

AGENDA

A REGULAR MEETING OF THE BOARD OF RETIREMENT
LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION
300 N. LAKE AVENUE, SUITE 810, PASADENA, CA
9:00 A.M., WEDNESDAY, SEPTEMBER 2, 2015

- I. CALL TO ORDER
- II. PLEDGE OF ALLEGIANCE
- III. APPROVAL OF MINUTES
 - A. Approval of the Minutes of the Regular Meeting of August 5, 2015
- IV. REPORT ON CLOSED SESSION ITEMS
- V. PUBLIC COMMENT
- VI. CONSENT AGENDA
 - A. Ratification of Service Retirement and Survivor Benefit Application Approvals.
 - B. Requests for an administrative hearing before a referee.
(Memo dated August 20, 2015)
 - C. Recommendation as submitted by Ricki Contreras, Division Manager, Disability Retirement Services: That the Board dismiss with prejudice the appeal for service-connected disability retirement in the case of **Narcisso K. Flores-Bassinger**.
(Memo dated August 18, 2015)
 - D. Recommendation as submitted by Vivian H. Gray, Chair, Disability Procedures & Services Committee: That the Board approve Peter Gleiberman, M.D. – Board Certified Orthopedist to the LACERA Panel of Physicians for the purpose of examining disability retirement applicants. (Memo dated August 18, 2015)

VI. CONSENT AGENDA (Continued)

- E. For information only as submitted by Ricki Contreras, Division Manager, Disability Retirement Services regarding the Application Processing Time Snapshot Reports.
(Memo dated August 20, 2015)

VII. GOOD OF THE ORDER
(For information purposes only)

VIII. DISABILITY RETIREMENT APPLICATIONS ON CONSENT
CALENDAR

IX. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED
SESSION

- A. Applications for Disability
- B. Referee Reports
- C. Staff Recommendations

- 1. Recommendation as submitted by Ricki Contreras, Manager, Disability Retirement Services: That the Board adopt the Proposed Findings of Fact and Conclusions of Law granting **Irene Muro (Valencia/Sauers)** a service-connected disability retirement.
(Memo dated August 18, 2015)

- 2. Recommendation as submitted by Allison E. Barrett, Senior Staff Counsel, Disability Litigation: That the Board find the service-connected disability retirement application of **Bruce Arvizu** be deemed filed on the day after the last day of regular compensation in accordance with Government Code Section 31724. (Letter dated August 12, 2015)

IX. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

C. Staff Recommendations (Continued)

3. Recommendation as submitted by Vincent A. Lim, Chief Counsel, Disability Litigation: That the Board find the service-connected disability retirement application of **Victoria Restrepo** be deemed filed on the day after the last day of regular compensation in accordance with Government Code Section 31724.
(Letter dated August 17, 2015)

X. EXECUTIVE SESSION

- A. Conference with Legal Counsel - Existing Litigation
(Pursuant to Paragraph (1) of Subdivision (d) of California Government Code Section 54956.9)

1. Michael Furman v. LACERA

XI. ADJOURNMENT

Documents subject to public disclosure that relate to an agenda item for an open session of the Board of Retirement that are distributed to members of the Board of Retirement less than 72 hours prior to the meeting will be available for public inspection at the time they are distributed to a majority of the Board of Retirement Members at LACERA's offices at 300 N. Lake Avenue, Suite 820, Pasadena, CA 91101, during normal business hours of 9:00 a.m. to 5:00 p.m. Monday through Friday.

Persons requiring an alternative format of this agenda pursuant to Section 202 of the Americans with Disabilities Act of 1990 may request one by calling Cynthia Guider at (626) 564-6000, from 8:30 a.m. to 5:00 p.m. Monday through Friday, but no later than 48 hours prior to the time the meeting is to commence. Assistive Listening Devices are available upon request. American Sign Language (ASL) Interpreters are available with at least three (3) business days notice before the meeting date.

MINUTES OF THE REGULAR MEETING OF THE BOARD OF RETIREMENT

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA

9:00 A.M., WEDNESDAY, AUGUST 5, 2015

PRESENT: Alan Bernstein, Acting Chair

William de la Garza, Secretary

Anthony Bravo

Yves Chery

Vivian H. Gray

Joseph Kelly

David L. Muir (Alternate Retired)

Ronald A. Okum

William Pryor (Alternate Member)

ABSENT: Shawn R. Kehoe, Chair

Les Robbins

STAFF ADVISORS AND PARTICIPANTS

Gregg Rademacher, Chief Executive Officer

Dr. Vito Campese, Medical Advisor

Steven Rice, Chief Counsel

STAFF ADVISORS AND PARTICIPANTS (Continued)

Ricki Contreras, Division Manager
Disability Retirement Services

Tamara Caldwell, Specialist Supervisor
Disability Retirement Services

Francis J. Boyd, Senior Staff Counsel
Legal Division

Steven Tallant, Senior Staff Counsel
Disability Litigation

Thomas J. Wicke, Attorney at Law
Lewis, Marenstein, Wicke & Sherwin, LLP

I. CALL TO ORDER

The meeting was called to order by Mr. Bernstein, Acting Chair, at 9:00 a.m., in the Board Room of Gateway Plaza. Mr. Bernstein shared that Mr. Robbins is on vacation and Mr. Kehoe is tending to his expecting wife.

II. PLEDGE OF ALLEGIANCE

Mr. de la Garza led the Board Members and staff in reciting the Pledge of Allegiance.

III. APPROVAL OF MINUTES

A. Approval of the Minutes of the Regular Meeting of July 1, 2015

Ms. Gray made a motion, Mr. de la Garza seconded, to approve the minutes of the regular meeting of July 1, 2015. The motion passed unanimously.

IV. REPORT ON CLOSED SESSION ITEMS

There was nothing to report.

V. PUBLIC COMMENT

There were no requests from the public to speak.

VI. CONSENT AGENDA

Mr. de la Garza made a motion, Mr. Okum seconded, to approve the following agenda items. The motion passed unanimously.

- A. Ratification of Service Retirement and Survivor Benefit Application Approvals.
- B. Requests for an administrative hearing before a referee.
(Memo dated July 23, 2015)
- C. Recommendation as submitted by Ricki Contreras, Division Manager, Disability Retirement Services: That the Board dismiss with prejudice the appeal for service-connected disability retirement in the case of **Therasa A. Brandt**. (Memo dated July 14, 2015)
- D. Recommendation as submitted by Ricki Contreras, Division Manager, Disability Retirement Services: That the Board dismiss with prejudice the appeal for service-connected disability retirement in the case of **Rosalyn F. Carter**. (Memo dated July 14, 2015)
- E. Recommendation as submitted by Ricki Contreras, Division Manager, Disability Retirement Services: That the Board dismiss with prejudice the appeal for an earlier effective date in the case of **Ralph Nausha**. (Memo dated July 21, 2015)
- F. For information only as submitted by Ricki Contreras, Division Manager, Disability Retirement Services regarding the Application Processing Time Snapshot Reports. (Memo dated July 27, 2015)

VII. GOOD OF THE ORDER
(For information purposes only)

Mr. Kelly shared with the Board his experience in taking his staff to the Special Olympics at USC. In addition, Mr. Kelly shared that his department won an award for Los Angeles County's Bond Refunding Program, which was also the best in category, from the National Association of Counties (NACo).

Mr. Rademacher welcomed back Ricki Contreras, Division Manager for the Disability Retirement Division, and thanked Tamara Caldwell and staff for their work while Ms. Contreras was out on maternity leave. Lastly, Mr. Rademacher congratulated LACERA staff members Marvin Conant, Jane Chan-Yu, and Frances McCash on their recent retirement.

