in Serving You!

Paul Milling M.D.
1680 Plum Ln.
Redlands, CA 92374

ATTENTION
CONFIDENTIAL INFORMATION ENCLOSED
To Be Viewed by Authorized Personnel Only

The attached reproductions have been made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including but not limited to The Health Insurance Portability and Accountability Act (HIPAA).

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MCS W.O.# 30747301R1
04/17/2020

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Los Angeles: P.O. Box 17265, Long Beach, CA 90807 San Diego: P.O. Box 600592, San Diego, CA 92160

MCS W.O.# 30747301R1-
04/17/2020

Paul Milling M.D.
1680 Plum Ln.
Redlands, CA 92374

Paul Milling M.D.,

We recently copied the following documents on:

Daniel Kitt

From Custodian of Records:

W.C.A.B.
300 Oceangate Plaza, Suite 200
Long Beach, CA 90802

For Our Client:

Jennifer Sievers
STATE COMPENSATION INS. FUND
6000 State Farm Drive Suite 100A
Rohnert Park, Ca 94928

Client file number: **06423992**

Our client has requested that we send you a set of the documents copied on the above-mentioned patient. Please contact our office if you have any questions.

Customer Service
Mobile Copy Service

DOCUMENT SEPARATOR SHEET

Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title ANSWER

Document Date 09/08/2014
MM/DD/YYYY

Author KUNTZ KUNTZ SAN BERNARDINO

Office Use Only

RECEIVED
SEP 10 2014
WORKERS COMP APPEALS BOARD
LONG BEACH

Received Date
MM/DD/YYYY

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM

ADJ9524117
Case Number

RECEIVED
DIR/DWC
SEP 10 2014
WORKERS COMP APPEALS BOARD
LONG BEACH

(Choose only one)

☑ a specific injury on 08/06/2013 (MM/DD/YYYY)

☐ a cumulative trauma injury which began on _____ (START DATE: MM/DD/YYYY) and ended on _____ (END DATE: MM/DD/YYYY)

CITY OF RIALTO
Name(s) of Answering Party(ies) (Please leave blank paces between names, numbers or words)

Injured Worker

KITT
Last Name

MI

DANIEL
First Name

Employer Information

☐ Insured ☑ Self-Insured ☐ Legally Uninsured ☐ Uninsured

CITY OF RIALTO
Employer Name (Please leave blank spaces between numbers, names or words)

150 SOUTH PALM AVENUE
Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

RIALTO — City
CA — State
92376 — Zip Code

Insurance Carrier Information (if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City — State — Zip Code

Claims Administrator Informati... (if applicable)

CORVEL CHINO

Name (Please leave blank spaces between numbers, names or words)

POST OFFICE BOX 669

Street Address/PO Box (Please leave blank spaces between numbers, names or words)

CHINO	CA	91708
City	State	Zip Code

ANSWERING DEFENDANTS deny the allegations of the application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS (Mark X if allegation is denied)	**EXPLAIN BELOW**
☐ Employment	
☐ Occupation	
☑ Injury	(IF DENIAL IS BASED ON DATE OR PART OF BODY INJURED, EXPLAIN FULLY) DENY NEW INJURY
☐ Insurance coverage	(STATE IF EMPLOYER HAS BEEN NOTIFIED TO APPEAR AND DEFEND)
☑ Liability for self-procured treatment	
☑ Liability for future medical treatment	
☑ Medical-legal costs	
☐ Earnings	

☑ Periods of disability (GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK, IF ANY)

☐ Rehabilitation

☐ Supplemental job displacement / return to work

☑ Permanent disability (IF APPORTIONMENT IS CLAIMED, SO STATE)

NATURE AND EXTENT, IF ANY; APPORTIONMENT

IT IS FURTHER ALLEGED:

1. Defendants have paid disability indemnity in the total amount of $ _____ at the rate of $ _____

a week beginning _____ (MM/DD/YYYY) through _____ (MM/DD/YYYY) plus _____

2. Affirmative defenses and other matters :

ALL AFFIRMATIVE DEFENSES PURSUANT TO THE CALIFORNIA LABOR CODE.

The Answer to this Application is being filed on behalf of (Please check one only)

☑ Employer ☐ Insurance Carrier ☐ Both

Defendant(s) do(es) not waive the right to raise additional issues in accordance with the provisions of law and the Rules of Practice and Procedure if other issues develop.

Dated: 09/08/2014

Janet Rice Kuntz
Signature

Phone Number (909) 889-8700

KUNTZ KUNTZ SAN BERNARDINO
Firm Name

715 N ARROWHEAD AVENUE SUITE 215
Address/PO Box (Please leave blank spaces between numbers, names or words)

SAN BERNARDINO — City
CA — State
92401 — Zip Code

PROOF OF SERVICE BY MAIL
(1013a, 2015.5 C.C.P.)

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

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: 715 North Arrowhead Avenue, Suite 215, San Bernardino, California 92401.

On September 8, 2014, I served the within **Answer to Application for Adjudication of Claim re: Daniel Kitt (ADJ9524117)** 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 United States mail at San Bernardino, California addressed as follows:

Workers' Compensation Appeals Board **(Original)**
300 Oceangate Street, Suite 200
Long Beach, California 90802

Law Offices of Cantrell Green
Post Office Box 1700
Long Beach, California 90801-1700

CorVel Corporation
Post Office Box 669
Chino, California 91708

City of Rialto
150 South Palm Avenue
Rialto, California 92376
Attn: Ms. Paula Mohan

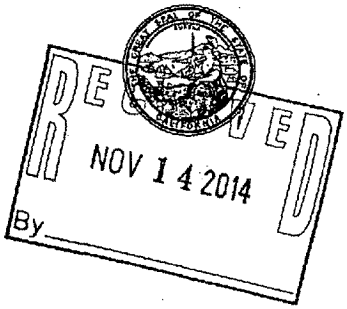
I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on September 8, 2014 at San Bernardino, California.

TAMI TALBERT

STATE OF CALIFORNIA EDMUND G. BROWN JR., *Governor*

DEPARTMENT OF INDUSTRIAL RELATIONS
Workers Compensation Appeals Board
300 Oceangate Blvd. Suite 200
Long Beach, California 90802



Re: Daniel Kitt **Received:**

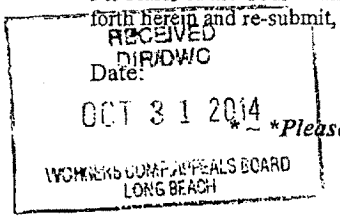
Case Number(s): ADJ 9524117

Your Correspondence is being returned unfiled for the following reason(s):

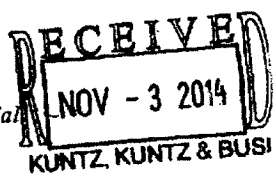
- o The case number indicated belongs to another person.
- o No record of a case file for this person; the Social Security Number / date of injury / name of injured worker is not in our database.
- o Complete ONE Application for Adjudication of Claim for EACH date of injury.
- o No signature on document(s).
- o Improper form used. Use form/OCR form_____
- o Comply with Rules of the Court Administrator regarding form and size requirements for filed documents. (See Attached)
- ☒ All documents must be prepared and submitted according to the OCR handbook. Go to http://www.dir.ca.gov/dwc/EAMS and click on "OCR paper forms filing handbook" for instructions.
- o Document Cover Sheet incorrectly completed or missing.
- o Separator Sheet incorrectly completed or missing. Must be placed between appropriate documents and each medical report
- o Separator Sheet must be present for the Proof of Service only when more than one document is listed on the Proof of Service.
- o The uniform assigned names database for claims administrators and representatives must be used when filing documents. Go to http://www.dir.ca.gov/dwc/EAMS, click on "Uniform assigned names database for claims administrator offices and representative offices" for information and instructions.
- o Our records indicate that you are not registered with the Central Registration Unit (CRU). Follow the attached instructions to register with CRU and resubmit when a uniform name has been obtained.
- o A verification under penalty of perjury as set forth in 8 California Code of Regulations, section 10770.5, is required with the filing of a Lien Claim or Application by a lien claimant.
- o A verification under penalty of perjury as set for in California Code of Regulations, section 10770.6, is required with the filing of a DOR by or on behalf of a lien claimant.

Other: Please re-submit with 4906(g) Declaration attached.

Per Rules of the Court Administrator, Title 8, California Code of Regulations, section 10222, please correct the discrepancies set forth herein and re-submit, along with this document, within 15 business days of service hereof.



**Please mark envelop to REFERENCE _____ / Personal & Confidential*
Doing so will avoid placement into our backlog of mail.
Please include this original letter.



STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

REQUIRED FIELDS SHOWN BY "*"

Is this a new Case?* Yes ◉ No ◯ Location: CTL

Companion Cases Exist ☐ Walk Thru Yes ◯ No ◉

More than 15 Companion Cases ☐

Date: (MM/DD/YYYY) 07/08/2014

Case Number:* SSN(Numbers Only) [redacted]

◉ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury 08/06/2013 (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : 420 BACK - INCLUDING Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

◉ ADJ ◯ DEU ◯ SIF ◯ UEF ◯ VOC ◯ INT ◯ RSU

Companion Cases

Case 1:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 2:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 3:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 4:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 5:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 6:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 7:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 8:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 9:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 10:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 11:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 12:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 13:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 14:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 15:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
APPLICATION FOR ADJUDICATION OF CLAIM

Case Number	

Amended Application ☐

SSN [redacted]

Venue Choice is based upon:

○ County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)

○ County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)

◉ County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

* Enter the zipcode for the venue choice designated above, and then tab to Hearing Location Field and choose the corresponding Hearing Location Code [ ] LBO

Injured Worker

First Name*	DANIEL
MI	
Last Name*	KITT
Street Address 1 /PO Box*	[redacted]
Street Address 2 /PO Box	
International Address	

City*

State*

Zip Code* (Numbers Only)

Applicant (If other than injured employee)

◯ Insurance Carrier ◯ Employer ◯ Lien Claimant

Name	
Street Address 1 /PO Box	
Street Address 2 /PO Box	
City	
State	
Zip Code (Numbers Only)	

Employer Information

◉ Insured ◯ Self-Insured ◯ Legally Uninsured ◯ Uninsured

Employer Name*	CITY OF RIALTO
Employer Street Address/PO Box*	131 S WILLOW
City*	RIALTO
State*	CA
Zip Code* (Numbers Only)	92376

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	CORVEL
Street Address/PO Box	PO BOX 669
City	CHINO
State	CA
Zip Code (Numbers Only)	91708

Claims Administrator Information (if known and if applicable)

Name	CORVEL CHINO
Street Address/PO Box	PO BOX 669
City	CHINO
State	CA
Zip Code (Numbers Only)	91708

IT IS CLAIMED THAT :

1. The injured worker born* [redacted] (Date of birth : MM/DD/YYYY)

, while employed as a(n) FIREFIGHTER GRP 490
(Occupation at the time of injury)

suffered a: (Choose only one)

(•) specific injury on **08/06/2013** (DATE OF INJURY: MM/DD/YYYY)

( ) cumulative trauma injury which began on

_____ and ended on _____

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

The injury occured at* RIALTO
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

RIALTO (City)* CA (State)* 92376 (Zip Code)*

(State which parts of the body were injured)

Body Part 1 : **420 BACK - including back mus** Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

2.The injury occurred as follows:
(Explain What The Worker Was Doing At The Time Of Injury And How The Injury Occured)
Field size limited to 325 characters

INJURED BACK ON DUTY WHILE EXERCISING. CONCURRENT CASE FILING DOI 7/25/13.

3. Actual earnings at the time of injury

Rate of Pay $ 1250.0 ( ) Monthly (•) Weekly ( ) Hourly

State value of tips, meals, lodging or other advantages regularly received $ ( ) Monthly ( ) Weekly ( ) Hourly

Number of hours worked per week.

4. The injury caused disability as follows

Last day off work due to injury : (MM/DD/YYYY)

First Period of Disability: Start date (MM/DD/YYYY) End date (MM/DD/YYYY)

Second Period of Disability: Start date (MM/DD/YYYY) End date (MM/DD/YYYY)

5. Compensation

Compensation was paid : ◉ Yes ◯ No

Total paid:	

Weekly rate(s):	

Date of last payment:	

(MM/DD/YYYY)

6. Has the worker received any unemployment insurance benefits and/or any unemployment compensation disability benefits (state disability) since the date of injury?

◯ Yes ◉ No

7. Medical treatment

Medical treatment was received : ◉ Yes ◯ No

All treatment was furnished by the Employer or Insurance Carrier : ◉ Yes ◯ No

Date of last treatment	

(MM/DD/YYYY)

Other treatment was provided/paid by:
(NAME OF PERSON OR AGENCY PROVIDING OR PAYING FOR MEDICAL CARE)

Did Medi-Cal pay for any health care related to this claim ? : ◯ Yes ◉ No

Names and addresses of doctor(s)/hospital(s)/clinic(s) that treated or examined for this injury, but that were not provided or paid for by the employer or insurance carrier:

Name of Doctor/Hospital/Clinic 1. Field size limited to 80 characters	

Name of Doctor/Hospital/Clinic 2. Field size limited to 80 characters	

8. Other cases have been filed for industrial injuries by this employee as follows:

Case Number 1	
Case Number 2	
Case Number 3	
Case Number 4	

9. This application is filed because of a disagreement regarding liability for:

- [x] Temporary disability indemnity
- [x] Permanent disability indemnity
- [x] Reimbursement for medical expense
- [ ] Rehabilitation
- [x] Medical treatment
- [x] Supplemental Job Displacement/Return to Work
- [x] Compensation at proper rate
- [x] Other (Specify) BENEFITS PER CA LC

Is the Applicant Represented?: (•) Yes ( ) No if "No", applicant is to sign and date below.

if "Yes", applicant's representative is to complete the following and is to sign and date below

(•) Law Firm/Attorney ( ) Non Attorney Representative

Law Firm or Company Name(If Applicable)
CANTRELL GREEN LONG BEACH

Law Firm Number (If Applicable)	5041891
Attorney/Rep First Name	WAYNE
Attorney/Rep MI	
Attorney/Rep Last Name	MCCORT
Street Address/PO Box	PO BOX 1700
City	LONG BEACH
State	CA
Zip Code (Numbers Only)	90801

Applicant Attorney / Representative Signature	S WAYNE MCCORT
Applicant Signature	

Dated at LONG BEACH (City), California Date 07/08/2014 (MM/DD/YYYY)

INSTRUCTIONS

FILING AND SERVICE OF A DECLARATION OF READINESS IS A PREREQUISITE TO THE SETTING OF A CASE FOR HEARING.

Effect of Filing Application

Filing of this application begins formal proceedings against the defendant(s) named in your application.
Assistance in Filling Out Application

You may request the assistance of an information and assistance officer of the Division of Workers' Compensation.

Right to Attorney

You may be represented by an attorney or agent, or you may represent yourself. The attorney's fee will be set by the Workers' Compensation Appeals Board at the time the case is decided and is ordinarily payable out of your award.

Filling Out Application

For "amended" applications, the venue choice must be the same as that specified on the original application, unless an order changing venue has issued. A street or P.O. Box address within the United States must be entered for the place where the injury occurred. Therefore, if the injury did not occur at a fixed or identifiable location (such as a field, a highway, or on water), or if the injury occurred outside of the United States, the employer's business address or another appropriate address must be specified; however, a short explanation regarding the place of injury may be appended to the application. If medical treatment has been paid for by Medi-Cal, Medicare, group health insurance, or a private carrier, please specify.

Service of Documents

Your attorney or agent will serve all documents in accordance with Labor Code section 5501 and the Workers' Compensation Appeals Board's Rules of Practice and Procedure.

If you have no attorney or agent, copies of this application will be served by the Workers' Compensation Appeals Board on all parties. If you file any other document, you must mail or deliver a copy of the document to all parties in the case.

IMPORTANT!

If any applicant is under 18 years of age, it will be necessary to file a Petition for Appointment of Guardian ad Litem. Forms for this purpose may be obtained at the district office of the Workers' Compensation Appeals Board, or by calling the district office and requesting this form.

Applicant/Employee: Daniel Kitt WCAB No(s): ADJ 9524417

AWARD

AWARD IS MADE in favor of Daniel Kitt against

City of Rialto of
(entity legally obligated to pay the award)

(A) Additional temporary disability indemnity in accordance with paragraph 2(a) above.

(B) Permanent disability indemnity in accordance with paragraph 3 above.

Less the sum of $3,100, payable to applicant's attorney as the reasonable value of service, rendered.
X ☑ Fees are to be commuted pursuant to Paragraph 6.

(C) Liens in accordance with Paragraph 7 above.

(D) Further medical treatment in accordance with Paragraph 4 above.

(E) Reimbursement for medical-legal expenses in accordance with Paragraph 5 above.

(F) Stipulations in Paragraph 8 and 9 are approved.

(G) The matter is ordered off calendar / set for status/lien conference.

(H)

1/19/17
(Dated)

DEWAYNE P. MARSHALL
WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE

On _____, this document ☐ was personally served on all persons appearing at the hearing on said date, as set forth in the minutes of that hearing ☐ was personally served on

☐ was served by mail on all persons listed on the Official Address Record ☐ was served by mail on following party or parties:

By: _____

☒ NOTICE TO: Mr. McCarf
Pursuant to Rule 10500, you are designated to serve this document on all parties shown on the Official Address Record, together with a proof of service. You shall maintain this proof of service, which shall not be filed with the WCAB unless a dispute arises regarding service. A copy of a current Official Address Record accompanies this notice.

LAW OFFICES OF

CANTRELL GREEN

A PROFESSIONAL CORPORATION

LEADING THE WAY FOR INJURED WORKERS SINCE 1971

* ANNA BATANERO

* † MARIO CRUZ

* † JULIANA GUERRIERO

* † WAYNE MC CORT

DANNY T. POLHAMUS

RICHARD J. CANTRELL (1933-1992)

MARILYN S. GREEN (1928-2015)

DONALD M. PEKICH OF COUNSEL

OFFICE MANAGERS

ELIZABETH LAMBERT

JUSTINE SCHIERBERL

* CERTIFIED SPECIALISTS, WORKERS' COMPENSATION, BY THE STATE BAR OF CALIFORNIA, BOARD OF LEGAL SPECIALIZATION

† PARTNER

P.O. BOX 1700
444 W. OCEAN BLVD., SUITE 1750
LONG BEACH, CA 90801-1700
(562) 432-8421
(714) 535-1500
FAX (562) 432-3822

mail@workercomplaw.com
www.workercomplaw.com

January 17, 2017

WORKERS' COMPENSATION APPEALS BOARD - LONG BEACH
300 Oceangate Street Suite 200
Long Beach, CA 90802-4304

Re: Daniel Kitt vs. City of Rialto
Case No.: ADJ9523168
Claim No.: CR-14-005008
Date of Injury: 7/25/2013

Your Honor,

Please change your record to reflect the applicant's address as follows:

[redacted]

Respectfully Submitted,

Wayne McCort

WAYNE MCCORT
WM:sa

cc: See Proof of Service

WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA
PROOF OF SERVICE BY MAIL

Re: Daniel Kitt vs. City of Rialto
WCAB/ADJ No.: ADJ9523168
Date of Injury: 7/25/2013 Claim No.: CR-14-005008

I am employed at CANTRELL, GREEN, 444 W. OCEAN BLVD., SUITE 1750, LONG BEACH, 90802. in the County of Los Angeles, California. I am over the age of 18 years and not a party to this cause. I am readily familiar with the law office's practice for collection and processing of correspondence for mailing with the United States Postal Service. Correspondence would be deposited with the United States Postal Service this same day in the ordinary course of business.

I served the document(s) below:

CHANGE OF ADDRESS

These documents have been served on:

Mr. Daniel Kitt

Jae Chon, M.D.
2400 Katella Avenue, Suite 400
Anaheim, CA 92806

Janet R. Kuntz, Esq.
Law Offices of Kuntz & Busi
715 N. Arrowhead, Ste. 215
San Bernardino, CA 92401

CorVel
P.O. Box 669
Chino, CA 91708

The correspondence was placed for deposit in the United States Postal Service in a sealed envelope placed for collection and mailing this day following ordinary business practices at the above place of business.

I declare under penalty of perjury that the above is true and correct. Executed on January 17, 2017 at Long Beach, California.

Secretary to WAYNE MCCORT

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
STIPULATIONS WITH REQUEST FOR AWARD

ADJ9524117
Case No.

Date of Injury 08/06/2013
MM/DD/YYYY

[redacted]
SSN (Numbers Only)

Venue Choice is based upon: (Completion of this section is required)

- [x] County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)
- [ ] County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)
- [ ] County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

LBO
Select 3 Letter Office Code For Place/Venue of Hearing (From the Document Cover Sheet)

Applicant (Completion of this section is required)

DANIEL
First Name

MI

KITT
Last Name

[redacted]
Address/PO Box (Please leave blank spaces between numbers, names or words)

[redacted]
City

[redacted]
State Zip Code

Employer #1 Information (Completion of this section is required)

- [ ] Insured
- [x] Self-Insured
- [ ] Legally Uninsured
- [ ] Uninsured

CITY OF RIALTO
Employer Name (Please leave blank spaces between numbers, names or words)

150 SOUTH PALM AVENUE
Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

RIALTO
City

CA
State

92376
Zip Code

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City | State | Zip Code

Claims Administrator Information (if known and if applicable)

LWP CLAIMS GLENDALE
Name (Please leave blank spaces between numbers, names or words)

PO BOX 349016
Street Address/PO Box (Please leave blank spaces between numbers, names or words)

SACRAMENTO | CA | 95834
City | State | Zip Code

Employer #2 information (Completion of this section is required)

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name (Please leave blank spaces between numbers, names or words)

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City | State | Zip Code

Insurance Carrier Information
(if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City | State | Zip Code

Claims Administrator Informati... (if known and if applicable)

Name (Please leave blank spaces between numbers, names or words)

Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City State Zip Code

Employer #3 Information (Completion of this section is required)

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name (Please leave blank spaces between numbers, names or words)

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City State Zip Code

Insurance Carrier Information
(if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City State Zip Code

Claims Administrator Information (if known and if applicable)

Name (Please leave blank spaces between numbers, names or words)

Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City State Zip Code

Employer #4 Information (Completion of this section is required)

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name (Please leave blank spaces between numbers, names or words)

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City State Zip Code

Insurance Carrier Information
(if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City State Zip Code

Claims Administrator Information (if known and if applicable)

Name (Please leave blank spaces between numbers, names or words)

Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City State Zip Code

The parties hereto stipulate to the issuance of an Award and/or Order, based upon the following facts, and waive the requirements of Labor Code section 5313:

1. DANIEL
Employees First Name

KITT ,
Employees Last Name

birth date [redacted] ,
MM/DD/YYYY

while employed at RIALTO , CA
State

as a(n) FIREFIGHTER , 490 in
Occupation Group

☐ More than 4 Companion Cases

☑ Specific Injury

ADJ9524117
Case Number 1

☐ Cumulative Injury

08/06/2013
(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 420 BACK Body Part 2: 810 DIGESTIVE (STOMACH) Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

☐ Specific Injury

Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

☐ Specific Injury

Case Number 3

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

☐ Specific Injury

Case Number 4

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

by the employer(s) and their insurer(s) listed above and who sustained injury(ies) arising out of and in the course of employment to

LOW BACK AND DIGESTIVE SYSTEM/STOMACH.

(Please list all body parts injured)

2. The injury (ies) caused temporary disability for the period adequately compensated (MM/DD/YYYY) through _____ (MM/DD/YYYY) for which indemnity has been paid at $ _____ (Indemnity Paid) per week.

2(a). The injury(ies) caused additional temporary disability for the period _____ (MM/DD/YYYY) through _____ (MM/DD/YYYY) at the rate of $ _____ (Rate) in the amount of $ _____ (Indemnity Paid)

3. The injury(ies) caused permanent disability of 23 % for which indemnity is payable at $ 230.00 (Indemnity Rate) per week beginning 12/09/2015 (MM/DD/YYYY) in the sum of $ 20,815.00, less credit for such payments previously made. ☐ And a life pension of $ _____ (Life Pension) per week thereafter.

An informal rating ☐ has / ☑ has not (Select one) been previously issued in case no(s) _____.

4. There ☐ is ☑ is Not a need for medical treatment to cure or relieve from the effects of said injury (ies).

5. Medical-legal expenses and/or liens are payable by defendant as follows: THERE ARE NO LIEN CLAIMANTS OF RECORD.

DEFENDANTS WILL PAY, ADJUST OR LITIGATE THE TIMELY FILED AND APPROPRIATELY ACTIVATED LIENS OF RECORD, RESERVING ALL DEFENSES AS TO THE LIEN CLAIMANTS' SERVICES AND CHARGES IN THEIR ENTIRETY, INCLUDING BUT NOT LIMITED TO TREATMENT OUTSIDE THE MPN

6. Applicant's attorney requests a fee of $ 3,100.00

☒ Fees to be commuted as follows:

From the for and if sufficient funds not accrued

7. Liens Against compensation are payable as follows:

8.Any accrued claims for Labor Code section 5814 penalties are included in this settlement unless expressly excluded.

9.Other stipulations:

THE APPLICANT WAIVES ANY AND ALL CLAIMS FOR PENALTY AND INTEREST ON ALL FORMS OF BENEFITS. THE APPLICANT WAIVES ANY CLAIM OF PENALTY OR INTEREST ON THE AWARD HEREIN UPON PAYMENT OF THE AMOUNTS DUE UNDER THE AWARD WITHIN 30 DAYS OF SERVICE OF THE AWARD UPON DEFENDANT.

THE APPLICANT STIPULATES THAT HE HAS BEEN ADEQUATELY COMPENSATED FOR ALL CLAIMED PERIODS OF TEMPORARY TOTAL DISABILITY. NO FURTHER PERIODS ARE CLAIMED.

THE STIPULATION IS PURSUANT TO THE QUALIFIED MEDICAL EVALUATOR REPORTING OF DENNIS DASHER, M.D. DATED JULY 22, 2016, AS WELL AS THE REPORTING OF THE PRIMARY TREATING PHYSICIAN, ALEXANDER LATTERI, M.D. DATED DECEMBER 9, 2015.

