AGENDA

THE MEETING OF THE

DISABILITY PROCEDURES AND SERVICES COMMITTEE
and
BOARD OF RETIREMENT*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 NORTH LAKE AVENUE, SUITE 810
PASADENA, CA 91101

9:00 A.M., THURSDAY, May 5, 2016 **

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

COMMITTEE MEMBERS:

Vivian H. Gray, Chair
William de la Garza, Vice Chair
Yves Chery
Les Robbins
David Muir, Alternate

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of April 6, 2016.

II. PUBLIC COMMENT

III. ACTION ITEMS

A. Consider application of Arthur H. Fass, M.D., as a LACERA Panel Physician.

IV. FOR INFORMATION

V. GOOD OF THE ORDER

(For information purposes only)

VI. ADJOURNMENT

***The Board of Retirement has adopted a policy permitting any member of the Board to attend a standing committee meeting open to the public. In the event five (5) or more members of the Board of Retirement (including members appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Members of the Board of Retirement who are not members of the Committee may attend and participate in a meeting of a Board Committee but may not vote on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.**

****Although the meeting is scheduled for 9:00 a.m., it can start anytime thereafter, depending on the length of the Board of Retirement meeting. Please be on call.**

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.

Any documents subject to public disclosure that relate to an agenda item for an open session of the Committee, that are distributed to members of the Committee 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 Committee, at LACERA's offices at 300 North Lake Avenue, suite 820, Pasadena, California during normal business hours from 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 the Disability Retirement Services Division at 626-564-2419 from 7:30 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.

MINUTES OF THE MEETING OF THE

DISABILITY PROCEDURES AND SERVICES COMMITTEE
and
Board of Retirement**

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

GATEWAY PLAZA - 300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

Wednesday, April 6, 2016, 1:33 P.M. – 1:48 P.M.

COMMITTEE MEMBERS

PRESENT:	Vivian H. Gray, Chair William de la Garza, Vice Chair Yves Chery Les Robbins David Muir, Alternate
ABSENT:	None

ALSO ATTENDING:

BOARD MEMBERS AT LARGE

Ronald A. Okum
Anthony Bravo
Shawn R. Kehoe
Joseph Kelly
William Pryor
Vito M. Campese, M.D.

STAFF, ADVISORS, PARTICIPANTS

Gregg Rademacher	Ricki Contreras	Darren Huey
JJ Popowich	Vickie Neely	Shamila Freeman
Steven Rice	Tamara Caldwell	Hernan Barrientos
Vincent Lim	Anna Kwan	Ricardo Salinas
Eugenia Der	James Pu	Ruby Minjares
Allison E. Barrett	Debbie Semnanian	Nichelle Porter
Frank Boyd	Mario Garrido	Danny Hang
Sandra Cortez	Debra Martin	Robert Hill
Angie Guererro	Marco Legaspi	Mike Herrera
Maria Muro	Marilu Bretado	Justin Stewart
Maisha Coulter	Karla Sarni	Barbara Tuncay
Michelle Yanes	Thomas Wicke	

ATTORNEYS
Thomas J. Wicke

GUEST SPEAKER
None

The meeting was called to order by Chair Gray at 1:33 p.m.

I. APPROVAL OF THE MINUTES

A. Approval of minutes of the regular meeting of February 3, 2016

Mr. de la Garza made a motion, Mr. Chery seconded, to approve the minutes of the regular meeting of February 3, 2016. The motion passed unanimously.

II. PUBLIC COMMENT

III. ACTION ITEMS

A. Proposed Changes to the Disability Retirement Appeals Agenda and Disability Retirement Appeal Summary.

Mr. Chery commented that this is a step in the right direction and although he will need to get adjusted to this, it is good to have this done formally and he commends staff for thinking out of the box.

Ms. Gray commended Ms. Sarni for doing a great job in putting items together related to the memo.

Mr. Kehoe asked that Attachment D – Disability Retirement Appeal Summary title, be more visible and for staff to make it stand out. Mr. Chery suggested to "bold face" the title.

Ms. Gray stated that Mr. Kehoe made a good comment because it would be easy to confuse the new "Appeal Summary" with a regular disability case.

Mr. Chery made a motion and Mr. Muir seconded, to approve the proposed changes to the Disability Retirement Appeals Agenda and Disability Retirement Appeal Summary.

B. Discussion regarding Panel Physician, Roy Caputo M.D., as requested by Mr. Shawn Kehoe, Board of Retirement Chairman.

Mr. Kehoe recommended to the Committee members to separate the relationship with Dr. Caputo.

Mr. Muir asked if Panel Physicians are on a year to year contract. Ms Contreras responded by stating that Panel Physicians are auto-renewed and Dr. Caputo has been a Panel Physician since 1995 and his current contract will expire June 1, 2016.

Mr. de la Garza asked for Dr. Campese's opinion on this matter as he feels that Dr. Caputo's reports are good.