VIII. DISABILITY RETIREMENT APPLICATIONS ON CONSENT
CALENDAR

Safety Law Enforcement
Service-Connected Disability Applications

On a motion by Ms. Gray, seconded by Mr. Pryor, the Board of Retirement approved a service-connected disability retirement for the following named employees who were found to be disabled for the performance of their duties and have met the burden of proof:

<u>APPLICATION NO.</u>	<u>NAME</u>
364C	SHANNA S. COOPER
365C	DENNIS F. O'BRIEN

VIII. DISABILITY RETIREMENT APPLICATIONS ON CONSENT
CALENDAR

Safety Law Enforcement (Continued)
Service-Connected Disability Applications

<u>APPLICATION NO.</u>	<u>NAME</u>
366C	MARK A. BURNETT
368C	GILBERT A. PUENTES
369C*	JEFFREY C. TIBBETTS
370C	DORAN JORDAN
371C	MICHAEL J. ALERICH

Safety-Fire, Lifeguard
Service-Connected Disability Applications

On a motion by Mr. Pryor, seconded by Ms. Gray, the Board of Retirement approved a service-connected disability retirement for the following named employees who were found to be disabled for the performance of their duties and have met the burden of proof:

<u>APPLICATION NO.</u>	<u>NAME</u>
1690A	DAVID S. MARTINEZ
1691A	DENNIS B. DAHLGREN
1692A	RONALD P. WATSON
1693A	KENNETH B. CATE

* Granted SCD – Employer Cannot Accommodate

VIII. DISABILITY RETIREMENT APPLICATIONS ON CONSENT
CALENDAR

Safety-Fire, Lifeguard (Continued)
Service-Connected Disability Applications

<u>APPLICATION NO.</u>	<u>NAME</u>
1694A	JERRY D. DAWSON
1695A	RONALD L. DYKES
1696A	JERRY M. MCCLELLAND
1697A	ARTHUR MORENO
1698A	ERIC L. BUEGE
1699A	DANIEL C. FOURNIER

General Members
Service-Connected Disability Applications

On a motion by Mr. Kelly, seconded by Mr. Okum, the Board of Retirement approved a service-connected disability retirement for the following named employees who were found to be disabled for the performance of their duties and have met the burden of proof:

<u>APPLICATION NO.</u>	<u>NAME</u>
2541B*	EMMA C. OSORIO
2542B**	MELBA W. JACKSON
2543B***	GLORIA HODGERS-CORTEZ

* Granted SCD – Employer Cannot Accommodate

** Granted SCD – Retroactive

*** Granted SCD – Retroactive with a two year review

VIII. DISABILITY RETIREMENT APPLICATIONS ON CONSENT
CALENDAR

General Members (Continued)

Service-Connected Disability Applications

APPLICATION NO.

NAME

2545B

MARGARITA TURPEN

2546B *

JOSEFINA ABIB

General Members

Non-Service Connected Disability Applications

On a motion by Mr. Okum, seconded by Ms. Gray, the Board of Retirement approved a non-service connected disability retirement for the following named employees who were found to be disabled for the performance of their duties and have met the burden of proof:

APPLICATION NO.

NAME

4333**

RENA V. MEDINA

* Granted SCD – Retroactive

** Granted NSCD – Retroactive

IX. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

A. Applications for Disability

Acting Chair Bernstein requested that the Board handle those cases that were

Pulled off the Consent Calendar first.

APPLICATION NO. & NAME

BOARD ACTION

367C – DONNA J. THOMPSON

Ms. Gray made a motion, Mr. de la Garza seconded, to grant a service connected disability retirement pursuant to Government Code Section 31720. The motion passed unanimously.

2544B – LYDIA A. LEON

Mr. Chery made a motion, Mr. Okum seconded, to grant a retroactive service connected disability retirement pursuant to Government Code Sections 31720 and 31724 since employer cannot accommodate. The motion passed unanimously.

6830A – EDGAR A. MORON

Mr. Okum made a motion, Mr. Bravo seconded, to grant a retroactive non-service connected disability retirement pursuant to Government Code Section 31720 and 31724. The motion passed unanimously.

6832A – LEKEISA WASHINGTON

Mr. de la Garza made a motion, Mr. Kelly seconded, to deny a service connected disability retirement and find the applicant not permanently incapacitated. The motion passed unanimously.

IX. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

A. Applications for Disability (Continued)

APPLICATION NO. & NAME

BOARD ACTION

6833A – ROBERT MOJICA

Mr. de la Garza made a motion, Mr. Chery seconded, to grant a non-service connected disability retirement pursuant to Government Code Sections 31720 and 31726 (b) (2).

Ms. Gray made a substitute motion, Mr. Muir seconded, to grant a non-service connected disability retirement pursuant to Government Code Section 31720. The motion failed (roll call) with Ms. Gray and Mr. Chery voting yes; and Messrs. Pryor, Kelly, Bernstein, Bravo, Okum, and de la Garza voting no.

Mr. Bernstein made a motion, Mr. Okum seconded, to grant a non-service connected disability retirement pursuant to Government Code Sections 31720 and 31726 (b) (2).

Mr. Muir made a substitute motion, Mr. Chery seconded, to refer back to staff for additional information. The motion failed (roll call) with Messrs. Pryor, Bravo, Chery, and Ms. Gray voting yes; and Messrs. Kelly, Bernstein, Okum, and de la Garza voting no.

The motion to grant a non-service connected disability retirement pursuant to Government Code Sections 31720 and 31726 (b) (2) passed (roll call) with Messrs. Pryor, Kelly, Bernstein, Bravo,

IX. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

A. Applications for Disability (Continued)

APPLICATION NO. & NAME

BOARD ACTION

6833A – ROBERT MOJICA (Continued)

Okum, de la Garza, and Chery voting yes; and Ms. Gray voting no.

Mr. Muir requested staff to agendize Dr. Madad's report for the next Disability Procedures and Services Committee Meeting for further review and discussion.

6834A – LAURIE J. BRIGGS

Mr. de la Garza made a motion, Mr. Kelly seconded, to deny a service connected disability retirement and find the applicant not permanently incapacitated.

Ms. Gray made a substitute motion, Mr. Muir seconded, to refer back to staff for additional information. The motion passed unanimously.

6835A – DIANA LOPEZ

Mr. Chery made a motion, Mr. de la Garza seconded, to deny a service connected disability retirement and find the applicant not permanently incapacitated. The motion passed unanimously.

6836A – JIMMIE SMITH

Ms. Gray made a motion, Mr. Okum seconded, to grant a non-service connected disability retirement pursuant to Government Code Section 31720. The motion passed unanimously.

IX. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

A. Applications for Disability (Continued)

APPLICATION NO. & NAME

BOARD ACTION

2238B – CATHERINE M. LAMAR

Mr. Chery made a motion, Mr. Kelly seconded, to continue the applicants service connected disability retirement. The motion passed unanimously.

6770A – OLIVIA SHELMON*

Mr. de la Garza made a motion, Mr. Kelly seconded, to deny a service connected disability retirement and find the applicant not permanently incapacitated. The motion passed (roll call) with Messrs. Pryor, Kelly, Bernstein, Bravo, Okum, de la Garza, and Chery; and Ms. Gray voting no.

Mr. Muir requested that the topic of opposing views on Fibromyalgia be placed on the agenda for the Board Offsite.

4325 – ANTHONY L. ALVARADO*

Mr. Okum made a motion, Mr. Kelly seconded, to grant a non-service connected disability retirement pursuant to Government Code Section 31720.

The makers of the motion amended their motion to include an earlier effective date. The motion passed unanimously.

6810A – ADELA C. CAMPBELL

Mr. Chery made a motion, Mr. de la Garza seconded, to deny a service connected disability retirement and find the applicant not permanently incapacitated. The motion passed unanimously.

* Applicant Present

IX. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

A. Applications for Disability (Continued)

APPLICATION NO. & NAME

BOARD ACTION

6787A – MARY L. BAILEY

Mr. Bravo made a motion, Mr. de la Garza seconded, to deny a service connected disability retirement and find the applicant not permanently incapacitated. The motion passed unanimously.

A4102DRAS

Mr. de la Garza made a motion, Mr. Pryor seconded, to deny a service connected disability retirement. The motion passed unanimously.

B. Referee Reports

APPLICATION NO. & NAME

BOARD ACTION

Henry W. Jansen III – Thomas J. Wicke for applicant
Steven Tallant for respondent

Mr. Kelly made a motion, Mr. Okum seconded, to deny a service connected disability retirement and find the applicant not disabled.