Dated X 12/12/2016
MM/DD/YYYY

X
DANIEL KITT Applicant

Applicant's Attorney or Authorized Representative:

☑ Law Firm/Attorney ☐ Non Attorney Representative

WAYNE
First Name

MCCORT
Last Name

5041891
Firm Number

CANTRELL GREEN LONG BEACH
Law Firm name

PO BOX 1700
Address/PO Box (Please leave blank spaces between numbers, names or words)

LONG BEACH
City

CA
State

90801
Zip Code

Dated 12/06/2016
MM/DD/YYYY

Applicant Attorney Signature

Defendant's Attorney or Authorized Representative:

☑ Law Firm/Attorney ☐ Non Attorney Representative

DANIEL
First Name

YSABAL
Last Name

5121097
Firm Number

KUNTZ BUSI SAN BERNARDINO
Law Firm Name

715 N ARROWHEAD AVENUE SUITE 215
Address/PO Box (Please leave blank spaces between numbers, names or words)

SAN BERNARDINO
City

CA
State

92401
Zip Code

Dated 01/03/2017
MM/DD/YYYY

Defense Attorney Signature

Defendant's Attorney or Authorized Representative:

☐ Law Firm/Attorney ☐ Non Attorney Representative

First Name

Last Name

Firm Number

Law Firm Name

Address/PO Box (Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Dated
MM/DD/YYYY

Defense Attorney Signature

Defendant's Attorney or Authorized Representative:

☐ Law Firm/Attorney ☐ Non Attorney Representative

First Name

Last Name

Firm Number

Law Firm Name

Address/PO Box (Please leave blank spaces between numbers, names or words)

City State Zip Code

Dated MM/DD/YYYY

Defense Attorney Signature

Interpreter License Number:

Interpreter Name

Interpreter License Number

STATE OF CALIFORNIA

WORKERS' COMPENSATION APPEALS BOARD

DANIEL KITT *Applicant* vs. CITY OF RIALTO, Permissibly Self-Insured c/o LWP CLAIMS SOLUTIONS, INC. *Defendant(s).*	Case No.: ADJ9523168 ADJ9524117 ***LIEN AFFIDAVIT***

I, DANIEL J. YSABAL, am the attorney or representative for City of Rialto, Permissibly Self-Insured, in the above-captioned matter.

I have made the following good faith efforts to resolve each of the liens in this case.

List ALL lien claims below, use supplemental pages as necessary.

LIEN CLAIMANT	NATURE & DATE OF LIEN RESOLUTION EFFORTS	RESULTS
NO LIEN CLAIMANTS OF RECORD.		

I declare under penalty of perjury that the foregoing is true and correct and that this affidavit was executed at San Bernardino, California on January 9, 2017.

Kurtz & Busi

By: _____

Daniel J. Ysabal

DOCUMENT SEPARATOR SHEET

Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title NOTICE OF REPRESENTATION

Document Date 08/08/2014
MM/DD/YYYY

Author KUNTZ KUNTZ SAN BERNARDINO

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Received Date _____ MM/DD/YYYY

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AUG 11 2014
WORKERS COMP APPEALS BOARD
LONG BEACH

Law Offices of
KUNTZ, KUNTZ & BUSI

JANET RICE KUNTZ*
V. KUMAR BUSI

JOHN A. KUNTZ* (of Counsel)

*Certified Specialist Workers' Compensation Law
California State Bar Board of Legal Specialization

715 NORTH ARROWHEAD AVENUE, SUITE 215
SAN BERNARDINO, CALIFORNIA 92401
TELEPHONE (909) 889-8700

FACSIMILE
(909) 889-8755

E-MAIL
Kuntz.Law@verizon.net

August 8, 2014

NOTICE OF REPRESENTATION

RECEIVED
DIR/DWC
AUG 1 1 2014
WORKERS COMP APPEALS BOARD
LONG BEACH

Workers' Compensation Appeals Board
300 Oceangate Street, Suite 200
Long Beach, California 90802

Re: Daniel Kitt vs. City of Rialto
EAMS Case Nos. ADJ9523168; ADJ9524117 *[LBO venue]*
Dates of Injury: 7/25/13; 8/6/13
Claim No. CR-14-005008

Gentlemen:

Please enter our appearance as attorneys for:

CITY OF RIALTO, PERMISSIBLY SELF-INSURED
C/O CORVEL CHINO

Very truly yours,

KUNTZ, KUNTZ & BUSI

By: Janet Rice Kuntz

JRK/trt
cc: Law Offices of Cantrell Green, Post Office Box 1700, Long Beach, California 90801-1700
cc: CorVel Corporation, Post Office Box 669, Chino, California 91708 Attention: Ms. Lillian Rosales
cc: City of Rialto, 150 South Palm Avenue, Rialto, California 92376 Attention: Ms. Paula Mohan **PERSONAL & CONFIDENTIAL**

Dennis Dasher, M.D.
Internal Medicine

July 22, 2016

Law Offices of
Cantrell, Green, Pekich
444 W. Ocean Boulevard, Suite 400
Long Beach, CA 90802
Attn: Wayne McCort
Attorney at Law

Law Offices of
Kuntz & Kuntz
715 N. Arrowhead Avenue, Suite 215
San Bernardino, CA 92401
Attn: Janet Kuntz
Attorney at Law

PATIENT:	KITT, Daniel
CLAIM #:	CR14005008
DOI:	07/25/13; 08/06/2013
EMPLOYER:	City of Rialto
EXAM DATE:	07/22/16

INTERNAL MEDICINE QUALIFIED MEDICAL EVALUATION

Dear Mr. McCort and Ms. Kuntz:

At your request, Mr. Daniel Kitt was seen in my Upland office located at 270 E. 7th Street, Suite 1C, Upland, California 91786, on July 22, 2016 (Panel #7047828). I performed my usual complete history and physical and reviewed the patient's medical records and referral letters in order to ascertain what the issues were in this particular applicant.

This was a highly complex case requiring a discussion of issues of causation, multiple dates of injury, issues of apportionment, a large stack of records which took 12 hours to review, 1 hour of face-to-face time, and 2 hours of report preparation. A total of 15 hours was billed under the ML-104 code.

IDENTIFYING DATA:

Mr. Daniel Kitt is a 27-year-old, right-hand-dominant male, who was hired as a

Mailing Address: 1835 West Redlands Boulevard. · Redlands, CA 92373
Phone (866) 872-6456 · FAX (909) 890-9752

firefighter/paramedic on July 15, 2013, for the City of Rialto. He was responsible for fighting commercial and residential fires. He wore protective gear while fighting residential and commercial fires with a respirator weighing about 50 pounds. When he fought wild fires, he could not wear a respirator, but wore protective gear and a backpack with tools that were required to create fire breaks and cut down dead shrubs or trees. He was also responsible for performing first aid and CPR, taking vital signs and stabilizing injured people. The heaviest thing he lifted was a 200-pound injured person.

HISTORY OF PRESENT ILLNESS:

Mr. Kitt states that on July 25, 2013, he was a new hire at the academy, doing morning workouts and doing CrossFit exercises. After the exercise, he went to pick up something and when he stood up felt a pop in his low back. He had slight pain, but continued with the exercises and took a shower. He later had increased low back pain and developed numbness going down both legs to his toes, with decreased range of motion. The patient reported the injury to his supervisor and was sent to the company doctor at St. Bernardine Urgent Care. He was evaluated and had x-rays of his low back. He was prescribed Naprosyn, Flexeril and Norco. He was placed on modified duty for five days and then returned to regular duty on July 30, 2015.

The patient states that on August 6, 2013, he was again at the pre-hire academy, doing CrossFit training. This time, he was lifting a 75-pound kettlebell. He states that he was lifting it over his head while squatting. When he squatted again, he felt another, but bigger pop in his low back and immediately had sharp pain. He reported this incident to his supervisor. The supervisor wanted to see how he was doing and whether the pain would go away, but it did not, and on August 7, he was sent back to St. Bernardine Urgent Care where he saw a nurse practitioner. He was again evaluated for his low back and prescribed Norco 10/325 mg, Flexeril 7.5 mg, and Naprosyn 550 mg. Physical therapy was ordered for the low back consisting of heat and cold, ultrasound, massage, EMS and exercises, which he states did help. She ordered acupuncture treatments which did not help. He was taken off work for two weeks and put on bed rest. He returned to modified duty for two weeks and then to regular duty.

Mr. Kitt states that in October of 2013, the doctors at St. Bernardine Occupational ordered an MRI of his lumbar spine which showed a 5 mm herniated disc. The

patient chose Dr. Jae Chon, an orthopedic surgeon in Anaheim, who evaluated him in December 2013. Dr. Chon reviewed the MRI and ordered x-rays. He prescribed diclofenac 100 mg, Norco 10/325 mg, and physical therapy for low back pain consisting of hot and cold packs, ultrasound, massage, EMS and exercises, for a total of 36 visits, which the patient states helped.

Mr. Kitt states he was released from employment on June 19, 2014. He states he was on probation when he was let go, but he feels he was terminated because of his low back injury. At that time, in June of 2014, he procured representation.

The patient states after he was terminated, he was upset, but eventually he was hired at Morongo Valley Fire Department as a paramedic and firefighter. He also, at that time, worked as a paramedic for AMR Ambulance in December 2014, part time.

Mr. Kitt states that around September 2014, he had stomach pain. At that time, he had been started on diclofenac which he was taking two to three times a week. He was also taking Naprosyn and Motrin when he was not taking diclofenac. He was also taking Norco about twice a month for low back pain. The patient states he went to Kaiser and was evaluated and was placed on omeprazole by his treating physician there. He states he had never had any stomach pain before he was treated with his low back pain with Voltaren and Naprosyn and Norco.

Mr. Kitt states he also started developing heartburn in August of 2015. He states initially it was very mild, but then it became worse and he would have it almost every day, and sometimes he would experience a substernal spasm. He also reported that at that time, the heartburn would occasionally keep him up at night. The patient went to see his primary care doctor, Dr. Ruidera, at Kaiser Permanente in San Dimas, who did lab work and started him on omeprazole 20 mg twice a day. He was given a six-month supply at that time. The last time he saw Dr. Ruidera for his stomach was in November 2015. He states that Dr. Ruidera told him most likely the diclofenac had caused the irritation in his stomach.

The patient states he did not have any difficulty swallowing or any chronic cough, but did experience nausea when the heartburn began. He also noted that certain foods would make the heartburn worse, such as carbonated beverages, coffee, spicy foods, pizza and tomato sauce, raw onions and chocolate. The patient states that he never had an EGD.

The patient also states he had one lumbar epidural steroid injection in July of 2015, which helped his low back.

CURRENT COMPLAINTS:

Mr. Kitt states that he has heartburn one to two times a week now and when he does, he takes omeprazole which helps. Initially, he was taking omeprazole 20 mg twice a day in October of 2015, when he saw Dr. Ruidera. However, the heartburn has lessened. The patient states he never missed work because of his heartburn. He states he did have some decreased appetite, but no weight loss. The patient reports the last time he woke up from heartburn was approximately one month ago.

Mr. Kitt states that he last saw Dr. Chon eight to nine months ago and was prescribed Voltaren at that time. However, the patient was advised by Dr. Ruidera to stop the Voltaren, but the patient continued it because of continued low back pain, but decreased it to once a week.

The patient also recalls that Dr. Ruidera checked him for Helicobacter pylori antibody in November of 2015, and that the test was negative.

The patient denies vomiting any blood or having any blood in his bowel movement or dark tarry stools.

WORK STATUS:

Mr. Kitt states that from July 25, 2013, he was placed on modified duty for five days and then returned to regular duty. He continued working regular duty until August 7, 2013, when he was taken off work because he re-injured his low back and was placed on bed rest. On August 14, 2013, he returned to modified duty for two weeks and then returned to regular duty. He continued working regular duty until June 19, 2014, when he was released from employment with the City of Rialto.

As mentioned, the patient was off work until November 2014, when he began working as a firefighter/paramedic for the City of Morongo Valley and worked regular duty until June 2015, when he injured his left knee. The patient had surgery in 2015, and then returned to regular duty in October 2015. He has been working regular duty to the present time.

The patient states he applied for Cal Fire and is supposed to start working there on July 25, 2016, doing the same type of job. He states his last day of work with Morongo Valley was July 15, 2016.

Mr. Kitt has not been involved in any vocational rehabilitation. He states he received his degree in emergency medical services administration in June 2016.

CURRENT MEDICATIONS:

Omeprazole 20 mg, which he usually takes about twice a week, and the last time he took it was last week; diclofenac 100 mg as needed, which he usually takes weekly, and the last time he took it was two days ago; Norco 10/325 mg as needed; and Motrin 800 mg as needed.

REVIEW OF SYSTEMS:

Head:	Mr. Kitt denies any headaches.
Eyes:	The patient denies any vision change, blurred, double vision or eye pain.
Ears:	The patient denies any discharge, hearing problems or tinnitus.
Nose:	The patient denies any bleeding, stuffiness or discharge.
Throat:	He denies any pain or difficulty swallowing.
Cardiorespiratory:	Mr. Kitt shortness of breath, cough, dyspnea on exertion, chest pain or palpitations, and any history of swelling of the lower extremities, any history of high blood pressure, any history of blood clots in his lungs or pain with breathing.
Gastrointestinal:	See History of Present Illness and Current Complaints. The patient denies any jaundice, change in bowel habits, hepatitis, any history of ulcers or any difficulty swallowing.

Genitourinary:	He denies any difficulty starting or stopping his urinary stream, any pain on urination, any blood in his urine, or any incontinence, dribbling, or urinating larger amounts than usual. He denies any history of kidney stones. He denies any sexual difficulties.
Musculoskeletal:	The patient complains of backache and stiffness. He denies joint pains, any joint swelling or muscle weakness.
Neurologic:	He denies seizures, loss of consciousness, paresis, paralysis, paresthesias, or tremor or gait disturbance.
Psychiatric:	He denies any difficulty concentrating, sleep problems, fatigue, lack of energy or difficulty with his sex life, and any difficulty with work, loss of appetite, social withdrawal, anxiety, nervousness or depression.

The patient had an Epworth Sleepiness Scale which was 3/24.

PAST MEDICAL HISTORY:

Prior Injuries/Symptomatology:

The patient denies any previous injury to any parts of the body involved in this claim. He denies any previous abdominal problems.

Mr. Kitt has had, as mentioned, a left knee injury in June of 2015, while working for Morongo Valley Fire Department. He states he injured his left knee while on a call for Morongo Valley Fire Department when he stepped in a pothole; this was June 5, 2015. He states he tore his medial meniscus. He had arthroscopic surgery on August 15, 2015. He states that during the time he injured his medial meniscus until the time he had his surgery, he was not taking any more anti-inflammatories than before the left knee injury, and the anti-inflammatories which he took for his low back at that time made the left knee feel somewhat better.

In 1999, when the patient was seven years old, he sustained an injury while rollerblading, sustaining a fracture of his right wrist. He was treated at Kaiser

Permanente in Baldwin Park. He was in a cast for six weeks and fully recovered.

In 1999, he was involved in a motor vehicle accident when he was ten years old. He sustained a laceration to his right foot which required stitches. He fully recovered.

Childhood Illnesses:

Chickenpox.

Adult Illnesses:

The patient denies any other adult illnesses.

Surgeries:

The patient had left knee surgery, as mentioned, in 2015 for a meniscus tear; however, he states when they did the surgery, they found the meniscus was intact.

Other Hospitalizations:

The patient has not had any other hospitalizations.

Allergies:

Mr. Kitt is has no history of asthma, hay fever, hives or eczema. He is not allergic to any foods. He is allergic to morphine and erythromycin. He is not allergic to any other materials.

SOCIAL HISTORY:

The patient is single. He does have a significant other. He has one child who is seven months old living at home with him and his partner.

Habits:

Caffeine: He drinks one small cup of coffee a day; this is the same amount he used to drink before the heartburn developed.

Alcohol: The patient states he drinks socially once a month.

Cigarettes: Mr. Kitt has never smoked.

He denies the use of any recreational drugs.

Stresses:

Mr. Kitt denies any financial stress. He states there is some relationship stress getting used to the new baby who is only seven months old.

FAMILY HISTORY:

The patient's father is alive and is 51. As far as the patient knows, he is in good health. However, Mr. Kitt has not had much contact with him. He states his father was a drug addict and an alcoholic. His mother is alive and 51 and in good health. He has one half-brother who is good health. He has two sisters (one is a half-sister) and they are both in good health. He states that he was told that his grandparents on his paternal side had high blood pressure and heart disease.

OCCUPATIONAL HISTORY:

From April 2011 to June 2012, Mr. Kitt worked as a paramedic for Hall Ambulance Company in Bakersfield, California. From June 2012 to August 2013, he worked as a paramedic for AMR in Redlands, California. From July 2013 to June 2014, he was a firefighter/paramedic for Rialto, California. From November 2014 to July 2016, he was a firefighter/paramedic for Morongo Valley Fire Department. From September 3, 2014 to July 20, 2016, he worked as a paramedic for AMR in Riverside; this was a part-time job.

REVIEW OF MEDICAL RECORDS:

Diagnostic Studies:

08/20/06: Non-Contrast CT KUB Report from Southern California Permanente Medical Group gives a history of left flank pain times two days. There are no renal calculi, hydronephrosis or perirenal changes. There are approximately two low density lesions within the left kidney measuring up to 13 mm, possible cysts. No

ureteral stones. There is mild increased soft tissue changes within the pericolonic fat of the descending colon. No free fluid or extraluminal gas. No bowel dilatation.

10/18/06: Kidney Ultrasound from Southern California Permanente Medical Group. Findings: The right kidney is normal measuring 10.4 cm in length. No cysts are seen within the right kidney. The left kidney contains a cyst measuring 1.6 x 1.6 x 1.5 cm. Echogenic material is seen along the medial aspect of the cyst, possibly layering the dependent portion. Differential diagnosis also includes a thickened wall.

11/08/06: Abdominal CT Report from Southern California Permanente Medical Group gives a clinical history of left renal complex cyst. Findings: A non-contrast evaluation reveals no nephrolithiasis. The prior mentioned renal cysts are not well visualized. On the arterial and venous phase imaging, bilateral renal low density lesions are seen as follows: Right side, there is a 5 mm right renal low density lesion in the upper cortex. This is too small to adequately evaluate with Hounsfield units, however likely represents a cyst. In addition, there is a 6 mm right lower pole low density also likely representing a cyst. Left Kidney: There is a 1.8 x 1.3 cm left middle pole low density lesion. This was likely the lesion seen on the prior ultrasound. The current Hounsfield units are from 21-29 cm. This is slightly higher than water and internal complexity is not excluded. No enhancing nodule is seen. There is a low density lesion in the left lower pole kidney measuring 6.5 mm. This measures 32 Hounsfield units and may also represent a cyst. Otherwise, the liver, spleen, pancreas, gallbladder and adrenals are all within normal limits. There is a 1.1 cm nodule adjacent to the spleen, with the same density characteristics slightly representing a splenule. There are no inflammatory bowel type changes. The appendix is normal. There is no free air or free fluid.

01/30/07: A 24-Hour Holter Monitor Report gives the following indications: This is a 17-year-old male (age 18 at the time of dictation) with syncope one time, near syncope three times, history of premature ventricular complexes. Rule out any significant arrhythmia. Findings: This is a good quality Holter monitor lasting 24 hours and 59 minutes. The underlying rhythm is sinus with a minimum heart rate of 41 at 02:18 in the morning, average heart rate 79, and maximum heart rate of 149 at 09:36 in the morning. There were 24,941 ventricular complexes constituting 23% of the total QRS complexes and there was no significant supraventricular complex. There was one 3-beat run of non-sustained ventricular tachycardia at a heart rate of 164 occurring at 03:45 in the morning. A review of the patient's symptoms diary

showed the patient was only symptomatic during the period between 10:00 p.m. to 11:00 p.m., and there was sinus rhythm with uniform premature ventricular complexes at those time points. Summary: Sinus rhythm with above heart rate ranges in three beats of non-sustained ventricular tachycardia noted at rest, as well as the patient being symptomatic of isolated premature ventricular complexes mixed with sinus rhythm.

02/22/07: Echocardiogram Report gives an indication of abnormal Holter. Findings: The study was a technically adequate study. The underlying rhythm was sinus rhythm with frequent PVCs. M-Mode: The left ventricular end-diastolic and end-systolic dimensions were 5.2 cm and 4.1 cm, respectively. The posterolateral wall thickness and the interventricular septal wall thickness were each 0.9 cm. The left atrial and aortic root diameters were 3.4 cm and 2.9 cm, respectively. 2-Dimensional Echocardiogram: The left ventricular ejection fraction was normal (66 x volumetric measurements). The cardiac chamber dimensions and the left ventricular wall thickness were within normal limits. The pulmonic valve was not well visualized during the study. The aortic valve was trileaflet and normal leaflet excursion was evident. The mitral, tricuspid and valvular structures were normal in appearance and also demonstrated normal function. There was no evidence of a pericardial effusion or of an intracardiac thrombus. Color Flow: Trace tricuspid regurgitation was evident. The estimated pulmonary artery systolic pressure was normal (50 mmHg). Conclusion: 1. Normal left ventricular ejection fraction of 66% by volumetric measurements. 2. Trace tricuspid regurgitation and abnormal estimated pulmonary artery systolic pressure were evident.

03/22/07: Echocardiogram. Findings: Normal LV ejection fraction and valve function; PASP estimated at 15 mmHg (not 50 mmHg), which is normal; no need for further cardiac study at this time.

05/14/07: Abdominal and Pelvic CT with Contrast. Findings: A 2 cm left renal cortical cyst is again visualized unchanged from the prior study. Additional 9 mm cm cyst is present in the lower pole of the left kidney. The right kidney is unremarkable. The liver, spleen, gallbladder, pancreas and bilateral adrenal glands are within normal limits. There is no retroperitoneal or pelvic lymphadenopathy. There are a few sigmoid diverticula with no evidence of diverticulitis. The osseous structures are intact. Bilateral lung bases are clear. There is a 6 mm cyst in the lower pole of the right kidney that is unchanged. Impression: 1. Stable bilateral renal cysts. 2. Mild sigmoid diverticulosis.

05/21/07: (09:24) Electrocardiogram. Findings: Normal sinus rhythm. Normal ECG.

08/03/07: Chest X-ray from Southern California Permanente Medical Group. Findings: The examination is compared to the previous study on 09/22/05 which reveals no interval changes. The lung fields are free of focal infiltrates and pleural effusions. The mediastinum and the cardiac silhouette are normal.

09/26/07: Cervical Spine X-ray from Southern California Permanente Medical Group demonstrated no significant abnormality.

12/27/07: Kidney Ultrasound from Southern California Permanente Medical Group. Findings: Comparison is made with the previous renal ultrasound study performed on October 18, 2006, and the CT scan performed on November 8, 2006. The right kidney measures 11.7 cm. There is no renal mass or hydronephrosis. The left kidney measures 11 cm. Again, there is no renal mass or hydronephrosis. A 1.8 cm cyst is found within the lateral cortex, upper pole of the left kidney. There is some nodularity within the medial wall of the cyst. The appearance of this cyst remains unchanged in size and appearance as compared to the previous examination. This lesion is better characterized now based on the renal CT scans performed on November 8, 2006. Impression: Stable 1.8 cm left renal cyst with a mural nodule or calcification.

09/05/09: Testicular Ultrasound Report from Southern California Permanente Medical Group gives an indication of left testicular pain. Findings: Right Testis: The right testis measures 5.1 x 2.4 x 3.2 cm. The right testis appears normal. Using color Doppler, the right testis demonstrates increased flow. A small hydrocele is visualized in the right scrotal sac. The right epididymis appears normal. The right epididymis demonstrates normal flow. A small variceal is visualized in the right scrotal sac. Left Testis: The left testis measures 5.0 x 2.5 x 4.7 cm. The left testis appears normal. Using color Doppler, the left testis demonstrates increased flow. A small hydrocele is visualized in the left scrotal sac. The left epididymis appears normal. The left epididymis demonstrates normal flow. Impression: Bilateral hydrocele. Right varicoceles. Increased testicular vascular flow bilaterally.

11/07/09: Testicular Ultrasound Report from Southern California Permanente Medical Group gives an indication of left side torsion. Findings: Comparison was

made with the prior ultrasound scan performed on 09/04/09. Right Testis: The right testis measures 4.9 x 3.0 x 2.5 cm. The right testis appears normal. Using color Doppler, the right testis demonstrates increased flow. Right Epididymis: The right epididymis appears normal. Left Testis: The left testis measures 5.2 x 3.1 x 2.5 cm. The left testis appears normal. Using color Doppler, the left testis demonstrates increased flow. Left epididymis appears normal. Impression: Testicular ultrasound within normal limits.

12/16/09: Radiology Report from Southern California Permanente Medical Group. History: Rule out stones. No previous study was available for comparison. Findings: Bowel gas pattern is within normal limits. There are small phleboliths within the left side of pelvis. Impression: No significant abnormality.

02/07/11: Renal Ultrasound Report from Southern California Permanente Medical Group gives a history of renal mass. Comparison was made with a prior ultrasound scan performed on 12/27/07. Findings: Right Kidney: Right kidney measures 11.5 x 5.9 x 5.4 cm. The right kidney demonstrates no hydronephrosis. Left Kidney: Left kidney measures 11.3 x 5.6 x 6.2 cm. The left kidney demonstrates no hydronephrosis. A complex cyst is visualized in the superior pole of the left kidney, measuring 1.6 x 1.5 x 1.6 cm. Impression: Left renal complex cyst.

02/07/11: Renal Ultrasound Report from Southern California Permanente Medical Group gives a history of renal mass. Comparison was made with prior ultrasound scan performed on 12/27/07. Findings: Right Kidney: Right kidney measures 11.5 x 5.9 x 5.4 cm. The right kidney demonstrates no hydronephrosis. Left Kidney: Left kidney measures 11.3 x 5.6 x 6.2 cm. The left kidney demonstrates no hydronephrosis. A complex cyst is visualized in the superior pole of the left kidney, measuring 1.6 x 1.5 x 1.6 cm. Impression: Left renal complex cyst.

04/24/12: Testicular Ultrasound Report gives an indication of left testicular pain. Comparison was made with prior ultrasound scan performed on 11/07/09. Findings: The right testis measures 5.0 x 3.4 x 2.5 cm. The left testis measures 5.1 x 3.1 x 2.6 cm. Both testes are normal in size and echogenicity. No parenchyma lesions are visualized. Using color Doppler, normal blood flow is demonstrated in both testes. Both epididymides appear normal bilaterally. No hydrocele or varicocele are identified. Impression: Testicular ultrasound within normal limits.

07/25/13: Lumbar Spine X-ray Report from St. Bernardine Medical Center gives

an indication of strain/pain/injury. Findings: The vertebral bodies and intervertebral disc spaces are intact. The pedicles are normal. No spondylosis or spondylolisthesis is identified. The sacroiliac joints are normal. By Curtis Handler, M.D.

10/14/13: Lumbar Spine MRI Report from Reliant Radiology Medical Group gives a history of pain. Findings: The exam of the L5-S1 level demonstrates a large (greater than 4 mm) central disc protrusion/herniation that results in obscuration of anterior epidural fat and mild encroachment on the anterior aspect of the thecal sac. There is mild bilateral neural foraminal encroachment. There is loss of normal signal intensity from the disc nucleus on T2 images, reflecting degenerative change. The L4-5 level demonstrates a normal disc contour and normal disc signal intensity. No extradural abnormalities are seen. Neural foramina appear patent bilaterally. The L3-4 level is normal. No abnormalities are seen in the region of the distal spinal cord or conus. Bone marrow exhibits a normal signal intensity. By Robert Benson, M.D.

Operative/Procedure Reports:

07/26/14: Procedure Report from Mariana Hospital by Jae H. Chon, M.D., indicates that the patient underwent: 1. Transforaminal epidural injection, left L5-S1. 2. Tuohy needle localization using fluoroscopy. 3. Epidurogram.

Reports:

01/11/05: Chart Note from Southern California Permanente Medical Group, Baldwin Park. 15-year-old male with burning redness, discharge and mattering in both eyes for two days. No other symptoms. No significant prior ophthalmological history. No change in vision acuity, no photophobia, no severe eye pain. Assessment was conjunctivitis-probably bacterial. The patient was prescribed antibiotic drops.

07/07/05: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient presented with a three-day history of nasal congestion without cough, fever. Vital Signs: Height 5'11", weight 189 lbs., temperature 96°F.

07/20/05: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Complaining of unusual nipple. Bothering him. Not really painful,

but "bugs him". No discharge. Assessment was accessory nipple tissue.

01/30/06: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Daniel D. Kitt is a 17-year-old male presenting with URI symptoms for three days, including nasal congestion, rhinorrhea and nonproductive cough, fever not elevated. No vomiting or diarrhea. Taking foods and fluids well. Also complaining of sore throat. Denies headaches and wheezing. Assessment was viral upper respiratory illness. Lack of antibiotic effectiveness was discussed with the family.

08/21/06: Chart Note from Southern California Permanente Medical Group, Baldwin Park. See in the emergency room two days ago with left-sided flank pain. CT done and patient diagnosed with diverticulitis. Is now taking metronidazole, Cipro, and Vicodin for pain. The pain has improved mildly, but still bothers patient. Takes Vicodin about three times a day. Started to have hard stools. Vital Signs: Weight 210 lbs., temperature 97.7°F. Assessment: 1. Diverticulitis. 2. Constipation/likely secondary to pain medication.

10/08/06: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Patient complaining of left abdominal pain times eight hours, sharp, off and on. Patient states he has constipation. Last normal bowel movement was two days ago. The patient had similar symptoms last month and was diagnosed with diverticulitis. CT abdomen showed probable early diverticulitis and renal cyst. The patient did not have any follow-up for it. Vital Signs: Height 6'1", weight 208 lbs., blood pressure 144/80, pulse 61, temperature 98.3°F. The patient was scheduled for skin test PPD, tuberculosis, intradermal culture, urine and CBC with differential. He was prescribed ciprofloxacin 500 mg.

11/02/06: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Daniel D. Kitt is a 17-year-old male who started having left flank pain with radiation to the back and left lower quadrant in August which lasted for a week. The patient was seen in the emergency room at that time and a CT showed left renal cyst. The patient had another episode of pain since and a renal ultrasound confirmed a complex cyst on the left side. The patient denies history of trauma or other medical problems. Assessment/Plan: Left renal complex cyst of unknown significance, along with flank pain, CT scan with contrast, follow-up afterwards.

11/20/06: Chart Note from Southern California Permanente Medical Group,

Baldwin Park. The patient presented with his mother to discuss the findings after having had the CT scan with and without contrast. Assessment/Plan: Cysts of both kidneys, the patient is not too familiar with his father's family history, and based on lack of history of renal failure, I did not think that he has polycystic kidney disease. I recommend continued observation with follow-up in six months with repeat CT scan.

12/15/06: Chart Note from Southern California Permanente Medical Group, Baldwin Park. 17-year-old male who several months ago had vague flank pain, resulted in abdominal CT scan showing two cysts on either kidney. The patient is feeling OK currently without any acute complaints. He has no family history of PCKD, although he rarely keeps in contact with his father. Assessment/Plan: Given that this patient is 17 years old and has two cysts on either side, I think it is possible that he may have PCKD. The patient can have new mutation. He also is not in contact with his father, so some family history is not obtainable. We will refer to genetics for further testing.

01/24/07: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Daniel is an 18-year-old male who complains of sore throat for three days. He denies a history of fevers and denies a history of asthma. The patient does not smoke cigarettes. Sister has strep. Assessment was viral upper respiratory infection. The patient was advised to push fluids and rest, and was to return to the office if symptoms persisted or worsened. A throat culture was taken and he was prescribed penicillin V potassium 550 mg.

02/08/07: Genetic Consultation Report by Rosetta L. Willis, M.D., indicates that the patient presented for genetic counseling for possible polycystic kidney disease. History: Daniel Kitt is an 18-year-old male referred for genetic consultation because imaging studies revealed possible polycystic kidneys. In August 2006, he was evaluated in the emergency room for flank pain and possible kidney stone. A CT scan of the abdomen showed two possible cysts in the left kidney and diverticulitis. A renal ultrasound showed a complex cyst in the left kidney. A repeat CT scan of the abdomen was done in November 2006, which showed bilateral low density renal lesions, possible cysts. The study was otherwise negative. He denies dysuria, hematuria, abdominal pain, history of headaches or weight loss. He had a fainting episode at school one year ago. He was told he was dehydrated. Birth History: Kitt was born by primary C-section for failure to progress due to macrosomia to a G1, P1 24-year-old female and a 24-year-old male.

The pregnancy was complicated by intrapartum pregnancy induced hypertension. He did well in the neonatal period and went home with his mother. Family History: A three-generation pedigree was obtained. The history was significant for hypertension in Kitt's maternal grandmother and grandfather. There is no family history of polycystic kidney disease or any other inherited disorders, birth defects, or developmental delay. Kitt is not in touch with his father and has limited information on his father's family. The maternal ethnicity is Italian, Irish and Native-American. The paternal ethnicity is French, Canadian and Hispanic. There is no parenteral consanguinity. Recommendations: 1. Discuss with genetic lab about molecular testing for ADPKD. 2. Renal ultrasounds on the parents. 3. Follow up with the family.

02/28/07: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Follow-up borderline blood pressure range 100-137/60-85. Holter result discussed with Dr. Cotter and patient. Recommend echo and TMST. The patient planning to become fireman. History of syncope times two, first episode sudden, no warning, while in bed 1-1/2 years ago, second episode was brought on by seeing "something gross" and not having eaten, per patient, felt palpitation followed by nausea, saw spots, then fainted. Admits drinks three Cokes per day. No exertional symptoms ever. Headache yesterday, now resolved. Assessment: 1. Ventricular premature beats. 2. Polycystic kidneys. Plan: Discontinue caffeine!! The patient was scheduled for laboratory testing and echocardiogram.

05/17/07: Re-Evaluation Report by Dr. Willis. Daniel Kitt is an 18-year-old male who was seen for genetic consultation because imaging studies revealed possible polycystic kidneys. The family history was negative for polycystic kidney disease. We discussed autosomal dominant adult-onset polycystic kidney disease (ADPKD) with Kitt and his mother. We noted that the diagnosis is usually made by clinical exam. There are at least two known genetics for ADPKD. Some 85% of mutations have been localized to a gene on the short arm of chromosome 16 and 15% of mutations to a second gene on chromosome 4. There may also be a third gene for ADPKD, but it has not been further delineated. Because of the less than definite diagnosis on renal ultrasound and CT scan of the abdomen and the early presentation, we recommend molecular testing for ADPKD. Today, Kitt and his mother come in to discuss the results of the test. He recently had an echocardiogram because of a past history of PVCs and palpitations. He is currently asymptomatic. Molecular Test Results: The DNA variant in either the PKD-1 or PKD-2 gene was noted. This DNA sequence variant is of unknown clinical significance. It may be a

benign polymorphism or a disease-associated mutation that has not yet been reported. We discussed that it may be helpful to test Kitt's parents to see if they have a variant. Kitt's mother had a renal ultrasound which was normal. She would like to have the testing done. Kitt is not in touch with his father. He is not aware of any kidney problems in his father according to his father's family. If his mother has the same variant and does not have ADPKD, this is probably not a disease-causing mutation. Plan: 1. DNA testing for Kitt's mother to see if she carries the same variant. 2. Additional genetic counseling when the results on Kitt's mother are available. 3. Follow up with nephrologist and continue management plan as outlined by his physician.

05/21/07: Consultation Report from Southern California Permanente Medical Group indicates that the patient was seeking training as a firefighter and was requesting medical clearance. History: 18-year-old male with history of one syncope about one year ago. The patient had multiple cardiac studies due to syncope and his interest in pursuing firefighting career. The patient has no decreased exercise tolerance. The patient did state that he feels his heartbeat sometimes, especially when lying down feels "heartbeat stronger, irregular, but not fast". He remembers that prior syncope episodes as follows: He missed his breakfast and was running late to his class (childhood development) that morning. Around 9:30 a.m., he was sitting in his seat feeling sick to his stomach. He went outside to take a break and felt diaphoretic, dizziness and fainted. He said he probably had loss of consciousness about a few seconds. He felt heartrate fast after he woke up. He was then sent home after seeing the school nurse. No recurrence. Vital Signs: Height 6', weight 207 lbs., blood pressure 131/63. Assessment: 1. History of syncope: probably hypoglycemic episode or vasovagal reflex. 2. Holter showed PVCs and three beats of PVCs with normal LV ejection fraction. 3. ? elevated PASP by echo: asymptomatic. Plan: 1. Advised to avoid skipping meals and have plenty of hydration. 2. I think with normal LV EF, the possibility of LV related ventricular arrhythmia causing the syncope is very low and has overall very good prognosis. Especially in the presence of excellent ETT result. 3. Will need to review the echo tape due to conflicting wording on the echo report. Will call patient if need further study.

06/07/07: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient presented with a two-day history of frontal headaches radiating to occipital area, aggravated by bending forward. Advil helps some, but reoccurs. No neuro or sinus symptoms. Mother with migraine. Assessment: 1.

Headache, tension, doubt migraine. 2. Sinusitis. The patient was prescribed Advil 800 mg three times a day for 3-5 days.

08/03/07: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient presented with complaints of right rib pain since the prior night. No known injury, but patient went on a hike the day prior and carried a heavy rock for some time. No cough, fever, URI symptoms, shortness of breath. Pain worse with movement and is now radiating up to neck and around to back. No lower extremity swelling or pain. Vital Signs: Blood pressure 126/76, SpO2 98%. Impression: Chest wall pain, likely strain. The patient was advised to take Tylenol or Motrin as needed.

11/14/08: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient was seen with a five-day history of sore throat, productive cough and chills. He denied chest pain, dyspnea, wheezing, hemoptysis or high fever. Vital Signs: Weight 225 lbs., blood pressure 113/74, temperature 97.5°F. Assessment: Pharyngitis. The patient was scheduled for throat culture.

01/07/09: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient was seen with complaints of left testicular and left lower quadrant pain since 9:00 p.m. the night prior. He had similar pain two months prior and ultrasound of the testes was normal for torsions. This is a second episode of left testicular pain for the past 24 hours. There is no chest pain, no fever, no chills, no shortness of breath, no nausea or vomiting or diarrhea. Vital Signs: Blood pressure 129/71, pulse 82, temperature 99.4°F, respiration 18, SpO2 99%. Assessment: 1. Varicocele. 2. Hydrocele. The patient was scheduled for scrotal ultrasound and laboratory workup.

09/04/09: Chart Note from Southern California Permanente Medical Group, Baldwin Park, indicates that the patient was a 20-year-old male who had two episodes of hypoglycemia occurring over the last month. Vital Signs: Blood pressure 112/65, weight 214 lbs. Assessment was hypoglycemia. The patient was scheduled for laboratory testing.

09/05/09: Emergency Room Report from Southern California Permanente Medical Group, by Craig R. Huber, M.D. History: 20-year-old male presents with flank pain. Patient with left testicular pain. Noted onset one to two days ago. Pain was initially mild and would come and go. Tonight, pain suddenly became worse. Pain

now occasionally radiating down his left leg and up to his LLB. Active Problem List: Cystic disease of kidney and renal cyst. Vital Signs: Blood pressure 120/70, temperature 98.1, weight 215 lbs., SpO2 98%. Note: Pain improved with fentanyl 25 mcg. Will discharge home. Etiology of pain unclear, but does not appear to be of emergent nature. Impression: Groin pain. Plan: Ibuprofen. Activity as tolerated. ED return as needed.

09/22/09: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient presented with a four-day history of sore throat, nonproductive cough and low-grade fever. He denied chest pain, dyspnea, wheezing, hemoptysis or fever. Vital Signs: Blood pressure 137/58, weight 218 lbs. Assessment: Otitis media and pharyngitis. Patient was prescribed amoxicillin 500 mg.

11/01/09: Chart Note from Southern California Permanente Medical Group, Baldwin Park. 20-year-old male with burning, redness, discharge and mattering in left eye for eight days. No other symptoms. No significant prior ophthalmologic history. No change in visual acuity, no photophobia, no severe eye pain. Yesterday noticed dilated eye, no over-the-counter, illicit meds. Patient is a paramedic. Patient appears well. Vital signs are normal. Left eye with findings of typical conjunctivitis noted; erythema and discharge. PERRLA, no foreign body noted. No periorbital cellulitis. Left pupil is dilated. The corneas are clear and fundi normal. Visual acuity normal. Assessment: Conjunctivitis. Mydriasis, persistent. Patient was prescribed sulfacetamide sodium 10% ophthalmic drops.

12/16/09: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Daniel D. Kitt is a 20 year old who I had seen in the past for incidental renal cysts, two on the left and one possibly two on the right. The patient is having new symptoms. Patient on last renal ultrasound on December 2007 had no changes in the cysts. The patient is now referred for left testicular pain which started and lasted one day when he was seen in the emergency room. Patient works as a paramedics and lifts patients often and does not recall if he strained himself. The pain radiated to his left testis and radiated up to his left flank. The patient did not pass any stones or had hematuria. Vital Signs: Blood pressure 120/49, weight 218 lbs. Assessment: 1. Left testicular pain, now resolved, possibly pulled muscle or strain, continue with observation, KUB to rule out stones. 2. Renal cysts, follow-up ultrasound.

04/05/10: Emergency Room Report from Southern California Permanente Medical Group, by Thomas J. Tsou, M.D. History: Daniel D. Kitt is a 21-year-old male who complains of urgency, frequency times one day. There is no chest pain, no fever, no chills, no shortness of breath, no nausea or vomiting or diarrhea. Vital Signs: Blood pressure 132/91, pulse 52, temperature 98.7°F, respiration 18, weight 215 lbs., SpO2 98%. Assessment was dizziness. The patient was referred to endocrinologist for more detailed workup and follow-up regarding his symptoms. He was to be followed up by his primary treating physician in two to three days.

04/08/10: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Daniel D. Kitt is a 21-year-old male, paramedic, who presented to the emergency department three days ago for complaints of increased frequency of urination and mild diarrhea. His workup in the emergency department included electrolytes, blood sugar, urinalysis were all normal. The patient states his frequency or urination has improved since then and he urinates four to five times during the day. He denies increased thirst. He denies increased intake of alcohol, caffeinated drinks or any other drugs. He denies fevers or chills. The urine volume is small in amount and not associated with any burning. He denies any abdominal pain, nausea or vomiting or dizziness. Diarrhea has resolved since two days. He is also followed by the urology department for evaluation of cystic disease of the kidney. CT abdomen in 2007 revealed sigmoid diverticula. Patient Active Problem List: Cystic disease of the kidney and renal cyst. Vital Signs: Blood pressure 120/58, weight 220 lbs. Assessment was urinary frequency. Note: For one day, which has improved, spontaneously, without increased volume of urine and without increased thirst-unlikely to be from diabetes insipidus. There was no clinical or biochemical evidence of urinary infection or diverticulitis. No history of polydipsia. Discussed with the patient on the findings and the plan. Will repeat urine volume and urine and serum electrolytes osmolality for further evaluation. Patient also advised to discuss his symptoms with the urologist and to rule out any bladder abnormalities causing increased frequency of urination.

12/02/10: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient presented with complaint of left ear pain with discharge. He was also complaining of epistaxis, recurrent, right nostril, times seven-plus weeks. This usually happens when he blows his nose. Blood pressure readings from the last two encounters: 04/07/10, 120/58; 10/20/10, 122/68. Blood pressure that day was 112/74, weight 221 lbs. Assessment: Otitis externa. Otitis media. Allergic rhinitis. Epistaxis. The patient was prescribed amoxicillin 500 mg,

neomycin-polymyxin-HC 3.5-10,000-1 mg-unit/ml% otic suspension drops, fluticasone 50 mcg/actuation nasal spray solution and Ocean Nasal 0.65% nasal spray.

09/18/11: Chart Note from Southern California Permanente Medical Group, Baldwin Park. History: 22-year-old male comes in today with complaints of dysuria with a gradual onset, intermittent timing, mild severity. No fevers or abdominal pain. He also complains of itching in the groin region. He was recently intimate with a woman who was diagnosed with Chlamydia. Assessment was urethritis. He was scheduled for laboratory testing.

12/05/11: Chart Note from Southern California Permanente Medical Group. Daniel D. Kitt is a 22-year-old male who noted a bumpy somewhat pain skin rash on the posterior scalp about four days ago. Has some pain, itching and some drainage at night from the area. Works out at a gym and uses the equipment, sometimes with his scalp touching it. No fever. Assessment: Folliculitis.

04/24/12: Chart Note from Southern California Permanente Medical Group. The patient presented with a three-day history of intermittent left flank pain. The pain radiates to the left testicle when severe. Vital Signs: Blood pressure 126/79, weight 220 lbs., SpO2 99%. Assessment was flank pain. He was prescribed ibuprofen and Vicodin and was advised not to lift, push or pull. He was to see his primary care physician in one week.

06/21/12: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient was seen with complaints of productive cough, congestion and rhinorrhea. He was also having pain and decreased hearing times six days (temperature 101.2°F) times one day that resolved. The patient works as a paramedic. Vital Signs: Blood pressure 116/72, weight 228 lbs. Assessment was upper respiratory infection.

06/26/12: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient was seen with complaints of a 12+ day history of cough and congestion with sore throat and bilateral ear pain. Vital Signs: Blood pressure 127/79, temperature 98.5°F, weight 222 lbs., SpO2 99%. Assessment was sinusitis, pharyngitis and otalgia, referred pain.

10/12/12: Chart Note from Southern California Permanente Medical Group,

Baldwin Park. The patient presents with past medical history of renal cysts, folliculitis. Patient needs refill for medications on rash of back of head. Treated in past with doxycycline with good results. Here for follow-up of rash to the back of his head. Vital Signs: Blood pressure 119/56, weight 211 lbs. Assessment was folliculitis.

11/07/12: Emergency Department Report from Southern California Permanente Medical Group, by Michael S. Guirguis, M.D. History: 23-year-old male with nausea, vomiting, diarrhea for two days, states abdominal ache, started on Sunday, then Monday started to having vomiting, approximately ten times over last two days, approximately 15 episodes of diarrhea since Monday, no recent travel, was on ten days of doxy for folliculitis, last dose approximately ten days ago, no history of C. diff, sick contacts. Is a paramedic and sees AGE daily. Tonight had diarrhea in bed, got up, went to shower, felt dizzy, and felt like he was going to pass out. Sat down and passed out only a few seconds, no trauma. Laid there until he could get up and mother drove him here. No history of cardiac disease or arrhythmia, history of syncope times one when he got a shot in the past. Vital Signs: Blood pressure 114/45, temperature 97.9°F, respiration 19, weight 204 lbs., SpO2 99%. EKG demonstrated normal sinus rhythm, rate 50, normal axis, no ST elevation. Laboratory report indicated the following elevated readings: Monos % auto 19.3. Low Readings: RBC 4.56, HCT auto 41.6, potassium 3.4, and CO2 20. Diagnosis was gastroenteritis. The patient was prescribed ondansetron HCL 4 mg.

07/25/13: Doctor's First Report of Occupational Injury or Illness by Brian Bearie, M.D., indicates that the patient was employed by the City of Rialto as a firefighter/paramedic. Date of injury is July 25, 2013. Description of Accident: After a work session, I went to lift a 45-pound barbell and that is when I felt a sharp pain in my lower back. Complaining of 6/10 constant pinching, throbbing, aching, burning pain in my lower back and right leg. Pain worsens when I sit. Complaining of numbness, tingling and weakness in the right leg. Denies nausea, vomiting, diarrhea, fever, chills, chest pain, shortness of breath, abdominal pain, or bowel or bladder incontinence. Diagnosis was acute lumbar strain. The patient was prescribed naproxen sodium 550 mg twice a day, Flexeril 7.5 mg twice a day. The patient was scheduled for reevaluation on August 1, 2013. The patient was returned to modified duty as of July 25, 2013, with no lifting, carrying, pushing, pulling greater than 10 pounds. No lifting, work on ladders, roofs, places above ground level. No repetitive bending or use of low back.

08/20/13: Report from Physical Therapy Center Orthopedic & Sports Physical Therapy by Richard Blum-Johnston, M.P.T., indicates that the patient was referred by Dr. Bearie for treatment of the patient's low back strain.

12/12/13: Initial Evaluation Report from Kerlan-Jobe Orthopedic Clinic by Jae H. Chon, M.D., indicates that the patient was seen for injuries sustained while working for the City of Rialto/Fire Department. On July 25, 2013, and on August 6, 2013, while doing a CrossFit workout at work with a Teddle belt, he felt a pop. Since that time, the patient has been having low back pain that started radiating down the left leg. The patient was presently taking Norco, naproxen and Flexeril. The patient was allergic to morphine and erythromycin. The patient had a positive family history of heart disease and CVA. The patient was single and did not smoke and rarely drank alcoholic beverages. Vital signs were not given. Assessment and Plan: The patient has a loss of disc height at the L5-S1 with a new onset of left sciatica. I would like to start the patient on physical therapy at TEAM two times a week for six weeks. We will start the patient on anti-inflammatory, Voltaren XR, and see if that helps ease the pain. We will see the patient back in six weeks and see how he responds to physical therapy.

03/06/14: Re-Evaluation Report by Jae H. Chon, M.D. The report indicates that the patient's physical therapy had been very helpful and he noticed about 80% reduction in pain. The patient requested to continue physical therapy twice a week for another six weeks. He was scheduled for follow-up in six weeks. The patient was continued on modified duty.

04/24/14: Re-Evaluation Report by Jae H. Chon, M.D., indicates that the patient had responded well to 12 sessions of physical therapy. The patient was scheduled for follow-up in six weeks. If he was not improving, consideration for chiropractic treatment and acupuncture was discussed. The patient was continued on full duty.

06/12/14: Re-Evaluation Report by Jae H. Chon, M.D. The patient's MRI showed a disc herniation at L5-S1 diffuse, but much worse on the left side with narrowing on the left side. Authorization was recommended for epidural steroid injections at the L5-S1 level. If patient received no improvement, discectomy was to be considered. The patient was continued on regular duty.

07/02/14: Application for Adjudication of Claim indicates that the patient was employed by the City of Rialto as a firefighter. He filed a specific injury on July

25, 2013, when he injured his back on duty while exercising. Concurrent case filing date of injury 08/06/13.

07/08/14: Application for Adjudication of Claim indicates that the patient was employed by the City of Rialto as a firefighter. He filed for a specific injury on August 6, 2013, when he injured his back on duty while exercising. Concurrent case filing date of injury 07/25/13.

07/24/14: Re-Evaluation Report by Jae H. Chon, M.D., indicates that authorization for epidural injections was received. The patient was to be seen for follow-up in six weeks, after the epidural injections. He was continued on full duty.

08/06/14: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient was seen with a three-day history of right upper abdominal quadrant pain. He was taking Voltaren and Norco for back pain-work related. Vital Signs: Blood pressure 124/62, weight 209 lbs. Assessment: Abdominal pain and lumbar disc herniation. The patient was referred for GI consultation.

12/09/15: Orthopedic Evaluation Report by Alexander T. Latteri, M.D., indicates that the patient was seen for injuries sustained while working for City of Rialto Fire Department on July 25, 2013, and August 6, 2013. The patient stated that he was allergic to morphine. He denied any history of high blood pressure, diabetes or heart problems. He underwent left knee surgery in July of 2015. He was presently taking Norco and diclofenac for his low back symptoms. Vital Signs: Height 6'1", weight 215 lbs., age 26. Diagnosis: 1. Herniated L5-S1 intervertebral disc with radiculopathy, left lower extremity. a. MRI of low back 10/14/13, documenting large 5 mm central disc herniation/protrusion, L5-S1 level with degeneration. b. Low back epidural injection 07/26/14, effective. 2. History of gastritis secondary to anti-inflammatory medications used to treat lower back symptoms. It was the examiner's opinion that the patient had reached maximum medical improvement as of 12/09/15 for the industrial injuries of 07/25/13 and 08/06/13, which occurred while employed by the City of Rialto Fire Department. The patient had no work restrictions as he was working full duty as a firefighter without any restrictions. Apportionment/Causation: This permanent partial disability is compatible with and directly attributable to the industrial injuries of 07/25/13 and 08/06/13. The mechanisms of injury explain the development of the condition underlying the impairment. I would apportion 25% of this present lower lumbar permanent

impairment to the initial industrial injury which occurred July 25, 2013, where he required three days of light duty. There was no temporary total disability. He returned to full duty work activities. It is reasonable to assign 75% to the industrial injury of August 6, 2013, where he required five days of temporary total disability and two weeks of light duty. He then returned to regular work as of 08/13/13. An MRI of the lower back was performed on 10/14/13, documenting disc injury. Zero percent is due to other causative factors. There is no basis for apportionment of any of the permanent partial disability. There is nothing to indicate that this individual brought a related pre-existing disability to the employment and injury, there is nothing to indicate there would now be ratable disability as a result of any progressive naturally occurring disease process, and there is no contribution from supervening event or injuries. This determination of apportionment represents my best medical judgment as to the percentage of disability, if any, caused by any other factors as defined in Labor Code Section 4663 and 4664.

PHYSICAL EXAMINATION:

The patient is a well-developed, well-nourished male, 6'1" and 220 lbs. Vital signs are the following:

Blood Pressure: 118/76 Pulse: 64
Respiratory Rate: 12

Head: The skull is atraumatic, normocephalic.

Eyes: Sclerae are anicteric and conjunctivae are pink.

Ears: Tympanic membranes are intact bilaterally.

Nose: The patient has some erythema of the nasal passages, more pronounced on the left than the right.

