

# 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, JUNE 1, 2016

*The Board may take action on any item on the agenda,  
and agenda items may be taken out of order.*

- I. CALL TO ORDER
- II. PLEDGE OF ALLEGIANCE
- III. APPROVAL OF MINUTES
  - A. Approval of the Minutes of the Special Meeting of May 5, 2016
- 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 May 19, 2016)
  - C. Recommendation as submitted by Ricki Contreras, Division Manager, Disability Retirement Services: That the Board dismiss with prejudice the appeal for a service connected disability retirement in the case of **Bertha F. Luna**. (Memo dated May 19, 2016)

VI. CONSENT AGENDA (Continued)

D. Recommendation as submitted by Vivian H. Gray, Chair, Disability Procedures & Services Committee: That the Board approve Arthur H. Fass, DPM – Board Certified Podiatrist to the LACERA Panel of Physicians for the purpose of examining disability retirement applicants. (Memo dated May 17, 2016)

E. For Information Only as submitted by Ricki Contreras, Division Manager, Disability Retirement Services, regarding the Application Processing Time Snapshot Reports. (Memo dated May 20, 2016)

VII. REPORT ON STAFF ACTION ITEMS

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

IX. DISABILITY RETIREMENT APPLICATIONS ON CONSENT CALENDAR

X. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

A. Applications for Disability

B. Referee Reports

C. Staff Recommendations

1. Recommendation as submitted by Eugenia W. Der, Senior Staff Counsel, Disability Litigation: That the Board find that **Gloria Ramirez** delayed in the filing of her application for disability retirement because she was unable to ascertain the permanency of her incapacity and that her application be deemed filed on the day after the last day of regular compensation in accordance with Government Code Section 31724.  
(Letter dated April 28, 2016)

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 SPECIAL MEETING OF THE BOARD OF RETIREMENT

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

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

9:00 A.M., THURSDAY, MAY 5, 2016

PRESENT: Shawn R. Kehoe, Chair  
William de la Garza, Secretary  
Marvin Adams  
Anthony Bravo  
Yves Chery  
Joseph Kelly (Arrived at 9:36 a.m.)  
David L. Muir (Alternate Retired)  
Les Robbins  
William Pryor (Alternate Member)  
Ronald A. Okum

ABSENT: Vivian H. Gray, Vice Chair

STAFF ADVISORS AND PARTICIPANTS

Gregg Rademacher, Chief Executive Officer

Robert Hill, Assistant Executive Officer

Steven P. Rice, Chief Counsel

Michael D. Herrera, Senior Staff Counsel

STAFF ADVISORS AND PARTICIPANTS (Continued)

Fern M. Billingsy, Senior Staff Counsel

Dr. Vito Campese, Medical Advisor

Ricki Contreras, Division Manager  
Disability Retirement Services

Tamara Caldwell, Specialist Supervisor  
Disability Retirement Services

Francis J. Boyd, Senior Staff Counsel  
Legal Division

Vincent A. Lim, Chief Counsel  
Disability Litigation

Barry W. Lew, Legislative Affairs Officer

Sandra M. Siedenburg, LACERA Member

Vito Triglia, SEIU 721

I. CALL TO ORDER

The meeting was called to order by Chair Kehoe at 9:01 a.m., in the Board Room of Gateway Plaza.

II. PLEDGE OF ALLEGIANCE

Mr. Pryor 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 April 6, 2016

Mr. Chery made a motion, Mr. Bravo seconded, to approve the minutes of the regular meeting of April 6, 2016. The motion passed unanimously.

### IV. REPORT ON CLOSED SESSION ITEMS

No items were reported.

### V. OTHER COMMUNICATIONS

#### A. For Information

##### 1. March 2016 All Stars

Mr. Hill announced the eight winners for the month of March: Carlos Alonso, Darla Davis, Gladys Asuncion, Elsy Gutierrez, James Beasley, Darren Huey, Ching Fong, and Karina Diaz for the Employee Recognition Program and Christine Roseland for the Webwatcher Program. Allen Molina, Anthony Soto, George Lunde, and Wenona Myers were the winners of LACERA's RideShare Program.

##### 2. Chief Executive Officer's Report (Memo dated April 26, 2016)

Mr. Rademacher congratulated Kent Tondreau from Member Services who will be retiring from LACERA with 16 years of service. In addition, Mr. Rademacher introduced newly hired Staff Counsel, Jason Waller, to the Disability Litigation Division.

Mr. Rademacher recognized LACERA for receiving a 1<sup>st</sup> place award in the

V. OTHER COMMUNICATIONS

A. For Information

2. Chief Executive Officer's Report (Continued)

Los Angeles County Charitable Giving Campaign for greatest employee participation. In addition, he thanked Koleta Caldwell, Julia Ray, and Donna Hansen for being the coordinators for this program.

In addition, Mr. Rademacher thanked Eilene Morken for coordinating and Jacqueline Boute and Jim Alvarez for providing retiree counseling at the LASD Retiree Roundup in Laughlin, Nevada.

Lastly, Mr. Rademacher announced that he will be attending the National Association of State Retirement Administrators Annual Conference and will not be present at the BOR Administrative meeting in August.

VI. PUBLIC COMMENT

Retired member, Sandra Siedenbug, addressed the Board regarding her case.

In addition, Vito Triglia from SEIU 721 addressed the Board in opposition of Assembly Bill 1853.

VII. CONSENT AGENDA

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

VII. CONSENT AGENDA (Continued)

- A. Ratification of Service Retirement and Survivor Benefit Application Approvals.
- B. Requests for an administrative hearing before a referee.  
(Memo dated April 25, 2016)
- C. Recommendation as submitted by Ricki Contreras, Division Manager, Disability Retirement Services: That the Board dismiss with prejudice the appeal for a service connected disability retirement in the case of **Susan L. Bloom**. (Memo dated April 18, 2016)
- D. For Information Only as submitted by Ricki Contreras, Division Manager, Disability Retirement Services, regarding the Application Processing Time Snapshot Reports. (Memo dated April 18, 2016)

VIII. NON-CONSENT AGENDA

- A. Recommendation as submitted by Vivian H. Gray, Chair, Disability Procedures and Services Committee: That the Board approve the proposed changes to the Disability Retirement Appeals Agenda and Disability Retirement Appeal Summary. (Memo dated April 18, 2016)

Ms. Contreras was present to answer questions from the Board.

Mr. Pryor made a motion, Mr. Chery seconded, to approve the recommendation. The motion passed unanimously.

- B. Recommendation as submitted by Vivian H. Gray, Chair, Disability Procedures and Services Committee: That the Board approve the termination of Panel Physician Roy Caputo, M.D.'s contract with LACERA.  
(Memo dated April 22, 2016)

Ms. Contreras was present to answer questions from the Board.

Mr. Okum made a motion, Mr. Pryor seconded, to approve the recommendation. The motion passed with Mr. de la Garza voting no.



VIII. NON-CONSENT AGENDA (Continued)

The following items were handled out of order, after Item VII. C. 3.

- C. Recommendation as submitted by Les Robbins, Chair, Insurance, Benefits and Legislative Committee: That the Board adopt a “Watch” position on Assembly Bill 2257, which relates to the online posting of meeting agendas. (Memo dated April 21, 2016) (Supplemental Agenda – Memo dated April 21, 2016)

Mr. Lew was present to answer questions from the Board.

Mr. Muir made a motion, Mr. Chery seconded, to approve the recommendation. The motion passed unanimously.

- D. Recommendation as submitted by Les Robbins, Chair, Insurance, Benefits and Legislative Committee: That the Board adopt a “Support” position on Assembly Bill 2853, which allows a public agency that posts a public record on its website to refer persons requesting that record to its website. (Memo dated April 19, 2016) (Supplemental Agenda – Memo dated April 19, 2016)

Mr. Lew was present to answer questions from the Board.

Mr. Pryor made a motion, Mr. Chery seconded, to approve the recommendation. The motion passed unanimously.

- E. Recommendation as submitted by Les Robbins, Chair, Insurance, Benefits and Legislative Committee: That the Board adopt a “Watch” position on Assembly Bill 2468, which established an alternative benefit formula under the California Public Employees’ Pension Reform Act of 2013 for new nonsafety members of the Public Employees’ Retirement System. (Memo dated April 20, 2016) (Supplemental Agenda – Memo dated April 20, 2016)

Mr. Lew was present to answer questions from the Board.

Mr. Okum made a motion, Mr. Kelly seconded, to approve the recommendation. The motion passed unanimously.

VIII. NON-CONSENT AGENDA (Continued)

- F. Recommendation as submitted by Les Robbins, Chair, Insurance, Benefits and Legislative Committee: That the Board adopt an “Oppose” position on HR 4822, which would enact the Public Employee Pension Transparency Act. (Memo dated April 13, 2016)

Mr. Lew was present to answer questions from the Board.

Chair Kehoe made a motion, Mr. Muir seconded, to approve the recommendation. The motion passed unanimously.

- G. Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer: That the Board adopt a “Support” position on Assembly Bill 1853, which would enable any retirement system operating under the County Employees Retirement Law of 1937 to become a district. (Memo dated April 27, 2016)

Mr. Lew was present to answer questions from the Board.

Mr. Pryor made a motion, Chair Kehoe seconded, to approve adopting a “Watch” position on Assembly Bill 1853.

Mr. Chery made a substitute motion, Mr. Bravo seconded, to approve adopting an “Oppose” position, unless amended, on Assembly Bill 1853. The makers of the motion withdrew their motion.

The motion to approve adopting a “Watch” position on Assembly Bill 1853 passed unanimously.

VIII. NON-CONSENT AGENDA (Continued)

- H. Recommendation as submitted by Fern M. Billiny, Senior Staff Counsel, Legal Division: That the Board 1) Adopt the Resolutions specifying pay items as “compensation earnable” and “pensionable compensation;” and 2) Instruct staff to coordinate with the County of Los Angeles to establish necessary reporting mechanism and procedures to permit LACERA to include the qualifying items in the calculation of final compensation.  
(Memo dated April 25, 2016)

Ms. Billiny was present to answer questions from the Board.

Mr. Muir made a motion, Mr. Chery seconded, to approve the recommendation. The motion passed unanimously.

- I. Recommendation as submitted by Gregg Rademacher, Chief Executive Officer: That the Board direct its SACRS voting delegate to: 1) Support the SACRS Nominating Committee slate of officers; 2) Support SACRS sponsoring Assembly Bill 1853 addressing 1937 Act Operating Authority and Assembly Bill 2376 addressing sworn statement requirements; and 3) Support the SACRS Bylaws Committee amendments to the SACRS Bylaws.  
(Memo dated April 20, 2016)

Mr. Chery made a motion, Mr. Adams seconded, to approve the recommendation excluding Assembly Bill 1853. The motion passed unanimously.

- J. For Information Only as submitted by Barry W. Lew, Legislative Affairs Officer, regarding Assembly Bill 1812 – Benefit Limits.  
(Memo dated April 20, 2016)

Mr. Lew was present to answer questions from the Board.

IX. REPORT ON STAFF ACTION ITEMS

In regards to Item VIII. G., Mr. Kelly requested that future legislative items be justified with the 2012 Board approved Platform Policy. In addition, Mr. Muir requested that counsel review that policy. Lastly, Mr. Kelly requested that the Legislative Affairs Officer reach out to LAFCO regarding Assembly Bill 1853 and the subject matter addressed in that bill.

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

Mr. Muir shared that the next RELAC Regional Luncheon will be in Las Vegas on September 20, 2016.

XI. DISABILITY RETIREMENT APPLICATIONS ON CONSENT CALENDAR

Safety Law Enforcement  
Service-Connected Disability Applications

On a motion by Chair Kehoe, seconded by Mr. Chery, 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>
460C*	DAVID T. ROYSTON
461C*	CRAIG A. BERGER

\* Granted SCD – Employer Cannot Accommodate

XI. DISABILITY RETIREMENT APPLICATIONS ON CONSENT CALENDAR

Safety Law Enforcement (Continued)  
Service-Connected Disability Applications

<u>APPLICATION NO.</u>	<u>NAME</u>
462C	THOMAS W. BROOKS
463C	ARMANDO R. MORALES
464C	PATRICK D. MCKERNAN
465C*	RANDALL A. FORNEY
466C*	MICHAEL B. DYER
467C*	DAVID W. CAMPBELL
468C	TOMMY W. CODY
469C	RANDOLPH L. SPRINGER
470C	VINCENT F. RONDONE
471C	GREGORY S. SALCIDO
472C	MICHAEL L. MANSKAR
473C	DAVID W. VEYLUPEK
474C	MARK A. KOCISKO
475C	STEVEN A. WINTER
476C	ANTHONY A. MOORE
477C	WILLIAM N. MCCORMICK

\* Granted SCD – Employer Cannot Accommodate

XI. DISABILITY RETIREMENT APPLICATIONS ON CONSENT CALENDAR

Safety Law Enforcement (Continued)  
Service-Connected Disability Applications

<u>APPLICATION NO.</u>	<u>NAME</u>
478C*	MARK C. BAILEY
479C	JEFFREY O. CAVANAUGH
480C	DAVID LARA
481C*	ANDREW J. GUTHRIE

Safety-Fire, Lifeguard  
Service-Connected Disability Applications

On a motion by Mr. Okum, seconded by Mr. Adams, 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>
1755A	JESS M. VARELA
1756A	ROBERT L. ZOMPHIER
1757A	JOHN A. JONES
1758A	EDWARD R. LAZAR
1759A	BENJAMIN M. MARTINEZ

\* Granted SCD – Retroactive

XI. DISABILITY RETIREMENT APPLICATIONS ON CONSENT CALENDAR

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

<u>APPLICATION NO.</u>	<u>NAME</u>
1760A	ROBERT R. PEGLER
1761A	CHRISTOPHER CASILLAS
1762A	SHAWN M. MCDONALD
1763A	RICHARD A. MURO
1764A*	JOHN R. CHAVES
1765A**	EDGAR W. LONEY
1766A	JOHN P. STEINDLBERGER

\* Granted SCD Retroactive - Employer Cannot Accommodate

\*\* Granted SCD – Employer Cannot Accommodate

XI. DISABILITY RETIREMENT APPLICATIONS ON CONSENT CALENDAR

General Members

Service-Connected Disability Applications

On a motion by Mr. Chery, seconded by Mr. Bravo, 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>
2611B*	EVERARDO DUARTE
2612B**	ROBERT T. MOORE
2613B	SHANNON L. SPIRES
2614B*/***	ONNE J. GARCIA
2615B	ANNA M. PATRICIO
2616B*	LUCILA I. VALDIZNO

\* Granted SCD – Employer Cannot Accommodate

\*\* Granted SCD Retroactive – Employer Cannot Accommodate

\*\*\* Applicant Present



XI. DISABILITY RETIREMENT APPLICATIONS ON CONSENT CALENDAR

General Members

Non-Service-Connected Disability Applications

On a motion by Mr. Adams, seconded by Mr. de la Garza, 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

4339

ERLINDA B. LEYRAN

XII. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

A. Applications for Disability

APPLICATION NO. & NAME

BOARD ACTION

6887A – DAVID P. GEOPFORTH

Chair Kehoe made a motion, Mr. Chery seconded, to deny a service-connected disability retirement without prejudice. The motion passed unanimously.

6888A – CYNTHIA A. CAMPBELL

Mr. Pryor made a motion, Mr. Adams seconded, to grant a non-service connected disability retirement pursuant to Government Code Section 31720 and grant the option for an earlier effective date pursuant to Government Code Section 31724. The motion passed unanimously.

XII. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

A. Applications for Disability (Continued)

<u>APPLICATION NO. &amp; NAME</u>	<u>BOARD ACTION</u>
6889A – FREDDIE D. DUGGAN	Mr. de la Garza made a motion, Mr. Adams seconded, to deny a service-connected disability retirement since the employer can accommodate and find the applicant not permanently incapacitated. The motion passed unanimously.
6890A – LEROY PRESTON	Mr. Pryor made a motion, Mr. Adams seconded, to grant a non-service connected disability retirement pursuant to Government Code Section 31720 and grant an option for an earlier effective date pursuant to Government Code Section 31724. The motion passed unanimously.
6818A – SHAWN E. MADRID	Mr. Pryor made a motion, Mr. Adams seconded, to grant a non-service connected disability retirement pursuant to Government Code Section 31720 and grant an option for an earlier effective date pursuant to Government Code Section 31724. The motion passed unanimously.

XII. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

B. Referee Reports (Continued)

APPLICATION NO. & NAME

BOARD ACTION

Joe Esqueda – In Pro Per  
Eugenia W. Der for respondent

Mr. Pryor made a motion, Chair Kehoe seconded, to deny a service connected disability retirement and find the applicant not permanently incapacitated. The motion passed unanimously.

Karen J. Henkel – Thomas J. Wicke for applicant  
Vincent A. Lim for respondent

Mr. Chery made a motion, Mr. Pryor seconded, to grant a service connected disability retirement and grant the option of an earlier effective date. The motion passed unanimously.