Mr. Chery made a substitute motion, Mr. Pryor seconded, to refer back to staff for additional information. The motion failed (roll call) with Messrs. Pryor, Bravo, Chery, and Ms. Gray voting yes; and Messrs. Kelly, Bernstein, Okum, and de la Garza voting no.

Mr. Muir made a motion, Mr. Kelly seconded, to deny a service connected

IX. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

B. Referee Reports (Continued)

APPLICATION NO. & NAME

BOARD ACTION

Henry W. Jansen III (Continued)

disability retirement. The motion failed (roll call) with Messrs. Kelly, Bernstein, Okum, and de la Garza voting yes; and Messrs. Pryor, Bravo, Chery, and Ms. Gray voting no.

This appeal will be placed on next month's Board agenda.

Mary L. McFadden* – In Pro Per

Allison E. Barrett for the respondent

Mr. Chery made a motion, Mr. de la Garza seconded, to give the applicant until November 4, 2015 Board meeting to obtain counsel. The motion passed unanimously.

Kimberly H. Chung – In Pro Per

Steven Tallant for the respondent

Mr. Muir made a motion, Mr. Chery seconded, to refer back to staff for additional information. The motion passed unanimously.

IX. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

B. Referee Reports (Continued)

APPLICATION NO. & NAME

BOARD ACTION

Anitra D. Chatman – Thomas J. Wicke for applicant
Steven Tallant for respondent

Mr. Chery made a motion, Ms. Gray seconded, to grant a service connected disability retirement and find the applicant disabled. The motion passed unanimously.

Russell A. Hill - Thomas J. Wicke for applicant
Steven Tallant for respondent

Ms. Gray made a motion, Mr. Muir seconded, to grant a service connected disability retirement and find the applicant disabled. The motion passed unanimously.

Vernalea F. Panga – Scott E. Shaffman & Co-Counselor Lance Brewer for applicant
Steven Tallant for respondent

Mr. Muir made a motion, Mr. Okum seconded, to deny a service connected disability retirement and find the applicant not disabled. The motion passed unanimously.

C. Staff Recommendations

1. Recommendation as submitted by Steven Tallant, Senior Staff Counsel, Disability Litigation: That the Board find **Michael Gamst** to be permanently incapacitated for his duties for service-connected reasons and grant him a service-connected disability retirement pension. (Letter dated July 15, 2015)

IX. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

C. Staff Recommendations (Continued)

Mr. de la Garza made a motion, Ms. Gray seconded, to approve the recommendation. The motion passed unanimously.

X. EXECUTIVE SESSION

A. Conference with Legal Counsel – Existing Litigation
(Pursuant to Paragraph (1) of Subdivision (d) of California Government Code Section 54956.9)

1. Michael Furman v. Board of Retirement

The Board met in Executive Session pursuant to Government Code Section 54956.9. The Board voted unanimously to comply with the writ of Mandate issued by the Superior Court on June 18, 2015, and grant Mr. Furman a service-connected disability retirement.

2. Terry Lee Marston v. Board of Retirement

This item was for information only.

Green Folder Information (Information distributed in each Board Members Green Folder at the beginning of the meeting)

1. Retirement Board Listing dated August 5, 2015
2. Disability Retirement Applications Agenda Correction Memo – Edgar A. Moran (Memo dated July 30, 2015)

XI. ADJOURNMENT

There being no further business to come before the Board, the meeting was adjourned at 11:45 a.m.

WILLIAM DE LA GARZA, SECRETARY

ALAN BERNSTEIN, ACTING CHAIR

DATE: August 20, 2015

TO: Each Member
Board of Retirement

FROM: Ricki Contreras, Manager 
Disability Retirement Services Division


SUBJECT: **APPEALS FOR THE BOARD OF RETIREMENT'S MEETING
OF SEPTEMBER 2, 2015**

IT IS RECOMMENDED that your Board grant the appeals and requests for administrative hearing received from the following applicants and direct the Disability Retirement Services Manager to refer each case to a referee:

6789A	Roberto C. Suria Vazquez	In Pro Per	Deny SCD – Grant NSCD
6803A	Rose M. Harris	In Pro Per	Deny SCD – Not disabled
6835A	Diane Lopez	Thomas J. Wicke	Deny SCD – Not disabled
6836A	Jimmie Smith	Thomas J. Wicke	Deny SCD – Grant NSCD

August 18, 2015

TO: Each Member
Board of Retirement

FROM: Ricki Contreras, Manager 
Disability Retirement Services Division

FOR: September 2, 2015 Board of Retirement Meeting

SUBJECT: **DISMISS WITH PREJUDICE THE APPEAL OF
NARCISSO K. FLORES-BASSINGER**

Mr. Narcisso K. Flores-Bassinger applied for service-connected disability retirement on August 17, 2010. On January 4, 2012, the Board denied his application for service-connected disability retirement and granted him a non-service connected disability retirement.

Mr. Flores-Bassinger filed a timely appeal. On August 14, 2015, Mr. Flores-Bassinger signed a voluntary withdrawal letter advising LACERA that he does not wish to proceed with his appeal.

IT IS THEREFORE RECOMMENDED THAT YOUR BOARD:

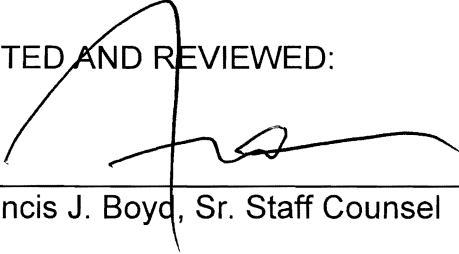
Dismiss with prejudice Narcisso K. Flores-Bassinger's appeal for service-connected disability retirement.

FJB: RC: sc

Flores-Bassinger, Narcisso K.doc

Attachment

NOTED AND REVIEWED:



Francis J. Boyd, Sr. Staff Counsel

Date: 8/19/15



August 18, 2015

TO: Each Member
Board of Retirement

FROM: Disability Procedures & Services Committee
Vivian H. Gray, Chair
William de la Garza, Vice Chair
William R. Pryor
Les Robbins
Yves Chery, Alternate

FOR: September 2, 2015 Board of Retirement Meeting

SUBJECT: **CONSIDER APPLICATION(S) FOR LACERA PANEL OF EXAMINING
PHYSICIAN(S)**

On August 5, 2015, the Disability Procedures & Services Committee reviewed the attached application for the LACERA Panel of Examining Physicians.

The application package has been reviewed by the Committee. After discussion, the Committee voted to accept the application of the following physician and submit to the Board of Retirement for approval to the LACERA panel.

IT IS THEREFORE RECOMMENDED THAT the Board approve the following physician to the LACERA Panel of Physicians for the purpose of examining disability retirement applicants.


Peter Gleiberman, M.D. - Board Certified Orthopedist

Attachments

VG:RC/sc

July 24, 2015

TO: Disability Procedures & Services Committee
Vivian H. Gray, Chair
William de la Garza, Vice Chair
William R. Pryor
Les Robbins
Yves Chery, Alternate

FROM: Ricki Contreras, Division Manager 
Disability Retirement Services

FOR: August 5, 2015, Disability Procedures and Services Committee Meeting

SUBJECT: **CONSIDER APPLICATION OF PETER GLEIBERMAN, M.D., AS LACERA
PANEL PHYSICIAN**

On June 22, 2015, Debbie Semnarian interviewed Peter Gleiberman, M.D., a physician seeking appointment to the LACERA Panel of Examining Physicians.

Attached for your review and consideration are:

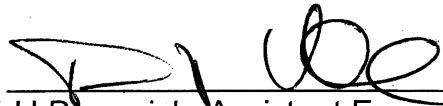
- Staff's Interview Summary and Recommendation
- Panel Physician Application
- Curriculum Vitae
- Sample Report(s).