Throat: The patient has erythema of the posterior pharynx, with no exudates, no evidence of thrush and no leukoplakia.

Neck: The patient has no jugular venous distention, no lymphadenopathy and no thyromegaly. His neck is supple. He has no carotid bruits.

Lungs: The lungs are clear to percussion and auscultation.

Heart: There is a regular rate and rhythm, without any S3, S4 or murmur.

Abdomen: The patient is 1+ tender over the epigastric area. He has no rebound. He has active bowel sounds. No masses are felt and he has no hepatosplenomegaly and no bruits.

Extremities: He has equal pulses in all four extremities. He has no edema and no deformities.

Neurologic: The patient is alert, oriented times three, with no focal findings.

DIAGNOSES:

Gastroesophageal reflux disease.

DISABILITY STATUS:

Mr. Kitt is at Maximum Medical Improvement.

DISCUSSION:

The diagnosis will be discussed in terms of causation, whole person impairment, apportionment and need for future medical care.

GASTROESOPHAGEAL REFLUX DISEASE:

CAUSATION:

After taking a careful history from the patient and review of the medical records, I have concluded that his gastroesophageal reflux disease was caused by the anti-inflammatory medicines, mainly Naprosyn and Voltaren XR, which he was required to take in order to alleviate the pain from his low back industrial injury. Were it not for this need to take these medications to alleviate pain, I do not feel he would have developed gastroesophageal reflux disease. The medical records indicate the patient

was started on Naprosyn and Flexeril on July 25, 2013, shortly after his low back injury. He apparently continued these medications until he saw Dr. Chon, his orthopedist from Kerlan-Jobe, on December 12, 2013. At that time, Dr. Chon started the patient on another anti-inflammatory, Voltaren XR.

Furthermore, on August 6, 2014, the patient was seen in the clinic at Southern California Permanente Medical Group complaining of right upper quadrant abdominal pain. It was noted that the patient was taking Voltaren and Norco at that time, and he was referred to a gastroenterologist. It is unclear from the medical records whether the patient went to the gastroenterologist. On December 9, 2015, Dr. Latteri saw the patient for an orthopedic evaluation. He noted that the patient had gastritis secondary to anti-inflammatory medications needed to treat his low back pain.

Besides the anti-inflammatory medication, the Norco and the Flexeril that the patient was taking in order to treat low back pain and spasm have contributory mechanisms which can also lead to the development of gastroesophageal reflux disease. Norco is a potent opiate analgesic and can cause the relaxation of the gastroesophageal sphincter, making it easy for the acidic stomach contents to backflow into the esophagus and irritate the mucosa there, leading to GERD. Flexeril, which is a muscle relaxant, can also cause relaxation of the gastroesophageal sphincter, leading to worsening GERD by a similar mechanism as Norco.

The patient also, I feel, is a believable historian and was able to well document his symptoms to me during our encounter. Therefore, relying on the history in which he has actually no other nonindustrial risk factors which would lead to the development of GERD, I feel that his upper gastrointestinal tract disability is solely secondary to medications which he needed to treat his orthopedic industrial injury.

IMPAIRMENT RATING:

In discussing the patient's whole person impairment, there is no objective evidence of gastroesophageal reflux disease at this time, in terms of an EGD. However, he does have symptoms consisting of heartburn and nausea and signs consisting of tenderness over the epigastric region which would be consistent with gastroesophageal reflux disease. Furthermore, the patient requires appropriate dietary restrictions and drugs for control of his symptoms and signs. He does not

have any nutritional deficiencies and does not suffer from any weight loss below a desirable weight. Because the patient is not taking the omeprazole continuously, I feel that he would have a lower percentage of whole person impairment under Class 2. Therefore, I feel it is most appropriate to give him a 10% whole person impairment based on historical factors, examination and the medical records.

APPORTIONMENT:

Apportionment to non-industrial factors is not warranted. The patient has no nonindustrial factors which led to the development of his GERD. In addition, it should be noted that the patient states he had an H. pylori test done by his Kaiser doctor which was negative. Furthermore, the patient does not smoke, he only occasionally drinks alcoholic beverages and he does not drink excessive amounts of caffeine. Therefore, I can find no basis for apportionment and feel that his gastroesophageal reflux disease is 100% industrial in causation. I would apportion his disability to the August 6, 2013. From an internal medicine standpoint, I do not follow with the apportionment of Dr. Latteri since both injuries were in such close proximity. Furthermore, I questioned him at length as to whether he required an increase in medication following his knee injury in June of 2015 with the Morongo Valley Fire Department. He indicated his need for medication did not increase even though the anti-inflammatories he was taking for his back did help alleviate his knee symptoms. I would be happy to review records concerning that injury and would reserve the right to modify my opinion, should that become necessary but at this time the information that I have does indicate he was already having symptoms prior to the most recent injury.

FUTURE MEDICAL CARE:

If possible, I would recommend the patient get off anti-inflammatories and try to take some other medication for his pain. I feel that the Voltaren XR which he occasionally takes may be making it more difficult for healing of his esophageal mucosa. In addition, I would like him to try to take Protonix which is a better PPI, I feel, than Prilosec, 40 mg a day for 30-60 days to see if the symptoms resolved. If not, at that time, perhaps an EGD should be undertaken.

DISCLOSURE STATEMENT:

In accordance with Labor Code Section 4628 (b), (c), (i) and (j), and Article 25 Rule 10978, let it be known that my dictation was reviewed for grammatical and typographical errors as well as for compliance with the administrative rules of the Labor Code by T. Shoobs, my staff Technical Reviewer.

Pursuant to Labor Code 139.2 (j), I attest that the face-to-face time spent performing this patient's evaluation was in compliance with the applicable minimum time guidelines established by the Industrial Medical Council in Article 4.5, Section 49.

Prior medical records were compiled and arranged into correct chronological order for my use by L. Hicks, of my office staff.

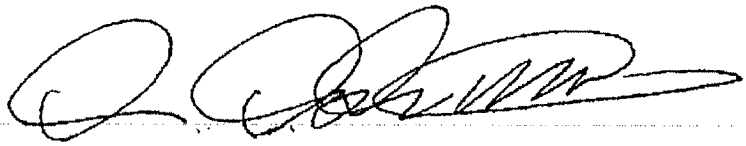
Except for the above, I certify that I composed and drafted this report, reviewed the history with the patient, reviewed any prior medical records received before the dictation of this report, performed the research necessary, and except where noted in the body of the report, administered all diagnostic tests cited. The opinions and conclusions represented within this report are mine alone.

Pursuant to Labor Code 5703 (a) (2), I declare under penalty of perjury that there has been no violation of Labor Code 139.3, and that the bill accompanying this report is true and correct to the best of my knowledge.

Further, I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Signed and dated September 8, 2016 in the County of San Bernardino, California.

Sincerely,



Dennis Dasher, M.D.
Diplomate of the American Board of Internal Medicine
QME in Internal Medicine for the State of California

DD/sm

cc: CorVel Corporation
P.O. Box 669
Chino, CA 91708
Attn: Annette Jones, Claims Adjuster

PROOF OF SERVICE
STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

I, R. Wiley am employed in the aforesaid County, State of California.

I am over the age of 18 years and not a party to the within action; my business address is: 1835 W. Redlands Boulevard, Redlands, CA 92373.

On 09/08/16, I served the foregoing report and statement on all parties in this action by placing a true copy thereof, enclosed in a sealed envelope, addressed as follows:

Law Offices of
Cantrell, Green, Pekich
444 W. Ocean Boulevard, Suite 400
Long Beach, CA 90802
Attn: Wayne McCort
Attorney at Law

Law Offices of
Kuntz & Kuntz
715 N. Arrowhead Avenue, Suite 215
San Bernardino, CA 92401
Attn: Janet Kuntz
Attorney at Law

CorVel Corporation
P.O. Box 669
Chino, CA 91708
Attn: Annette Jones, Claims Adjuster

_X___ (BY MAIL) Caused such envelope with postage thereon fully paid to be placed in the United States mail at Redlands, California.

_____ (BY PERSONAL SERVICE) I caused such envelope to be serviced by hand to the offices of the addressee.

_X___ (STATE) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/08/16

Signature of the Declarant

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

Is this a new Case?* Yes ○ No ●

Location: CTL

Companion Cases Exist ☐

Walk Thru Yes ● No ○

More than 15 Companion Cases ☐

Date: (MM/DD/YYYY) 01/11/2017

Case Number: ADJ9524117

SSN(Numbers Only) [redacted]

● Specific Injury (If Specific Injury, use the start date as the specific date of injury)

○ Cumulative Injury 08/06/2013 (START DATE: MM/DD/YYYY) * (END DATE: MM/DD/YYYY)

Body Part 1* : 420 BACK - INCLUDING

Body Part 2 : 810 DIGESTIVE SYSTEM

Body Part 3 :

Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

● ADJ ○ DEU ○ SIF ○ UEF ○ VOC ○ INT ○ RSU

Companion Cases

Case 1:

○ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

○ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 2:

○ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

○ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 3:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 4:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 5:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 6:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 7:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 8:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 9:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 10:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 11:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 12:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 13:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 14:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 15:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
STIPULATIONS WITH REQUEST FOR AWARD (DOI post 1-1-2013)

Case Number	Information Will Be Obtained From The Coversheet
SSN (Numbers Only)	Information Will Be Obtained From The Coversheet
Date of Injury (MM/DD/YYYY)	Information Will Be Obtained From The Coversheet

Venue Choice is Based Upon*

- ○ County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)
- ○ County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)
- ◉ County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

Enter the zipcode for the venue choice designated above, and then tab to Hearing Location Field and choose the corresponding Hearing Location Code *	90801	LBO

Applicant

First Name*	DANIEL
Middle Initial	
Last Name*	KITT
Address/PO Box*	[redacted]
City*	[redacted]
State*	[redacted]
Zip Code* (Numbers Only)	[redacted]

Employer #1 Information*

☐ Insured ☑ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name*	CITY OF RIALTO
Employer Street Address/PO Box*	150 S PALM AVE
City*	RIALTO
State*	CA
Zip Code* (Numbers Only)	92376

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	

City	
State	
Zip Code (Numbers Only)	

Claims Administrator Information (if known and if applicable)

Name	CORVEL CHINO
Street Address/PO Box	PO BOX 669
City	CHINO
State	CA
Zip Code (Numbers Only)	91708

Employer #2 Information

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name	
Employer Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Claims Administrator Informa n (if known and if applicable)

Name	
Street Address/PO Box	
City	
State	
Zip (Numbers Only)	

Employer #3 Information

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name	
Employer Street Address/PO Box	
City	
State	
Zip (Numbers Only)	

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	
City	
State	
Zip (Numbers Only)	

Claims Administrator Information (if known and if applicable)

Name	
Street Address/PO Box	

City	
State	
Zip Code(Numbers Only)	

Employer #4 Information

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name	
Employer Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Claims Administrator Information (if known and if applicable)

Name	
Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

1. The parties hereto stipulat the issuance of an Award and/or C r, based upon the following facts, and waive the requirements of Labor Code section 5313:

Employee First Name	DANIEL

Employee Last Name	KITT

born* [redacted] while employed at RIALTO,
(Birth Date - MM/DD/YYYY)* (City)

CA as a(n) FIREFIGHTER, 490 in
(State) (Occupation) (Group)

More than 4 Companion Cases ☐

Case Number 1: Information Will Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts : Information Will Be Obtained From The Coversheet

Case Number 2: Information Will Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts Information Will Be Obtained From The Coversheet

Case Number 3: Information Will Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts Information Will Be Obtained From The Coversheet

Case Number 4: Informatio Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts Information Will Be Obtained From The Coversheet

by the employer(s) and their insurer(s) listed above and who sustained injury(ies) arising out of the and in the course of employment to: (Field size limited to 455 characters)

LOW BACK AND DIGESTIVE SYSTEM/STOMACH.

2. The injury(ies) caused temporary disability for the period _____ through
Start Date (MM/DD/YYYY)

_____ for which indemnity has been paid at $ 0 per week.
End Date (MM/DD/YYYY) Indemnity Paid

2(a). The injury(ies) caused additional temporary disability for the period _____
Start Date (MM/DD/YYYY)

through _____ at the rate of $* 0 in the amount of $* _____
End Date (MM/DD/YYYY) Rate Indemnity Paid

3. The injury(ies) caused permanent disability of 23 %, for which indemnity is payable
Percentage*

at $ 230 per week beginning 12/09/2015 in the sum of $ 20815
Indemnity Paid* Start Date (MM/DD/YYYY) Indemnity Paid*

less credit for such payments previously made.

☐ And a life pension of $ 0 per week thereafter.
Life Pension Amt*

An informal rating* ☐ has / ☑ has not (Select one) been previously issued

in case no(s) _____

4. There is * ○ / ◉ is not a need for medical treatment to cure or relieve from the effects of said injury(ies).

5. Medical-legal expenses and/or liens are payable by defendant as follows: (Field size limited to 189 characters)

DEFENDANTS WILL PAY, ADJUST OR LITIGATE THE TIMELY FILED AND APPROPRIATELY ACTIVATED LIENS OF RECORD, RESERVING ALL DEFENSES AS TO THE LIEN CLAIMANT'S SERVICES AND CHARGES IN THEIR ENTIRETY

6. Applicant's attorney requests a fee of $ 3100

☑ Fees to be commuted as follows.(Field size limited to 256 characters)

FROM THE FAR END IF SUFFICIENT FUNDS NOT ACCRUED.

7. Liens against compensation are payable as follows: (Field size limited to 440 characters)

8. Any accrued claims for Labor Code section 5814 penalties are included in this settlement unless expressly excluded.

9. Other stipulations: Field size limited to 1024 characters

THE APPLICANT WAIVES ANY AND ALL CLAIMS FOR PENALTY AND INTEREST ON ALL FORMS OF BENEFITS. THE APPLICANT WAIVES ANY CLAIM OF PENALTY OR INTEREST ON THE AWARD HEREIN UPON PAYMENT OF THE AMOUNTS DUE UNDER THE AWARD WITHIN 30 DAYS OF SERVICE OF THE AWARD UPON DEFENDANT.

THE APPLICANT STIPULATES THAT HE HAS BEEN ADEQUATELY COMPENSATED FOR ALL CLAIMED PERIODS OF TEMPORARY TOTAL DISABILITY. NO FURTHER PERIODS ARE CLAIMED.

THE STIPULATION IS PURSUANT TO THE QME REPORTING OF DENNIS DASHER, MD, DATED JULY 22, 2016, AS WELL AS THE REPORTING OF THE PTP, ALEXANDER LATTERI, MD, DATED DECEMBER 9, 2015.

Dated _____ Applicant _____

Applicant's Attorney or Authorized Representative:

☑ Law Firm/Attorney ☐ Non Attorney Representative

First Name	WAYNE
Last Name	MCCORT
Law Firm Number	5041891
Law Firm Name	CANTRELL GREEN LONG BEACH
Address/PO Box	PO BOX 1700
City	LONG BEACH
State	CA
Zip Code (Numbers Only)	90801

Dated

For this form to be legally binding, the filing party must attach to this electronic form a fully executed OCR form that is identical in content to this form and which contains all required signatures.

Applicant Attorney Signature

Defendant's Attorney or Authorized Representative:

☑ Law Firm/Attorney ☐ Non Attorney Representative

First Name	DANIEL
Last Name	YSABAL
Law Firm Number	5121097
Law Firm Name	KUNTZ BUSI SAN BERNARDINO
Address/PO Box	715 N ARROWHEAD AVE STE 215
City	SAN BERNARDINO
State	CA
Zip Code (Numbers Only)	92401

Dated

Defense Attorney Signature

Defendant's Attorney or Authorized Representative:

☐ Law Firm/Attorney ☐ Non Attorney Representative

First Name	
Last Name	
Law Firm Number	
Law Firm Name	
Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Dated

Defense Attorney Signature

Defendant's Attorney or Authorized Representative:

☐ Law Firm/Attorney ☐ Non Attorney Representative

First Name	
Last Name	
Law Firm Number	
Law Firm Name	
Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Dated

Defense Attorney Signature

Interpreter License Number:

Interpreter Name	
Interpreter License Number	

ALEXANDER T. LATTERI, M.D.
ORTHOPAEDIC SURGERY

QME
Orthopaedic Surgery

3939 Atlantic Avenue, Ste. 204
Long Beach, California 90807-3535
(562) 424-0423 fax (562) 424-6719
Tax ID#: 33-0610122
License #: C38154

AME
Arthroscopic Surgery

PERMANENT AND STATIONARY ORTHOPAEDIC EVALUATION

Patient:	Daniel Kitt	Date of Exam:	12/9/15
Chart#:	107293A~	Date of Report:	12/9/15
DOI:	7/25/13 – Lower back 8/6/13 – Lower back		
DOB:	[redacted] – 26 year old male		
Emp:	Rialto Fire Department		
Occ:	Firefighter/paramedic		
Claim #:	CT 14 005008		
WCAB#:	ADJ9523168; ADJ9524117		

The patient presents to this office today for evaluation of injuries to his lower back which occurred during the performance of his usual and customary job as a firefighter/paramedic while employed by Rialto Fire Department. His first injury to his lower back was on 7/25/13 and his second on 8/6/13.

MECHANISM OF INDUSTRIAL INJURY:

On 7/25/13, Firefighter Kitt was at work performing an exercise program, when he bent down to pick up a weight bar. As he lifted the bar, which weighed about 45 pounds, he felt a "pop" in his lower back with onset of lower back pain. He reported the injury. He remained at work but for the rest of that day, he did not perform any physically strenuous activities.

After the end of his shift, he was evaluated at a company clinic by the company doctor, name not recalled. X-rays were taken of his lower

back. He was given Naproxen, Norco and muscle relaxant medication. He continued working but at light duties for a few days. His light duty work involved doing office type work with no lifting over 10 pounds. He then returned to his regular work duties. At the time he returned to regular work duties, his lower back symptoms had subsided.

He continued to work at his regular duties with no further symptoms in his lower back until 8/6/13. **On that date, while at work, he was performing an exercise program required of the Department. He was working with a 75 pound kettle bell, going from a standing position to a squat. After 10 minutes of exercising, he went into a squat and felt a "strange pop/movement" in his lower back. About one hour later he noted pain in the lower back.** He reported the injury and was sent for medical care at the company clinic.

On 8/7/13, he was seen at the company clinic. He was placed off work. No treatment was given that day.

He remained off work for about 5 days, from 8/6/13 to 8/11/13, then returned to work at light duties. His light duty work involved desk duties with no lifting greater than 10 pounds.

He remained under the care of the company clinic. He received physical therapy, 12 sessions, and 6 acupuncture treatments resulting in temporary benefit.

About the end of 8/13, he returned to full duty work without restrictions.

He received 36 sessions of physical therapy and 6 sessions of acupuncture. An MRI was ordered for his lower back.

On 10/14/13, he underwent an MRI of his lower back performed at Reliant Radiology Medical Group. Impression: Large (greater than 5 mm) central disc. Protrusion/herniation L5-S1 with degenerative change.

In 12/13, he was evaluated by Dr. Chon, M.D. He received 24 physical therapy sessions with temporary benefit. An epidural injection was requested for his lower back.

On 7/26/14, he received an epidural injection to his lower back by Dr. Chon, M.D. Procedure: 1. Transforaminal epidural injection, left L5-S1. 2. Tuohy needle localization using fluoroscopy.
3. Epidurogram.

Firefighter Kitt stated that the epidural injection did not help with lower back pain but his bilateral leg pain subsided.

On 6/19/14, he was **fired from his position with City of Rialto Fire Department.** He stated that he was not given a reason for his termination.

On 11/12/14, he began working for Morongo Valley Fire Department as a firefighter/paramedic. This was physically the same work he did for Rialto except he was not required to perform a strenuous physical exercise program and a private ambulance service transports patients so he only occasionally lifts people or gurneys. He continues this work without loss of time due to his lower back.

He remains under the care of Dr. Chon, M.D., being seen every 6-12 weeks for follow up and medications for his lower back. He was last seen by Dr. Chon, M.D., about the end of 11/15.

PAST MEDICAL HISTORY:

Previous Workers' Compensation Claims.

In 7/15, he sustained an injury to his left knee while working for Morongo Valley Fire Department. He was at a call, walking on a freeway when he stepped on something and tore cartilage in his left knee. He had subsequent arthroscopic surgery to his left knee. He was off work for about 4 months, then returned to his regular duties as of 10/7/15. He did not have a legal case. He stated that he recovered from the 7/15 injury.

Prior Non-Industrial Injuries:

At age 7, he fractured his right wrist; no sequelae.

REVIEW OF SYSTEMS:

Allergies:

He stated that he is allergic to **Morphine.**

Systemic Illnesses:

Patient denies high blood pressure, diabetes or heart problems.

Previous Surgeries:

Left knee surgery in 7/15 as noted above.

Emotional/Psychiatric Problems:

None.

Other Medical Problems:

None.

Present Medications:

He is currently taking Norco and Diclofenac for his lower back symptoms.

JOB DESCRIPTION:

Mr. Kitt began working for Rialto Fire Department as a firefighter/paramedic in late 2012; he worked for that Department for 11 months and 2 weeks. He had a pre-employment physical. His job involved fire suppression and providing medical aid. He wore turn out gear when fighting fires. He also performed an intense cardio exercise plan which required lifting over 100 pounds. He performed bending and stooping activities. He performed repetitive kneeling and squatting. He pushed and pulled equipment and gurneys with people on them. He performed reaching and overhead reaching. He lifted equipment weighing 10 to 50 pounds. He also lifted people. He climbed stairs and ladders and onto roofs.

REVIEW OF MEDICAL RECORDS:

There are medical records available.

PRESENT COMPLAINTS as related on 12/9/15:

1. Pain in the lower back radiating into both lower extremities.
2. Lower back pain is increased with bending, stooping and heavy lifting activities.
3. Burning in both lower extremities.
4. Numbness in both lower extremities.
5. Difficulty sitting for prolonged periods of time.

ACTIVITIES OF DAILY LIVING: (How symptoms affect ADL)

He stated that he is careful with normal mechanical movements due to his lower back symptoms. He is careful with working in the yard at home due to his lower back symptoms.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE:

He is 6' 1" tall at 215 pounds. He is a 26 year old male. He has a college education. He walks without a limp. He can walk on his heels and toes.

LOWER BACK:

There is pain with palpation in the lower back area bilaterally.

Sensory deficits of the lower extremities at left S1.

Lower extremity reflexes were symmetrical.

No big toe weakness

Negative Laseague's sign.

Positive sciatic notch pain left side.

Positive straight leg raising test left lower extremity.

SI joints were not tender.

Negative flank pain.

No limp.

Range of motion lower back:
Table 15-7 II-C = 7%
Table 15-8 flexion 70/90, 70/90, 70/90 = 0%
Table 15-8 extension 15/25, 15/25, 15/25 = 3%
Table 15-9 right lateral flexion 25/25/, 25/25, 25/25 = 0%
Table 15-9 left lateral flexion 25/25, 25/25, 25/25 = 0%
The above adds to 10%
Neurologic rating:
S1 left leg, Table 15-15, Table 15-18, Grade IV, 25% times5% = 1%.
DRE Rating:
Table 15-3 DRE Lumbar Category III (10% - 13%) = 10% WPI

X-RAY EVALUATION:

Deferred.

DIAGNOSES:

1. Herniated L5-S1 intervertebral disc with radiculopathy left lower extremity.
   a.) MRI lower back 10/14/13, documenting large 5 millimeter central disc herniation/protrusion L5-S1 level with degeneration.
   b.) Lower back epidural injection 07/26/14, effective.
2. History of gastritis secondary to anti-inflammatory medicine used the treat lower back symptoms.

DISCUSSION:

Firefighter Kitt sustained an industrial injury to his lower back on 07/25/13, when he injured his lower back picking up a weight bar. He required 3 days of light duty, then returned to full duty work activities. There was no temporary total disability necessary.

On 08/06/13, he sustained an industrial injury to his lower back while performing an exercise program required by the Department. He had immediate onset of lower back pain. He reported the injury and was placed off work for 5 days. He was then placed on light duty for 2 weeks. He was then returned to full duty work activities as of 08/13/13. He continued to work full duty work activities. He was eventually sent for an MRI of the lower back on 10/14/13, which documented L5-S1 disc herniation. He underwent an epidural injection on 07/26/14.

He was subsequently fired on 06/19/14, from the City of Rialto Fire Department. He was still on probation at the time.

A few months later, on 11/12/14, he began working for Morongo Valley Fire Department as a firefighter/paramedic. He is working full duty. He is still under medical care from Dr. Chon, M.D., where he is receiving some medication as necessary. He is not inclined towards any type of lower back surgical options.

Firefighter Kitt is very well-motivated and straight forward. He has a very strong work ethic. There have been no new intervening injuries since starting to work at Morongo Valley Fire Department. He is presently working full duty without restrictions. No lower back surgery and no lower back epidural injections are planned.

All periods of temporary total disability were very reasonable and necessary as a direct consequence of industrial causation. He only used 5 days of temporary total disability benefits related to the 08/06/13 lower back injury. There was no temporary total disability related to the 07/25/13 industrial injury. All diagnostic testing and medical treatment including medication and doctor visits were all reasonable and necessary as a direct consequence of industrial injury related to the City of Rialto Fire Department.

In view of the above, he is **MMI today, on 12/09/15, for the industrial injuries of 07/25/13 and 08/06/13, which occurred while employed by the City of Rialto Fire Department.**

SUBJECTIVE FACTORS OF DISABILITY:

Occasional minimal lower back pain at rest, becoming intermittently slight with repetitive bending, lifting and stooping.

PERTINENT FACTORS OF DISABILITY:

Diagnoses and Tests:

1. Herniated L5-S1 intervertebral disc with radiculopathy left lower extremity.
   a.) MRI lower back 10/14/13, documenting large 5 millimeter central disc herniation/protrusion L5-S1 level with degeneration.
   b.) Lower back epidural injection 07/26/14, effective.
2. History of gastritis secondary to anti-inflammatory medicine used the treat lower back symptoms.

Current Physical Examination Findings:

LOWER BACK:

1. There is pain with palpation in the lower back area bilaterally.
2. Sensory deficits of the lower extremities at left S1.
3. Positive sciatic notch pain left side.
4. Positive straight leg raising test left lower extremity.
5. Range of motion lower back:
   Table 15-7 II-C = 7%
   Table 15-8 flexion 70/90, 70/90, 70/90 = 0%
   Table 15-8 extension 15/25, 15/25, 15/25 = 3%
   Table 15-9 right lateral flexion 25/25/, 25/25, 25/25 = 0%
   Table 15-9 left lateral flexion 25/25, 25/25, 25/25 = 0%
   The above adds to 10%

Neurologic rating:
S1 left leg, Table 15-15, Table 15-18, Grade IV, 25% times5% = 1%.

DRE Rating:
Table 15-3 DRE Lumbar Category III (10% - 13%) = 10% WPI

WORK RESTRICTIONS:

None. He is working full duty as a firefighter with no restrictions.

NEED FOR FURTHER MEDICAL TREATMENT:

1. Options to be evaluated by a primary treating physician are necessary for prescription medication which may be occasionally necessary.
2. Lower back epidural injections should be made available for him as necessary in the future.
3. If symptoms in his lower back should intensify, he will require another MRI of his lower back depending upon the MRI results on the lower back. Appropriate medical treatment should then be instituted.
4. Physical therapy as per MTUS.

VOCATIONAL REHABILITATION:

Not required. He is presently working full duty without restrictions as a firefighter for Morongo Valley Fire Department.

APPORTIONMENT/CAUSATION:

I have carefully considered the issue of apportionment. This permanent partial disability is compatible with and directly attributable to the industrial injuries of 07/25/13 and 08/06/13. The mechanisms of injury explain the development of the condition underlying the impairment. I would apportion **25%** of his present lower lumbar permanent impairment to the initial industrial injury which occurred on 07/25/13, where he required 3 days of

light duty. There was no temporary total disability. He returned to full duty work activities. It is reasonable to assign **75%** to the industrial injury of 08/06/13, where he required 5 days of temporary total disability and 2 weeks of light duty. He then returned to regular work as of 08/13/13. An MRI of the lower back was performed on 10/14/13, documenting disc injury. **0%** is due to other causative factors.

There is no basis for apportionment of any of the permanent partial disability. There is nothing to indicate that this individual brought a related pre-existing disability to the employment and injury, there is nothing to indicate there would now be ratable disability as a result of any progressive, naturally occurring disease process, and there is no contribution from supervening event or injuries. This determination of apportionment represents my best medical judgment as to the percentage of disability, if any, caused by any other factors as defined in Labor Code Section 4663 and 4664.

AMA RATING LOWER BACK:

DRE Method is the appropriate method for rating.
DRE Rating:
Table 15-3 DRE Lumbar Category III (10% - 13%) = **10% WPI due to disc injury with radiculopathy and loss of motion and positive MRI documenting the disc injury.**

STATEMENT PURSUANT TO WCAB RULE 10606:

The initial outline of the patient's history was taken. Medical records were abstracted by Linda Rawlings. I dictated the report which was transcribed by Linda Rawlings and edited for completeness, typographical errors and correctness by Lilly Ikegami. X-rays taken in my office were performed by Aldrin Empleo.

I certify that this examiner reviewed the history and report prior to signature. The opinions and conclusions contained in this report are my own.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to the information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I personally performed the evaluation of the patient on 12/9/15, at 3939 Atlantic Avenue, Suite 204, Long Beach, California 90807-3535, and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

In compliance with Labor Code Section 5703, I further declare under penalty of perjury that there has not been a violation of Labor Code Section 139.3.

Dated: December 9, 2015, in the County of Los Angeles, State of California.

Alexander Latteri, M.D.
Orthopaedic Surgeon

AL:lr

PROOF OI SERVICE BY MAIL
01/06/2016

ALEXANDER T. LATTERI, M.D.
3939 ATLANTIC AVENUE, SUITE 204
LONG BEACH, CA 90807-3535
PHONE (562)424-0423 FAX (562) 424-6719

IRS Number: 33-0610122

ChartNumber: 107293

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES.

I am employed in the County of Foresaid, and I am over the age of eighteen years and not a party to the within action. My business address is ALEXANDER T. LATTERI, M.D. 3939 ATLANTIC AVENUE, SUITE 204 LONG BEACH, CA 90807-3535

RE: DANIEL KITT
DATE OF SERVICE: 12/9/15 Office/outpatient visit new

On 01/06/2016, I served the documents set forth above on the persons/companies listed hereunder by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States at Long Beach, California addressed

Patient:	DANIEL KITT	[redacted]			
Insurance:	CORVEL CORP	P. O. BOX 669	CHINO	CA	91078
Employer:	CITY OF RIALTO FIRE DEPT				
Applicant Attorney:	WAYNE MCCORT, ESQ.	444 W. OCEAN BLV	LONG BEACH	CA	90802
Defense Attorney:	KUNTZ, KUNTZ & BUSI	715 N. ARROWHEA	SAN BERNARDINO\	CA	92401

SEE ATTACHED
REPORT

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.
EXECUTED ON 01/06/2016, IN LONG BEACH, CALIFORNIA 90807.

Olva Brown

Signature

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

REQUIRED FIELDS SHOWN BY "*"

Is this a new Case?* Yes (•) No ( ) Location: CTL

Companion Cases Exist [ ]

More than 15 Companion Cases [ ]

Walk Thru Yes ( ) No (•)

Date: (MM/DD/YYYY) 07/08/2014

Case Number:* SSN(Numbers Only) [redacted]

(•) Specific Injury (If Specific Injury, use the start date as the specific date of injury)

( ) Cumulative Injury 07/25/2013 (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : 420 BACK - INCLUDING Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

(•) ADJ ( ) DEU ( ) SIF ( ) UEF ( ) VOC ( ) INT ( ) RSU

Companion Cases

Case 1:

( ) Specific Injury (If Specific Injury, use the start date as the specific date of injury)

( ) Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 2:

( ) Specific Injury (If Specific Injury, use the start date as the specific date of injury)

( ) Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 3:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 4:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 5:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 6:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 7:

◯ Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 8:

◯ Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 9:

◯ Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 10:

◯ Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 11:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 12:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 13:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 14:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 15:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD
APPLICATION FOR ADJUDICATION OF CLAIM

Case Number	

Amended Application ☐

SSN [redacted]

Venue Choice is based upon:

○ County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)

○ County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)

◉ County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

* Enter the zipcode for the venue choice designated above, and then tab to Hearing Location Field and choose the corresponding Hearing Location Code [ ] LBO

Injured Worker

First Name*	DANIEL
MI	
Last Name*	KITT
Street Address 1 /PO Box*	[redacted]
Street Address 2 /PO Box	
International Address	
City*	[redacted]
State*	
Zip Code* (Numbers Only)	

Applicant (If other than injured employee)

◯ Insurance Carrier ◯ Employer ◯ Lien Claimant

Name	
Street Address 1 /PO Box	
Street Address 2 /PO Box	
City	
State	
Zip Code (Numbers Only)	

Employer Information

◉ Insured ◯ Self-Insured ◯ Legally Uninsured ◯ Uninsured

Employer Name*	CITY OF RIALTO
Employer Street Address/PO Box*	131 S WILLOW
City*	RIALTO
State*	CA
Zip Code* (Numbers Only)	92376

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	CORVEL
Street Address/PO Box	PO BOX 669
City	CHINO
State	CA
Zip Code (Numbers Only)	91708

Claims Administrator Information (if known and if applicable)

Name	CORVEL CHINO
Street Address/PO Box	PO BOX 669
City	CHINO
State	CA
Zip Code (Numbers Only)	91708

IT IS CLAIMED THAT :

1. The injured worker born* [redacted] (Date of birth : MM/DD/YYYY)

, while employed as a(n) FIREFIGHTER GRP 490
(Occupation at the time of injury)

suffered a: (Choose only one)

(•) specific injury on **07/25/2013** (DATE OF INJURY: MM/DD/YYYY)

( ) cumulative trauma injury which began on

[ ] and ended on [ ]
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

The injury occured at* RIALTO
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

RIALTO (City)* CA (State)* 92376 (Zip Code)*

(State which parts of the body were injured)

Body Part 1 : **420 BACK - including back mus** Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

2.The injury occurred as follows:
(Explain What The Worker Was Doing At The Time Of Injury And How The Injury Occured)
Field size limited to 325 characters

INJURED BACK ON DUTY WHILE EXERCISING. CONCURRENT CASE FILING DOI 8/6/13.

3. Actual earnings at the time of injury

Rate of Pay $ 1250.0 ( ) Monthly (•) Weekly ( ) Hourly

State value of tips, meals, lodging or other advantages regularly received $ ( ) Monthly ( ) Weekly ( ) Hourly

Number of hours worked per week.

4. The injury caused disability as follows

Last day off work due to injury : (MM/DD/YYYY)

First Period of Disability: Start date (MM/DD/YYYY) End date (MM/DD/YYYY)

Second Period of Disability: Start date (MM/DD/YYYY) End date (MM/DD/YYYY)

5. Compensation

Compensation was paid : ◉ Yes ◯ No

Total paid:	

Weekly rate(s):	

Date of last payment:	

(MM/DD/YYYY)

6. Has the worker received any unemployment insurance benefits and/or any unemployment compensation disability benefits (state disability) since the date of injury?

◯ Yes ◉ No

7. Medical treatment

Medical treatment was received : ◉ Yes ◯ No

All treatment was furnished by the Employer or Insurance Carrier : ◉ Yes ◯ No

Date of last treatment	

(MM/DD/YYYY)

Other treatment was provided/paid by:
(NAME OF PERSON OR AGENCY PROVIDING OR PAYING FOR MEDICAL CARE)

Did Medi-Cal pay for any health care related to this claim ? : ◯ Yes ◉ No

Names and addresses of doctor(s)/hospital(s)/clinic(s) that treated or examined for this injury, but that were not provided or paid for by the employer or insurance carrier:

Name of Doctor/Hospital/Clinic 1. Field size limited to 80 characters	

Name of Doctor/Hospital/Clinic 2. Field size limited to 80 characters	

8. Other cases have been filed for industrial injuries by this employee as follows:

Case Number 1	
Case Number 2	
Case Number 3	
Case Number 4	

9. This application is filed because of a disagreement regarding liability for:

- [x] Temporary disability indemnity
- [x] Permanent disability indemnity
- [x] Reimbursement for medical expense
- [ ] Rehabilitation
- [x] Medical treatment
- [x] Supplemental Job Displacement/Return to Work
- [x] Compensation at proper rate
- [x] Other (Specify) BENEFITS PER CA LC

Is the Applicant Represented?: (•) Yes ( ) No if "No", applicant is to sign and date below.

if "Yes", applicant's representative is to complete the following and is to sign and date below

(•) Law Firm/Attorney ( ) Non Attorney Representative

Law Firm or Company Name(If Applicable)
CANTRELL GREEN LONG BEACH

Law Firm Number (If Applicable)	5041891
Attorney/Rep First Name	WAYNE
Attorney/Rep MI	
Attorney/Rep Last Name	MCCORT
Street Address/PO Box	PO BOX 1700
City	LONG BEACH
State	CA
Zip Code (Numbers Only)	90801

Applicant Attorney / Representative Signature	S WAYNE MCCORT

Applicant Signature	

Dated at LONG BEACH (City), California Date 07/08/2014 (MM/DD/YYYY)

INSTRUCTIONS

FILING AND SERVICE OF A DECLARATION OF READINESS IS A PREREQUISITE TO THE SETTING OF A CASE FOR HEARING.

Effect of Filing Application

Filing of this application begins formal proceedings against the defendant(s) named in your application.
Assistance in Filling Out Application

You may request the assistance of an information and assistance officer of the Division of Workers' Compensation.

Right to Attorney

You may be represented by an attorney or agent, or you may represent yourself. The attorney's fee will be set by the Workers' Compensation Appeals Board at the time the case is decided and is ordinarily payable out of your award.

Filling Out Application

For "amended" applications, the venue choice must be the same as that specified on the original application, unless an order changing venue has issued. A street or P.O. Box address within the United States must be entered for the place where the injury occurred. Therefore, if the injury did not occur at a fixed or identifiable location (such as a field, a highway, or on water), or if the injury occurred outside of the United States, the employer's business address or another appropriate address must be specified; however, a short explanation regarding the place of injury may be appended to the application. If medical treatment has been paid for by Medi-Cal, Medicare, group health insurance, or a private carrier, please specify.

Service of Documents

Your attorney or agent will serve all documents in accordance with Labor Code section 5501 and the Workers' Compensation Appeals Board's Rules of Practice and Procedure.

If you have no attorney or agent, copies of this application will be served by the Workers' Compensation Appeals Board on all parties. If you file any other document, you must mail or deliver a copy of the document to all parties in the case.

IMPORTANT!

If any applicant is under 18 years of age, it will be necessary to file a Petition for Appointment of Guardian ad Litem. Forms for this purpose may be obtained at the district office of the Workers' Compensation Appeals Board, or by calling the district office and requesting this form.

Applicant/Employee: Daniel Kitt WCAB No(s): ADJ9523168

AWARD

AWARD IS MADE in favor of Daniel Kitt against City of Rialto of
(entity legally obligated to pay the award)

(A) Additional temporary disability indemnity in accordance with paragraph 2(a) above.

(B) Permanent disability indemnity in accordance with paragraph 3 above.

Less the sum of $400, payable to applicant's attorney as the reasonable value of service, rendered.
☐Fees are to be commuted pursuant to Paragraph 6.

(C) Liens in accordance with Paragraph 7 above.

(D) Further medical treatment in accordance with Paragraph 4 above.

(E) Reimbursement for medical-legal expenses in accordance with Paragraph 5 above.

(F) Stipulations in Paragraph 8 and 9 are approved.

(G) The matter is ordered off calendar / set for status/lien conference.

(H)

1/19/17
(Dated)

DEWAYNE P. MARSHALL
WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE

On _____, this document ☐was personally served on all persons appearing at the hearing on said date, as set forth in the minutes of that hearing ☐was personally served on

☐was served by mail on all persons listed on the Official Address Record ☐was served by mail on following party or parties:

By: _____

☒NOTICE TO: Mr. Mecant
Pursuant to Rule 10500, you are designated to serve this document on all parties shown on the Official Address Record, together with a proof of service. You shall maintain this proof of service, which shall not be filed with the WCAB unless a dispute arises regarding service. A copy of a current Official Address Record accompanies this notice.

LAW OFFICES OF
CANTRELL GREEN
A PROFESSIONAL CORPORATION

LEADING THE WAY FOR INJURED WORKERS SINCE 1971

* ANNA BATANERO
* † MARIO CRUZ
* † JULIANA GUERRIERO
* † WAYNE MC CORT
DANNY T. POLHAMUS

RICHARD J. CANTRELL (1933-1992)
MARILYN S. GREEN (1928-2015)
DONALD M. PEKICH OF COUNSEL

OFFICE MANAGERS
ELIZABETH LAMBERT
JUSTINE SCHIERBERL

* CERTIFIED SPECIALISTS, WORKERS' COMPENSATION, BY THE STATE BAR OF CALIFORNIA, BOARD OF LEGAL SPECIALIZATION

† PARTNER

P.O. BOX 1700
444 W. OCEAN BLVD., SUITE 1750
LONG BEACH, CA 90801-1700
(562) 432-8421
(714) 535-1500
FAX (562) 432-3822

mail@workercomplaw.com
www.workercomplaw.com

January 17, 2017

WORKERS' COMPENSATION APPEALS BOARD - LONG BEACH
300 Oceangate Street Suite 200
Long Beach, CA 90802-4304

Re: Daniel Kitt vs. City of Rialto
Case No.: ADJ9523168
Claim No.: CR-14-005008
Date of Injury: 7/25/2013

Your Honor,

Please change your record to reflect the applicant's address as follows:

[redacted]

Respectfully Submitted,

Wayne McCort

WAYNE MCCORT
WM:sa

cc: See Proof of Service

WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA
PROOF OF SERVICE BY MAIL

Re: Daniel Kitt vs. City of Rialto
WCAB/ADJ No.: ADJ9523168
Date of Injury: 7/25/2013 Claim No.: CR-14-005008

I am employed at CANTRELL, GREEN, 444 W. OCEAN BLVD., SUITE 1750, LONG BEACH, 90802. in the County of Los Angeles, California. I am over the age of 18 years and not a party to this cause. I am readily familiar with the law office's practice for collection and processing of correspondence for mailing with the United States Postal Service. Correspondence would be deposited with the United States Postal Service this same day in the ordinary course of business.

I served the document(s) below:

CHANGE OF ADDRESS

These documents have been served on:

Mr. Daniel Kitt
[redacted]

Jae Chon, M.D.
2400 Katella Avenue, Suite 400
Anaheim, CA 92806

Janet R. Kuntz, Esq.
Law Offices of Kuntz & Busi
715 N. Arrowhead, Ste. 215
San Bernardino, CA 92401

CorVel
P.O. Box 669
Chino, CA 91708

The correspondence was placed for deposit in the United States Postal Service in a sealed envelope placed for collection and mailing this day following ordinary business practices at the above place of business.

I declare under penalty of perjury that the above is true and correct. Executed on January 17, 2017 at Long Beach, California.

Secretary to WAYNE MCCORT

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

Is this a new Case?* Yes ○ No ●

Location: CTL

Companion Cases Exist ☐

Walk Thru Yes ● No ○

More than 15 Companion Cases ☐

Date: (MM/DD/YYYY) 01/11/2017

Case Number: ADJ9523168

SSN(Numbers Only) [redacted]

● Specific Injury (If Specific Injury, use the start date as the specific date of injury)

○ Cumulative Injury 07/25/2013 (START DATE: MM/DD/YYYY) * (END DATE: MM/DD/YYYY)

Body Part 1* : 420 BACK - INCLUDING

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

● ADJ ○ DEU ○ SIF ○ UEF ○ VOC ○ INT ○ RSU

Companion Cases

Case 1:

○ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

○ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 2:

○ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

○ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 3:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 4:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 5:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 6:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 7:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 8:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 9:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 10:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 11:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 12:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 13:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 14:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 15:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
STIPULATIONS WITH REQUEST FOR AWARD (DOI post 1-1-2013)

Case Number	Information Will Be Obtained From The Coversheet
SSN (Numbers Only)	Information Will Be Obtained From The Coversheet
Date of Injury (MM/DD/YYYY)	Information Will Be Obtained From The Coversheet

Venue Choice is Based Upon*

- ○ County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)
- ○ County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)
- ◉ County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

Enter the zipcode for the venue choice designated above, and then tab to Hearing Location Field and choose the corresponding Hearing Location Code *	90801	LBO

Applicant

First Name*	DANIEL
Middle Initial	
Last Name*	KITT
Address/PO Box*	[redacted]
City*	[redacted]
State*	
Zip Code* (Numbers Only)	

Employer #1 Information*

☐ Insured ☑ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name*	CITY OF RIALTO
Employer Street Address/PO Box*	150 S PALM AVE
City*	RIALTO
State*	CA
Zip Code* (Numbers Only)	92376

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	

City	
State	
Zip Code (Numbers Only)	

Claims Administrator Information (if known and if applicable)

Name	CORVEL CHINO
Street Address/PO Box	PO BOX 669
City	CHINO
State	CA
Zip Code (Numbers Only)	91708

Employer #2 Information

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name	
Employer Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Claims Administrator Informa (if known and if applicable)

Name	
Street Address/PO Box	
City	
State	
Zip (Numbers Only)	

Employer #3 Information

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name	
Employer Street Address/PO Box	
City	
State	
Zip (Numbers Only)	

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	
City	
State	
Zip (Numbers Only)	

Claims Administrator Information (if known and if applicable)

Name	
Street Address/PO Box	

City	
State	
Zip Code(Numbers Only)	

Employer #4 Information

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name	
Employer Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Claims Administrator Information (if known and if applicable)

Name	
Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

1. The parties hereto stipulat the issuance of an Award and/or C r, based upon the following facts, and waive the requirements of Labor Code section 5313:

Employee First Name	DANIEL

Employee Last Name	KITT

born* [redacted] while employed at RIALTO,
(Birth Date - MM/DD/YYYY)* (City)

CA as a(n) FIREFIGHTER, 490 in
(State) (Occupation) (Group)

More than 4 Companion Cases ☐

Case Number 1: Information Will Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts : Information Will Be Obtained From The Coversheet

Case Number 2: Information Will Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts Information Will Be Obtained From The Coversheet

Case Number 3: Information Will Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts Information Will Be Obtained From The Coversheet

Case Number 4: Information Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts Information Will Be Obtained From The Coversheet

by the employer(s) and their insurer(s) listed above and who sustained injury(ies) arising out of the and in the course of employment to: (Field size limited to 455 characters)

LOW BACK

2. The injury(ies) caused temporary disability for the period _____ through _____ for which indemnity has been paid at $ _____ per week.

Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY) Indemnity Paid

2(a). The injury(ies) caused additional temporary disability for the period _____ through _____ at the rate of $* _____ in the amount of $* _____

Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY) Rate Indemnity Paid

3. The injury(ies) caused permanent disability of 4 %, for which indemnity is payable at $ 230.00 per week beginning 12/09/2015 in the sum of $ 2,760.00 less credit for such payments previously made.

Percentage* Indemnity Paid* Start Date (MM/DD/YYYY) Indemnity Paid*

☐ And a life pension of $ _____ per week thereafter.

Life Pension Amt*

An informal rating* ☐ has / ☑ has not (Select one) been previously issued

in case no(s) _____

4. There is * ◉ / ○ is not a need for medical treatment to cure or relieve from the effects of said injury(ies).

5. Medical-legal expenses and/or liens are payable by defendant as follows: (Field size limited to 189 characters)

DEFENDANTS WILL PAY, ADJUST OR LITIGATE THE TIMELY FILED AND APPROPRIATELY ACTIVATED LIENS OF RECORD, RESERVING ALL DEFENSES AS TO THE LIEN CLAIMANT'S SERVICES AND CHARGES IN THEIR ENTIRETY

6. Applicant's attorney requests a fee of $ 400.00

☐ Fees to be commuted as follows.(Field size limited to 256 characters)

7. Liens against compensation are payable as follows: (Field size limited to 440 characters)

8. Any accrued claims for L[illegible]or Code section 5814 penalties are [illegible]uded in this settlement unless expressly excluded.

9. Other stipulations: Field size limited to 1024 characters

THE APPLICANT WAIVES ANY AND ALL CLAIMS FOR PENALTY AND INTEREST ON ALL FORMS OF BENEFITS. THE APPLICANT WAIVES ANY CLAIM OF PENALTY OR INTEREST ON THE AWARD HEREIN UPON PAYMENT OF THE AMOUNTS DUE UNDER THE AWARD WITHIN 30 DAYS OF SERVICE OF THE AWARD UPON DEFENDANT.

THE APPLICANT STIPULATES THAT HE HAS BEEN ADEQUATELY COMPENSATED FOR ALL CLAIMED PERIODS OF TEMPORARY TOTAL DISABILITY. NO FURTHER PERIODS ARE CLAIMED.

THE STIPULATION IS PURSUANT TO THE REPORTING OF THE PTP, ALEXANDER LATTERI, M.D., DATED DECEMBER 9, 2015.

Dated _____ Applicant _____

Applicant's Attorney or Authorized Representative:

☑ Law Firm/Attorney ☐ Non Attorney Representative

First Name	WAYNE
Last Name	MCCORT
Law Firm Number	5041891
Law Firm Name	CANTRELL GREEN LONG BEACH
Address/PO Box	PO BOX 1700
City	LONG BEACH
State	CA
Zip Code (Numbers Only)	90801

Dated

For this form to be legally binding, the filing party must attach to this electronic form a fully executed OCR form that is identical in content to this form and which contains all required signatures.

Applicant Attorney Signature

Defendant's Attorney or Authorized Representative:

☑ Law Firm/Attorney ☐ Non Attorney Representative

First Name	DANIEL
Last Name	YSABAL
Law Firm Number	5121097
Law Firm Name	KUNTZ BUSI SAN BERNARDINO
Address/PO Box	715 N ARROWHEAD AVE STE 215
City	SAN BERNARDINO
State	CA
Zip Code (Numbers Only)	92401

Dated

Defense Attorney Signature

Defendant's Attorney or Authorized Representative:

☐ Law Firm/Attorney ☐ Non Attorney Representative

First Name	
Last Name	
Law Firm Number	
Law Firm Name	
Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Dated

Defense Attorney Signature

Defendant's Attorney or Authorized Representative:

☐ Law Firm/Attorney ☐ Non Attorney Representative

First Name	
Last Name	
Law Firm Number	
Law Firm Name	
Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Dated

Defense Attorney Signature

Interpreter License Number:

Interpreter Name

Interpreter License Number

DOCUMENT SEPARATOR SHEET

Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title NOTICE OF REPRESENTATION

Document Date 08/08/2014
MM/DD/YYYY

Author KUNTZ KUNTZ SAN BERNARDINO

Office Use Only

Received Date
MM/DD/YYYY

RECEIVED
DIR/DWC
AUG 11 2014
WORKERS COMP APPEALS BOARD
LONG BEACH

Law Offices of
KUNTZ, KUNTZ & BUSI

JANET RICE KUNTZ*
V. KUMAR BUSI

JOHN A. KUNTZ* (of Counsel)

*Certified Specialist Workers' Compensation Law
California State Bar Board of Legal Specialization

715 NORTH ARROWHEAD AVENUE, SUITE 215
SAN BERNARDINO, CALIFORNIA 92401
TELEPHONE (909) 889-8700

FACSIMILE
(909) 889-8755

E-MAIL
Kuntz.Law@verizon.net

August 8, 2014

NOTICE OF REPRESENTATION

RECEIVED
DIR/DWC
AUG 1 1 2014
WORKERS COMP APPEALS BOARD
LONG BEACH

Workers' Compensation Appeals Board
300 Oceangate Street, Suite 200
Long Beach, California 90802

Re: Daniel Kitt vs. City of Rialto
EAMS Case Nos. ADJ9523168; ADJ9524117 *[LBO venue]*
Dates of Injury: 7/25/13; 8/6/13
Claim No. CR-14-005008

Gentlemen:

Please enter our appearance as attorneys for:

CITY OF RIALTO, PERMISSIBLY SELF-INSURED
C/O CORVEL CHINO

Very truly yours,

KUNTZ, KUNTZ & BUSI

By: Janet Rice Kuntz

JRK/trt
cc: Law Offices of Cantrell Green, Post Office Box 1700, Long Beach, California 90801-1700
cc: CorVel Corporation, Post Office Box 669, Chino, California 91708 Attention: Ms. Lillian Rosales
cc: City of Rialto, 150 South Palm Avenue, Rialto, California 92376 Attention: Ms. Paula Mohan **PERSONAL & CONFIDENTIAL**

Dennis Dasher, M.D.
Internal Medicine

July 22, 2016

Law Offices of
Cantrell, Green, Pekich
444 W. Ocean Boulevard, Suite 400
Long Beach, CA 90802
Attn: Wayne McCort
Attorney at Law

Law Offices of
Kuntz & Kuntz
715 N. Arrowhead Avenue, Suite 215
San Bernardino, CA 92401
Attn: Janet Kuntz
Attorney at Law

PATIENT:	KITT, Daniel
CLAIM #:	CR14005008
DOI:	07/25/13; 08/06/2013
EMPLOYER:	City of Rialto
EXAM DATE:	07/22/16

INTERNAL MEDICINE QUALIFIED MEDICAL EVALUATION

Dear Mr. McCort and Ms. Kuntz:

At your request, Mr. Daniel Kitt was seen in my Upland office located at 270 E. 7th Street, Suite 1C, Upland, California 91786, on July 22, 2016 (Panel #7047828). I performed my usual complete history and physical and reviewed the patient's medical records and referral letters in order to ascertain what the issues were in this particular applicant.

This was a highly complex case requiring a discussion of issues of causation, multiple dates of injury, issues of apportionment, a large stack of records which took 12 hours to review, 1 hour of face-to-face time, and 2 hours of report preparation. A total of 15 hours was billed under the ML-104 code.

IDENTIFYING DATA:

Mr. Daniel Kitt is a 27-year-old, right-hand-dominant male, who was hired as a

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firefighter/paramedic on July 15, 2013, for the City of Rialto. He was responsible for fighting commercial and residential fires. He wore protective gear while fighting residential and commercial fires with a respirator weighing about 50 pounds. When he fought wild fires, he could not wear a respirator, but wore protective gear and a backpack with tools that were required to create fire breaks and cut down dead shrubs or trees. He was also responsible for performing first aid and CPR, taking vital signs and stabilizing injured people. The heaviest thing he lifted was a 200-pound injured person.

HISTORY OF PRESENT ILLNESS:

Mr. Kitt states that on July 25, 2013, he was a new hire at the academy, doing morning workouts and doing CrossFit exercises. After the exercise, he went to pick up something and when he stood up felt a pop in his low back. He had slight pain, but continued with the exercises and took a shower. He later had increased low back pain and developed numbness going down both legs to his toes, with decreased range of motion. The patient reported the injury to his supervisor and was sent to the company doctor at St. Bernardine Urgent Care. He was evaluated and had x-rays of his low back. He was prescribed Naprosyn, Flexeril and Norco. He was placed on modified duty for five days and then returned to regular duty on July 30, 2015.

The patient states that on August 6, 2013, he was again at the pre-hire academy, doing CrossFit training. This time, he was lifting a 75-pound kettlebell. He states that he was lifting it over his head while squatting. When he squatted again, he felt another, but bigger pop in his low back and immediately had sharp pain. He reported this incident to his supervisor. The supervisor wanted to see how he was doing and whether the pain would go away, but it did not, and on August 7, he was sent back to St. Bernardine Urgent Care where he saw a nurse practitioner. He was again evaluated for his low back and prescribed Norco 10/325 mg, Flexeril 7.5 mg, and Naprosyn 550 mg. Physical therapy was ordered for the low back consisting of heat and cold, ultrasound, massage, EMS and exercises, which he states did help. She ordered acupuncture treatments which did not help. He was taken off work for two weeks and put on bed rest. He returned to modified duty for two weeks and then to regular duty.

Mr. Kitt states that in October of 2013, the doctors at St. Bernardine Occupational ordered an MRI of his lumbar spine which showed a 5 mm herniated disc. The

patient chose Dr. Jae Chon, an orthopedic surgeon in Anaheim, who evaluated him in December 2013. Dr. Chon reviewed the MRI and ordered x-rays. He prescribed diclofenac 100 mg, Norco 10/325 mg, and physical therapy for low back pain consisting of hot and cold packs, ultrasound, massage, EMS and exercises, for a total of 36 visits, which the patient states helped.

Mr. Kitt states he was released from employment on June 19, 2014. He states he was on probation when he was let go, but he feels he was terminated because of his low back injury. At that time, in June of 2014, he procured representation.

The patient states after he was terminated, he was upset, but eventually he was hired at Morongo Valley Fire Department as a paramedic and firefighter. He also, at that time, worked as a paramedic for AMR Ambulance in December 2014, part time.

Mr. Kitt states that around September 2014, he had stomach pain. At that time, he had been started on diclofenac which he was taking two to three times a week. He was also taking Naprosyn and Motrin when he was not taking diclofenac. He was also taking Norco about twice a month for low back pain. The patient states he went to Kaiser and was evaluated and was placed on omeprazole by his treating physician there. He states he had never had any stomach pain before he was treated with his low back pain with Voltaren and Naprosyn and Norco.

Mr. Kitt states he also started developing heartburn in August of 2015. He states initially it was very mild, but then it became worse and he would have it almost every day, and sometimes he would experience a substernal spasm. He also reported that at that time, the heartburn would occasionally keep him up at night. The patient went to see his primary care doctor, Dr. Ruidera, at Kaiser Permanente in San Dimas, who did lab work and started him on omeprazole 20 mg twice a day. He was given a six-month supply at that time. The last time he saw Dr. Ruidera for his stomach was in November 2015. He states that Dr. Ruidera told him most likely the diclofenac had caused the irritation in his stomach.

The patient states he did not have any difficulty swallowing or any chronic cough, but did experience nausea when the heartburn began. He also noted that certain foods would make the heartburn worse, such as carbonated beverages, coffee, spicy foods, pizza and tomato sauce, raw onions and chocolate. The patient states that he never had an EGD.

The patient also states he had one lumbar epidural steroid injection in July of 2015, which helped his low back.

CURRENT COMPLAINTS:

Mr. Kitt states that he has heartburn one to two times a week now and when he does, he takes omeprazole which helps. Initially, he was taking omeprazole 20 mg twice a day in October of 2015, when he saw Dr. Ruidera. However, the heartburn has lessened. The patient states he never missed work because of his heartburn. He states he did have some decreased appetite, but no weight loss. The patient reports the last time he woke up from heartburn was approximately one month ago.

Mr. Kitt states that he last saw Dr. Chon eight to nine months ago and was prescribed Voltaren at that time. However, the patient was advised by Dr. Ruidera to stop the Voltaren, but the patient continued it because of continued low back pain, but decreased it to once a week.

The patient also recalls that Dr. Ruidera checked him for Helicobacter pylori antibody in November of 2015, and that the test was negative.

The patient denies vomiting any blood or having any blood in his bowel movement or dark tarry stools.

WORK STATUS:

Mr. Kitt states that from July 25, 2013, he was placed on modified duty for five days and then returned to regular duty. He continued working regular duty until August 7, 2013, when he was taken off work because he re-injured his low back and was placed on bed rest. On August 14, 2013, he returned to modified duty for two weeks and then returned to regular duty. He continued working regular duty until June 19, 2014, when he was released from employment with the City of Rialto.

As mentioned, the patient was off work until November 2014, when he began working as a firefighter/paramedic for the City of Morongo Valley and worked regular duty until June 2015, when he injured his left knee. The patient had surgery in 2015, and then returned to regular duty in October 2015. He has been working regular duty to the present time.

The patient states he applied for Cal Fire and is supposed to start working there on July 25, 2016, doing the same type of job. He states his last day of work with Morongo Valley was July 15, 2016.

Mr. Kitt has not been involved in any vocational rehabilitation. He states he received his degree in emergency medical services administration in June 2016.

CURRENT MEDICATIONS:

Omeprazole 20 mg, which he usually takes about twice a week, and the last time he took it was last week; diclofenac 100 mg as needed, which he usually takes weekly, and the last time he took it was two days ago; Norco 10/325 mg as needed; and Motrin 800 mg as needed.

REVIEW OF SYSTEMS:

Head:	Mr. Kitt denies any headaches.
Eyes:	The patient denies any vision change, blurred, double vision or eye pain.
Ears:	The patient denies any discharge, hearing problems or tinnitus.
Nose:	The patient denies any bleeding, stuffiness or discharge.
Throat:	He denies any pain or difficulty swallowing.
Cardiorespiratory:	Mr. Kitt shortness of breath, cough, dyspnea on exertion, chest pain or palpitations, and any history of swelling of the lower extremities, any history of high blood pressure, any history of blood clots in his lungs or pain with breathing.
Gastrointestinal:	See History of Present Illness and Current Complaints. The patient denies any jaundice, change in bowel habits, hepatitis, any history of ulcers or any difficulty swallowing.

Genitourinary:	He denies any difficulty starting or stopping his urinary stream, any pain on urination, any blood in his urine, or any incontinence, dribbling, or urinating larger amounts than usual. He denies any history of kidney stones. He denies any sexual difficulties.
Musculoskeletal:	The patient complains of backache and stiffness. He denies joint pains, any joint swelling or muscle weakness.
Neurologic:	He denies seizures, loss of consciousness, paresis, paralysis, paresthesias, or tremor or gait disturbance.
Psychiatric:	He denies any difficulty concentrating, sleep problems, fatigue, lack of energy or difficulty with his sex life, and any difficulty with work, loss of appetite, social withdrawal, anxiety, nervousness or depression.

The patient had an Epworth Sleepiness Scale which was 3/24.

PAST MEDICAL HISTORY:

Prior Injuries/Symptomatology:

The patient denies any previous injury to any parts of the body involved in this claim. He denies any previous abdominal problems.

Mr. Kitt has had, as mentioned, a left knee injury in June of 2015, while working for Morongo Valley Fire Department. He states he injured his left knee while on a call for Morongo Valley Fire Department when he stepped in a pothole; this was June 5, 2015. He states he tore his medial meniscus. He had arthroscopic surgery on August 15, 2015. He states that during the time he injured his medial meniscus until the time he had his surgery, he was not taking any more anti-inflammatories than before the left knee injury, and the anti-inflammatories which he took for his low back at that time made the left knee feel somewhat better.

In 1999, when the patient was seven years old, he sustained an injury while rollerblading, sustaining a fracture of his right wrist. He was treated at Kaiser

Permanente in Baldwin Park. He was in a cast for six weeks and fully recovered.

In 1999, he was involved in a motor vehicle accident when he was ten years old. He sustained a laceration to his right foot which required stitches. He fully recovered.

Childhood Illnesses:

Chickenpox.

Adult Illnesses:

The patient denies any other adult illnesses.

Surgeries:

The patient had left knee surgery, as mentioned, in 2015 for a meniscus tear; however, he states when they did the surgery, they found the meniscus was intact.

Other Hospitalizations:

The patient has not had any other hospitalizations.

Allergies:

Mr. Kitt is has no history of asthma, hay fever, hives or eczema. He is not allergic to any foods. He is allergic to morphine and erythromycin. He is not allergic to any other materials.

SOCIAL HISTORY:

The patient is single. He does have a significant other. He has one child who is seven months old living at home with him and his partner.

Habits:

Caffeine: He drinks one small cup of coffee a day; this is the same amount he used to drink before the heartburn developed.

Alcohol: The patient states he drinks socially once a month.

Cigarettes: Mr. Kitt has never smoked.

He denies the use of any recreational drugs.

Stresses:

Mr. Kitt denies any financial stress. He states there is some relationship stress getting used to the new baby who is only seven months old.

FAMILY HISTORY:

The patient's father is alive and is 51. As far as the patient knows, he is in good health. However, Mr. Kitt has not had much contact with him. He states his father was a drug addict and an alcoholic. His mother is alive and 51 and in good health. He has one half-brother who is good health. He has two sisters (one is a half-sister) and they are both in good health. He states that he was told that his grandparents on his paternal side had high blood pressure and heart disease.

OCCUPATIONAL HISTORY:

From April 2011 to June 2012, Mr. Kitt worked as a paramedic for Hall Ambulance Company in Bakersfield, California. From June 2012 to August 2013, he worked as a paramedic for AMR in Redlands, California. From July 2013 to June 2014, he was a firefighter/paramedic for Rialto, California. From November 2014 to July 2016, he was a firefighter/paramedic for Morongo Valley Fire Department. From September 3, 2014 to July 20, 2016, he worked as a paramedic for AMR in Riverside; this was a part-time job.

REVIEW OF MEDICAL RECORDS:

Diagnostic Studies:

08/20/06: Non-Contrast CT KUB Report from Southern California Permanente Medical Group gives a history of left flank pain times two days. There are no renal calculi, hydronephrosis or perirenal changes. There are approximately two low density lesions within the left kidney measuring up to 13 mm, possible cysts. No

ureteral stones. There is mild increased soft tissue changes within the pericolonic fat of the descending colon. No free fluid or extraluminal gas. No bowel dilatation.

10/18/06: Kidney Ultrasound from Southern California Permanente Medical Group. Findings: The right kidney is normal measuring 10.4 cm in length. No cysts are seen within the right kidney. The left kidney contains a cyst measuring 1.6 x 1.6 x 1.5 cm. Echogenic material is seen along the medial aspect of the cyst, possibly layering the dependent portion. Differential diagnosis also includes a thickened wall.

11/08/06: Abdominal CT Report from Southern California Permanente Medical Group gives a clinical history of left renal complex cyst. Findings: A non-contrast evaluation reveals no nephrolithiasis. The prior mentioned renal cysts are not well visualized. On the arterial and venous phase imaging, bilateral renal low density lesions are seen as follows: Right side, there is a 5 mm right renal low density lesion in the upper cortex. This is too small to adequately evaluate with Hounsfield units, however likely represents a cyst. In addition, there is a 6 mm right lower pole low density also likely representing a cyst. Left Kidney: There is a 1.8 x 1.3 cm left middle pole low density lesion. This was likely the lesion seen on the prior ultrasound. The current Hounsfield units are from 21-29 cm. This is slightly higher than water and internal complexity is not excluded. No enhancing nodule is seen. There is a low density lesion in the left lower pole kidney measuring 6.5 mm. This measures 32 Hounsfield units and may also represent a cyst. Otherwise, the liver, spleen, pancreas, gallbladder and adrenals are all within normal limits. There is a 1.1 cm nodule adjacent to the spleen, with the same density characteristics slightly representing a splenule. There are no inflammatory bowel type changes. The appendix is normal. There is no free air or free fluid.

01/30/07: A 24-Hour Holter Monitor Report gives the following indications: This is a 17-year-old male (age 18 at the time of dictation) with syncope one time, near syncope three times, history of premature ventricular complexes. Rule out any significant arrhythmia. Findings: This is a good quality Holter monitor lasting 24 hours and 59 minutes. The underlying rhythm is sinus with a minimum heart rate of 41 at 02:18 in the morning, average heart rate 79, and maximum heart rate of 149 at 09:36 in the morning. There were 24,941 ventricular complexes constituting 23% of the total QRS complexes and there was no significant supraventricular complex. There was one 3-beat run of non-sustained ventricular tachycardia at a heart rate of 164 occurring at 03:45 in the morning. A review of the patient's symptoms diary

showed the patient was only symptomatic during the period between 10:00 p.m. to 11:00 p.m., and there was sinus rhythm with uniform premature ventricular complexes at those time points. Summary: Sinus rhythm with above heart rate ranges in three beats of non-sustained ventricular tachycardia noted at rest, as well as the patient being symptomatic of isolated premature ventricular complexes mixed with sinus rhythm.

02/22/07: Echocardiogram Report gives an indication of abnormal Holter. Findings: The study was a technically adequate study. The underlying rhythm was sinus rhythm with frequent PVCs. M-Mode: The left ventricular end-diastolic and end-systolic dimensions were 5.2 cm and 4.1 cm, respectively. The posterolateral wall thickness and the interventricular septal wall thickness were each 0.9 cm. The left atrial and aortic root diameters were 3.4 cm and 2.9 cm, respectively. 2-Dimensional Echocardiogram: The left ventricular ejection fraction was normal (66 x volumetric measurements). The cardiac chamber dimensions and the left ventricular wall thickness were within normal limits. The pulmonic valve was not well visualized during the study. The aortic valve was trileaflet and normal leaflet excursion was evident. The mitral, tricuspid and valvular structures were normal in appearance and also demonstrated normal function. There was no evidence of a pericardial effusion or of an intracardiac thrombus. Color Flow: Trace tricuspid regurgitation was evident. The estimated pulmonary artery systolic pressure was normal (50 mmHg). Conclusion: 1. Normal left ventricular ejection fraction of 66% by volumetric measurements. 2. Trace tricuspid regurgitation and abnormal estimated pulmonary artery systolic pressure were evident.

03/22/07: Echocardiogram. Findings: Normal LV ejection fraction and valve function; PASP estimated at 15 mmHg (not 50 mmHg), which is normal; no need for further cardiac study at this time.

05/14/07: Abdominal and Pelvic CT with Contrast. Findings: A 2 cm left renal cortical cyst is again visualized unchanged from the prior study. Additional 9 mm cm cyst is present in the lower pole of the left kidney. The right kidney is unremarkable. The liver, spleen, gallbladder, pancreas and bilateral adrenal glands are within normal limits. There is no retroperitoneal or pelvic lymphadenopathy. There are a few sigmoid diverticula with no evidence of diverticulitis. The osseous structures are intact. Bilateral lung bases are clear. There is a 6 mm cyst in the lower pole of the right kidney that is unchanged. Impression: 1. Stable bilateral renal cysts. 2. Mild sigmoid diverticulosis.

05/21/07: (09:24) Electrocardiogram. Findings: Normal sinus rhythm. Normal ECG.

08/03/07: Chest X-ray from Southern California Permanente Medical Group. Findings: The examination is compared to the previous study on 09/22/05 which reveals no interval changes. The lung fields are free of focal infiltrates and pleural effusions. The mediastinum and the cardiac silhouette are normal.

09/26/07: Cervical Spine X-ray from Southern California Permanente Medical Group demonstrated no significant abnormality.

12/27/07: Kidney Ultrasound from Southern California Permanente Medical Group. Findings: Comparison is made with the previous renal ultrasound study performed on October 18, 2006, and the CT scan performed on November 8, 2006. The right kidney measures 11.7 cm. There is no renal mass or hydronephrosis. The left kidney measures 11 cm. Again, there is no renal mass or hydronephrosis. A 1.8 cm cyst is found within the lateral cortex, upper pole of the left kidney. There is some nodularity within the medial wall of the cyst. The appearance of this cyst remains unchanged in size and appearance as compared to the previous examination. This lesion is better characterized now based on the renal CT scans performed on November 8, 2006. Impression: Stable 1.8 cm left renal cyst with a mural nodule or calcification.

09/05/09: Testicular Ultrasound Report from Southern California Permanente Medical Group gives an indication of left testicular pain. Findings: Right Testis: The right testis measures 5.1 x 2.4 x 3.2 cm. The right testis appears normal. Using color Doppler, the right testis demonstrates increased flow. A small hydrocele is visualized in the right scrotal sac. The right epididymis appears normal. The right epididymis demonstrates normal flow. A small variceal is visualized in the right scrotal sac. Left Testis: The left testis measures 5.0 x 2.5 x 4.7 cm. The left testis appears normal. Using color Doppler, the left testis demonstrates increased flow. A small hydrocele is visualized in the left scrotal sac. The left epididymis appears normal. The left epididymis demonstrates normal flow. Impression: Bilateral hydrocele. Right varicoceles. Increased testicular vascular flow bilaterally.

11/07/09: Testicular Ultrasound Report from Southern California Permanente Medical Group gives an indication of left side torsion. Findings: Comparison was

made with the prior ultrasound scan performed on 09/04/09. Right Testis: The right testis measures 4.9 x 3.0 x 2.5 cm. The right testis appears normal. Using color Doppler, the right testis demonstrates increased flow. Right Epididymis: The right epididymis appears normal. Left Testis: The left testis measures 5.2 x 3.1 x 2.5 cm. The left testis appears normal. Using color Doppler, the left testis demonstrates increased flow. Left epididymis appears normal. Impression: Testicular ultrasound within normal limits.

12/16/09: Radiology Report from Southern California Permanente Medical Group. History: Rule out stones. No previous study was available for comparison. Findings: Bowel gas pattern is within normal limits. There are small phleboliths within the left side of pelvis. Impression: No significant abnormality.

02/07/11: Renal Ultrasound Report from Southern California Permanente Medical Group gives a history of renal mass. Comparison was made with a prior ultrasound scan performed on 12/27/07. Findings: Right Kidney: Right kidney measures 11.5 x 5.9 x 5.4 cm. The right kidney demonstrates no hydronephrosis. Left Kidney: Left kidney measures 11.3 x 5.6 x 6.2 cm. The left kidney demonstrates no hydronephrosis. A complex cyst is visualized in the superior pole of the left kidney, measuring 1.6 x 1.5 x 1.6 cm. Impression: Left renal complex cyst.

02/07/11: Renal Ultrasound Report from Southern California Permanente Medical Group gives a history of renal mass. Comparison was made with prior ultrasound scan performed on 12/27/07. Findings: Right Kidney: Right kidney measures 11.5 x 5.9 x 5.4 cm. The right kidney demonstrates no hydronephrosis. Left Kidney: Left kidney measures 11.3 x 5.6 x 6.2 cm. The left kidney demonstrates no hydronephrosis. A complex cyst is visualized in the superior pole of the left kidney, measuring 1.6 x 1.5 x 1.6 cm. Impression: Left renal complex cyst.

04/24/12: Testicular Ultrasound Report gives an indication of left testicular pain. Comparison was made with prior ultrasound scan performed on 11/07/09. Findings: The right testis measures 5.0 x 3.4 x 2.5 cm. The left testis measures 5.1 x 3.1 x 2.6 cm. Both testes are normal in size and echogenicity. No parenchyma lesions are visualized. Using color Doppler, normal blood flow is demonstrated in both testes. Both epididymides appear normal bilaterally. No hydrocele or varicocele are identified. Impression: Testicular ultrasound within normal limits.

07/25/13: Lumbar Spine X-ray Report from St. Bernardine Medical Center gives

an indication of strain/pain/injury. Findings: The vertebral bodies and intervertebral disc spaces are intact. The pedicles are normal. No spondylosis or spondylolisthesis is identified. The sacroiliac joints are normal. By Curtis Handler, M.D.

10/14/13: Lumbar Spine MRI Report from Reliant Radiology Medical Group gives a history of pain. Findings: The exam of the L5-S1 level demonstrates a large (greater than 4 mm) central disc protrusion/herniation that results in obscuration of anterior epidural fat and mild encroachment on the anterior aspect of the thecal sac. There is mild bilateral neural foraminal encroachment. There is loss of normal signal intensity from the disc nucleus on T2 images, reflecting degenerative change. The L4-5 level demonstrates a normal disc contour and normal disc signal intensity. No extradural abnormalities are seen. Neural foramina appear patent bilaterally. The L3-4 level is normal. No abnormalities are seen in the region of the distal spinal cord or conus. Bone marrow exhibits a normal signal intensity. By Robert Benson, M.D.

Operative/Procedure Reports:

07/26/14: Procedure Report from Mariana Hospital by Jae H. Chon, M.D., indicates that the patient underwent: 1. Transforaminal epidural injection, left L5-S1. 2. Tuohy needle localization using fluoroscopy. 3. Epidurogram.

Reports:

01/11/05: Chart Note from Southern California Permanente Medical Group, Baldwin Park. 15-year-old male with burning redness, discharge and mattering in both eyes for two days. No other symptoms. No significant prior ophthalmological history. No change in vision acuity, no photophobia, no severe eye pain. Assessment was conjunctivitis-probably bacterial. The patient was prescribed antibiotic drops.

07/07/05: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient presented with a three-day history of nasal congestion without cough, fever. Vital Signs: Height 5'11", weight 189 lbs., temperature 96°F.

07/20/05: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Complaining of unusual nipple. Bothering him. Not really painful,

but "bugs him". No discharge. Assessment was accessory nipple tissue.

01/30/06: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Daniel D. Kitt is a 17-year-old male presenting with URI symptoms for three days, including nasal congestion, rhinorrhea and nonproductive cough, fever not elevated. No vomiting or diarrhea. Taking foods and fluids well. Also complaining of sore throat. Denies headaches and wheezing. Assessment was viral upper respiratory illness. Lack of antibiotic effectiveness was discussed with the family.

08/21/06: Chart Note from Southern California Permanente Medical Group, Baldwin Park. See in the emergency room two days ago with left-sided flank pain. CT done and patient diagnosed with diverticulitis. Is now taking metronidazole, Cipro, and Vicodin for pain. The pain has improved mildly, but still bothers patient. Takes Vicodin about three times a day. Started to have hard stools. Vital Signs: Weight 210 lbs., temperature 97.7°F. Assessment: 1. Diverticulitis. 2. Constipation/likely secondary to pain medication.

10/08/06: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Patient complaining of left abdominal pain times eight hours, sharp, off and on. Patient states he has constipation. Last normal bowel movement was two days ago. The patient had similar symptoms last month and was diagnosed with diverticulitis. CT abdomen showed probable early diverticulitis and renal cyst. The patient did not have any follow-up for it. Vital Signs: Height 6'1", weight 208 lbs., blood pressure 144/80, pulse 61, temperature 98.3°F. The patient was scheduled for skin test PPD, tuberculosis, intradermal culture, urine and CBC with differential. He was prescribed ciprofloxacin 500 mg.

11/02/06: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Daniel D. Kitt is a 17-year-old male who started having left flank pain with radiation to the back and left lower quadrant in August which lasted for a week. The patient was seen in the emergency room at that time and a CT showed left renal cyst. The patient had another episode of pain since and a renal ultrasound confirmed a complex cyst on the left side. The patient denies history of trauma or other medical problems. Assessment/Plan: Left renal complex cyst of unknown significance, along with flank pain, CT scan with contrast, follow-up afterwards.

11/20/06: Chart Note from Southern California Permanente Medical Group,

Baldwin Park. The patient presented with his mother to discuss the findings after having had the CT scan with and without contrast. Assessment/Plan: Cysts of both kidneys, the patient is not too familiar with his father's family history, and based on lack of history of renal failure, I did not think that he has polycystic kidney disease. I recommend continued observation with follow-up in six months with repeat CT scan.

12/15/06: Chart Note from Southern California Permanente Medical Group, Baldwin Park. 17-year-old male who several months ago had vague flank pain, resulted in abdominal CT scan showing two cysts on either kidney. The patient is feeling OK currently without any acute complaints. He has no family history of PCKD, although he rarely keeps in contact with his father. Assessment/Plan: Given that this patient is 17 years old and has two cysts on either side, I think it is possible that he may have PCKD. The patient can have new mutation. He also is not in contact with his father, so some family history is not obtainable. We will refer to genetics for further testing.

01/24/07: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Daniel is an 18-year-old male who complains of sore throat for three days. He denies a history of fevers and denies a history of asthma. The patient does not smoke cigarettes. Sister has strep. Assessment was viral upper respiratory infection. The patient was advised to push fluids and rest, and was to return to the office if symptoms persisted or worsened. A throat culture was taken and he was prescribed penicillin V potassium 550 mg.

02/08/07: Genetic Consultation Report by Rosetta L. Willis, M.D., indicates that the patient presented for genetic counseling for possible polycystic kidney disease. History: Daniel Kitt is an 18-year-old male referred for genetic consultation because imaging studies revealed possible polycystic kidneys. In August 2006, he was evaluated in the emergency room for flank pain and possible kidney stone. A CT scan of the abdomen showed two possible cysts in the left kidney and diverticulitis. A renal ultrasound showed a complex cyst in the left kidney. A repeat CT scan of the abdomen was done in November 2006, which showed bilateral low density renal lesions, possible cysts. The study was otherwise negative. He denies dysuria, hematuria, abdominal pain, history of headaches or weight loss. He had a fainting episode at school one year ago. He was told he was dehydrated. Birth History: Kitt was born by primary C-section for failure to progress due to macrosomia to a G1, P1 24-year-old female and a 24-year-old male.

The pregnancy was complicated by intrapartum pregnancy induced hypertension. He did well in the neonatal period and went home with his mother. Family History: A three-generation pedigree was obtained. The history was significant for hypertension in Kitt's maternal grandmother and grandfather. There is no family history of polycystic kidney disease or any other inherited disorders, birth defects, or developmental delay. Kitt is not in touch with his father and has limited information on his father's family. The maternal ethnicity is Italian, Irish and Native-American. The paternal ethnicity is French, Canadian and Hispanic. There is no parenteral consanguinity. Recommendations: 1. Discuss with genetic lab about molecular testing for ADPKD. 2. Renal ultrasounds on the parents. 3. Follow up with the family.

02/28/07: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Follow-up borderline blood pressure range 100-137/60-85. Holter result discussed with Dr. Cotter and patient. Recommend echo and TMST. The patient planning to become fireman. History of syncope times two, first episode sudden, no warning, while in bed 1-1/2 years ago, second episode was brought on by seeing "something gross" and not having eaten, per patient, felt palpitation followed by nausea, saw spots, then fainted. Admits drinks three Cokes per day. No exertional symptoms ever. Headache yesterday, now resolved. Assessment: 1. Ventricular premature beats. 2. Polycystic kidneys. Plan: Discontinue caffeine!! The patient was scheduled for laboratory testing and echocardiogram.

05/17/07: Re-Evaluation Report by Dr. Willis. Daniel Kitt is an 18-year-old male who was seen for genetic consultation because imaging studies revealed possible polycystic kidneys. The family history was negative for polycystic kidney disease. We discussed autosomal dominant adult-onset polycystic kidney disease (ADPKD) with Kitt and his mother. We noted that the diagnosis is usually made by clinical exam. There are at least two known genetics for ADPKD. Some 85% of mutations have been localized to a gene on the short arm of chromosome 16 and 15% of mutations to a second gene on chromosome 4. There may also be a third gene for ADPKD, but it has not been further delineated. Because of the less than definite diagnosis on renal ultrasound and CT scan of the abdomen and the early presentation, we recommend molecular testing for ADPKD. Today, Kitt and his mother come in to discuss the results of the test. He recently had an echocardiogram because of a past history of PVCs and palpitations. He is currently asymptomatic. Molecular Test Results: The DNA variant in either the PKD-1 or PKD-2 gene was noted. This DNA sequence variant is of unknown clinical significance. It may be a

benign polymorphism or a disease-associated mutation that has not yet been reported. We discussed that it may be helpful to test Kitt's parents to see if they have a variant. Kitt's mother had a renal ultrasound which was normal. She would like to have the testing done. Kitt is not in touch with his father. He is not aware of any kidney problems in his father according to his father's family. If his mother has the same variant and does not have ADPKD, this is probably not a disease-causing mutation. Plan: 1. DNA testing for Kitt's mother to see if she carries the same variant. 2. Additional genetic counseling when the results on Kitt's mother are available. 3. Follow up with nephrologist and continue management plan as outlined by his physician.

05/21/07: Consultation Report from Southern California Permanente Medical Group indicates that the patient was seeking training as a firefighter and was requesting medical clearance. History: 18-year-old male with history of one syncope about one year ago. The patient had multiple cardiac studies due to syncope and his interest in pursuing firefighting career. The patient has no decreased exercise tolerance. The patient did state that he feels his heartbeat sometimes, especially when lying down feels "heartbeat stronger, irregular, but not fast". He remembers that prior syncope episodes as follows: He missed his breakfast and was running late to his class (childhood development) that morning. Around 9:30 a.m., he was sitting in his seat feeling sick to his stomach. He went outside to take a break and felt diaphoretic, dizziness and fainted. He said he probably had loss of consciousness about a few seconds. He felt heartrate fast after he woke up. He was then sent home after seeing the school nurse. No recurrence. Vital Signs: Height 6', weight 207 lbs., blood pressure 131/63. Assessment: 1. History of syncope: probably hypoglycemic episode or vasovagal reflex. 2. Holter showed PVCs and three beats of PVCs with normal LV ejection fraction. 3. ? elevated PASP by echo: asymptomatic. Plan: 1. Advised to avoid skipping meals and have plenty of hydration. 2. I think with normal LV EF, the possibility of LV related ventricular arrhythmia causing the syncope is very low and has overall very good prognosis. Especially in the presence of excellent ETT result. 3. Will need to review the echo tape due to conflicting wording on the echo report. Will call patient if need further study.

06/07/07: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient presented with a two-day history of frontal headaches radiating to occipital area, aggravated by bending forward. Advil helps some, but reoccurs. No neuro or sinus symptoms. Mother with migraine. Assessment: 1.

Headache, tension, doubt migraine. 2. Sinusitis. The patient was prescribed Advil 800 mg three times a day for 3-5 days.

08/03/07: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient presented with complaints of right rib pain since the prior night. No known injury, but patient went on a hike the day prior and carried a heavy rock for some time. No cough, fever, URI symptoms, shortness of breath. Pain worse with movement and is now radiating up to neck and around to back. No lower extremity swelling or pain. Vital Signs: Blood pressure 126/76, SpO2 98%. Impression: Chest wall pain, likely strain. The patient was advised to take Tylenol or Motrin as needed.

11/14/08: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient was seen with a five-day history of sore throat, productive cough and chills. He denied chest pain, dyspnea, wheezing, hemoptysis or high fever. Vital Signs: Weight 225 lbs., blood pressure 113/74, temperature 97.5°F. Assessment: Pharyngitis. The patient was scheduled for throat culture.

01/07/09: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient was seen with complaints of left testicular and left lower quadrant pain since 9:00 p.m. the night prior. He had similar pain two months prior and ultrasound of the testes was normal for torsions. This is a second episode of left testicular pain for the past 24 hours. There is no chest pain, no fever, no chills, no shortness of breath, no nausea or vomiting or diarrhea. Vital Signs: Blood pressure 129/71, pulse 82, temperature 99.4°F, respiration 18, SpO2 99%. Assessment: 1. Varicocele. 2. Hydrocele. The patient was scheduled for scrotal ultrasound and laboratory workup.

09/04/09: Chart Note from Southern California Permanente Medical Group, Baldwin Park, indicates that the patient was a 20-year-old male who had two episodes of hypoglycemia occurring over the last month. Vital Signs: Blood pressure 112/65, weight 214 lbs. Assessment was hypoglycemia. The patient was scheduled for laboratory testing.

09/05/09: Emergency Room Report from Southern California Permanente Medical Group, by Craig R. Huber, M.D. History: 20-year-old male presents with flank pain. Patient with left testicular pain. Noted onset one to two days ago. Pain was initially mild and would come and go. Tonight, pain suddenly became worse. Pain

now occasionally radiating down his left leg and up to his LLB. Active Problem List: Cystic disease of kidney and renal cyst. Vital Signs: Blood pressure 120/70, temperature 98.1, weight 215 lbs., SpO2 98%. Note: Pain improved with fentanyl 25 mcg. Will discharge home. Etiology of pain unclear, but does not appear to be of emergent nature. Impression: Groin pain. Plan: Ibuprofen. Activity as tolerated. ED return as needed.

09/22/09: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient presented with a four-day history of sore throat, nonproductive cough and low-grade fever. He denied chest pain, dyspnea, wheezing, hemoptysis or fever. Vital Signs: Blood pressure 137/58, weight 218 lbs. Assessment: Otitis media and pharyngitis. Patient was prescribed amoxicillin 500 mg.

11/01/09: Chart Note from Southern California Permanente Medical Group, Baldwin Park. 20-year-old male with burning, redness, discharge and mattering in left eye for eight days. No other symptoms. No significant prior ophthalmologic history. No change in visual acuity, no photophobia, no severe eye pain. Yesterday noticed dilated eye, no over-the-counter, illicit meds. Patient is a paramedic. Patient appears well. Vital signs are normal. Left eye with findings of typical conjunctivitis noted; erythema and discharge. PERRLA, no foreign body noted. No periorbital cellulitis. Left pupil is dilated. The corneas are clear and fundi normal. Visual acuity normal. Assessment: Conjunctivitis. Mydriasis, persistent. Patient was prescribed sulfacetamide sodium 10% ophthalmic drops.

12/16/09: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Daniel D. Kitt is a 20 year old who I had seen in the past for incidental renal cysts, two on the left and one possibly two on the right. The patient is having new symptoms. Patient on last renal ultrasound on December 2007 had no changes in the cysts. The patient is now referred for left testicular pain which started and lasted one day when he was seen in the emergency room. Patient works as a paramedics and lifts patients often and does not recall if he strained himself. The pain radiated to his left testis and radiated up to his left flank. The patient did not pass any stones or had hematuria. Vital Signs: Blood pressure 120/49, weight 218 lbs. Assessment: 1. Left testicular pain, now resolved, possibly pulled muscle or strain, continue with observation, KUB to rule out stones. 2. Renal cysts, follow-up ultrasound.

04/05/10: Emergency Room Report from Southern California Permanente Medical Group, by Thomas J. Tsou, M.D. History: Daniel D. Kitt is a 21-year-old male who complains of urgency, frequency times one day. There is no chest pain, no fever, no chills, no shortness of breath, no nausea or vomiting or diarrhea. Vital Signs: Blood pressure 132/91, pulse 52, temperature 98.7°F, respiration 18, weight 215 lbs., SpO2 98%. Assessment was dizziness. The patient was referred to endocrinologist for more detailed workup and follow-up regarding his symptoms. He was to be followed up by his primary treating physician in two to three days.

04/08/10: Chart Note from Southern California Permanente Medical Group, Baldwin Park. Daniel D. Kitt is a 21-year-old male, paramedic, who presented to the emergency department three days ago for complaints of increased frequency of urination and mild diarrhea. His workup in the emergency department included electrolytes, blood sugar, urinalysis were all normal. The patient states his frequency or urination has improved since then and he urinates four to five times during the day. He denies increased thirst. He denies increased intake of alcohol, caffeinated drinks or any other drugs. He denies fevers or chills. The urine volume is small in amount and not associated with any burning. He denies any abdominal pain, nausea or vomiting or dizziness. Diarrhea has resolved since two days. He is also followed by the urology department for evaluation of cystic disease of the kidney. CT abdomen in 2007 revealed sigmoid diverticula. Patient Active Problem List: Cystic disease of the kidney and renal cyst. Vital Signs: Blood pressure 120/58, weight 220 lbs. Assessment was urinary frequency. Note: For one day, which has improved, spontaneously, without increased volume of urine and without increased thirst-unlikely to be from diabetes insipidus. There was no clinical or biochemical evidence of urinary infection or diverticulitis. No history of polydipsia. Discussed with the patient on the findings and the plan. Will repeat urine volume and urine and serum electrolytes osmolality for further evaluation. Patient also advised to discuss his symptoms with the urologist and to rule out any bladder abnormalities causing increased frequency of urination.

12/02/10: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient presented with complaint of left ear pain with discharge. He was also complaining of epistaxis, recurrent, right nostril, times seven-plus weeks. This usually happens when he blows his nose. Blood pressure readings from the last two encounters: 04/07/10, 120/58; 10/20/10, 122/68. Blood pressure that day was 112/74, weight 221 lbs. Assessment: Otitis externa. Otitis media. Allergic rhinitis. Epistaxis. The patient was prescribed amoxicillin 500 mg,

neomycin-polymyxin-HC 3.5-10,000-1 mg-unit/ml% otic suspension drops, fluticasone 50 mcg/actuation nasal spray solution and Ocean Nasal 0.65% nasal spray.

09/18/11: Chart Note from Southern California Permanente Medical Group, Baldwin Park. History: 22-year-old male comes in today with complaints of dysuria with a gradual onset, intermittent timing, mild severity. No fevers or abdominal pain. He also complains of itching in the groin region. He was recently intimate with a woman who was diagnosed with Chlamydia. Assessment was urethritis. He was scheduled for laboratory testing.

12/05/11: Chart Note from Southern California Permanente Medical Group. Daniel D. Kitt is a 22-year-old male who noted a bumpy somewhat pain skin rash on the posterior scalp about four days ago. Has some pain, itching and some drainage at night from the area. Works out at a gym and uses the equipment, sometimes with his scalp touching it. No fever. Assessment: Folliculitis.

04/24/12: Chart Note from Southern California Permanente Medical Group. The patient presented with a three-day history of intermittent left flank pain. The pain radiates to the left testicle when severe. Vital Signs: Blood pressure 126/79, weight 220 lbs., SpO2 99%. Assessment was flank pain. He was prescribed ibuprofen and Vicodin and was advised not to lift, push or pull. He was to see his primary care physician in one week.

06/21/12: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient was seen with complaints of productive cough, congestion and rhinorrhea. He was also having pain and decreased hearing times six days (temperature 101.2°F) times one day that resolved. The patient works as a paramedic. Vital Signs: Blood pressure 116/72, weight 228 lbs. Assessment was upper respiratory infection.

06/26/12: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient was seen with complaints of a 12+ day history of cough and congestion with sore throat and bilateral ear pain. Vital Signs: Blood pressure 127/79, temperature 98.5°F, weight 222 lbs., SpO2 99%. Assessment was sinusitis, pharyngitis and otalgia, referred pain.

10/12/12: Chart Note from Southern California Permanente Medical Group,

Baldwin Park. The patient presents with past medical history of renal cysts, folliculitis. Patient needs refill for medications on rash of back of head. Treated in past with doxycycline with good results. Here for follow-up of rash to the back of his head. Vital Signs: Blood pressure 119/56, weight 211 lbs. Assessment was folliculitis.

11/07/12: Emergency Department Report from Southern California Permanente Medical Group, by Michael S. Guirguis, M.D. History: 23-year-old male with nausea, vomiting, diarrhea for two days, states abdominal ache, started on Sunday, then Monday started to having vomiting, approximately ten times over last two days, approximately 15 episodes of diarrhea since Monday, no recent travel, was on ten days of doxy for folliculitis, last dose approximately ten days ago, no history of C. diff, sick contacts. Is a paramedic and sees AGE daily. Tonight had diarrhea in bed, got up, went to shower, felt dizzy, and felt like he was going to pass out. Sat down and passed out only a few seconds, no trauma. Laid there until he could get up and mother drove him here. No history of cardiac disease or arrhythmia, history of syncope times one when he got a shot in the past. Vital Signs: Blood pressure 114/45, temperature 97.9°F, respiration 19, weight 204 lbs., SpO2 99%. EKG demonstrated normal sinus rhythm, rate 50, normal axis, no ST elevation. Laboratory report indicated the following elevated readings: Monos % auto 19.3. Low Readings: RBC 4.56, HCT auto 41.6, potassium 3.4, and CO2 20. Diagnosis was gastroenteritis. The patient was prescribed ondansetron HCL 4 mg.

07/25/13: Doctor's First Report of Occupational Injury or Illness by Brian Bearie, M.D., indicates that the patient was employed by the City of Rialto as a firefighter/paramedic. Date of injury is July 25, 2013. Description of Accident: After a work session, I went to lift a 45-pound barbell and that is when I felt a sharp pain in my lower back. Complaining of 6/10 constant pinching, throbbing, aching, burning pain in my lower back and right leg. Pain worsens when I sit. Complaining of numbness, tingling and weakness in the right leg. Denies nausea, vomiting, diarrhea, fever, chills, chest pain, shortness of breath, abdominal pain, or bowel or bladder incontinence. Diagnosis was acute lumbar strain. The patient was prescribed naproxen sodium 550 mg twice a day, Flexeril 7.5 mg twice a day. The patient was scheduled for reevaluation on August 1, 2013. The patient was returned to modified duty as of July 25, 2013, with no lifting, carrying, pushing, pulling greater than 10 pounds. No lifting, work on ladders, roofs, places above ground level. No repetitive bending or use of low back.

08/20/13: Report from Physical Therapy Center Orthopedic & Sports Physical Therapy by Richard Blum-Johnston, M.P.T., indicates that the patient was referred by Dr. Bearie for treatment of the patient's low back strain.

12/12/13: Initial Evaluation Report from Kerlan-Jobe Orthopedic Clinic by Jae H. Chon, M.D., indicates that the patient was seen for injuries sustained while working for the City of Rialto/Fire Department. On July 25, 2013, and on August 6, 2013, while doing a CrossFit workout at work with a Teddle belt, he felt a pop. Since that time, the patient has been having low back pain that started radiating down the left leg. The patient was presently taking Norco, naproxen and Flexeril. The patient was allergic to morphine and erythromycin. The patient had a positive family history of heart disease and CVA. The patient was single and did not smoke and rarely drank alcoholic beverages. Vital signs were not given. Assessment and Plan: The patient has a loss of disc height at the L5-S1 with a new onset of left sciatica. I would like to start the patient on physical therapy at TEAM two times a week for six weeks. We will start the patient on anti-inflammatory, Voltaren XR, and see if that helps ease the pain. We will see the patient back in six weeks and see how he responds to physical therapy.

03/06/14: Re-Evaluation Report by Jae H. Chon, M.D. The report indicates that the patient's physical therapy had been very helpful and he noticed about 80% reduction in pain. The patient requested to continue physical therapy twice a week for another six weeks. He was scheduled for follow-up in six weeks. The patient was continued on modified duty.

04/24/14: Re-Evaluation Report by Jae H. Chon, M.D., indicates that the patient had responded well to 12 sessions of physical therapy. The patient was scheduled for follow-up in six weeks. If he was not improving, consideration for chiropractic treatment and acupuncture was discussed. The patient was continued on full duty.

06/12/14: Re-Evaluation Report by Jae H. Chon, M.D. The patient's MRI showed a disc herniation at L5-S1 diffuse, but much worse on the left side with narrowing on the left side. Authorization was recommended for epidural steroid injections at the L5-S1 level. If patient received no improvement, discectomy was to be considered. The patient was continued on regular duty.

07/02/14: Application for Adjudication of Claim indicates that the patient was employed by the City of Rialto as a firefighter. He filed a specific injury on July

25, 2013, when he injured his back on duty while exercising. Concurrent case filing date of injury 08/06/13.

07/08/14: Application for Adjudication of Claim indicates that the patient was employed by the City of Rialto as a firefighter. He filed for a specific injury on August 6, 2013, when he injured his back on duty while exercising. Concurrent case filing date of injury 07/25/13.

07/24/14: Re-Evaluation Report by Jae H. Chon, M.D., indicates that authorization for epidural injections was received. The patient was to be seen for follow-up in six weeks, after the epidural injections. He was continued on full duty.

08/06/14: Chart Note from Southern California Permanente Medical Group, Baldwin Park. The patient was seen with a three-day history of right upper abdominal quadrant pain. He was taking Voltaren and Norco for back pain-work related. Vital Signs: Blood pressure 124/62, weight 209 lbs. Assessment: Abdominal pain and lumbar disc herniation. The patient was referred for GI consultation.

12/09/15: Orthopedic Evaluation Report by Alexander T. Latteri, M.D., indicates that the patient was seen for injuries sustained while working for City of Rialto Fire Department on July 25, 2013, and August 6, 2013. The patient stated that he was allergic to morphine. He denied any history of high blood pressure, diabetes or heart problems. He underwent left knee surgery in July of 2015. He was presently taking Norco and diclofenac for his low back symptoms. Vital Signs: Height 6'1", weight 215 lbs., age 26. Diagnosis: 1. Herniated L5-S1 intervertebral disc with radiculopathy, left lower extremity. a. MRI of low back 10/14/13, documenting large 5 mm central disc herniation/protrusion, L5-S1 level with degeneration. b. Low back epidural injection 07/26/14, effective. 2. History of gastritis secondary to anti-inflammatory medications used to treat lower back symptoms. It was the examiner's opinion that the patient had reached maximum medical improvement as of 12/09/15 for the industrial injuries of 07/25/13 and 08/06/13, which occurred while employed by the City of Rialto Fire Department. The patient had no work restrictions as he was working full duty as a firefighter without any restrictions. Apportionment/Causation: This permanent partial disability is compatible with and directly attributable to the industrial injuries of 07/25/13 and 08/06/13. The mechanisms of injury explain the development of the condition underlying the impairment. I would apportion 25% of this present lower lumbar permanent

impairment to the initial industrial injury which occurred July 25, 2013, where he required three days of light duty. There was no temporary total disability. He returned to full duty work activities. It is reasonable to assign 75% to the industrial injury of August 6, 2013, where he required five days of temporary total disability and two weeks of light duty. He then returned to regular work as of 08/13/13. An MRI of the lower back was performed on 10/14/13, documenting disc injury. Zero percent is due to other causative factors. There is no basis for apportionment of any of the permanent partial disability. There is nothing to indicate that this individual brought a related pre-existing disability to the employment and injury, there is nothing to indicate there would now be ratable disability as a result of any progressive naturally occurring disease process, and there is no contribution from supervening event or injuries. This determination of apportionment represents my best medical judgment as to the percentage of disability, if any, caused by any other factors as defined in Labor Code Section 4663 and 4664.

PHYSICAL EXAMINATION:

The patient is a well-developed, well-nourished male, 6'1" and 220 lbs. Vital signs are the following:

Blood Pressure:	118/76	Pulse:	64
Respiratory Rate:	12		

Head:	The skull is atraumatic, normocephalic.
Eyes:	Sclerae are anicteric and conjunctivae are pink.
Ears:	Tympanic membranes are intact bilaterally.
Nose:	The patient has some erythema of the nasal passages, more pronounced on the left than the right.
Throat:	The patient has erythema of the posterior pharynx, with no exudates, no evidence of thrush and no leukoplakia.
Neck:	The patient has no jugular venous distention, no lymphadenopathy and no thyromegaly. His neck is supple. He has no carotid bruits.

Lungs:	The lungs are clear to percussion and auscultation.
Heart:	There is a regular rate and rhythm, without any S3, S4 or murmur.
Abdomen:	The patient is 1+ tender over the epigastric area. He has no rebound. He has active bowel sounds. No masses are felt and he has no hepatosplenomegaly and no bruits.
Extremities:	He has equal pulses in all four extremities. He has no edema and no deformities.
Neurologic:	The patient is alert, oriented times three, with no focal findings.

DIAGNOSES:

Gastroesophageal reflux disease.

DISABILITY STATUS:

Mr. Kitt is at Maximum Medical Improvement.

DISCUSSION:

The diagnosis will be discussed in terms of causation, whole person impairment, apportionment and need for future medical care.

GASTROESOPHAGEAL REFLUX DISEASE:

CAUSATION:

After taking a careful history from the patient and review of the medical records, I have concluded that his gastroesophageal reflux disease was caused by the anti-inflammatory medicines, mainly Naprosyn and Voltaren XR, which he was required to take in order to alleviate the pain from his low back industrial injury. Were it not for this need to take these medications to alleviate pain, I do not feel he would have developed gastroesophageal reflux disease. The medical records indicate the patient

was started on Naprosyn and Flexeril on July 25, 2013, shortly after his low back injury. He apparently continued these medications until he saw Dr. Chon, his orthopedist from Kerlan-Jobe, on December 12, 2013. At that time, Dr. Chon started the patient on another anti-inflammatory, Voltaren XR.

Furthermore, on August 6, 2014, the patient was seen in the clinic at Southern California Permanente Medical Group complaining of right upper quadrant abdominal pain. It was noted that the patient was taking Voltaren and Norco at that time, and he was referred to a gastroenterologist. It is unclear from the medical records whether the patient went to the gastroenterologist. On December 9, 2015, Dr. Latteri saw the patient for an orthopedic evaluation. He noted that the patient had gastritis secondary to anti-inflammatory medications needed to treat his low back pain.

Besides the anti-inflammatory medication, the Norco and the Flexeril that the patient was taking in order to treat low back pain and spasm have contributory mechanisms which can also lead to the development of gastroesophageal reflux disease. Norco is a potent opiate analgesic and can cause the relaxation of the gastroesophageal sphincter, making it easy for the acidic stomach contents to backflow into the esophagus and irritate the mucosa there, leading to GERD. Flexeril, which is a muscle relaxant, can also cause relaxation of the gastroesophageal sphincter, leading to worsening GERD by a similar mechanism as Norco.

The patient also, I feel, is a believable historian and was able to well document his symptoms to me during our encounter. Therefore, relying on the history in which he has actually no other nonindustrial risk factors which would lead to the development of GERD, I feel that his upper gastrointestinal tract disability is solely secondary to medications which he needed to treat his orthopedic industrial injury.

IMPAIRMENT RATING:

In discussing the patient's whole person impairment, there is no objective evidence of gastroesophageal reflux disease at this time, in terms of an EGD. However, he does have symptoms consisting of heartburn and nausea and signs consisting of tenderness over the epigastric region which would be consistent with gastroesophageal reflux disease. Furthermore, the patient requires appropriate dietary restrictions and drugs for control of his symptoms and signs. He does not

have any nutritional deficiencies and does not suffer from any weight loss below a desirable weight. Because the patient is not taking the omeprazole continuously, I feel that he would have a lower percentage of whole person impairment under Class 2. Therefore, I feel it is most appropriate to give him a 10% whole person impairment based on historical factors, examination and the medical records.

APPORTIONMENT:

Apportionment to non-industrial factors is not warranted. The patient has no nonindustrial factors which led to the development of his GERD. In addition, it should be noted that the patient states he had an H. pylori test done by his Kaiser doctor which was negative. Furthermore, the patient does not smoke, he only occasionally drinks alcoholic beverages and he does not drink excessive amounts of caffeine. Therefore, I can find no basis for apportionment and feel that his gastroesophageal reflux disease is 100% industrial in causation. I would apportion his disability to the August 6, 2013. From an internal medicine standpoint, I do not follow with the apportionment of Dr. Latteri since both injuries were in such close proximity. Furthermore, I questioned him at length as to whether he required an increase in medication following his knee injury in June of 2015 with the Morongo Valley Fire Department. He indicated his need for medication did not increase even though the anti-inflammatories he was taking for his back did help alleviate his knee symptoms. I would be happy to review records concerning that injury and would reserve the right to modify my opinion, should that become necessary but at this time the information that I have does indicate he was already having symptoms prior to the most recent injury.

FUTURE MEDICAL CARE:

If possible, I would recommend the patient get off anti-inflammatories and try to take some other medication for his pain. I feel that the Voltaren XR which he occasionally takes may be making it more difficult for healing of his esophageal mucosa. In addition, I would like him to try to take Protonix which is a better PPI, I feel, than Prilosec, 40 mg a day for 30-60 days to see if the symptoms resolved. If not, at that time, perhaps an EGD should be undertaken.

DISCLOSURE STATEMENT:

In accordance with Labor Code Section 4628 (b), (c), (i) and (j), and Article 25 Rule 10978, let it be known that my dictation was reviewed for grammatical and typographical errors as well as for compliance with the administrative rules of the Labor Code by T. Shoobs, my staff Technical Reviewer.

Pursuant to Labor Code 139.2 (j), I attest that the face-to-face time spent performing this patient's evaluation was in compliance with the applicable minimum time guidelines established by the Industrial Medical Council in Article 4.5, Section 49.

Prior medical records were compiled and arranged into correct chronological order for my use by L. Hicks, of my office staff.

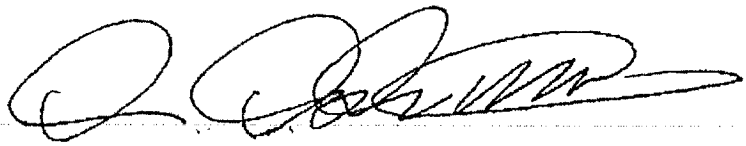
Except for the above, I certify that I composed and drafted this report, reviewed the history with the patient, reviewed any prior medical records received before the dictation of this report, performed the research necessary, and except where noted in the body of the report, administered all diagnostic tests cited. The opinions and conclusions represented within this report are mine alone.

Pursuant to Labor Code 5703 (a) (2), I declare under penalty of perjury that there has been no violation of Labor Code 139.3, and that the bill accompanying this report is true and correct to the best of my knowledge.

Further, I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Signed and dated September 8, 2016 in the County of San Bernardino, California.

Sincerely,



Dennis Dasher, M.D.
Diplomate of the American Board of Internal Medicine
QME in Internal Medicine for the State of California

DD/sm

cc: CorVel Corporation
P.O. Box 669
Chino, CA 91708
Attn: Annette Jones, Claims Adjuster

PROOF OF SERVICE
STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

I, R. Wiley am employed in the aforesaid County, State of California.

I am over the age of 18 years and not a party to the within action; my business address is: 1835 W. Redlands Boulevard, Redlands, CA 92373.

On 09/08/16, I served the foregoing report and statement on all parties in this action by placing a true copy thereof, enclosed in a sealed envelope, addressed as follows:

Law Offices of
Cantrell, Green, Pekich
444 W. Ocean Boulevard, Suite 400
Long Beach, CA 90802
Attn: Wayne McCort
Attorney at Law

Law Offices of
Kuntz & Kuntz
715 N. Arrowhead Avenue, Suite 215
San Bernardino, CA 92401
Attn: Janet Kuntz
Attorney at Law

CorVel Corporation
P.O. Box 669
Chino, CA 91708
Attn: Annette Jones, Claims Adjuster

_X___ (BY MAIL) Caused such envelope with postage thereon fully paid to be placed in the United States mail at Redlands, California.

_____ (BY PERSONAL SERVICE) I caused such envelope to be serviced by hand to the offices of the addressee.

_X___ (STATE) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/08/16

Signature of the Declarant

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

Is this a new Case?* Yes ○ No ●

Location: CTL

Companion Cases Exist ☐

Walk Thru Yes ● No ○

More than 15 Companion Cases ☐

Date: (MM/DD/YYYY) 01/11/2017

Case Number: ADJ9523168

SSN(Numbers Only) [redacted]

● Specific Injury (If Specific Injury, use the start date as the specific date of injury)

○ Cumulative Injury 07/25/2013 (START DATE: MM/DD/YYYY) * (END DATE: MM/DD/YYYY)

Body Part 1* : 420 BACK - INCLUDING

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

● ADJ ○ DEU ○ SIF ○ UEF ○ VOC ○ INT ○ RSU

Companion Cases

Case 1:

○ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

○ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 2:

○ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

○ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 3:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 4:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 5:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 6:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 7:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 8:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 9:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 10:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 11:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 12:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 13:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 14:

◯ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

◯ Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 15:

◯ Specific Injury

◯ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
STIPULATIONS WITH REQUEST FOR AWARD (DOI post 1-1-2013)

Case Number	Information Will Be Obtained From The Coversheet
SSN (Numbers Only)	Information Will Be Obtained From The Coversheet
Date of Injury (MM/DD/YYYY)	Information Will Be Obtained From The Coversheet

Venue Choice is Based Upon*

- ○ County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)
- ○ County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)
- ◉ County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

Enter the zipcode for the venue choice designated above, and then tab to Hearing Location Field and choose the corresponding Hearing Location Code *	90801	LBO

Applicant

First Name*	DANIEL
Middle Initial	
Last Name*	KITT
Address/PO Box*	[redacted]
City*	[redacted]
State*	
Zip Code* (Numbers Only)	

Employer #1 Information*

☐ Insured ☑ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name*	CITY OF RIALTO
Employer Street Address/PO Box*	150 S PALM AVE
City*	RIALTO
State*	CA
Zip Code* (Numbers Only)	92376

Insurance Carrier Information (if known and if applicable - include adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	

City	
State	
Zip Code (Numbers Only)	

Claims Administrator Information (if known and if applicable)

Name	CORVEL CHINO
Street Address/PO Box	PO BOX 669
City	CHINO
State	CA
Zip Code (Numbers Only)	91708

Employer #2 Information

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name	
Employer Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Claims Administrator Informa[illegible] (if known and if applicable)

Name	
Street Address/PO Box	
City	
State	
Zip (Numbers Only)	

Employer #3 Information

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name	
Employer Street Address/PO Box	
City	
State	
Zip (Numbers Only)	

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	
City	
State	
Zip (Numbers Only)	

Claims Administrator Information (if known and if applicable)

Name	
Street Address/PO Box	

City	
State	
Zip Code(Numbers Only)	

Employer #4 Information

☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured

Employer Name	
Employer Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	
Insurance Carrier Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Claims Administrator Information (if known and if applicable)

Name	
Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

1. The parties hereto stipulate the issuance of an Award and/or O , based upon the following facts, and waive the requirements of Labor Code section 5313:

Employee First Name	DANIEL

Employee Last Name	KITT

born* [redacted] while employed at RIALTO,
(Birth Date - MM/DD/YYYY)* (City)

CA as a(n) FIREFIGHTER, 490 in
(State) (Occupation) (Group)

More than 4 Companion Cases ☐

Case Number 1: Information Will Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts : Information Will Be Obtained From The Coversheet

Case Number 2: Information Will Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts Information Will Be Obtained From The Coversheet

Case Number 3: Information Will Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts Information Will Be Obtained From The Coversheet

Case Number 4: Information Be Obtained From The Coversheet

◯ Specific Injury *(If Specific Injury, use the start date as the specific date of injury)*

◯ Cumulative Injury Specific and Cumulative Trauma Information Will Be Obtained From The Coversheet

(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 Information Will Be Obtained From The Coversheet Body Part 2 Information Will Be Obtained From The Coversheet

Body Part 3 Information Will Be Obtained From The Coversheet Body Part 4 Information Will Be Obtained From The Coversheet

Other Body Parts Information Will Be Obtained From The Coversheet

by the employer(s) and their insurer(s) listed above and who sustained injury(ies) arising out of the and in the course of employment to: (Field size limited to 455 characters)

LOW BACK

2. The injury(ies) caused temporary disability for the period _____ through _____ for which indemnity has been paid at $ 0 per week.

Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY) Indemnity Paid

2(a). The injury(ies) caused additional temporary disability for the period _____ through _____ at the rate of $* 0 in the amount of $* _____

Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY) Rate Indemnity Paid

3. The injury(ies) caused permanent disability of 4 %, for which indemnity is payable at $ 230 per week beginning 12/09/2015 in the sum of $ 2760

Percentage* Indemnity Paid* Start Date (MM/DD/YYYY) Indemnity Paid*

less credit for such payments previously made.

☐ And a life pension of $ 0 per week thereafter.

Life Pension Amt*

An informal rating* ☐ has / ☑ has not (Select one) been previously issued

in case no(s) _____

4. There is * ◉ / ◯ is a need for medical treatment to cure relieve from the effects of said injury(ies).

5. Medical-legal expenses and/or liens are payable by defendant as follows: (Field size limited to 189 characters)

DEFENDANTS WILL PAY, ADJUST OR LITIGATE THE TIMELY FILED AND APPROPRIATELY ACTIVATED LIENS OF RECORD, RESERVING ALL DEFENSES AS TO THE LIEN CLAIMANT'S SERVICES AND CHARGES IN THEIR ENTIRETY

6. Applicant's attorney requests a fee of $ 400

☐ Fees to be commuted as follows.(Field size limited to 256 characters)

7. Liens against compensation are payable as follows: (Field size limited to 440 characters)

8. Any accrued claims for Labor Code section 5814 penalties are included in this settlement unless expressly excluded.

9. Other stipulations: Field size limited to 1024 characters

THE APPLICANT WAIVES ANY AND ALL CLAIMS FOR PENALTY AND INTEREST ON ALL FORMS OF BENEFITS. THE APPLICANT WAIVES ANY CLAIM OF PENALTY OR INTEREST ON THE AWARD HEREIN UPON PAYMENT OF THE AMOUNTS DUE UNDER THE AWARD WITHIN 30 DAYS OF SERVICE OF THE AWARD UPON DEFENDANT.

THE APPLICANT STIPULATES THAT HE HAS BEEN ADEQUATELY COMPENSATED FOR ALL CLAIMED PERIODS OF TEMPORARY TOTAL DISABILITY. NO FURTHER PERIODS ARE CLAIMED.

THE STIPULATION IS PURSUANT TO THE REPORTING OF THE PTP, ALEXANDER LATTERI, M.D., DATED DECEMBER 9, 2015.

Dated _____ Applicant _____

Applicant's Attorney or Authorized Representative:

☑ Law Firm/Attorney ☐ Non Attorney Representative

First Name	WAYNE
Last Name	MCCORT
Law Firm Number	5041891
Law Firm Name	CANTRELL GREEN LONG BEACH
Address/PO Box	PO BOX 1700
City	LONG BEACH
State	CA
Zip Code (Numbers Only)	90801

Dated

For this form to be legally binding, the filing party must attach to this electronic form a fully executed OCR form that is identical in content to this form and which contains all required signatures.

Applicant Attorney Signature

Defendant's Attorney or Authorized Representative:

☑ Law Firm/Attorney ☐ Non Attorney Representative

First Name	DANIEL
Last Name	YSABAL
Law Firm Number	5121097
Law Firm Name	KUNTZ BUSI SAN BERNARDINO
Address/PO Box	715 N ARROWHEAD AVE STE 215
City	SAN BERNARDINO
State	CA
Zip Code (Numbers Only)	92401

Dated

Defense Attorney Signature

Defendant's Attorney or Authorized Representative:

☐ Law Firm/Attorney ☐ Non Attorney Representative

First Name	
Last Name	
Law Firm Number	
Law Firm Name	
Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Dated

Defense Attorney Signature

Defendant's Attorney or Authorized Representative:

☐ Law Firm/Attorney ☐ Non Attorney Representative

First Name	
Last Name	
Law Firm Number	
Law Firm Name	
Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

Dated

Defense Attorney Signature

Interpreter License Number:

Interpreter Name	
Interpreter License Number	

ALEXANDER T. LATTERI, M.D.
ORTHOPAEDIC SURGERY

QME
Orthopaedic Surgery

3939 Atlantic Avenue, Ste. 204
Long Beach, California 90807-3535
(562) 424-0423 fax (562) 424-6719
Tax ID#: 33-0610122
License #: C38154

AME
Arthroscopic Surgery

PERMANENT AND STATIONARY ORTHOPAEDIC EVALUATION

Patient:	Daniel Kitt	Date of Exam:	12/9/15
Chart#:	107293A~	Date of Report:	12/9/15
DOI:	7/25/13 – Lower back 8/6/13 – Lower back		
DOB:	[redacted] - 26 year old male		
Emp:	Rialto Fire Department		
Occ:	Firefighter/paramedic		
Claim #:	CT 14 005008		
WCAB#:	ADJ9523168; ADJ9524117		

The patient presents to this office today for evaluation of injuries to his lower back which occurred during the performance of his usual and customary job as a firefighter/paramedic while employed by Rialto Fire Department. His first injury to his lower back was on 7/25/13 and his second on 8/6/13.

MECHANISM OF INDUSTRIAL INJURY:

On 7/25/13, Firefighter Kitt was at work performing an exercise program, when he bent down to pick up a weight bar. As he lifted the bar, which weighed about 45 pounds, he felt a "pop" in his lower back with onset of lower back pain. He reported the injury. He remained at work but for the rest of that day, he did not perform any physically strenuous activities.

After the end of his shift, he was evaluated at a company clinic by the company doctor, name not recalled. X-rays were taken of his lower

back. He was given Naproxen, Norco and muscle relaxant medication. He continued working but at light duties for a few days. His light duty work involved doing office type work with no lifting over 10 pounds. He then returned to his regular work duties. At the time he returned to regular work duties, his lower back symptoms had subsided.

He continued to work at his regular duties with no further symptoms in his lower back until 8/6/13. **On that date, while at work, he was performing an exercise program required of the Department. He was working with a 75 pound kettle bell, going from a standing position to a squat. After 10 minutes of exercising, he went into a squat and felt a "strange pop/movement" in his lower back. About one hour later he noted pain in the lower back.** He reported the injury and was sent for medical care at the company clinic.

On 8/7/13, he was seen at the company clinic. He was placed off work. No treatment was given that day.

He remained off work for about 5 days, from 8/6/13 to 8/11/13, then returned to work at light duties. His light duty work involved desk duties with no lifting greater than 10 pounds.

He remained under the care of the company clinic. He received physical therapy, 12 sessions, and 6 acupuncture treatments resulting in temporary benefit.

About the end of 8/13, he returned to full duty work without restrictions.

He received 36 sessions of physical therapy and 6 sessions of acupuncture. An MRI was ordered for his lower back.

On 10/14/13, he underwent an MRI of his lower back performed at Reliant Radiology Medical Group. Impression: Large (greater than 5 mm) central disc. Protrusion/herniation L5-S1 with degenerative change.

In 12/13, he was evaluated by Dr. Chon, M.D. He received 24 physical therapy sessions with temporary benefit. An epidural injection was requested for his lower back.

On 7/26/14, he received an epidural injection to his lower back by Dr. Chon, M.D. Procedure: 1. Transforaminal epidural injection, left L5-S1. 2. Tuohy needle localization using fluoroscopy.
3. Epidurogram.

Firefighter Kitt stated that the epidural injection did not help with lower back pain but his bilateral leg pain subsided.

On 6/19/14, he was **fired from his position with City of Rialto Fire Department.** He stated that he was not given a reason for his termination.

On 11/12/14, he began working for Morongo Valley Fire Department as a firefighter/paramedic. This was physically the same work he did for Rialto except he was not required to perform a strenuous physical exercise program and a private ambulance service transports patients so he only occasionally lifts people or gurneys. He continues this work without loss of time due to his lower back.

He remains under the care of Dr. Chon, M.D., being seen every 6-12 weeks for follow up and medications for his lower back. He was last seen by Dr. Chon, M.D., about the end of 11/15.

PAST MEDICAL HISTORY:

Previous Workers' Compensation Claims.

In 7/15, he sustained an injury to his left knee while working for Morongo Valley Fire Department. He was at a call, walking on a freeway when he stepped on something and tore cartilage in his left knee. He had subsequent arthroscopic surgery to his left knee. He was off work for about 4 months, then returned to his regular duties as of 10/7/15. He did not have a legal case. He stated that he recovered from the 7/15 injury.

Prior Non-Industrial Injuries:

At age 7, he fractured his right wrist; no sequelae.

REVIEW OF SYSTEMS:

Allergies:

He stated that he is allergic to **Morphine.**

Systemic Illnesses:

Patient denies high blood pressure, diabetes or heart problems.

Previous Surgeries:

Left knee surgery in 7/15 as noted above.

Emotional/Psychiatric Problems:

None.

Other Medical Problems:

None.

Present Medications:

He is currently taking Norco and Diclofenac for his lower back symptoms.

JOB DESCRIPTION:

Mr. Kitt began working for Rialto Fire Department as a firefighter/paramedic in late 2012; he worked for that Department for 11 months and 2 weeks. He had a pre-employment physical. His job involved fire suppression and providing medical aid. He wore turn out gear when fighting fires. He also performed an intense cardio exercise plan which required lifting over 100 pounds. He performed bending and stooping activities. He performed repetitive kneeling and squatting. He pushed and pulled equipment and gurneys with people on them. He performed reaching and overhead reaching. He lifted equipment weighing 10 to 50 pounds. He also lifted people. He climbed stairs and ladders and onto roofs.

REVIEW OF MEDICAL RECORDS:

There are medical records available.

PRESENT COMPLAINTS as related on 12/9/15:

1. Pain in the lower back radiating into both lower extremities.
2. Lower back pain is increased with bending, stooping and heavy lifting activities.
3. Burning in both lower extremities.
4. Numbness in both lower extremities.
5. Difficulty sitting for prolonged periods of time.

ACTIVITIES OF DAILY LIVING: (How symptoms affect ADL)

He stated that he is careful with normal mechanical movements due to his lower back symptoms. He is careful with working in the yard at home due to his lower back symptoms.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE:

He is 6' 1" tall at 215 pounds. He is a 26 year old male. He has a college education. He walks without a limp. He can walk on his heels and toes.

LOWER BACK:

There is pain with palpation in the lower back area bilaterally.

Sensory deficits of the lower extremities at left S1.

Lower extremity reflexes were symmetrical.

No big toe weakness

Negative Laseague's sign.

Positive sciatic notch pain left side.

Positive straight leg raising test left lower extremity.

SI joints were not tender.

Negative flank pain.

No limp.

Range of motion lower back:
Table 15-7 II-C = 7%
Table 15-8 flexion 70/90, 70/90, 70/90 = 0%
Table 15-8 extension 15/25, 15/25, 15/25 = 3%
Table 15-9 right lateral flexion 25/25/, 25/25, 25/25 = 0%
Table 15-9 left lateral flexion 25/25, 25/25, 25/25 = 0%
The above adds to 10%
Neurologic rating:
S1 left leg, Table 15-15, Table 15-18, Grade IV, 25% times5% = 1%.
DRE Rating:
Table 15-3 DRE Lumbar Category III (10% - 13%) = 10% WPI

X-RAY EVALUATION:

Deferred.

DIAGNOSES:

1. Herniated L5-S1 intervertebral disc with radiculopathy left lower extremity.
   a.) MRI lower back 10/14/13, documenting large 5 millimeter central disc herniation/protrusion L5-S1 level with degeneration.
   b.) Lower back epidural injection 07/26/14, effective.
2. History of gastritis secondary to anti-inflammatory medicine used the treat lower back symptoms.

DISCUSSION:

Firefighter Kitt sustained an industrial injury to his lower back on 07/25/13, when he injured his lower back picking up a weight bar. He required 3 days of light duty, then returned to full duty work activities. There was no temporary total disability necessary.

On 08/06/13, he sustained an industrial injury to his lower back while performing an exercise program required by the Department. He had immediate onset of lower back pain. He reported the injury and was placed off work for 5 days. He was then placed on light duty for 2 weeks. He was then returned to full duty work activities as of 08/13/13. He continued to work full duty work activities. He was eventually sent for an MRI of the lower back on 10/14/13, which documented L5-S1 disc herniation. He underwent an epidural injection on 07/26/14.

He was subsequently fired on 06/19/14, from the City of Rialto Fire Department. He was still on probation at the time.

A few months later, on 11/12/14, he began working for Morongo Valley Fire Department as a firefighter/paramedic. He is working full duty. He is still under medical care from Dr. Chon, M.D., where he is receiving some medication as necessary. He is not inclined towards any type of lower back surgical options.

Firefighter Kitt is very well-motivated and straight forward. He has a very strong work ethic. There have been no new intervening injuries since starting to work at Morongo Valley Fire Department. He is presently working full duty without restrictions. No lower back surgery and no lower back epidural injections are planned.

All periods of temporary total disability were very reasonable and necessary as a direct consequence of industrial causation. He only used 5 days of temporary total disability benefits related to the 08/06/13 lower back injury. There was no temporary total disability related to the 07/25/13 industrial injury. All diagnostic testing and medical treatment including medication and doctor visits were all reasonable and necessary as a direct consequence of industrial injury related to the City of Rialto Fire Department.

In view of the above, he is **MMI today, on 12/09/15, for the industrial injuries of 07/25/13 and 08/06/13, which occurred while employed by the City of Rialto Fire Department.**

SUBJECTIVE FACTORS OF DISABILITY:

Occasional minimal lower back pain at rest, becoming intermittently slight with repetitive bending, lifting and stooping.

PERTINENT FACTORS OF DISABILITY:

Diagnoses and Tests:

1. Herniated L5-S1 intervertebral disc with radiculopathy left lower extremity.
   a.) MRI lower back 10/14/13, documenting large 5 millimeter central disc herniation/protrusion L5-S1 level with degeneration.
   b.) Lower back epidural injection 07/26/14, effective.
2. History of gastritis secondary to anti-inflammatory medicine used the treat lower back symptoms.

Current Physical Examination Findings:

LOWER BACK:

1. There is pain with palpation in the lower back area bilaterally.
2. Sensory deficits of the lower extremities at left S1.
3. Positive sciatic notch pain left side.
4. Positive straight leg raising test left lower extremity.
5. Range of motion lower back:
   Table 15-7 II-C = 7%
   Table 15-8 flexion 70/90, 70/90, 70/90 = 0%
   Table 15-8 extension 15/25, 15/25, 15/25 = 3%
   Table 15-9 right lateral flexion 25/25/, 25/25, 25/25 = 0%
   Table 15-9 left lateral flexion 25/25, 25/25, 25/25 = 0%
   The above adds to 10%

Neurologic rating:
S1 left leg, Table 15-15, Table 15-18, Grade IV, 25% times5% = 1%.

DRE Rating:
Table 15-3 DRE Lumbar Category III (10% - 13%) = 10% WPI

WORK RESTRICTIONS;

None. He is working full duty as a firefighter with no restrictions.

NEED FOR FURTHER MEDICAL TREATMENT:

1. Options to be evaluated by a primary treating physician are necessary for prescription medication which may be occasionally necessary.
2. Lower back epidural injections should be made available for him as necessary in the future.
3. If symptoms in his lower back should intensify, he will require another MRI of his lower back depending upon the MRI results on the lower back. Appropriate medical treatment should then be instituted.
4. Physical therapy as per MTUS.

VOCATIONAL REHABILITATION:

Not required. He is presently working full duty without restrictions as a firefighter for Morongo Valley Fire Department.

APPORTIONMENT/CAUSATION:

I have carefully considered the issue of apportionment. This permanent partial disability is compatible with and directly attributable to the industrial injuries of 07/25/13 and 08/06/13. The mechanisms of injury explain the development of the condition underlying the impairment. I would apportion **25%** of his present lower lumbar permanent impairment to the initial industrial injury which occurred on 07/25/13, where he required 3 days of

light duty. There was no temporary total disability. He returned to full duty work activities. It is reasonable to assign **75%** to the industrial injury of 08/06/13, where he required 5 days of temporary total disability and 2 weeks of light duty. He then returned to regular work as of 08/13/13. An MRI of the lower back was performed on 10/14/13, documenting disc injury. **0%** is due to other causative factors.

There is no basis for apportionment of any of the permanent partial disability. There is nothing to indicate that this individual brought a related pre-existing disability to the employment and injury, there is nothing to indicate there would now be ratable disability as a result of any progressive, naturally occurring disease process, and there is no contribution from supervening event or injuries. This determination of apportionment represents my best medical judgment as to the percentage of disability, if any, caused by any other factors as defined in Labor Code Section 4663 and 4664.

AMA RATING LOWER BACK:

DRE Method is the appropriate method for rating.
DRE Rating:
Table 15-3 DRE Lumbar Category III (10% - 13%) = **10% WPI due to disc injury with radiculopathy and loss of motion and positive MRI documenting the disc injury.**

STATEMENT PURSUANT TO WCAB RULE 10606:

The initial outline of the patient's history was taken. Medical records were abstracted by Linda Rawlings. I dictated the report which was transcribed by Linda Rawlings and edited for completeness, typographical errors and correctness by Lilly Ikegami. X-rays taken in my office were performed by Aldrin Empleo.

I certify that this examiner reviewed the history and report prior to signature. The opinions and conclusions contained in this report are my own.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to the information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I personally performed the evaluation of the patient on 12/9/15, at 3939 Atlantic Avenue, Suite 204, Long Beach, California 90807-3535, and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

In compliance with Labor Code Section 5703, I further declare under penalty of perjury that there has not been a violation of Labor Code Section 139.3.

Dated: December 9, 2015, in the County of Los Angeles, State of California.

Alexander Latteri, M.D.
Orthopaedic Surgeon

AL:lr

PROOF OI SERVICE BY MAIL
01/06/ 2016

ALEXANDER T. LATTERI, M.D.
3939 ATLANTIC AVENUE, SUITE 204
LONG BEACH, CA 90807-3535
PHONE (562)424-0423 FAX (562) 424-6719

IRS Number: 33-0610122

ChartNumber: 107293

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES.

I am employed in the County of Foresaid, and I am over the age of eighteen years and not a party to the within action. My business address is ALEXANDER T. LATTERI, M.D. 3939 ATLANTIC AVENUE, SUITE 204 LONG BEACH, CA 90807-3535

RE: DANIEL KITT
DATE OF SERVICE: 12/9/15 Office/outpatient visit new

On 01/06/2016, I served the documents set forth above on the persons/companies listed hereunder by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States at Long Beach, California addressed

Patient:	DANIEL KITT	1435 W. CYPRESS	SAN DIMAS	CA	91773
Insurance:	CORVEL CORP	P. O. BOX 669	CHINO	CA	91078
Employer:	CITY OF RIALTO FIRE DEPT				
Applicant Attorney:	WAYNE MCCORT, ESQ.	444 W. OCEAN BLV	LONG BEACH	CA	90802
Defense Attorney:	KUNTZ, KUNTZ & BUSI	715 N. ARROWHEA	SAN BERNARDINO\	CA	92401

SEE ATTACHED
REPORT

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.
EXECUTED ON 01/06/2016, IN LONG BEACH, CALIFORNIA 90807.

Olva Brown

Signature