Sandra M. Siedenbug – In Pro Per  
Vincent A. Lim for respondent

(Mr. Kelly arrived at 9:36 a.m.)

Chair Kehoe made a motion, Mr. Pryor seconded, to deny a service connected disability retirement. The motion passed unanimously.

## XII. DISABILITY RETIREMENT CASES TO BE HELD IN CLOSED SESSION

### C. Staff Recommendations

1. Recommendation as submitted by Ricki Contreras, Division Manager, Disability Retirement Services: That the Board adopt the Proposed Findings of Fact and Conclusions of Law granting **Yvonne Dawson** for an earlier effective date pursuant to Government Code Section 31724. (Memo dated April 18, 2016)

Ms. Contreras was present to answer questions from the Board.

Mr. Chery made a motion, Mr. Robbins seconded, to grant the applicant a service-connected disability retirement pursuant to Government Code Section 31720. The motion passed unanimously.

2. Recommendation as submitted by Ricki Contreras, Division Manager, Disability Retirement Services: That the Board adopt the Proposed Findings of Fact and Conclusions of Law granting **Kenneth C. Ruffcorn** for an earlier effective date pursuant to Government Code Section 31724. (Memo dated April 18, 2016)

Ms. Contreras was present to answer questions from the Board.

Mr. Chery made a motion, Mr. Okum seconded, to grant the applicant a service-connected disability retirement pursuant to Government Code Section 31720. The motion passed unanimously.

3. For Information Only as submitted by Ricki Contreras, Division Manager, Disability Retirement Services regarding the 1<sup>st</sup> Quarter Report of Paid Invoices for January 1, 2016 to March 31, 2016. (Memo dated April 18, 2016)

Ms. Contreras was present to answer questions from the Board.

### XIII. 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 Herek v. Board of Retirement

The Board met in Executive Session pursuant to Government Code Section 54956.9 in regards to the existing litigation of the above mentioned case. There is nothing to report at this time.

- B. Pursuant to Government Code Section 54957 - Public Employee  
Performance Evaluation:

1. Performance Evaluation  
Title: Chief Executive Officer

The Board met in Executive Session pursuant to Government Code Section 54957 in which there is nothing to report at this time.

Green Folder Information (Information distributed in each Board  
Member's Green Folder at the beginning of the meeting)

1. Retirement Board Listing dated May 5, 2016
2. LACERA Legislative Report - Bills Amending CERL/PEPRA  
(Dated May 4, 2016)
3. LACERA Legislative Report – Other (Dated May 4, 2016)
4. LACERA Legislative Report – Federal (Dated May 4, 2016)
5. Proposed Findings of Fact and Conclusions of Law Correction Memo – Kenneth  
C. Ruffcorn (Memo dated May 4, 2016)
6. Proposed Findings of Fact and Conclusions of Law Correction Memo – Yvonne  
Dawson (Memo dated May 4, 2016)
7. Attorney's Fees Report for Invoices Over \$25,000 (Memo dated April 25, 2016)
8. Attorney's Fees Invoices of \$25,000 or Less (Memo dated April 25, 2016)
9. Attorney's Fees Report (Memo dated April 25, 2016)

May 5, 2016

Page 19

IX. ADJOURNMENT

There being no further business to come before the Board, the meeting was adjourned at 11:15 a.m.

---

WILLIAM DE LA GARZA, SECRETARY


---

SHAWN R. KEHOE, CHAIR



May 19, 2016

TO: Each Member  
Board of Retirement

FROM: Ricki Contreras, Manager   
Disability Retirement Services Division

SUBJECT: **APPEALS FOR THE BOARD OF RETIREMENT'S MEETING OF  
JUNE 1, 2016**


**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:

6846A	Andrew Demetroulis	Thomas J. Wicke	Deny SCD – without prejudice
6882A	Veritta D. Smith	Diane Butler	Deny SCD – Grant NSCD
6888A	Cynthia A. Campbell	Thomas J. Wicke	Deny SCD – Grant NSCD
6889A	Freddie D. Duggan	Thomas J. Wicke	Deny SCD



May 19, 2016

TO: Each Member  
Board of Retirement

FROM: Ricki Contreras, Manager   
Disability Retirement Services Division

FOR: June 1, 2016 Board of Retirement Meeting

SUBJECT: **DISMISS WITH PREJUDICE THE APPEAL OF  
BERTHA F. LUNA**

Ms. Bertha F. Luna applied for a service-connected disability retirement on July 17, 2014. On September 2, 2015, the Board denied Ms. Luna's application for service-connected disability retirement and granted her a non-service connected disability retirement instead.

Ms. Luna filed a timely appeal. On May 10, 2016, Ms. Bertha F. Luna signed a voluntary withdrawal letter advising LACERA that she does not wish to proceed with her appeal.

**IT IS THEREFORE RECOMMENDED THAT YOUR BOARD:**

Dismiss with prejudice Bertha F. Luna appeal for a service-connected disability retirement.

FJB: RC: mb

Bertha F. Luna. doc.

Attachment

NOTED AND REVIEWED:



---

Francis J. Boyd, Sr. Staff Counsel

Date: 5/20/2016





May 17, 2016

TO: Each Member  
Board of Retirement

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

FOR: June 1, 2016 Board of Retirement Meeting

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

On May 5, 2016, 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.

**ARTHUR H. FASS, DPM<sup>1</sup> - Board Certified Podiatrist**

Attachments

VG:RC/mb

i

---

<sup>1</sup>Please note that Dr. Fass is a Doctor of Podiatric Medicine (DPM) and not a Medical Doctor (M.D.) as indicated on the supporting documents.



April 20, 2016

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

FROM: Ricki Contreras, Manager *RC*  
Disability Retirement Services

FOR: May 5, 2016, Disability Procedures and Services Committee Meeting

SUBJECT: **CONSIDER APPLICATION OF ARTHUR H. FASS, M.D., AS A LACERA  
PANEL PHYSICIAN**

On April 11, 2016, Debbie Semnarian interviewed Arthur H. Fass, 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 Arthur H. Fass, M.D., to the Board of Retirement for approval to the LACERA Panel of Examining Physicians.

Attachments

JJ:RC/mb

NOTED AND REVIEWED:

  
\_\_\_\_\_  
JJ Forowich, Assistant Executive Officer

Date: 4/21/16



DATE: April 11, 2016

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

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

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

On April 11, 2016, I interviewed **Arthur H. Fass, M.D.** at his office at 18250 Roscoe Blvd., Suite # 205, Northridge, CA 91325. The office space is located in an older but well maintained three-story building, with paid parking located in the back of the building. The maximum parking fee is \$6.00.

Dr. Fass is a Board Certified Podiatrist who has been in private practice for more than 35 years. Dr. Fass has available 3 complete examination rooms, and an x-ray room. He estimates that 85 percent of his practice is devoted to patient treatment, while the other 15 percent of his time is devoted to evaluations primarily within the workers' compensation system and other retirement systems.

As referenced in his Curriculum Vitae, Dr. Fass received his undergraduate degree from Brooklyn College and graduated from New York College of Podiatric Medicine as a Doctor of Podiatric Medicine in 1979. He has served as both a Chairman and clinical instructor in the Podiatry Residence Program at Northridge Hospital Medical Center from 1990 to present.

Dr. Fass' office was clean with ample seating. The office and restrooms are handicap accessible and there is a staff of 4 employees.

Staff reviewed the LACERA Disability Retirement procedures and expectations in its evaluation of County Employees applying for both service-connected and non-service-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. Fass 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. Fass agreed to adhere to LACERA's standard of having his evaluation reports sent to us within 30 days of examination. Staff confirmed that Dr. Fass is agreeable with accepting payment per the Official Medical Fee Schedule (OMFS). He has also been advised of the requirement to immediately notify LACERA if any license, Board certification, or insurance coverage is lapsed, suspended or revoked. Dr. Fass 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 need to add a Board certified podiatrist. Dr. Fass expressed not only a willingness to be on our panel, but also an enthusiasm for building a relationship with LACERA.

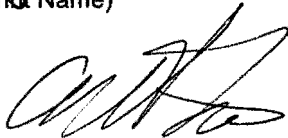
Based on our interview and the need for his specialty, staff recommends Dr. Fass' application be presented to the Board for approval as a LACERA Panel Physician.

<b>GENERAL INFORMATION</b>		Date	3/23/2010
Group Name:		Physician Name: ARTHUR H. FASS, DPM	
I. Primary Address:		18250 ROSCOE BLVD. #125 NR CA 91325	
Contact Person	Renee	Title	wic coordinator
Telephone:	(818) 701 5088	Fax	(918) 701 1602
II. Secondary Address			
Contact Person		Title	
Telephone		Fax	
<b>PHYSICIAN BACKGROUND</b>			
Field of Specialty	Podiatric medicine		Subspecialty Podiatric surgery
Board Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License #	1419
		Expiration Date	20076
<b>EXPERIENCE</b>			
Indicate the number of years experience that you have in each category.			
<b>Evaluation Type</b>			
I. Workers' Compensation Evaluations			
<input checked="" type="checkbox"/> Defense	How Long?	15 years	<input checked="" type="checkbox"/> IME
<input checked="" type="checkbox"/> Applicant	How Long?	15 years	<input checked="" type="checkbox"/> QME
<input checked="" type="checkbox"/> AME	How Long?	15 years	
II. <input type="checkbox"/> Disability Evaluations		How Long?	
For What Public or Private Organizations?			
Currently Treating? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Time Devoted to:		Treatment	85 %
		Evaluations	15 %
<b>Estimated Time from Appointment to Examination</b>		<b>Able to Submit a Final Report in 30 days?</b>	
<input checked="" type="checkbox"/> 2 weeks		<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> 3-4 Weeks		<input type="checkbox"/> No	
<input type="checkbox"/> Over a month			
<b>LACERA's Fee Schedule</b>			
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:

Karen O'Quin Title: front office  
(Please Print Name)

Physician Signature:  Date: 3/23/16

FOR OFFICE USE ONLY	
Physician Interview and Sight Inspection Schedule	
Interview Date: <u>4/11/16</u>	Interview Time: <u>1:00 pm</u>
Interviewer: <u>Walter Jannarone</u>	

Arthur H. Fass, D.P.M.  
18250 Roscoe Blvd., Suite 125  
Northridge, California 91325-4280  
(818) 701-5088

---

## Curriculum Vitae

### Personal

- A) Private Podiatric Practice - Northridge, Ca 1979 to the present
- B) Married, 2 children

### Education

- A) Residency in Podiatric Medicine and Surgery - Southern California Podiatric Residency Center 1979 - 1980
- B) Medical School - New York College of Podiatric Medicine, Doctor of Podiatric Medicine 1979
- C) College - Brooklyn College, B.S. Biology 1975

### Appointments

- A) Associate Professor - California College of Podiatric Medicine at LA County-USC Medical Center - 1986
- B) President - Los Angeles County Podiatric Medical Association 1990
- C) President - McADE, Los Angeles Chapter of the American Diabetes Educators Association 1993
- D) Chairman and clinical instructor- Podiatry residency program - Northridge Hospital Medical Center 1990 to present
- E) Member - California Podiatric Medical Association 1980 to present

### Affiliations

- A) Podiatric Consultant - California University at Northridge Student Health Dept
- B) Podiatric Consultant - Diabetes Care Center - Tarzana Hospital
- C) Podiatric Consultant - Greater Valley Medical Group

### Certifications

- A) Board Certified - American Board of Podiatric Surgery - 1986
- B) Qualified Medical Examiner - State of California 1995 to Present

### Publications

- A) "If the Shoe Fits, Should You Wear It?" - Journal of the American Podiatric Medical Association, 1978



**Arthur H. Fass, DPM**  
**Board Certified Foot and Ankle Surgeon**  
18250 Roscoe Blvd. Suite 125  
Northridge, California 91325-4280  
Ph: 818.701.5088  
Fx: 818.701.16.02  
www.northridgepodiatry.com

# SAMPLE REPORT

#1

**PATIENT'S NAME** [REDACTED]  
**ADDRESS** [REDACTED]  
**DATE OF BIRTH** [REDACTED]  
**EMPLOYER** [REDACTED]  
**ADDRESS** [REDACTED]  
**INSURANCE CO.** [REDACTED]  
**ADDRESS** [REDACTED]  
**CLAIM #** [REDACTED]  
**ADJUSTOR** [REDACTED]  
**PHONE #** [REDACTED]  
**ATTORNEY** [REDACTED]  
**ADDRESS** [REDACTED]  
**PHONE #** [REDACTED]  
**DATE OF VISIT** [REDACTED]  
**DATE OF INJURY** [REDACTED]

## **Worker's Compensation Agreed Medical Evaluation**

I have been asked to perform an AME exam on this injured worker. I will follow with a history and physical, make a diagnosis and discuss all aspects of the medical-legal issues in this case along with treatment recommendations. I spent 1 hour face to face with the patient, 2 hour reviewing medical records and 2 hours preparing this report.



## HISTORY OF INJURY

The patient injured her right foot initially on [REDACTED] while involved in work-related activities. The patient was a [REDACTED] and was active in fitness training which primarily involves running. She participated in [REDACTED] sponsored long distance running as well as training runs at the [REDACTED]. The patient was running and may have stepped on a rock causing immediate severe pain in the ball of the right foot. The patient was sent to the emergency room that evening by her [REDACTED] where x-rays were taken. X-rays were read as negative. The patient had 2 weeks off while on vacation. She returned to work but had persistent pain in her right foot. She states she has either had a CAT scan or an MRI that showed a fracture of the tibial sesmoid below first metatarsal head. She was referred to a podiatrist, Dr. Blaine in Orange County, California and was treated with an immobilizing BK cast and crutches followed by a Cam walker. The patient worked with limited weight bearing in an administrative position during this period of time. She returned to full duty in [REDACTED]. She continued to have mild to moderate intermittent pain. She began running again. She had a second injury to the right foot on [REDACTED]. The patient states she felt a pop in the ball of her foot. She was referred back to Dr. Blaine. The patient states that Dr. Blaine had attempted to order custom orthotics for the patient for a long period of time but they had not been approved by the Workers' Compensation carrier. She finally received orthotics [REDACTED] through a [REDACTED] vendor. The devices were never comfortable and were criticized by both Dr. Blaine and later by the AME Podiatrist Dr. Frank Kase. The orthotics were redone and adjusted several times but never worked properly. The patient continued to have pain and a fracture of the tibial sesmoid was diagnosed. The patient underwent surgery in [REDACTED] of [REDACTED] to excise the painful tibial sesmoid. The patient continued to have increased pain after the surgery. There was burning and numbness of the great toe. She could not place her full weight down on the ground. She was placed in a cam walker boot. The patient injured her right shoulder in [REDACTED]. She had a previous work-related shoulder injury that was treated and was asymptomatic but she took a fall while using crutches due to her foot injury and injured the axilla of her right arm. The patient injured her labrum and rotator cuff and eventually need a right shoulder surgery to correct this problem in [REDACTED]. The surgery went well and she is not having present problems in the shoulder. The patient never returned to full work duty. She stayed in an administrative position. The patient was not bearing weight fully on her great toe and was walking with a limp. She injured her fibular sesmoid of the right foot due to her altered gait and a fracture of the fibular sesmoid was diagnosed. The patient underwent a second surgery to excise the fibular sesmoid and fuse the interphalangeal joint of the right hallux in [REDACTED]. The patient continued to have pain in the right great toe and was referred to a neurologist who diagnosed this patient with reflex sympathetic dystrophy or RSD of the right lower extremity. The patient had a cold and numb toe with sharp shooting pain and inability to bear weight on the toe. She uses a cam walker for ambulating and takes Gabapentin for the nerve pain. The patient injured her fifth toe of the right foot by jamming the toe into a table leg in [REDACTED] of [REDACTED]. She was diagnosed with a fracture of the fifth toe. This further created difficulty in walking. The fracture healed but the patient has severe limitations in activities of daily living while using a Cam Walker boot, crutches and uses a knee walker to avoid recurrent injury on the right foot. The patient was officially retired and [REDACTED].

## MEDICAL RECORDS

I have a maximum medical improvement exam by Dr. Robert Blaine DPM dated [REDACTED]. Dr. Blaine described the history of injury and the foot surgeries involving removal of the tibial

[REDACTED]  
[REDACTED]

sesamoid [REDACTED] and the fibular sesamoid in [REDACTED] of the right great toe. The last surgery was done in [REDACTED] to fuse the IP joint of the hallux. He noted that the patient had difficulty walking and had temperature changes in the great toe. The patient was not able to actively move her big toe. She had altered gait and needed to wear a Cam Walker a great deal of time. He found the injury to be work related. The pain reached the level of 8-9/10 intermittently. There was a painful scar along the medial side of the right great toe. He found that the patient had a permanent disability and gave the patient a WPI rating of 30% based on the gait disorder table in the AMA Guide to Permanent Impairment table 17-5 on page 529. He recommended future medical care including possible corticosteroid injections, physical therapy and possible additional surgery. I have a permanent and stationary report dated [REDACTED] from Dr. Daniel Kharrazi MD. Dr. Kharrazi did arthroscopic right shoulder surgery on the patient in [REDACTED]. He noted that the patient injured her right shoulder while using crutches due to the right foot injury on [REDACTED]. The patient had work restrictions of limited lifting and carrying. The patient was sent to a neurologist, Dr. Lipel, on [REDACTED] to manage chronic pain. The patient underwent right shoulder surgery on [REDACTED]. The surgery was for a rotator cuff tear along with synovitis of the shoulder joint. The patient had extensive physical therapy postoperatively. Dr. Frank Kase performed a Podiatric AME exam on [REDACTED]. He did an extensive review of the patient's injuries including the CT scan on [REDACTED] which revealed the initial tibial sesamoid fracture. He noted that the patient did not receive orthotics in a timely fashion. He further describes the additional injuries to the right great toe including surgery in [REDACTED]. He noted that the patient had hyperesthesia along the medial aspect of the right great toe. There was tenderness under the fibular sesamoid on compression. The custom orthotics were poorly fitted to her feet. There was limited range of motion of the first MP joint. There was a grossly antalgic gait. Dr. Kase diagnosed a painful dorsal cutaneous nerve secondary with nerve entrapment at the surgical site. I also have a comprehensive AME exam by orthopedist Thomas Sherry, MD dated [REDACTED]. Dr. Sherry noted the injury to the patient's fifth toe on [REDACTED]. He also noted that the patient had a diagnosis of RSD as established by the pain management specialist Dr. Vadim Lipel and [REDACTED] Dr. Gregory Kirkorowicz. Dr. Lipel began providing sympathetic nerve blocks in the ganglion of the lumbar spine 4 times per year to help control the pain. He noted that the patient had limitations in activities of daily including an inability to engage in shopping and cleaning the house. He noted that the patient used a knee scooter for walking outside the home. She also occasionally uses the wheelchair. He also noted the patient's last day of full employment was in [REDACTED] and the official retirement was [REDACTED]. The patient cannot drive a car and has to elevate her foot even as a passenger in the car. She has to travel by airplane with elevation of the foot. She has difficulty standing, sitting and reclining. She has difficulty descending stairs. Dr. Sherry noted the surgery on the right shoulder by Dr. Kharrazi on [REDACTED] for synovitis, rotator cuff injury and joint arthritis. He provided the patient with a 10% WPI for the right upper extremity. He noted the patient took Gabapentin for pain. I have a Comprehensive Neurological Consultation from Gregory Kirkorowicz dated [REDACTED]. Dr. Kirkorowicz made a diagnosis of Reflex Sympathetic Dystrophy (RSD) following right foot surgery. He recommended that the patient take Gabapentin for pain.

## WORK HISTORY

The patient has been a [REDACTED] until her retirement in [REDACTED]. She had stopped working after her last right foot surgery in [REDACTED]. Prior to her disability in [REDACTED], she worked for 10 hour shifts 4 X per week doing heavy work. She was involved in patrols, arrests, traffic control, apprehending suspects and making court appearances. During the period

[REDACTED]  
[REDACTED]

of her disability after [REDACTED], she had been teaching in the [REDACTED]. She demonstrated use of hand guns and shotguns as well as doing searches in buildings and vehicles.

## **PRESENT SYMPTOMS**

The patient has mild to moderate constant pain in the right great toe and intermittent severe pain. She also has intermittent slight to moderate pain in the fifth toe right foot. There is burning and shooting pain in the great toe with a sense of coldness and numbness. The patient walks with her weight on the lateral side of her foot and has pain along the lateral side of her ankle, leg, knee and hip from the altered gait. She uses a Cam Walker boot part of the time to support her foot and ankle and also uses a knee walker to be completely off weight bearing when she has to go out from the home. She has a few pair of extremely wide toed shoes as well as Birkenstock sandals that she can wear at times. She cannot have her foot in a dependent position for more than 20 minutes without severe pain. The patient receives spinal injections for a sympathetic nerve block to treat the RSD in her right foot. She gets the injections 4X per year. She has severe limitations in activities of daily living. She has limited ability to go shopping and do household chores. She cannot drive. She cannot walk for more than 20 minutes with weight bearing on the right foot. She uses a Cam Walker boot, for ordinary ambulation and a knee walker for non weight bearing ambulation outside the home and a wheelchair at times. She has difficulty going up and down stairs and has sleep disturbance. She has headaches with loss of concentration. She cannot engage in recreational activities and her social contacts are limited.

## **REVIEW OF SYSTEMS**

She has asthma. She denies all other systemic illnesses.

## **FAMILY HISTORY**

There is no relevant family history.

## **PREVIOUS INJURIES**

The patient had a left ankle injury in [REDACTED] and had arthroscopic ankle surgery. She had no future problems after recovering from that injury. She has had right shoulder pain and disability. Her shoulder injury was work related due to falling from her antalgic gait on her right foot.

## **PERSONAL HISTORY**

The patient is a [REDACTED] female who was born in Southern California and lived in a military family moving around throughout her childhood. She completed a BS college degree. She is single with no children. She denies use of alcohol, tobacco or street drugs

## **Objective Findings**

**GENERAL**

The patient is cooperative and alert and in apparent good health. She is [redacted]" and weighs [redacted] lbs. The blood pressure is 134/84 with a pulse of 90 BPM.

**MUSCULOSKELETAL EXAM**

There is hypersensitivity to touch of the right great toe. There is a full range of first MP joint motion in dorsiflexion limited plantar flexion. The patient has only slight resistance of the right great toe to manual muscle testing. The hallux is erythematous with decreased sharp sensation to the distal aspect of the toe. The interphalangeal joint of the right hallux was fused and there is no motion at that joint. There is a cavus foot morphology present bilateral. Observation of gait reveals that the patient has an exaggerated inverted position of the right foot with avoidance of weight on the great toe.

**Range of Motion Measurements**

ANKLE JOINT	LEFT	RIGHT
DORSIFLEXION	0/10	10/10
PLANTAR-FLEXION	60/60	60/60
HIND-FOOT	LEFT	RIGHT
INVERSION	35/35	35/35
EVERSION	10/10	10/10
1 <sup>ST</sup> MP JOINT	LEFT	RIGHT
DORSIFLEXION	60/60	60/60
PLANTAR-FLEXION	10/10	0/10

**Vascular Exam**

Dorsalis pedis and posterior tibial pulses are 2/3 bilaterally. Pulses were found to have regular rhythm. Foot/Ankle edema was found to be within normal limits. Capillary filling was instant bilaterally. No varicosities were noted bilaterally. Skin temperature was found to be normal bilaterally. Hair growth was within normal limits bilaterally.

**Neurological Exam**



## SHARP/DULL SENSATION

Within normal limits except for the right great toe where there is a decrease in sharp sensation at the distal aspect.

## PROPRIOCEPTION

Within normal limits.

## VIBRATORY

Within normal limits. Vibratory sensation is decreased in the right great toe at the distal aspect.

### Muscle Strength Testing

MUSCLE	LEFT	RIGHT
PERONEAL	4/4	4/4
ANTERIOR TIBIAL	4/4	4/4
POSTERIOR TIBIAL	4/4	4/4
TRICEPS SURAE	4/4	4/4
GREAT TOE EXTENSORS	4/4	2/4
GREAT TOE FLEXORS	4/4	2/4
LESSER TOE EXTENSORS	4/4	4/4
LESSER TOE FLEXORS	4/4	4/4

## X-RAY FINDINGS

3 views were taken of both feet for comparison. The AP and MO views show the alignment of the metatarsals with the length pattern. Both views also show the joints of the mid foot for signs of fracture, dislocation or degenerative joint changes. The lateral view shows the morphology of the arch and any signs of abnormal pronation. There is an internal screw across the interphalangeal joint of the right hallux with good alignment of the toe. There is absence of the tibial and fibular sesamoid on the right foot. There is an increase in the calcaneal inclination angle indicating a cavus foot morphology. There are no signs of degenerative joint disease or dislocation in the joints of the foot and ankle.

## DIAGNOSIS

781.2 Altered gait right foot

[REDACTED]

825.20 Status post fracture of the tibial and fibular sesamoid of the right great toe with subsequent surgery including removal of sesmoids and fusion of the IP joint of the hallux.

337.22 Reflex sympathetic dystrophy (RSD) of the right foot and lower extremity

## **DISCUSSION**

Injuries to the sesamoid bones can obviously have a devastating effect on gait. In normal ambulation, the entire weight of the body is balanced on the first metatarsal and the small kidney bean sized sesamoid bones under the first metatarsal during the push off phase of gait. Injuries to the sesamoids make normal walking impossible. Treatment for injured sesamoids involves offloading of the joint with casts or ambulatory walkers. It is possible that well constructed custom molded foot orthotics provided early in the course of the injury could have prevented some of the severe disability that ensued. Nevertheless, her injury resulted in surgical removal of the sesamoids which permanently altered her gait and lead to the development of RSD. RSD as a chronic pain syndrome that can occur in a surgical incision or injured area of the involved structures of the foot. There is nerve pain that radiates painful signals in a continuous loop that is out of proportion to any signs of soft tissue damage. It creates hypersensitivity and constant pain in the extremity.

## **CAUSATION**

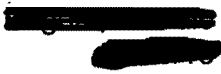
The patient participated in running activities sponsored by the [REDACTED]. The injuries occurred while running and therefore the occupational requirements were responsible for the disability and her condition is AOE/COE.

## **APPORTIONMENT**

There is no apportionment to a pre-existing condition and work injury is 100% apportioned to the patient's occupation.

## **DISABILITY**

The subjective factors of disability include moderate constant pain and severe intermittent pain in the right foot and great toe. There is also slight pain in the fifth toe on the right. There are significant limitations in activities of daily living including difficulty doing household chores and shopping. There is limited ambulation and the patient requires the use of an external devices such as a knee walker and a wheelchair in addition to the use of a Cam Walker boot. She also requires special shoes with a wide toe box and a shock absorbing rubber sole. There are headaches, loss of concentration and the need for pain relieving medication. The objective factors of disability revealed an altered gait with an exaggerated inverted position of the foot. There is a need for external walking aids including a wheelchair and a knee walker. The patient also requires extra depth orthopedic shoes with custom molded foot orthotics.



**WORK STATUS**

The patient is presently retired from her occupation. She would be permanently totally disabled when attempting to work in the open labor market.

**PERMANENT AND STATIONARY**

The condition is P & S

**IMPAIRMENT RATING**

I agree with the previous evaluation that used the gait derangement to classify the degree of impairment that the patient has reached. This is in accordance with the principles established in the Almaraz/Guzman and Cannon decisions. Table 17-5 on page 529 in the AMA guide to permanent impairment provides a range of whole-body impairment from 7% for a mild disorder to 80% when the patient requires constant use of a wheelchair. In my reasonable medical opinion, the patient has a 40% WPI.

**FUTURE MEDICAL**

The patient states that her knee walker was not authorized by Workers Compensation. This is inappropriate. The patient needs to be covered for her walking aids including a knee walker and a wheelchair. She also will need a new Cam Walker when the present one wears down. In addition, the patient would be able to bare weight more efficiently with the use of custom orthotics and extra depth shoes. The shoes would give her adequate toe room to avoid pressure against her hypersensitive great toe. It would allow her to use custom orthotics to support the arch and also relieve pressure on the great toe in gait. The patient should also continue to get her sympathetic nerve block injections as needed for her RSD. She should continue the use of Gabapentin. The use of custom orthoses are discussed in the ACOEM Treatment Guidelines in chapter 14 pages 371-372. Custom orthoses are found effective in treatment of compensations in the joints of the foot and leg that can effect the injured part of the lower extremities. Abnormal excessive subtalar joint pronation can cause increased stress on the injured part and the orthoses can control that compensatory motion and relieve pain. A rigid flat foot or cavus foot can also cause excessive force on the injured part and the orthoses can redistribute weight-bearing forces and relieve pain. The patient should also be considered for a functional restoration evaluation. The patient would benefit from a program involving Alpha stimulation to reduce pain and an exercise program geared to strengthen the painful muscles that are irritated by the altered gait. A functional restoration program can decrease the need for more costly future medical treatment and decrease the disability.



**REASON FOR OPINION**

I reached my opinion after performing a history and physical exam as well as reviewing medical records. I have relied on substantial medical evidence and used reasonable medical judgment to arrive at my opinion. I also depend on 33 years of clinical experience.

**DECLARATION**

I declare under penalty of perjury that this report is true and correct and to the best of my knowledge and that I have not violated Labor Code # 139.3

**EXECUTED AT**

Northridge, CA

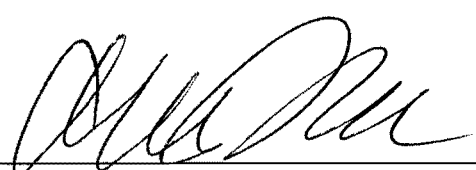
**NAME**

Arthur Fass DPM

**CAL. LIC.#**

E2475

**SIGNATURE:**

  
\_\_\_\_\_



**Arthur H. Fass, DPM**  
**Board Certified Foot and Ankle Surgeon**  
18250 Roscoe Blvd. Suite 125  
Northridge, California 91325-4280  
Ph: 818.701.5088  
Fx: 818.701.16.02  
www.northridgepodiatry.com

## SAMPLE REPORT

**PATIENT'S NAME** [REDACTED] **#2**  
**ADDRESS** [REDACTED]  
**DATE OF BIRTH** [REDACTED]  
**EMPLOYER** [REDACTED]  
**ADDRESS** [REDACTED]  
**INSURANCE CO.** [REDACTED]  
**ADDRESS** [REDACTED]  
**CLAIM #** [REDACTED]  
**ADJUSTOR** [REDACTED]  
**PHONE #** [REDACTED]  
**ATTORNEY** [REDACTED]  
**ADDRESS** [REDACTED]  
**PHONE #** [REDACTED]  
**DATE OF VISIT** [REDACTED]  
**DATE OF INJURY** Continuous Trauma [REDACTED]

### **Workers' Compensation Agreed Medical Re-Evaluation**

I have been asked to perform an AME re-evaluation on this injured worker. I will perform a history and physical and follow with a diagnosis and a discussion of all aspects of the medical-legal issues in this case along with treatment recommendations. I spent 1 hour face to face with the patient, 1 hour reviewing medical records and 2 hours preparing this report.

[REDACTED]

## HISTORY OF INJURY

I performed an AME initial exam on this injured worker on [REDACTED]. The patient had moderate to severe plantar heel pain bilaterally that had been present for one year prior to the evaluation. The patient is a [REDACTED] with continuous and cumulative trauma related to his occupation. He has been a [REDACTED] for the previous [REDACTED] years. He also had pain in the dorsal aspect of the second toe right. He had developed a painful nodule over the distal interphalangeal 2nd toe right. The patient has also been treated for lumbar disc disease and arthritic changes in the knees. There was pain in the plantar heels on ambulation which became moderate to severe by the end of the workday. My examination revealed pain on compression of the plantar heels with pain on ankle joint dorsiflexion. There was pain on compression of the dorsal nodule on the second toe right. The diagnosis was bilateral plantar fasciitis, ganglion cyst second toe right, and hammertoe second toe right. I found that there was no apportionment. The condition was not permanent and stationary and the patient required additional treatment to relieve the painful effects of his occupational injury. I stated that the patient would likely require corticosteroid injections and custom molded foot orthotics to relieve the heel pain and that he might require surgery on the second toe right. The patient has subsequently had treatment for his lower back, left knee and bilateral feet. His orthopedic surgeon provided the patient with physical therapy for the back and feet. The patient had arthroscopic left knee surgery. He continues to have moderate to severe intermittent lower back pain. The knee pain is minimal. He was treated by a podiatrist, Dr. Signorelli, and received custom molded foot orthotics. The orthotics were effective in relieving the plantar heel pain to a large extent. There is slight persistent pain and the patient limits his weight bearing activities. The dorsal cyst on the second toe slowly resolved when the patient began changing his shoe gear to comfortable wide toed tennis shoes and avoiding work boots. The patient retired from his occupation in [REDACTED] which also greatly contributed to the decreased pain in the heels.

## MEDICAL RECORDS

I have medical records beginning with an Initial Orthopedic Evaluation by Simon Lavi, MD on [REDACTED]. The patient had injured his lower back while performing his work duties on [REDACTED]. The patient had been working a perimeter at a [REDACTED] and developed severe stiffness and pain in the lower back. There was moderate intermittent pain that did not preclude work. The patient also had left knee pain, plantar heel pain and a painful cyst on the dorsal second toe right. Dr. Lavi had requested a course of physical therapy. The patient did not improve with physical therapy and had persistent back pain and knee pain. He was seen on [REDACTED] for a preoperative evaluation for arthroscopic knee surgery. The patient was seen postoperatively on [REDACTED] and sutures were removed. Dr. Lavi requested additional physical therapy and Synvisc injections for the left knee. The patient was on total temporary work disability. The patient continued to have sciatic nerve pain in the legs. Dr. Lavi performed a Synvisc injection on [REDACTED]. A request was made for epidural injections for the lumbar disc pain on [REDACTED]. Dr. Lavi stated that spine surgery was indicated. There was persistent moderate to severe heel pain bilaterally and a painful second toe right. A referral was made for a Podiatric evaluation on [REDACTED]. The patient was seen on [REDACTED] with persistent lower back pain, left knee pain and bilateral heel pain. Dr. Lavi requested a repeat MRI and was considering spinal surgery. He noted that the patient was having increased sciatic nerve pain with neurological loss, stiffness and weakness in the legs. He referred to an AME report from [REDACTED] that indicated surgery would be necessary if conservative measures failed. An EMG/NCS study was requested on [REDACTED]. I have an Initial Podiatric consultation from

[REDACTED]  
[REDACTED]

Domenic Signorelli DPM dated [REDACTED]. He noted moderate to severe intermittent heel pain as well as a painful cystic mass on the second toe right. Dr. Signorelli requested corticosteroid injections and new custom molded foot orthotics to be made. He also ordered night splints for the plantar fasciitis. A corticosteroid injection was given in the left heel on [REDACTED]. The patient was seen on [REDACTED] and the patient had his custom orthotics for the previous 3 weeks. He noted that there was no cushioned top cover on the devices. The patient had persistent heel pain but was improving. Dr. Signorelli noted on [REDACTED] that the patient continued to have an antalgic gait related to radicular pain. A final report was produced on [REDACTED] by Dr. Signorelli who noted that the patient had significant improvement. There was only slight intermittent heel pain present. The patient continued to have pain related to the cystic mass on the second toe right. Request had been made for surgical correction of the cyst and the hammertoe second right but this request was non-certified by utilization review on [REDACTED].

### **WORK HISTORY**

The patient has been a [REDACTED]. He worked 4 days per week and 10 hour days. There was frequent standing, walking with intermittent standing, stooping, squatting and kneeling. There was occasional climbing, pushing, pulling and lifting. The patient wore a 35 pound equipment belt and used stiff and heavy [REDACTED] boots. The patient retired in [REDACTED].

### **PRESENT SYMPTOMS**

The patient has slight intermittent pain in the plantar heels bilaterally. He uses his custom orthotics on a continuous basis while standing and walking. Standing causes more pain than walking. He has moderate to severe intermittent lower back pain with slight constant pain in the lower back. There are limitations in activities of daily living. He has difficulty with prolonged standing, walking, kneeling, squatting and bending. He avoids running. The patient used to be a regular runner. The pain in the second toe right has resolved. The patient discovered that a change in shoe gear with retirement and wearing wide toed well cushioned and supportive tennis shoes has resolved the problem.

### **REVIEW OF SYSTEMS**

The patient denies all systemic illnesses.

### **FAMILY HISTORY**

There is no relevant family history.



**PREVIOUS INJURIES**

The patient continues to have chronic lower back pain and intermittent left knee pain. In addition, the patient has had wrist injuries and a left hand injury that were work related. He also had a hernia repair in [REDACTED]

**Objective Findings**

**GENERAL**

The patient is cooperative and alert and in apparent good health. The blood pressure was 123/77 with a pulse of 75. He is [REDACTED]" and weighs [REDACTED]lbs.

**MUSCULOSKELETAL EXAM**

There is no present pain on compression of the plantar heels bilateral and no pain on maximum passive ankle joint dorsiflexion. There is no present nodule over the dorsal interphalangeal joint of the second toe right. Examination of the patient's custom molded foot orthotics reveal a device with a marginally deep heel cup that is well contoured to the shape of the patient's arch. There is no shock absorbing top cover on the surface of the device.

**Range of Motion Measurements**

ANKLE JOINT	LEFT	RIGHT
DORSIFLEXION	10/10	10/10
PLANTAR-FLEXION	60/60	60/60
HIND FOOT	LEFT	RIGHT
INVERSION	35/35	35/35
EVERSION	10/10	10/10
1 <sup>st</sup> MP JOINT	LEFT	RIGHT
DORSIFLEXION	60/60	60/60
PLANTAR-FLEXION	10/10	10/10

**Vascular Exam**

Dorsalis pedis and posterior tibial pulses are 2/3 bilaterally. Pulses were found to have regular rhythm. Foot/Ankle edema was found to be within normal limits. Capillary filling was instant bilaterally. No varicosities were noted bilaterally. Skin temperature was found to be normal bilaterally. Hair growth was within normal limits bilaterally.

## Neurological Exam

### SHARP/DULL SENSATION

Within normal limits.

### PROPRIOCEPTION

Within normal limits.

### VIBRATORY

Within normal limits.

### Muscle Strength Testing

MUSCLE	LEFT	RIGHT
PERONEAL	4/4	4/4
ANTERIOR TIBIAL	4/4	4/4
POSTERIOR TIBIAL	4/4	4/4
TRICEPS SURAE	4/4	4/4
GREAT TOE EXTENSORS	4/4	4/4
GREAT TOE FLEXORS	4/4	4/4
LESSER TOE EXTENSORS	4/4	4/4
LESSER TOE FLEXORS	4/4	4/4

### X-RAY FINDINGS

3 views were taken of each foot. The AP and MO views demonstrate any deformities of the metatarsals or mid foot joints as well as the position of the toes. The lateral weight bearing view demonstrates a contour of the plantar heel and the ankle mortise as well as the alignment of the arch of the foot. The AP and MO views did not demonstrate any degenerative joint changes or dislocations. Lateral weight bearing views demonstrated a low calcaneal inclination angle with a plantar flexed talus indicating abnormal pronation. There are no plantar calcaneal spurs.



**DIAGNOSIS**

M72.2 Plantar fasciitis, right and left

**DISCUSSION**

The patient has had partial healing of the plantar fasciitis with the use of custom orthotics. It took an excessively long period of time for the patient to obtain the devices and the devices are not ideally constructed but they have improved the patient's weight bearing tolerance. Absent the use of the custom orthotics, the patient's heel pain would become moderate to severe.

**CAUSATION**

The plantar fasciitis is an injury that is caused by the continuous and cumulative trauma of the patient's occupation and is AOE/COE.

**APPORTIONMENT**

There is no apportionment to a preexisting condition. The patient's pronated feet are part of the pathology but did not cause the work disability and the patient's occupation is 100% responsible for the disability.

**DISABILITY**

The subjective factors of disability include slight intermittent pain in the plantar heels of both feet. The pain elevates to the level of moderate to severe on prolonged standing and walking. The patient has limitations in activities of daily living that are primarily due to his lumbar disc disease. The objective factors of disability includes the ongoing need for well constructed custom molded foot orthotics. There is x-ray evidence of excessive subtalar joint pronation.

**WORK STATUS**

The patient is presently retired from his occupation.

**PERMANENT AND STATIONARY**

The condition is P & S.



**IMPAIRMENT RATING**

Plantar fasciitis does not have a listing in the AMA Guides to the Evaluation of Permanent Impairment. It has been well established in the Almaraz/Guzman and Cannon WCAB court decisions that it is medically reasonable to analogize and use a table that best reflects the level of the patient's disability. The patient has a gait disorder related to his plantar fasciitis. It is reasonable to use table 17-5 on page 529 in the lower extremity chapter in the Guides to determine the level of impairment. The mild category of gait disorder involves an arthritic condition of the foot that requires external support. The mild category is a range of 7% to 15% WPI depending on the severity of the symptoms and the limitations in activities of daily living. Absent the use of the custom molded foot orthotics, the patient would have moderate to severe pain. This would result in a higher degree of disability and impairment. In my reasonable medical opinion, the patient rates a 7% WPI.

**FUTURE MEDICAL**

The patient requires a new set of custom orthotics with a deep heel cup, a wide profile and a shock absorbing top cover. His present orthotic devices can have a top cover added. The patient should bring his orthotics into the treating physician for a new set and have the present orthotics properly covered and be able to be used as a second set. The patient needs to wear orthotics in all his shoes on an ongoing basis. The orthotics should be expected to last 3-5 years before replacement is necessary. The patient should receive additional treatment if there is a flareup of pain in the plantar heels. This could include corticosteroid injections.

**REASON FOR OPINION**

I reached my opinion after performing a history and physical exam as well as reviewing medical records. I have relied on substantial medical evidence and used reasonable medical judgment to arrive at my opinion. I also depend on 35 years of clinical experience.

**DECLARATION**

Pursuant to labor code for 4628(j)

"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 the 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".

Pursuant to labor code 5703(a)(2)



"I declare under penalty of perjury that this report is true and correct and to the best of my knowledge and that I have not violated Labor Code # 139.3 and the contents of this report are true and correct to the best knowledge of the physician."

**EXECUTED AT**

Northridge, CA

**NAME**

Arthur Fass DPM

**CAL. LIC.#**

E2475

**SIGNATURE**

A handwritten signature in cursive script, written over a horizontal line. The signature appears to be 'Arthur Fass'.



May 20, 2016

TO: Each Member  
Board of Retirement

FROM: Ricki Contreras, Division Manager  
Disability Retirement Services



FOR: June 1, 2016 Board of Retirement Meeting

**SUBJECT: Application Processing Time Snapshot Reports**

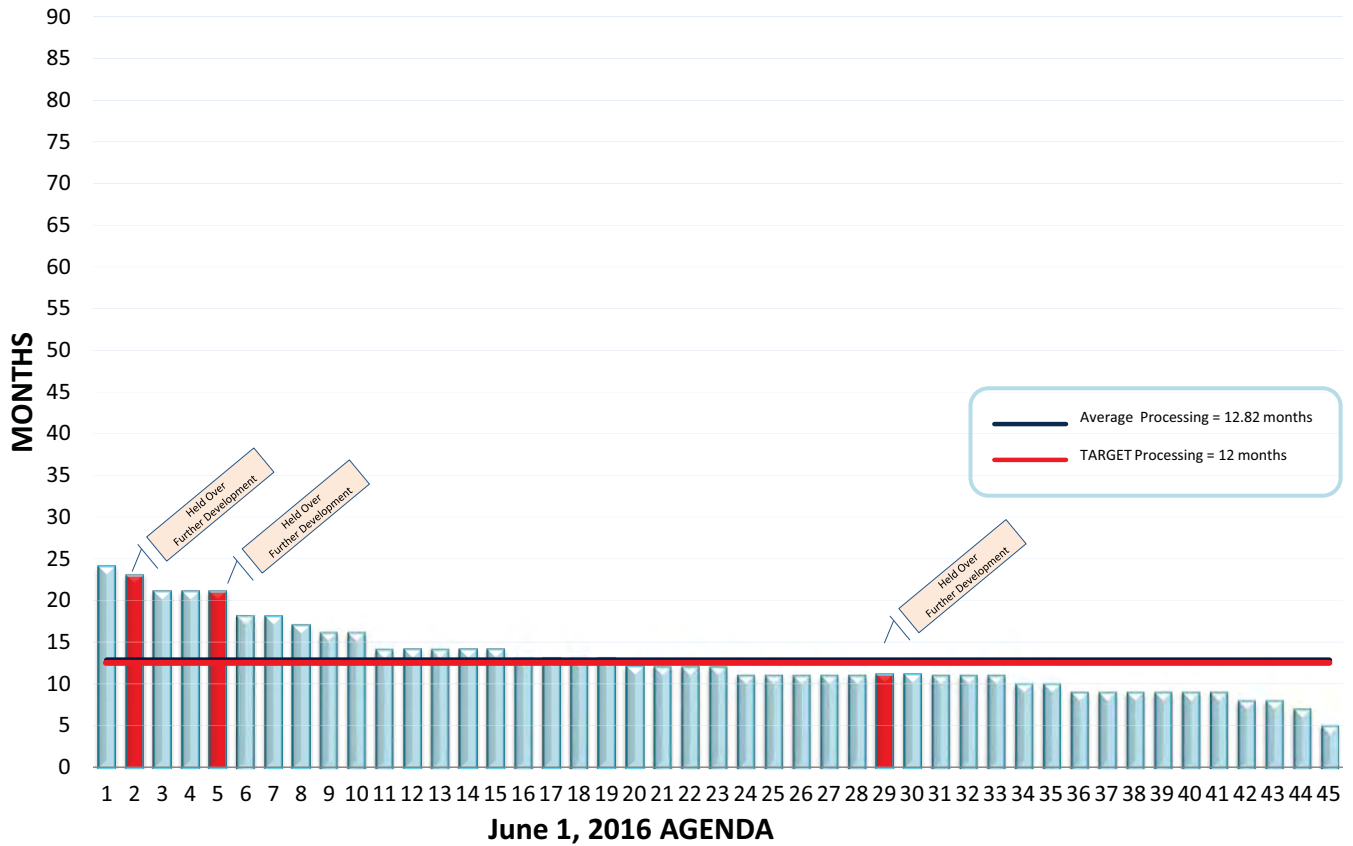
At the February 4, 2015 meeting, the Disability Procedures & Services Committee voted to add two additional snapshot reports addressing application processing times and pending applications by elapsed time since application date. These reports will now be provided on a monthly basis along with the current 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.

**Note:** All applications submitted prior to July 12, 2012 have been processed.

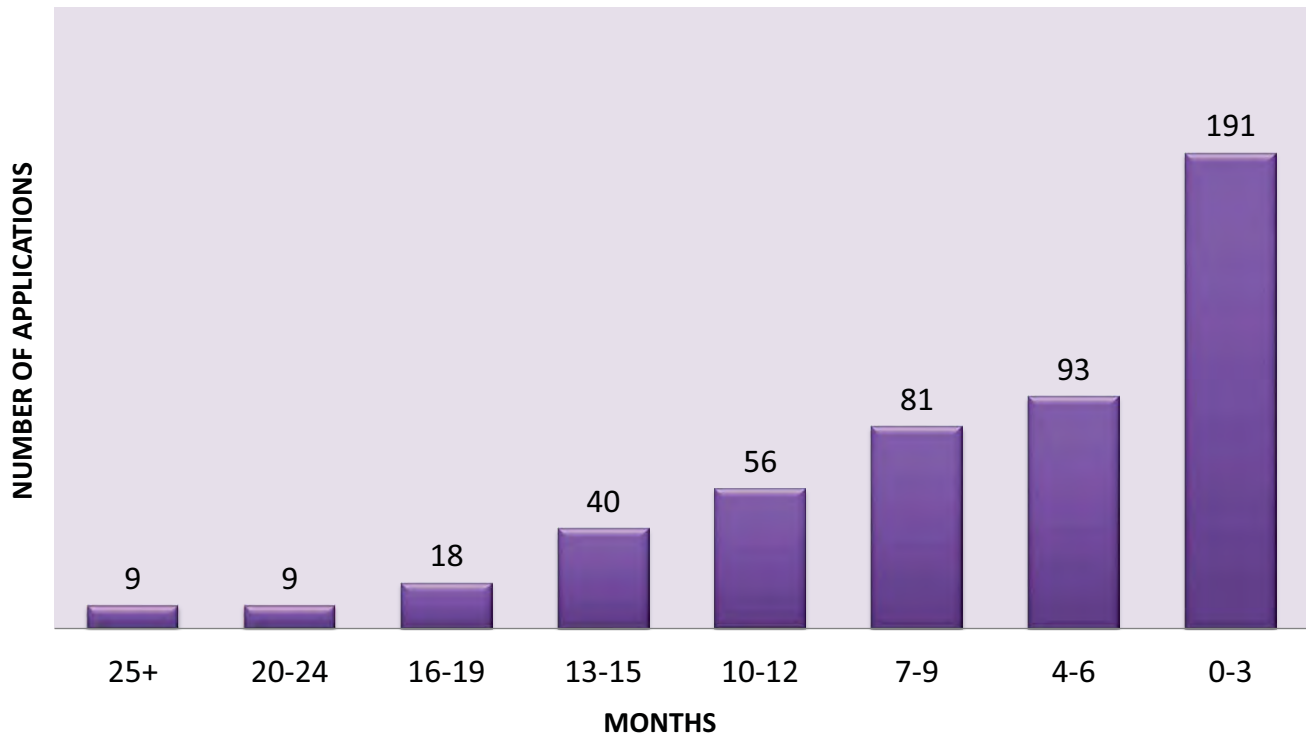
The following chart shows the total processing time from receipt of the application to the first Board action for all cases on the June 1, 2016 Disability Retirement Applications Agenda.

<b>Consent &amp; Non-Consent Calendar</b>			
<b>Number of Applications</b>	42		
<b>Average Processing Time (in Months)</b>	12.43		
<b>Revised/Held Over Calendar</b>			
<b>Number of Applications</b>	3		
<b>Average Processing Time (in Months)</b>	Case 1	Case 2	Case 3
	23	21	11
<b>Total Average Processing Time for Revised/Held Over Calendar</b>	18.33		

## ACTUAL vs. AVERAGE PROCESSING TIME



## TIME ELAPSED FOR PENDING APPLICATIONS





---

**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**



---

**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**