IT IS THEREFORE RECOMMENDED THAT THE COMMITTEE accept the staff recommendation to submit the application of Peter Gleiberman, M.D., to the Board of Retirement for approval to the LACERA Panel of Examining Physicians.

Attachments


JJ:RC/sc


NOTED AND REVIEWED:


For JJ Popowich, Assistant Executive Officer

Date: 7/28/2015

July 14, 2015

TO: **Ricki Contreras, Division Manager** 
Disability Retirement Services

FROM: **Debbie Semnanian, WCCP** 
Supervising Disability Retirement Specialist

SUBJECT: **INTERVIEW OF ORTHOPEDIC SURGEON APPLYING FOR
LACERA PHYSICIAN'S PANEL**

On June 22, 2015, I interviewed **Peter Gleiberman, M.D.** at his office at 3475 Torrance Boulevard, Suite F, Torrance, CA 90503. The office space is in a well-maintained 3-story building with free parking spaces located around the building.

Dr. Gleiberman is board certified in orthopedic surgery, and has been in private practice for over twenty-five years. Dr. Gleiberman shares office space with Dr. Robert Fenton, who is a LACERA panel orthopedist. The office has 5 complete examination rooms. Dr. Gleiberman estimates that 65 percent of his practice is devoted to patient treatment, while the other 35 percent of his time is devoted to IME and AME evaluations within the workers' compensation and retirement systems.

As referenced in his Curriculum Vitae, Dr. Gleiberman graduated from the College of Medicine and Dentistry in New Jersey with his medical degree in 1978. He completed a surgical internship at New York Medical College in 1979, and residency at Lincoln Hospital in New York in 1983. He completed Fellowships at U.S.C., Rancho Los Amigos Hospital in Arthritis & Adult reconstruction in 1984, and the American Academy of Orthopedic Surgeons in 1990.

Dr. Gleiberman's office was clean with adequate seating. The office and restrooms are handicap accessible. Dr. Gleiberman has a staff of six employees.

Staff reviewed the LACERA Disability Retirement procedures and expectations in its evaluation of County Employees applying for both service-connected and nonservice-connected disability retirements. The importance of preparing impartial and non-discriminatory reports that are clear and concise and address issues of causation and incapacity were discussed with the doctor. He understood that he would adhere strictly to the HIPAA laws that would also apply for LACERA reports. Staff reviewed with Dr. Gleiberman the Panel Physician Guidelines for evaluating LACERA applicants and defined the relationship between workers' compensation and disability retirement. Staff discussed the

need to rely on his own objective and subjective findings rather than the opinions of previous physician reports and/or comments.

Dr. Gleiberman agreed to adhere to LACERA's standard of having his evaluation reports sent to us within 30 days of examination. Staff confirmed that Dr. Gleiberman is agreeable with accepting payment per the Official Medical Fee Schedule (OMFS). Dr. Gleiberman was informed that if he is approved by the Board to be on our panel of physicians, he is required to contact the specialist assigned to the case for approval of any special tests or extraordinary charges. He was also informed that a Quality Control Questionnaire is sent to each applicant regarding their visit.

RECOMMENDATION

LACERA has a pressing need to add orthopedic physicians and Dr. Gleiberman expressed not only a willingness to be on our panel, but also an enthusiasm for building a relationship with LACERA.

Based on our interview and the need for his specialty, staff recommends Dr. Gleiberman's application be presented to the Board for approval as a LACERA Panel Physician.



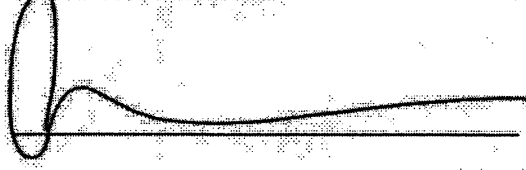
300 N. Lake Ave., Pasadena, CA 91101 ■ Mail to: PO Box 7060, Pasadena, CA 91109-7066 626/564-2419 • 800/786-6464

GENERAL INFORMATION		Date
Group Name:		6/16/15
Physician Name: <u>Peter Gleiberman MD</u>		
I. Primary Address: <u>3475 Torrance Blvd. Suite F, Torrance, CA 90503</u>		
Contact Person: <u>Chris Crawford</u>	Title: <u>OFFICE MANAGER</u>	
Telephone: <u>310-543-0395</u>	Fax: <u>310-543-2617</u>	
II. Secondary Address		
Contact Person	Title	
Telephone	Fax	
PHYSICIAN BACKGROUND		
Field of Specialty: <u>ORTHOPEDIC SURGERY</u>	Subspecialty	
Board Certification: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License #: <u>649444</u>	Expiration Date: <u>8/31/16</u>
EXPERIENCE		
Indicate the number of years experience that you have in each category.		
Evaluation Type		
I. Workers' Compensation Evaluations		
<input checked="" type="checkbox"/> Defense	How Long? <u>25 yrs</u>	<input checked="" type="checkbox"/> IME
<input checked="" type="checkbox"/> Applicant	How Long? <u>25 yrs</u>	<input checked="" type="checkbox"/> QME
<input checked="" type="checkbox"/> AME	How Long? <u>25 yr</u>	How Long? <u>20 yr</u>
II. <input checked="" type="checkbox"/> Disability Evaluations		
	How Long? <u>10 yrs</u>	
For What Public or Private Organizations? <u>CALPERS + POE</u>		
Currently Treating? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Time Devoted to:	Treatment: <u>65</u> %	Evaluations: <u>35</u> %
Estimated Time from Appointment to Examination		Able to Submit a Final Report in 30 days?
<input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 3-4 Weeks <input type="checkbox"/> Over a month		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
LACERA's Fee Schedule		
Examination and Initial Report by Physician	\$1,500.00 flat fee	
Review of Records by Physician	\$350.00/hour	
Review of Records by Registered Nurse	\$75.00/hour	
Supplemental Report	\$350.00/hour	

Other Fees	
Physician's testimony at Administrative Hearing (includes travel & wait time)	\$350.00/hour
Deposition Fee at Physician's office	\$350.00/hour
Preparation for Expert Testimony at administrative Hearing	\$350.00/hour
Expert Witness Fees in Superior or Appellate Court	\$3,500.00 half day \$7,000 full day
Physician agrees with LACERA's fee schedule? Yes No	
Comments	

Name of person completing this form:

Chris Crawford Title: OFFICE manager
(Please Print Name)

Physician Signature:  Date: 6/11/15

FOR OFFICE USE ONLY	
Physician Interview and Sight Inspection Schedule	
Interview Date: <u>6/22/15</u>	Interview Time: <u>10:30 AM</u>
Interviewer: <u>Abbie Lawrence</u>	

PG

PETER GLEIBERMAN, M.D.

DIPLOMATE AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
A PROFESSIONAL CORPORATION

3475 TORRANCE BLVD.
SUITE F
TORRANCE, CA 90503
TEL (310) 543-0395
FAX (310) 543-2617

SPORTS MEDICINE
ARTHRITIS AND ADULT
RECONSTRUCTION
TOTAL JOINT REPLACEMENT

CURRICULUM VITAE

Birthdate: [REDACTED] Birthplace: Brazil/USA Citizenship
Height/Weight: [REDACTED] Health: Excellent
Marital Status: [REDACTED] Languages: Portuguese, Spanish

EDUCATIONAL BACKGROUND

1978 College of Medicine & Dentistry
of New Jersey
Newark, NJ

M.D. Degree

1973 Rutgers University
New Brunswick, NJ

B.S. Degree

POST GRADUATE WORK - EDUCATIONAL BACKGROUND

1978-1979 New York Medical College
Metropolitan Hospital
New York City, NY
Surgical Internship

1979-1983 New York Medical College
Department of Orthopaedics
Metropolitan Hospital
New York City, NY

Lincoln Hospital, Bronx, New York
Westchester County, Valhalla, New York
Orthopaedic Residency

HONORS

1982-1983 Administrative Chief Resident
Chief - Department of Orthopaedics
Torrance Memorial Hospital Medical Center

MEDICAL LICENSE

1983 California License No: G49444

BOARD CERTIFICATION

July, 1989 Certified by American Board of Orthopaedic Surgery-Diplomate
February, 1999 Re-certification by the American Board of Orthopaedic
Surgery
December, 2009 Re-certification by the American Board of Orthopaedic
Surgery

FELLOWSHIP

1983-1984 U.S.C.
Rancho Los Amigos Hospital
Arthritis & Adult Reconstruction

MEMBERSHIP IN MEDICAL SOCIETIES

1990 Fellow, American Academy of Orthopaedic Surgeons
1990 Member, California Orthopaedic Association
1979 Diplomate, National Board of Medical Examiners

HOSPITAL AFFILIATIONS

1984 South Bay Hospital
514 N. Prospect Avenue
Redondo Beach, CA 90277 (now closed)
1985 Torrance Memorial Hospital Medical Center
3330 Lomita Boulevard
Torrance, CA 90505

- 1985 Little Company of Mary Hospital
4101 Torrance Boulevard
Torrance, CA 90503
- 1995 Bay Harbor Hospital
1437 W. Lomita Boulevard
Harbor City, CA 90710 (now closed)
- 1996 Long Beach Memorial Medical Center
2801 Atlantic Avenue
Long Beach, CA 90806
(resigned)
- 2005-present Torrance Outpatient Surgical Center
22525 Maple Avenue, #101
Torrance, CA 90505
- 2008-present Pacific Coast Surgical Center
3720 Lomita Blvd., Suite 100
Torrance, CA 90505

PRIVATE PRACTICE

- Present 3475 Torrance Boulevard, Suite F
Torrance, CA 90503
- 1987-1993 23441 Madison Street, Suite 230
Torrance, CA 90505
- 1984-1987 Redondo Beach Medical Group
502 Torrance Boulevard
Redondo Beach, CA 90277

APPOINTMENTS

State of California qualified Medical Examiner

Agreed Medical Examiner

PG

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SECRET - INFORMATION
NOT BE DISCLOSED
OUTSIDE THE AGENCY
TOTAL JOINT REPLACEMENT

Sample 1

Attention: [REDACTED]

RE:

Date of Birth:

SS#:

Employer:

Last Job Title:

Date of Examination:

ORTHOPAEDIC DISABILITY EVALUATION

IDENTIFYING INFORMATION:

[REDACTED] is a [REDACTED] year old [REDACTED]. She was hired by the department in [REDACTED]. She is identified with her California driver's license. I was asked to evaluate her lumbar spine, her left hip and her left knee.

TIME SPENT WITH THE PATIENT:

One hour was spent with the patient.

RECORD REVIEW:

The submitted medical records were reviewed in detail, including operative reports as well as tests and studies.

HISTORY OF PRESENT ILLNESS:

The patient is a pleasant female officer who gives a history of being in her usual good health until she was injured during the performance of her work activities on [REDACTED]

She was a passenger sitting in a police car and had to get out during a traffic stop. She reports that in the process of her trying to get out, she abducted her hip and put her entire weight on it causing a sudden sharp pain about the left hip. She tried to get out of the car and almost fell, and had to catch herself. She states that she reported this to the other patrol officer as well as the duty sergeant.

Initially she thought she had a pulled muscle and self treated, however, she started having her legs buckle under her and eventually sought medical treatment which included an MRI of the left hip. This was performed in [REDACTED]. There was some suggestion of labral pathology, and she was taken to the operating room by Dr. Glenn Huber on [REDACTED] for extensive arthroscopic surgery, including chondroplasty.

The patient indicates that at the initial time of surgery, she did not have any back pain but that "it came later." Subsequent to the surgery she underwent physical therapy and eventually went back to light duty. She reports that as a result of the physical therapy for her hip, she developed increasing pain in her left knee, which ultimately required arthroscopic surgery. This was also performed by Dr. Huber in [REDACTED]

Because of the combination of hip and knee problems, she had significant pain and was in a wheelchair for a period of time. She also reports that due to altered gait that she developed low back pain with radiation of pain into her legs.

Because of ongoing hip issues, she got a 2nd opinion from Dr. Gerhardt in [REDACTED]. He is associated with the Santa Monica Orthopedic Institute. He advised the patient that she needed a psoas lengthening procedure and another arthroscopy. He also discussed the possible need for total hip arthroplasty.

She then had a 2nd arthroscopic procedure performed by Dr. Huber in [REDACTED]. This consisted of cleaning out the joint and loose bodies of the iliopsoas.

Because of her hip she had ongoing back pain and Dr. Huber referred her for an MRI of the back and advised her that it was "fine." She then came under the care of Dr. Montell for her back, and he told her she had "compressed disks." Dr. Huber continued treating her for her hip issues and Dr. Montell was treating her back.

She then had a 3rd hip procedure performed by Dr. Gerhardt in Santa Monica in [REDACTED]. At that point, she had been on crutches and had severe pain in the hip. With the 3rd procedure, she now states that the hip is better and that she can walk about 10 minutes. She no longer needs crutches.

She has been paying out of pocket for acupuncture, which she feels has helped her a great deal and has brought the pain in the hip and back from a level 10 to a tolerable level 6. She now complains of feeling tightness and pressure about the hip more than severe pain. She is still getting acupuncture treatment, which she continues to pay for out of pocket. She has acupuncture treatment once a week.

She indicates that her last discussion with Dr. Gerhardt was regarding possibly trying to increase her activities to include some running and jumping, however, he is talking about doing a total hip arthroplasty in about 10 years' time.

Currently, she cannot have x-rays because she is 19 weeks pregnant.

Dr. Montell has recommended some type of injection for the hip, but everything is now on hold due to her pregnancy.

RE: [REDACTED]

Page 4

PRESENT COMPLAINTS:

Her main complaint is that of back pain. She states she has pain after prolonged sitting or attempted walking for more than 10 minutes.

Her knee only troubles her when she tries to walk up an incline or walk up stairs. She states that walking on level ground is tolerable.

She has significant pain in her back and hip if she tries to bend, push, pull, and lift more than a few pounds.

Her left hip pain is present constantly and made worse with pushing, pulling, or lifting. She also has a constant pressure type discomfort about the left hip; but it has been tolerable since she has been getting acupuncture. She can walk without discomfort; however, she has fairly significant pain, which limits activity such as climbing stairs, kneeling, or squatting-type activities.

PHYSICAL EXAMINATION:

GENERAL: The patient ambulates with a left-sided antalgia and limp. The patient appears to be forthright in her clinical history and examination.

VITAL SIGNS: The patient's weight is 228 pounds. Her height is 71.75 inches. Blood pressure is 110/62.

There are notable identifying tattoos throughout the upper and lower extremities and thorax.

The shoulder is leveled. The pelvis appears to be level.

She does not have pain on skin palpation. She has pain on palpation by the L5-S1 region and somewhat by the SI joints bilaterally.

She is able to bend at the waist and bring her outstretched fingertips to within 14 inches of touching the ground complaining more of low back and some mild left hip pain as opposed to radicular complaints.

Lumbar extension is 10% of normal. Lateral lean is 50% of normal.

She has significant low back complaints at the extremes of motion.

She does not have any Waddell signs.

She does not have a withdrawal on palpation.

She has some difficulty getting off the examination table, walking about the office, and reclining onto and off the exam table from a combination of back and hip pain.

Her hip range of motion is limited.

Her flexion is about 110 degrees and abduction is at best 30 degrees. Internal rotation of the hip at 9 degrees and at best 12 degrees. External rotation is at best 15-18 degrees and 90 degrees of hip flexion. She has pain on abduction. She has some pain in the lateral trochanteric region.

Noted examination shows she does have pain on resisted hip flexion, mainly on the left side.

Girth measurements show that at 10 cm proximal to superior pole of patella is 50 cm right and 50 left. At 20 cm distal, 40 right and 40 left.

Examination of her knee shows she has significant crepitus with flexion and extension, the right knee greater than the left knee.

The left knee has slight warmth to palpation, otherwise, no significant joint line tenderness. Ligamentous exam is unremarkable and no definite patellar facet tenderness.

Straight leg raise induces back pain at 60 degrees bilaterally.

RE: [REDACTED]

Page 6

She did have decreased sensation in the lateral femoral cutaneous nerve of the left hip. Reflexes were symmetrically diminished bilaterally. Motor power appeared to be 5/5 bilaterally.

DIAGNOSTIC STUDIES:

X-rays are deferred at this time since the patient is pregnant.

IMPRESSION:

1. Status post multiple arthroscopic procedures to the left hip with removal of loose bodies and chondroplasty of the femoral head as well as labral debridement.
2. She is status post arthroscopic surgery of the left knee.
3. Probable lumbar disk disease.

INCIDENT CAUSING IMPAIRMENT:

The patient gave me the same history that she gave her treating physicians, that the hip injury occurred in [REDACTED] when she exited her police vehicle. The history is somewhat confusing as the documented injury seems out of proportion with the mechanism of injury. Noteworthy is that the patient has a history of being involved in high impact sports activities. This would be more consistent with the resultant hip injury which required such extensive treatment.

I believe that she now has arthritis with possible osteoarthritis of the left hip.

Her back complaints are probably due to difficulty ambulating following multiple hip surgeries.

IMPAIRMENT:

In regards to her left hip the patient can weight bear as tolerated. She should not run, jump, push, or pull beyond forty pounds

In regards to her back she should avoid repetitive kneeling, squatting, or lifting beyond forty pounds.

There is no impairment for her left knee.

The above restrictions are prophylactic in nature.

REHABILITATION:

I do not believe rehabilitation will decrease her impairment at this time.

FUTURE MEDICAL CARE:

In terms of her back she should consider pain management and she will require a repeat MRI of the lumbar spine.

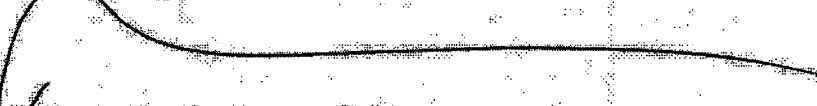
In regards to her hip, she will require an early joint replacement since the initial indexed procedure was not only labral. Labral pathology can be a significant cause in the development of secondary osteoarthritis, in addition she had a chondroplasty of the femoral head, which might give short-term relief but often ends up giving early degenerative changes as well. She also was known to have loose bodies, which will contribute to posttraumatic arthritis; so that with the failure to improve I suspect that she is looking at a total hip arthroplasty in the not too distant future.

It was suggested that she should put this off for 10 years; and I believe that this is a good academic recommendation, but the patient is relatively young and to be in severe pain for 10 years seems unrealistic. If she does indeed have severe arthritis, I would recommend that she has an early total hip arthroplasty.

RE: [REDACTED]
Page 8

Thank you for the opportunity to evaluate [REDACTED]. IF I can be of further assistance, please do not hesitate to contact me.

Sincerely,


Peter Gleiberman, M.D.
Diplomate American Board of Orthopedic Surgeons
PG/mcm/kce

PG
PETER GLEIBERMAN, M.D.

DIPLOMATE AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
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SPORTS MEDICINE
ARTHRITIS AND ADULT
RECONSTRUCTION
TOTAL JOINT REPLACEMENT

Sample 2

Attention: [REDACTED]

RE: [REDACTED]
DOB: [REDACTED]
SS#: [REDACTED]
EMPLOYER: [REDACTED]
DATE OF INJURY: [REDACTED]
CalPERS ID#: [REDACTED]
WCAB #: [REDACTED]
DATE OF EVALUATION: [REDACTED]

Dear [REDACTED]

ORTHOPAEDIC IME CONSULTATION WITH REPORT:

[REDACTED] presents today for Orthopaedic Independent Medical Examination.

The evaluation was performed at my office at 3475 Torrance Boulevard, Suite F, Torrance, California 90503 on [REDACTED]. The patient is identified with California photo ID driver's license with expiration date [REDACTED].

Please be advised that the entire history taking, the actual complete examination along with review of any medical records and preparation and formulation of special orthopaedic report, is

entirely the work of this examining surgeon. Back office assistance and x-rays were obtained with the assistance of Mr. James Owens, licensed radiology technician (State license #: RHP 87237).

Note that the history obtained by the surgeon is dictated in his presence and the patient is given the opportunity to make any corrections which he feels are necessary to accurately reflect his responses.

My findings and conclusions are as follows:

CHIEF COMPLAINT:

The patient is a [REDACTED] right hand dominant Police Officer/Lifeguard who was employed by the State of California for over 24 years. He presents with the chief complaint of back and right sided leg pain.

HISTORY OF INJURY:

The patient gives a history of being injured in the course of his work activities on [REDACTED].

He states that he is employed by the State of California as a [REDACTED] out of Malibu, California.

At the time of injury he had to unload the back of a truck pulling out some first aid equipment which weighed in the neighborhood of 20 pounds.

He bent to take it out of the truck and he started to walk away and apparently a strap got caught causing him to twist his body around and he developed some discomfort in his back although it was not severe pain at that time.

He then went home and he was scheduled to have 10 days' vacation and the next morning he woke up and felt that his back seized up and he really couldn't get around.

He did take some Ibuprofen and he lay down and took some pain medication and after about 3-4 days he felt the pain had decreased to a more manageable level.

He states that he had injuries at work before so he had learned how to compensate including stretches so he knew that symptoms would resolve. Unfortunately while waiting for this episode to resolve it never did.

Around [REDACTED] because of persistent pain, he did seek medical attention and he was seen by his doctor and given Ibuprofen, some pain medication, and some Soma which wasn't really helping. He was also referred for heat and electrical stimulation and eventually had an MRI and at some point in time he went through a course of epidurals which helped manage the pain.

There was some discussion of surgery but never a recommendation for surgery.

Eventually he was seen by an Agreed Medical Examiner, name not recalled, out of Huntington Beach. At that point he was given a permanent disability and he had been working at that time. His regular physician had recommended accommodation so he was doing administrative type work and would avoid using his gun-belt.

He continued to work after the AME examination until approximately [REDACTED] at which time he retired after 26 years of service.

He indicates that he did have an MRI which showed the back of a [REDACTED] person with significant Degenerative Disc Disease. He also underwent an EMG which showed some type of nerve deficit in his right leg.

He continued to do modified work until he felt he really could not handle it anymore because there was a lot of activities involved in his work and he realized he really could not swim or run and sometimes he was the only person at the station.

At that point his family was talking about moving back to New Zealand where his wife is from and he eventually moved back to New Zealand. He has returned to the United States and was asked to be seen today since he is returning to New Zealand this coming Sunday.

CURRENT COMPLAINTS:

The patient states the problem is more low back pain than leg pain.

He states that when the pain gets bad in his back he will rate it as a level 8. He does not have pain every day but he does have stiffness which is present most of the time. He does not equate that with pain and this is more than the leg complaint.

The patient states that the pain is made worse with extension movements of the lumbar spine and pushing, pulling, or lifting more than 25 pounds. Some days he is able to lift 25 pounds and some days he is not able to lift 25 pounds because of increased pain.

The patient states that for the most part he can walk without a real problem.

If he sits too long he gets quite uncomfortable.

He also has difficulty with prolonged standing in one position having to move and stretch and move around.

The patient denies any specific weakness or any bowel or bladder dysfunction.

The patient also indicates that he has increased pain with lying on his stomach bowel movements, stooping, vacuuming, sex, swimming, surfing, and running.

PAST MEDICAL HISTORY:

The patient denies any history of tuberculosis, hypertension, heart disease, diabetes, phlebitis, ulcers, renal disease, or gout.

He did have a history of malaria in the past.

He has had prior back injuries at work.

Surgeries:

- 1) Facial reconstruction.
- 2) Vasectomy.

Allergies: Denied.

Medications: Denied.

SOCIAL HISTORY:

The patient is married.

He has a Bachelor's degree.

He drinks one cup of coffee per day.

He drinks three beers per day.

Denies ever smoking.

He denies recreational drug use.

FAMILY HISTORY:

Both parents are alive at [REDACTED] and [REDACTED] and in good health.

JOB ACTIVITIES:

The patient states that his title is a [REDACTED]. He is a first responder.

He is involved in [REDACTED] as well as [REDACTED], climbing rocks, lifting over 100 pounds, and he does have to wear a gun in the course of his activities. He has to push, pull, lift, carry, and enter dangerous environments.

PRIOR NON-INDUSTRIAL INJURIES TO THE INVOLVED PARTS:

Prior non-industrial injuries such as car accidents are denied.

PHYSICAL EXAMINATION:

THORACOLUMBAR & LOWER EXTREMITY EXAMINATION:

Height: 73 inches

Weight: 176 pounds

B/P: 112/64

The patient does appear to be uncomfortable during the interview.

He has some mild distress getting off the examination chair and walking about the office.

He also has difficulty getting onto and off the exam table and upon getting off the exam table, he does tend to log-roll.

Standing examination in gown shows that he appears to have trunk shift to the left.

He has no complaint of pain on palpation in the upper thoracic and upper mid thoracic or upper lumbar region.

He has discomfort through the L4-5 and L5-S1 region.

He has some mild palpable spasm.

Thoracolumbar range of motion:

	<u>RIGHT/LEFT</u>	<u>AVERAGE NORMAL</u>
Forward Flexion:	8"	(Fingertips to ankles)
Extension:	30%/30%	(30 degrees)
Lateral trunk Flexion:	75%/25%	(Fingertips to knees)
Rotation:	40/40	(40 degrees)

The patient is able to flex at the waist and bring his outstretched fingertips to within approximately 8 inches of touching the ground.

Extension is about 30% of normal.

Lateral lean is 75% on the left and 25% on the right.

Reflexes:

	<u>Right</u>	<u>Left</u>
Knee jerk:	1+	1+
Ankle jerk:	1+	1+

Motor Examination:

	<u>Right</u>	<u>Left</u>
Hip flexors/extensors	5/5	5/5
Hip abductors/adductors	5/5	5/5
Knee flexors/extensors	5/5	5/5
Ankle invertors/evertors	5/5	5/5
Ankle plantar and dorsiflexors	5/5	5/5
Long toe flexors/extensors	5/5	5/5

He has no atrophy of the lower extremities.

It was noted during the examination he will have some back spasms and we have to allow him to go chin to chest to relax the back spasm before we can proceed with a straight leg raise.

Supine straight leg raise is unremarkable after allowing the lumbar spasm to subside.

Sensory examination:

Sensory examination shows decreased sensation on the lateral aspect of the right foot, about 90% of normal.

Hip range of motion:

	<u>RIGHT/LEFT</u>	<u>AVERAGE NORMAL</u>
Flexion:	110/110	(110 degrees)
Extension:	180/180	(180 degrees)
IR in Flexion:	45/45	(45 degrees)
ER in Flexion:	60/60	(60 degrees)
Abduction in Flexion:	45/45	(45 degrees)

His hip range of motion appears to be fairly well preserved, normal range of motion without pain.

REVIEW OF MEDICAL RECORDS:

No medical records are available for review.

RADIOGRAPHIC EVALUATION:

Five views of the lumbar spine obtained today.

Lateral view shows straightening of the lateral spine indicating underlying spasm.

He has significant disc space narrowing at L5-S1 as well as significant changes at L1-2.

He has wide-spread osteophytes throughout the lumbar spine also bridging osteophytes are noted on the AP view in the thoracic spine.

DIAGNOSIS:

- 1) History of lumbar discogenic disease.
- 2) History of lumbar radiculopathy.

DISCUSSION:

The patient is a pleasant [REDACTED] right hand dominant Peace Officer/Lifeguard who presents for special orthopaedic Independent Medical Examination for injuries sustained in [REDACTED].

Please note I am having this discussion without having the opportunity to review the prior Agreed Medical Examination as well as the reports from the MRI and what sounds to be positive electrodiagnostic studies.

The patient is seen with a cover letter dated [REDACTED] asking that I address several specific questions.

My responses are as follows:

- 1) I don't believe that the patient is able to perform [REDACTED] activity or actually function as a true [REDACTED] in the sense that he is unable to response to emergency situations.

I don't believe he can realistically be expected to pull someone out of the water.

I don't believe he can do any heavy lifting or forceful pushing or pulling.

He probably should not carry a gun.

He should not be responsible for [REDACTED] because if his back seizes, then the public will be at risk.

- 2) Question #2 is with regard to whether I believe the patient is substantially incapacitated from performance of his duties and it indicates that I should refer to the "Medical Qualifications for Disability Retirement." Unfortunately I do not have a formal job description.

However, having stated that, in reviewing the requirement for disability retirement, my responses would be as follows.

I feel the patient could do administrative type work; however, he should not be put in a position where he has to run, jump, or try to take someone out of the water. I don't believe he

should be involved in public safety in the sense that he might have to subdue a suspect.

I don't think he should be put in any particularly dangerous situation because, again, if his back and leg seizes up, he would be at risk as would the public.

I do feel that he is able to do work in a job position which does not involve repetitive pushing, pulling, lifting over 25 pounds, running, swimming, climbing ladders, or involving any physical altercation. These restrictions are actual restrictions and not prophylactic restriction.

- 3) I believe that the incapacity is permanent.
- 4) It is the opinion of this examiner that the patient was fully cooperative with the examination. I felt that the history was forthright and I did not see any elements of non-physiologic findings or embellishment on his physical examination.
- 5) I do not see any sign of non-industrial or pre-existing condition.
- 6) I believe his current condition is directly caused by his employment.

I do not believe he would have these complaints had he not been employed and injured as described.
- 7) It is the opinion of this examiner the patient is mentally able to handle his own financial affairs and enter into legally binding contracts.
- 8) It is the opinion of this examiner the patient is competent to endorse checks and understands the consequences of this act.

If you have any further questions please feel free to contact me.

EXPLANATION OF EXTRAORDINARY CIRCUMSTANCES AND JUSTIFICATIONS FOR USE OF PROCEDURE CODES:

- 1) Face to face time with patient
(History and physical examination) 1-1/4 Hour(s)
- 2) Record review time
(Sorting, Reading, Summarizing,
and final proof reading) 0 Hour(s)
- 3) Report Preparation time
(Dictation and proof reading) 1 Hour(s)

Executed on _____ at Los Angeles, California, County
of Los Angeles.

Sincerely,




Peter Gleiberman, M.D.
A Professional Corporation
Diplomate, American Board of
Orthopaedic Surgery
Fellow, American Academy
of Orthopaedic Surgeons
Qualified Medical Examiner
Agreed Medical Examiner

PG:ca/37011

August 20, 2015

TO: Each Member
Board of Retirement

FROM: Ricki Contreras, Manager 
Disability Retirement Services Division

FOR: September 2, 2015 Board of Retirement Meeting

SUBJECT: **Application Processing Time Snapshot Reports**

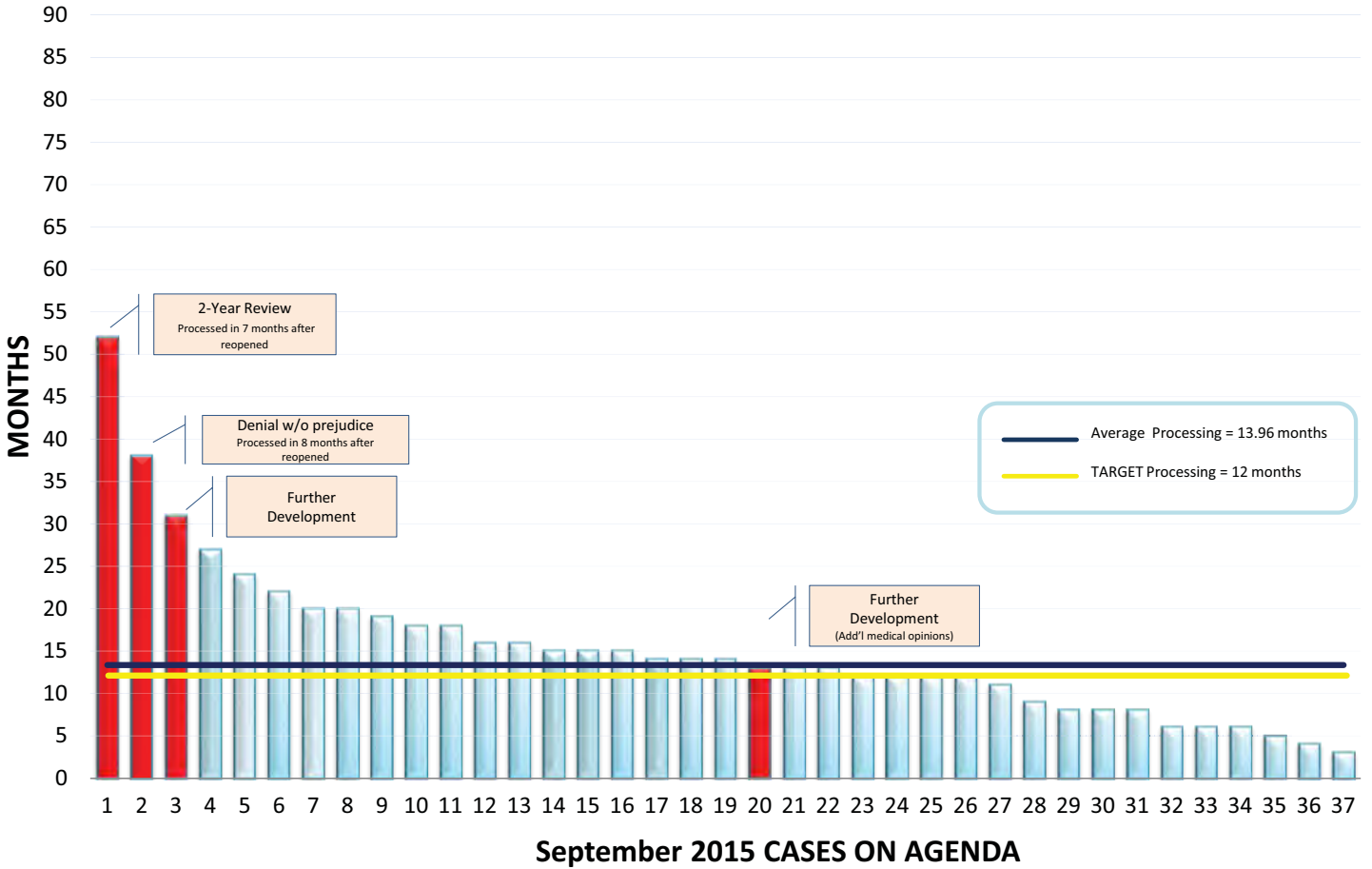
At the February 4, 2015 meeting, the Disability Procedures & Services Committee voted to add two additional snapshot reports addressing application processing times and pending applications by elapsed time since application date. These reports will now be provided on a monthly basis along with the current snapshot that provides a look at application processing time before and after procedural changes were made to the disability application process. The Board adopted proposed changes on July 12, 2012. The chart breaks down the periods for cases processed under the old procedures vs. the new procedures with the associated monthly processing timeframes.

The following chart shows the total time from receipt of the application to the first Board action for the month in question.

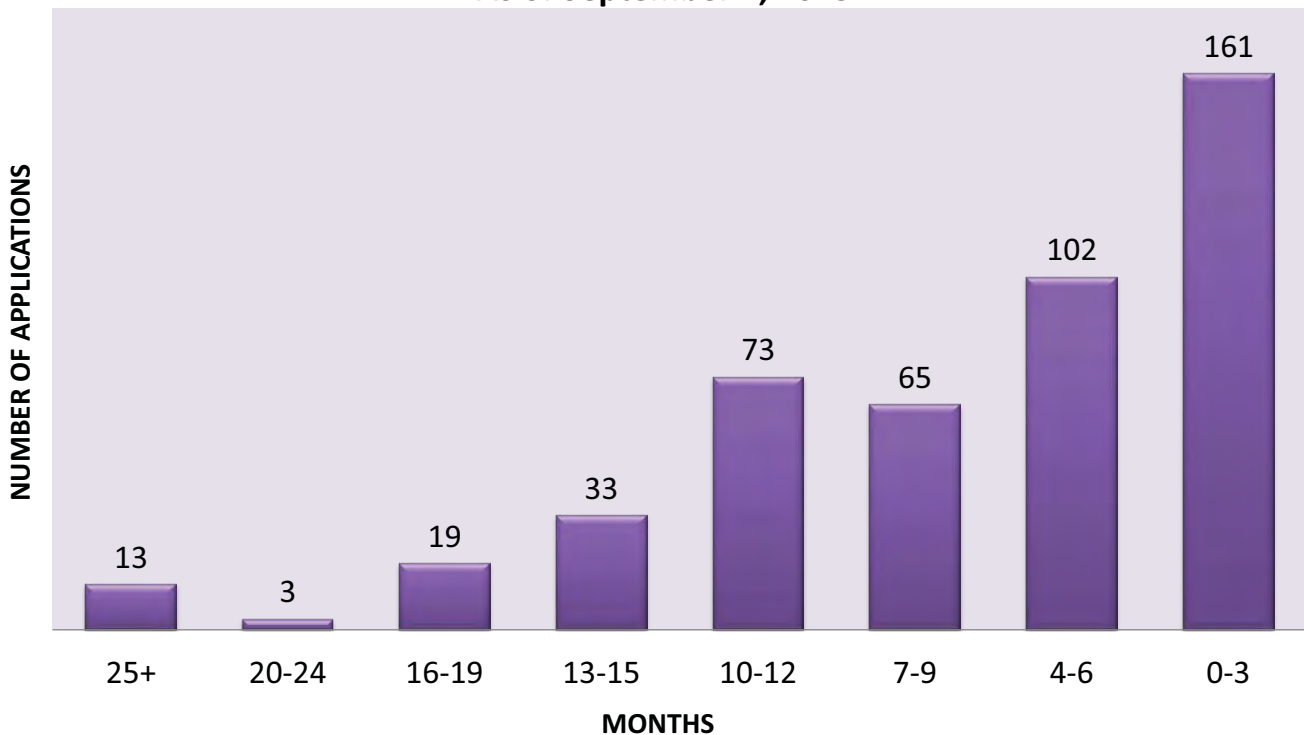
Consent & Non-Consent Calendar			
Received <u>Prior</u> to July 12, 2012		Received <u>After</u> July 12, 2012	
Number of Applications	Processing Time (in Months)	Number of Applications	Processing Time (in Months)
0	0	33	13.18
Revised/Held Over Calendar (page 7)			
2-Year Review (1 case, total processing time since reopened)		7.0	
Held Over/Revised; Returned for Further Development (2 Cases, total average processing time since receipt of application)		Case 1 31.0	Case 2 13.0
Held Over/Revised; Deny w/o Prejudice ¹ (1 Case, total processing since reopened)		8.0	
<i>Average Processing Time for Revised/Held Over Calendar</i>		14.75	

¹ Held Over/Revised, Deny w/o Prejudice--member provided additional information within 6 months, subsequent investigation commenced.

ACTUAL vs. AVERAGE PROCESSING TIME



TIME ELAPSED FOR PENDING APPLICATIONS As of September 2, 2015





Documents not attached are exempt from disclosure under the California Public Records Act and other legal authority.

**For further information, contact:
LACERA
Attention: Public Records Act Requests
300 N. Lake Ave., Suite 620
Pasadena, CA 91101**



Documents not attached are exempt from disclosure under the California Public Records Act and other legal authority.

**For further information, contact:
LACERA
Attention: Public Records Act Requests
300 N. Lake Ave., Suite 620
Pasadena, CA 91101**



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Pasadena, CA 91101**



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Attention: Public Records Act Requests
300 N. Lake Ave., Suite 620
Pasadena, CA 91101**



Documents not attached are exempt from disclosure under the California Public Records Act and other legal authority.

**For further information, contact:
LACERA
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