Dr. Campese stated that he agrees with Committee in regards to releasing Dr. Caputo from Panel due to the Committee losing trust in Dr Caputo throughout the years. Mr. Kelly stated that Dr. Caputo needs to be informed that he will no longer be a Panel Physician.

Ms. Contreras stated that there are currently eight outstanding reports with Dr. Caputo and Disability Retirement Services staff is working with Dr. Caputo's staff to obtain those reports as soon as possible. Ms. Contreras asked the Committee members if it would be okay to allow Dr. Caputo to finish reports on current cases so that it does not create a hardship on the members. A few committee members stated that this would be okay.

Ms. Gray recapped and stated that the committee will accept the final eight reports from Dr. Caputo as they come and then end contract with Dr. Caputo and LACERA in June 2016.

Ms. Contreras will put together a memo for the Board of Retirement as a formal recommendation to send notice to Dr. Caputo to end contract at the end of fiscal year, June 2016. Committee members concurred with Ms. Contreras' recommendation.

IV. FOR INFORMATION

V. GOOD OF THE ORDER

Mr. Chery and Ms. Gray told Mr. Boyd to enjoy his break.

VI. ADJOURNMENT

With no further business to come before the Disability Procedures and Services Committee, the meeting was adjourned at 1:48 p.m.

**The Board of Retirement has adopted a policy permitting any member of the Board to attend a standing committee meeting open to the public. In the event five (5) or more members of the Board of Retirement (including members appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Members of the Board of Retirement who are not members of the Committee may attend and participate in a meeting of a Board Committee but may not vote on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.

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
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 Semnanian 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 Popowich, 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.

LACERA

Los Angeles County Employees Retirement Association

300 N. Lake Ave., Pasadena, CA 91101 ■ Mail to : PO Box 7060, Pasadena, CA 91109-706 626/564-2419 • 800/786-6464

GENERAL INFORMATION		Date 3/23/2016
Group Name:		Physician Name: Arthur H. Fass, DPM
I. Primary Address:	18250 Roscoe Blvd. #125 Nrcha 91325	
Contact Person	Renee	Title wlc coordinator
Telephone:	(818)7015088	Fax (818)7071602
II. Secondary Address		
Contact Person		Title
Telephone		Fax

PHYSICIAN BACKGROUND		
Field of Specialty	Podiatric Medicine	Subspecialty Podiatric Surgery
Board Certification ☑ Yes ☐ No	License # 1419	Expiration Date 2016

EXPERIENCE
Indicate the number of years experience that you have in each category.

Evaluation Type

I. Workers' Compensation Evaluations
- ☑ Defense How Long? 15 years
- ☑ Applicant How Long? 15 years
- ☑ AME How Long? 15 years
- ☑ IME How Long? 15 years
- ☐ QME How Long? _____

II. ☐ Disability Evaluations How Long? _____

For What Public or Private Organizations?

Currently Treating? ☑ Yes ☐ No

Time Devoted to: Treatment 85 % Evaluations 15 %

Estimated Time from Appointment to Examination
- ☑ 2 weeks
- ☐ 3-4 Weeks
- ☐ Over a month

Able to Submit a Final Report in 30 days?
- ☑ Yes ☐ 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

-OVER-

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 Olguin (Please Print Name) Title: front office

Physician Signature: [signature] Date: 3/23/16

FOR OFFICE USE ONLY Physician Interview and Sight Inspection Schedule	
Interview Date: 4/11/16	Interview Time: 1:00 pm
Interviewer: Debbie Semanian	

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) Memeber - 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 Ceritified - 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.

[redacted]

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 sesamoid 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 sesamoid of the right foot due to her altered gait and a fracture of the fibular sesamoid was diagnosed. The patient underwent a second surgery to excise the fibular sesamoid 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

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

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
1ST 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 vericosities were noted bilaterally. Skin temperature was found to be normal bilaterally. Hair growth was within normal limits bilaterally.

Neurological Exam

[redacted]

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.

[redacted]

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.

[redacted]

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.I t 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.

[redacted]

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

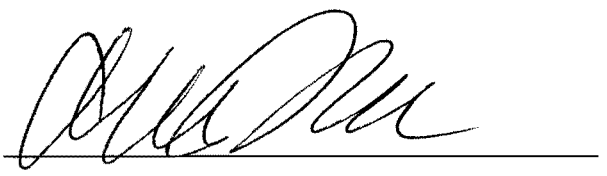
Northridge, CA

NAME

Arthur Fass DPM

CAL. LIC.#

E2475

SIGNATURE: 

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SAMPLE REPORT #2

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 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]

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.

[redacted]

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 good 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
1ST MP JOINT	**LEFT**	**RIGHT**
DORSIFLEXION	60/60	60/60
PLANTAR-FLEXION	10/10	10/10

Vascular Exam

[redacted]

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 vericosities 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.

[redacted]

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.

[redacted]

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)

[redacted]

"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: