

# LIVE VIRTUAL BOARD MEETING



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LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION  
300 N. LAKE AVENUE, SUITE 650, PASADENA, CA

**Attention:** Public comment requests must be submitted via email to [PublicComment@lacera.com](mailto:PublicComment@lacera.com) no later than 5:00 p.m. the day before the scheduled meeting.

# AGENDA

## A REGULAR MEETING OF THE BOARD OF RETIREMENT LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

9:00 A.M., WEDNESDAY, JULY 1, 2020

This meeting will be conducted by the Board of Retirement by teleconference under the Governor's Executive Order No. N-29-20.

Any person may listen by telephone to the meeting by dialing (877) 309-2074, Access Code 682-362-920 or view the meeting online at <https://attendee.gotowebinar.com/register/5820038710028431887>.

*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. APPROVAL OF MINUTES
  - A. Approval of the Minutes of the Regular Meeting of June 3, 2020
- III. OTHER COMMUNICATIONS
  - A. For Information
    - 1. May 2020 All Stars
    - 2. Chief Executive Officer's Report  
(Memo dated June 22, 2020)
- IV. PUBLIC COMMENT

(\*You may submit written public comments by email to [PublicComment@lacera.com](mailto:PublicComment@lacera.com). Please include the agenda number and meeting date in your correspondence. Correspondence will be made part of the official record of the meeting. Please submit your written public comments or documentation as soon as possible and up to the close of the meeting.

You may also request to address the Boards. A request to speak must be submitted via email to [PublicComment@lacera.com](mailto:PublicComment@lacera.com) no later than 5:00 p.m. the day before the scheduled meeting. Please include your contact information, agenda item, and meeting date so that we may contact you with information and instructions as to how to access the Board meeting as a speaker.)

July 1, 2020

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## V. CONSENT ITEMS

- A. Ratification of Service Retirement and Survivor Benefit Application Approvals. (Memo dated June 25, 2020)
- B. Recommendation as submitted by Les Robbins, Chair, Insurance, Benefits and Legislative Committee: That the Board adopt a “Support” position on H.R. 6436, which would enact the “Police and Fire Health Care Protection Act of 2020.” (Memo dated June 11, 2020)

## VI. NON-CONSENT ITEMS

- A. Recommendation as submitted by Ricki Contreras, Manager, Disability Retirement Services: That the Board approve Keyvan Yousefi, M.D. – Board Certified Internist with Subspecialty in Rheumatology to the Panel of Physicians for the purpose of examining disability retirement applicants. (Memo dated June 22, 2020)
- B. Recommendation as submitted by Santos H. Kreimann, Chief Executive Officer: That the Board provide the SACRS voting delegate direction on voting for the SACRS slate of officers. (Memo dated June 10, 2020)

## VII. REPORTS

- A. For Information Only as submitted by JJ Popowich, Assistant Executive Officer, regarding the Covid-19 Impact on Foreign Payees. (Memo dated June 23, 2020)
- B. For Information Only as submitted, Barry W. Lew, Legislative Affairs Officer, regarding the Monthly Status Report on Legislation. (Memo dated June 22, 2020)
- C. For Information Only as submitted by Ted Granger, Interim Chief Financial Officer, regarding the following reports:

Monthly Education and Travel Reports for May 2020

(Public Memo dated June 18, 2020)

(Confidential Memo dated June 18, 2020 – Includes Anticipated Travel)

July 1, 2020

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VII. REPORTS (Continued)

- D. For Information Only as submitted by Steven P. Rice, Chief Counsel, regarding the June 2020 Fiduciary Counsel Contact and Billing Report. (Privileged and Confidential Attorney-Client Communication/Attorney Work Product) (Memo dated June 23, 2020)

VIII. ITEMS FOR STAFF REVIEW

- IX. GOOD OF THE ORDER  
(For information purposes only)

X. EXECUTIVE SESSION

- A. Conference with Legal Counsel – Anticipated Litigation Significant Exposure to Litigation (Pursuant to Paragraph (2) of Subdivision (d) of California Government Code Section 54956.9)

- 1. Administrative Appeal of Justin C. Obiesie

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.***

***\*Requests for reasonable modification or accommodation of the telephone public access and Public Comments procedures stated in this agenda from individuals with disabilities, consistent with the Americans with Disabilities Act of 1990, may call the Board Offices at (626) 564-6000, Ext. 4401/4402 from 8:30 a.m. to 5:00 p.m. Monday through Friday or email PublicComment@lacera.com, but no later than 48 hours prior to the time the meeting is to commence.***

MINUTES OF THE REGULAR MEETING OF THE BOARD OF RETIREMENT

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

9:00 A.M., WEDNESDAY, JUNE 3, 2020

This meeting was conducted by the Board of Retirement by teleconference under the Governor's Executive Order No. N-29-20.

PRESENT: Herman Santos, Chair

Vivian H. Gray, Vice Chair

Gina Zapanta, Secretary

JP Harris (Alternate Retired)

Shawn R. Kehoe (Joined the meeting at 9:28 a.m.)

Keith Knox

Wayne Moore

Ronald Okum

William Pryor (Alternate Safety)

Les Robbins

Thomas Walsh

STAFF ADVISORS AND PARTICIPANTS

Santos H. Kreimann, Chief Executive Officer

John Popowich, Assistant Executive Officer

Steven P. Rice, Chief Counsel

James Brekk, Chief Information Officer

Fern Billingsy, Senior Staff Counsel

STAFF ADVISORS AND PARTICIPANTS

Ted Granger, Interim Chief Financial Officer

Barry Lew, Legislative Affairs Officer

Ackler & Associates

Joseph Ackler, State Legislative Advocate

McHugh Koepke & Associates

Naomi Padron, State Legislative Advocate

I. CALL TO ORDER

The meeting was called to order by Mr. Santos at 9:00 a.m. in the Board Room of Gateway Plaza. A moment of silence was observed in honor of the memory of Deputy Public Defender Sal Salgado, who recently passed away due to complications from COVID-19, following 21 years of service.

II. PLEDGE OF ALLEGIANCE

III. APPROVAL OF MINUTES

A. Approval of the Minutes of the Regular Meeting of May 7, 2020

Ms. Gray made a motion, Mr. Robbins seconded, to approve the minutes of the regular meeting of May 7, 2020. The motion passed (roll call) with Messrs. Knox, Okum, Walsh, Moore, Robbins, Santos, Pryor, Ms. Gray, and Ms. Zapanta voting yes.

IV. OTHER COMMUNICATIONS

A. For Information

1. Awards

Mr. Popowich thanked Tom and Francie Tate and Vivian Gutierrez from On the

#### IV. OTHER COMMUNICATIONS (Continued)

##### A. For Information

##### 2. April 2020 All Stars

Plaza Cafe, for their 28 years of services at the Gateway Building.

Mr. Popowich announced the eight winners for the month of April: Kathy Delino, Allen Molina, Dana Brooks, Angeles Garcia, Andrea Ellison, Stephanie Ashley, Deanna Hernandez, and Melissa Salazar for the Employee Recognition Program and Persian Petrov was the winner for the Web Watcher. Rebecca Sun, Dale Johnson, Edward Wong, Arlene Owens were the winners of LACERA's RideShare Program.

##### 3. Chief Executive Officer's Report (Memo dated May 27, 2020)

Mr. Kreimann provided an update and answered questions from the Board regarding topics included in the report, the civil unrest, as well as an update on the transition plan for staff. Trustees discussed a public statement regarding the civil unrest. Lastly, Mr. Kreimann introduced Dr. Carly Ntoya as the new Human Resources Director.

#### V. PUBLIC COMMENT

There were no requests from the public to speak.

#### VI. CONSENT ITEMS

##### A. Ratification of Service Retirement and Survivor Benefit Application Approvals. (Memo dated May 27, 2020)

Mr. Pryor made a motion, Mr. Robbins seconded, to approve the item. The motion passed (roll call) with Messrs. Knox, Okum, Walsh, Moore, Robbins, Santos, Pryor, and Ms. Gray voting yes.

## VII. REPORTS

- A. For Information Only as submitted by Barry W. Lew, Legislative Affairs Officer; Joseph J. Ackler, State Legislative Advocate, and Naomi Padron, State Legislative Advocate, regarding a State Legislative Update. (Memo and Presentation dated May 25, 2020)

Messrs. Lew, Ackler and Ms. Padron provided a brief presentation and answered Questions from the Board.

- B. For For Information Only as submitted by Santos H. Kreimann, Chief Executive Officer, regarding the Notice of the Chief Executive Officer's Emergency Purchase of IT Consulting Services. (Memo dated May 28, 2020)

Messrs. Kreimann and Brekk answered questions from the Board.

- C. For Information Only as submitted, Barry W. Lew, Legislative Affairs Officer, regarding the Monthly Status Report on Legislation. (Memo dated May 26, 2020) (Mr. Kehoe joined the meeting at 9:38 a.m.)

Mr. Lew provided an update to the Board and answered questions.

The following Items were received and filed.

- D. For Information Only as submitted by Ted Granger, Interim Chief Financial Officer, regarding the following reports:

Monthly Education and Travel Reports for April 2020

(Public Memo dated May 21, 2020)

(Confidential Memo dated May 21, 2020 – Includes Anticipated Travel)

- E. For Information Only as submitted by Fern M. Billingsy, Senior Staff Counsel, regarding the Report of Pensionable Compensation and Compensation Earnable Items. (Memo dated May 21, 2020)

- F. For Information Only as submitted by Steven P. Rice, Chief Counsel, regarding the May 2020 Fiduciary Counsel Contact and Billing Report. (Privileged and Confidential Attorney-Client Communication/Attorney Work Product) (Memo dated May 26, 2020)



VIII. ITEMS FOR STAFF REVIEW

The Board requested that the Executive Office work with our Public Relations firm to make a statement regarding the national community and civil unrest. Lastly, the Board requested The Board requested additional information and that staff work with LACERA's state legislative advocates as to the possibility of including all front-line workers in a COVID-19 presumption for disability retirement, including application to CERL systems.

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

The Board welcomed Dr. Carly Ntoya as the new Human Resources Directors. Lastly, Chair Santos recognized Ms. Zapanta for her service to the community.

X. ADJOURNMENT

There being no further business to come before the Board, the meeting was adjourned at 11:04 a.m. in memory of Los Angeles Public Defender, Sal Salgado.

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GINA ZAPANTA, SECRETARY

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HERMAN SANTOS, CHAIR



June 22, 2020

TO: Each Trustee,  
Board of Retirement  
Board of Investments

FROM: Santos H. Kreimann  
Chief Executive Officer

SUBJECT: **CHIEF EXECUTIVE OFFICER'S REPORT**

I am pleased to present the Chief Executive Officer's Report for June 2020 that highlights a few of the operational activities that have taken place during the past month, key business metrics to monitor how well we are meeting our performance objectives, and an educational calendar.

### **Update on Virtual Member Service Center**

On June 12, 2020, we announced the official opening of our Virtual Member Service Center (VMSC). The Member Service Center (MSC) specifically meets with members one-on-one in meetings that typically last about an hour. Due to the social distancing restrictions and safety requirements needed to keep both staff and our members safe and healthy, we have been unable to hold face-to-face meetings since March 12, 2020 when the MSC was closed. The launch of our virtual MSC is the culmination of countless hours spent by Staff Members in Systems and Member Services over the last month to review available programs, developing tools, procedures, and training programs. This was followed by several days of practice sessions so that we would be able to smoothly interact with members.

The VMSC opened for a soft launch on June 5, 2020 to give Staff Members time to test the new meeting method, adjust training protocols, develop procedures, and practice with the new system. The VMSC offers two types of appointments, virtual (one-on-one meetings conducted through GoToMeeting for a true virtual experience) and telephone appointments. Since the VMSC opening, our online appointment system, Appointment Plus, received 92 virtual meetings scheduled and 67 telephone appointments spread out over a couple of weeks. Twenty-five of the virtual appointments were scheduled on the day this report was written alone. Staff Members have held 28 virtual counseling sessions and 37 telephone appointments in the month of June. Member feedback has been very positive, and we are excited about this new channel for delivering service to our members.

In the meantime, as outlined in our Phased Transition Plan to Return Staff Members to the LACERA campus, we are working on re-opening the physical MSC by August 1, 2020. This will be a carefully planned re-opening to ensure maximum protection for our Staff Members and members.

### **TransQuest Kickoff Meeting**

In May 2020, we advised the Trustees of our engagement with TransQuest, Inc., under the emergency power granted to the CEO by the Board of Retirement on April 9, 2020 and after consultation with the Board of Retirement Chair and Vice Chair as required by the BOR action. TransQuest, Inc. will assist LACERA with a critical, independent assessment of our implementation of remote teleworking capabilities to ensure they are secure and LACERA data is protected to the greatest extent possible. The resulting review by TransQuest, Inc., will take approximately eight (8) weeks to complete and will include not only an assessment of our current status and recommendations for any improvements, but also a roadmap for LACERA to continue to build out our permanent remote working capability. The remote teleworking capabilities are a critical part of our Business Continuity Plan and our current and future response to the COVID-19 Pandemic.

We are pleased to announce that we have wasted no time in undertaking this critical review. On June 12, 2020, Staff Members from the Executive Office and Systems Division met with the assigned team members from TransQuest, Inc., to discuss their engagement and begin detailed planning for the review project, as well as a tour of LACERA's systems operations. The kickoff meeting was very productive and we look forward to a positive engagement.

### **The Process of Implementing New Employee Contribution Rates Effective July 1, 2020**

Last month we shared that on May 21<sup>st</sup> we posted online, as well as sent an email to all members for whom we have an email address, an explanation as to why the rates are changing. The message stressed that the benefit of the rate changes is to ensure the long-term financial health and viability of the LACERA retirement fund. We also made the new rates available online for members to review.

This month we would like to share with you some of the behind the scenes preparation that goes on to ensure a smooth transition. The process begins with a letter of transmission and a file of the appropriate tables with the new factors from our actuary. Following the receipt of the tables, the Systems Staff Members import the tables into a test environment and begin to run tests to make sure the tables imported correctly and perform as expected against specific test cases that represent the types of member situations. Following the Systems testing, the results from those test cases and the raw table files from the actuary are sent to Quality Assurance (QA). QA then manually calculates the benefits using the new tables and compares the results to the results generated by the system. We are pleased to report that the results were nearly identical and well within the margin of error when comparing system calculations to those done manually in Excel. The new contribution rate tables are in place and will be effective July 1, 2020. All benefit estimates, benefit calculations, and purchase contracts and plan transfer contracts will be based on the July 1, 2020 tables if the request is placed for a date on or after that date.

# Striving for Excellence in Service

Service Metrics Reported on a Fiscal Year Basis (June 1) Through: **May 2020**



**Outreach Attendance**

**907**

29,274 Year-to-Date



**Outreach Events**

**2**

370 Year-to-Date



**Outreach Satisfaction**

**N/A**

Change Since Last Mo



**Member Service Center**

**N/A**

- Change Since Last Mo

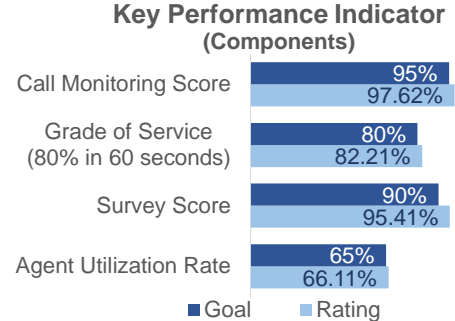
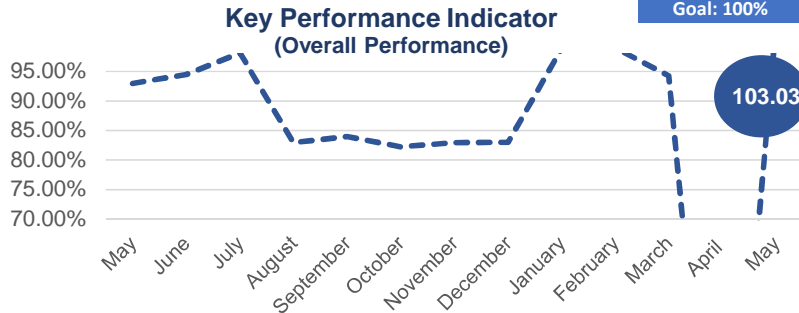


**Member Services Calls**

**11,366**

8,960 3 Mo. Avg.

Member Services



■ Calls Answered ■ Calls Abandoned

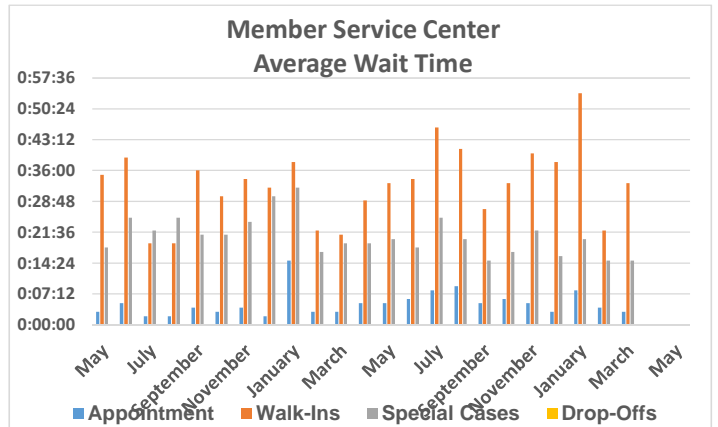
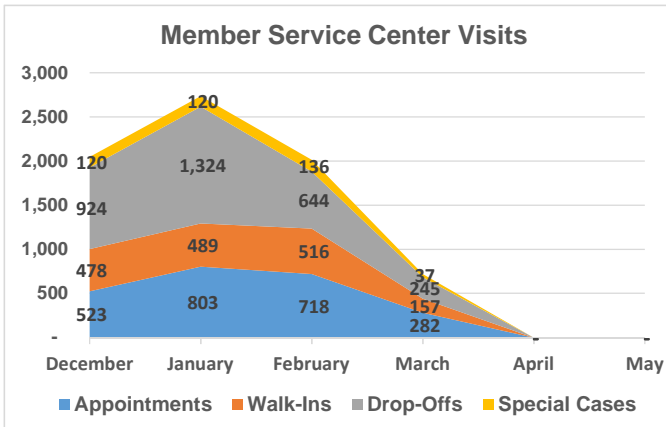
## Top Calls

1. Retirement Counseling: Process Overview
2. Retirement Counseling: Estimate
3. My LACERA: Portal Login Issues

**Emails 718**  
N/A hours

Avg. Response Time (ART)

**Secure Messages 917**

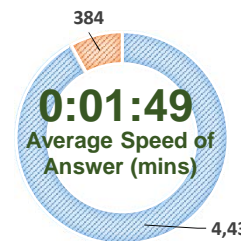


\*Drop Off Wait Time: No Waiting



Total RHC Calls: **2,274**

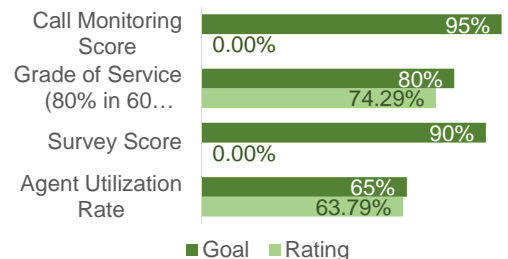
Retiree Healthcare



■ Calls Answered ■ Calls Abandoned

## Top Calls

1. Enrollment Inquiries
2. Turning Age 65
3. Medicare Part B Reimbursement



■ Goal ■ Rating

**Emails 659**

**1 Day**

Avg. Response Time

**Secure Messages 227**



## Striving for Excellence in Service (Continued)

Disability

### Applications

**645**  
**In Process**  
**As Of:**  
**5/31/2020**

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662 Pending on: 4/30/2020  
 39 Received

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512 Year-to-Date  
 0 Re-Opened  
 0 Year-to-Date  
 50 To Board - Initial  
 498 Year-to-Date  
 6 Closed  
 45 Year-to-Date

### Appeals

**100**  
**In Process**  
**As Of:**  
**5/31/2020**

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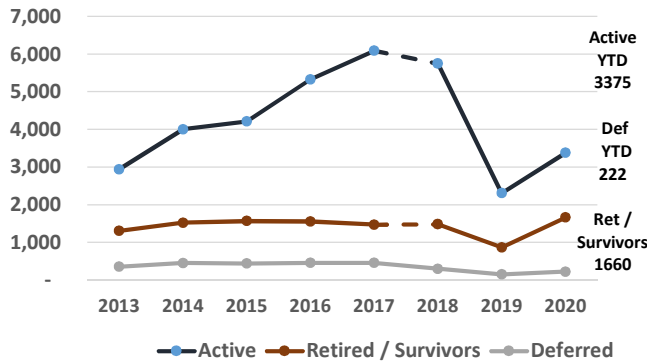
102 Pending on: 4/30/2020  
 2 Received

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32 Year-to-Date  
 3 Admin Closed/Rule 32  
 23 Year-to-Date  
 0 Referee Recommended  
 0 Year-to-Date  
 1 Revised/Reconsidered for Granting  
 1 Year-to-Date

### My LACERA Registrations

My LACERA

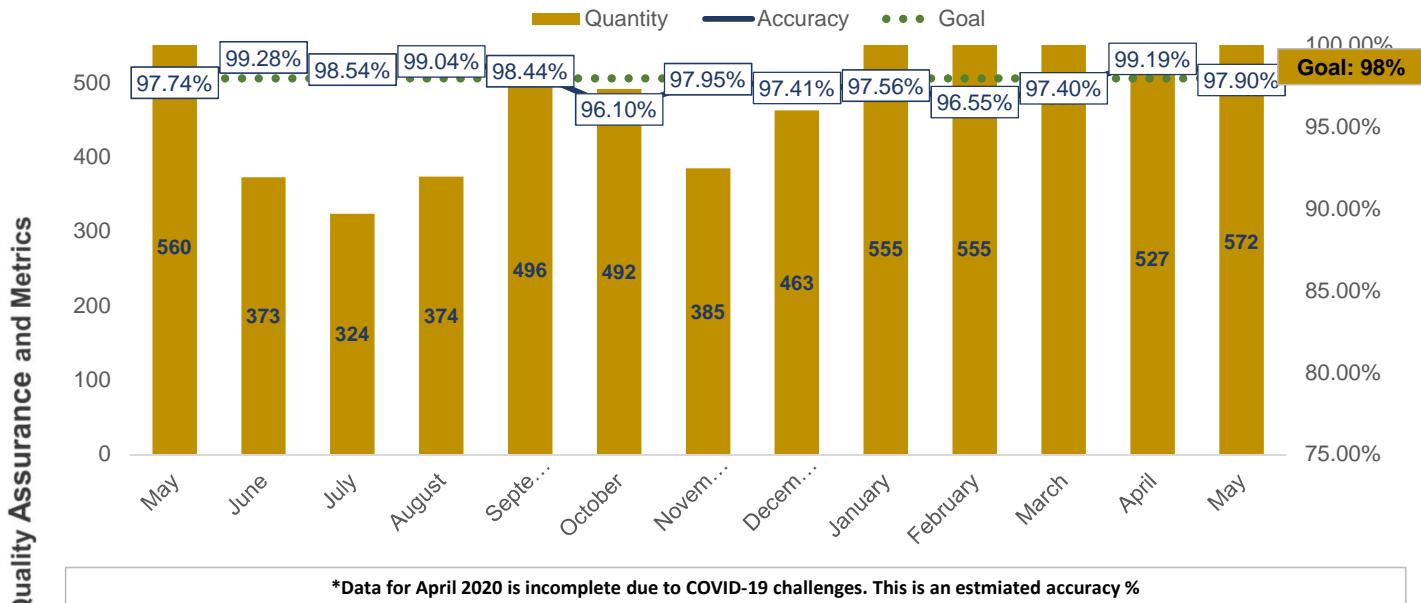


**COVID-19 NOTE**

Some Member Services, Retiree Healthcare, and Quality Assurance statistics for April were not available due to COVID-19 impacts. Where possible we have provided estimates based on manual reporting or in some cases a six month average for survey scores.

## Striving for Excellence in Quality

### Audits of Retirement Elections, Payment Contracts, and Data Entry Completed by QA



**May 2020**



**97.90%**

#### Retirement Elections

**369** Samples  
**96.06%** Accuracy

#### Payment Contracts

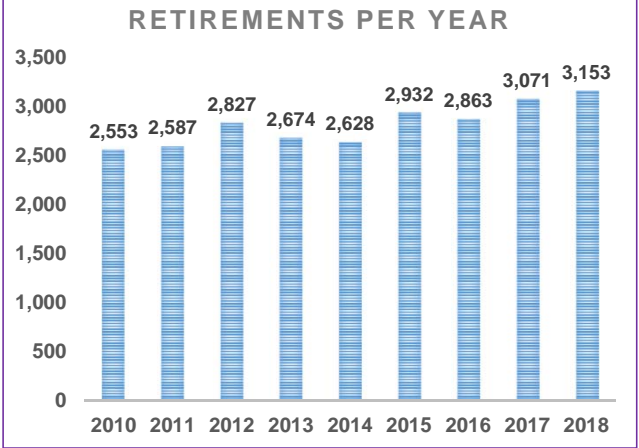
**143** Samples  
**97.64%** Accuracy

#### Data Entry

**60** Samples  
**100.00%** Accuracy

## Member Snapshot

	Members as of 06/12/20				
	Plan	Active	Retired	Survivors	Total
<b>General</b>	Plan A	93	15,967	4,381	20,441
	Plan B	23	680	69	772
	Plan C	31	425	69	525
	Plan D	40,173	16,808	1,548	58,529
	Plan E	16,479	13,564	1,265	31,308
	Plan G	30,204	56	6	30,266
	<b>Total General</b>	<b>87,003</b>	<b>47,500</b>	<b>7,338</b>	<b>141,841</b>
<b>Safety</b>	Plan A	2	5,087	1,610	6,699
	Plan B	9,207	6,367	312	15,886
	Plan C	3,865	10	0	3,875
	<b>Total Safety</b>	<b>13,074</b>	<b>11,464</b>	<b>1,922</b>	<b>26,460</b>
<b>TOTAL MEMBERS</b>	<b>100,077</b>	<b>58,964</b>	<b>9,260</b>	<b>168,301</b>	
<b>% by Category</b>	<b>59%</b>	<b>35%</b>	<b>6%</b>	<b>100%</b>	



### Average Monthly Benefit Allowance Distribution As of May 31, 2020

	General	Safety	Total	%
\$0 to \$3,999	29,777	1,850	31,627	53.83%
\$4,000 to \$7,999	12,858	3,508	16,366	27.86%
\$8,000 to \$11,999	3,372	4,147	7,519	12.80%
\$12,000 to \$15,999	921	1,502	2,423	4.12%
\$16,000 to \$19,999	294	273	567	0.97%
\$20,000 to \$23,999	83	106	189	0.32%
\$24,000 to \$27,999	28	18	46	0.08%
> \$28,000	10	3	13	0.02%
<b>Totals</b>	<b>47,343</b>	<b>11,407</b>	<b>58,750</b>	<b>100%</b>

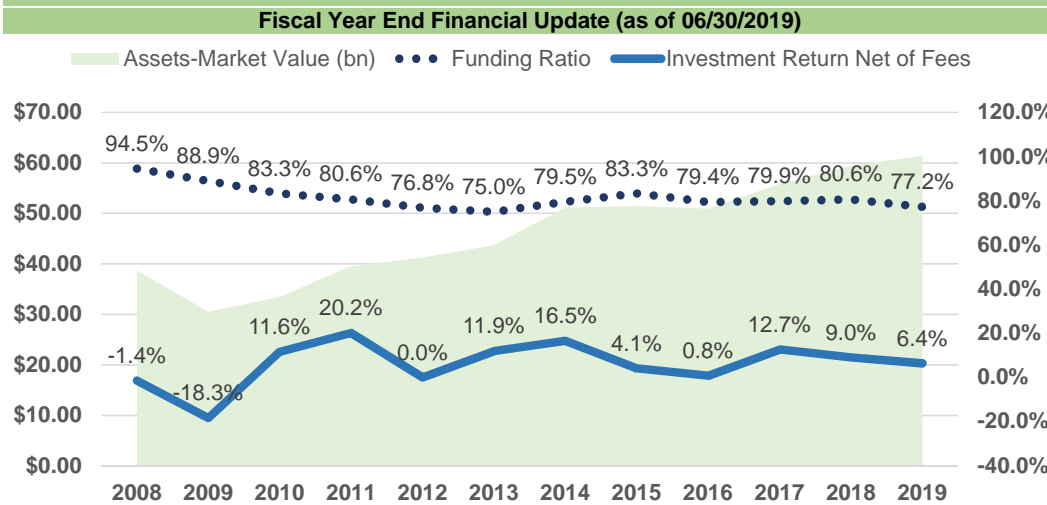
**Average Monthly Benefit Allowance:** \$ **4,434.00**

### Healthcare Program Enrollments

(YTD as of 05/31/20) (Mo. Ending: 05/31/20)

	Employer	Member	Medical	Dental	Part B	LTC	Total
Medical	\$492.8m	\$40.6m	52,150	53,544	35,058	621	141,586
Dental	\$41.3m	\$4.1m					
Part B	\$63.8m	xxxx					
<b>Total</b>	<b>\$597.9m</b>	<b>\$44.7m</b>					

## Key Financial Metrics



### Funding Metrics (as of 6/30/19)

Employer NC	10.86%
UAAL	13.92%
Assumed Rate	7.00%
Star Reserve	\$614m
Total Assets	\$58.3b

### Contributions (as of 6/30/19)

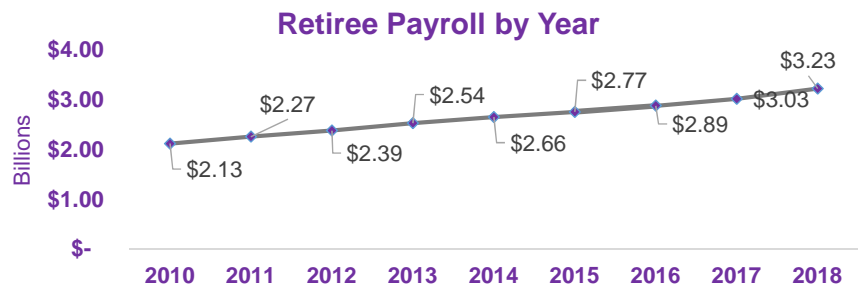
	Employer	Member
Annual Add	\$1.7b	\$635.4m
% of Payroll	22.59%	7.68%

### TOTAL FUND RETURN (Net of Fees)

5 YR: 6.5%    10 YR: 9.1%

### Retired Members Payroll (As of 5/31/2020)

Monthly Payroll	\$312.97m
Payroll YTD	\$3.3b
New Retired Payees Added	257
Seamless %	94.16%
New Seamless Payees Added	3,895
Seamless YTD	97.59%
By Check %	3.00%
By Direct Deposit %	97.00%



Date	Conference
<b>July, 2020</b>	
15-17	Pacific Pension Institute (PPI) North American Summer Roundtable Vancouver, Canada <b>CANCELLED</b> <b>PPI SUMMER ROUNDTABLE @HOME JULY 14-16, 2020</b>
22-24	Harvard Business School-Audit Committees in a New Era of Governance Boston, MA
27-31	Oxford Impact Measurement Program Oxford, United Kingdom
<b>August, 2020</b>	
25-28	CALAPRS (California Association of Public Retirement Systems) Principles of Pension Governance for Trustees Pepperdine University <b>CANCELLED</b> <b>VIRTUAL CONFERENCE AUGUST 18-26, 2020</b>
<b>September, 2020</b>	
13-17	AHIP (America's Health Insurance Plans) National Conferences on Medicare, Medicaid and Dual Eligibles Washington D.C.
18	CALAPRS (California Association of Public Retirement Systems) Round Table – Benefits Avenue of the Arts Hotel Costa Mesa
21-23	Council of Institutional Investors (CII) Fall Conference San Francisco, CA
28-October 2	Oxford Impact Measurement Program Oxford, United Kingdom
30-October 2	PREA (Pension Real Estate Association) Annual Institutional Investor Conference Boston, MA
<b>October, 2020</b>	
23	CALAPRS (California Association of Public Retirement Systems) Round Table – Trustees DoubleTree Hotel San Jose
<b>November, 2020</b>	
10-13	SACRS Indian Wells, CA
11-12	Institutional Limited Partners Association (ILPA) General Partner Summit New York, NY
12-14	Harvard Business School-Audit Committees in a New Era of Governance Boston, MA



June 23, 2020

**TO:** Trustees, Board of Retirement

**FOR:** Board of Retirement Meeting on July 1, 2020

**SUBJECT:** Ratification of Service Retirement and Survivor Benefit Application Approvals

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The attached report reflects service retirements and survivor benefit applications received as of the date of this memo, along with any retirement rescissions and/or changes approved at last month's Board meeting. Any retirement rescissions or changes received after the date of this memo up to the date of the Board's approval, will be reflected in next month's report.



# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### SAFETY MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
KIMBERLY D. ALEXANDER	SHERIFF Dept.#SH	06-17-2020	33 YRS 07 MOS
TIMOTHY T. BROTHERS	SHERIFF Dept.#SH	07-31-2020	36 YRS 04½ MOS
RONALD L. BURNES	SHERIFF Dept.#SH	06-30-2020	35 YRS 01 MOS
RICHARD L. EISELE	L A COUNTY FIRE DEPT Dept.#FR	07-31-2020	35 YRS 03½ MOS
TIMOTHY P. FINN	L A COUNTY FIRE DEPT Dept.#FR	06-16-2020	32 YRS 06½ MOS
MICHAEL A. FRESCAS	L A COUNTY FIRE DEPT Dept.#FR	07-30-2020	36 YRS 11 MOS
ANTHONY M. HAYNES	SHERIFF Dept.#SH	07-31-2020	32 YRS 09½ MOS
STEPHEN P. HEREFORD	L A COUNTY FIRE DEPT Dept.#FR	07-01-2020	34 YRS 02 MOS
JOE JUAREZ JR	SHERIFF Dept.#SH	05-30-2020	30 YRS 00 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### SAFETY MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
CHRISTOPHER J. LEE	SHERIFF Dept.#SH	08-29-2020	31 YRS 06 MOS
CARMICHAEL S. OCTAVE	SHERIFF Dept.#SH	07-31-2020	29 YRS 01½ MOS
SIXTO V. PADILLA	L A COUNTY FIRE DEPT Dept.#FR	06-11-2020	25 YRS 05½ MOS
LINDA D. SUTPHIN	SHERIFF Dept.#SH	06-30-2020	24 YRS 09 MOS
GARY VARGAS	SHERIFF Dept.#SH	07-31-2020	29 YRS 09½ MOS
HARRY A. WILLIAMS	L A COUNTY FIRE DEPT Dept.#FR	07-30-2020	34 YRS 09 MOS
CHRIS J. YOUNG	L A COUNTY FIRE DEPT Dept.#FR	06-26-2020	24 YRS ½ MOS
MALIA A. ZENOR	SHERIFF Dept.#SH	07-31-2020	25 YRS 02½ MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
MIRIAM L. ABRAZADO	CORRECTIONAL HEALTH Dept.#HC	07-31-2020	25 YRS 04 MOS
EDWARD ACEVEDO	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	04-30-2020	45 YRS 04½ MOS
SEDA AKHVERDYAN	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-31-2020	30 YRS ½ MOS
CECILIA T. ALCARAZ	SUPERIOR COURT/COUNTY CLERK Dept.#SC	07-15-2020	16 YRS 11½ MOS
RICK B. ALLEN	PUBLIC LIBRARY Dept.#PL	08-31-2020	32 YRS 09½ MOS
BEATRICE ALMANZA	PUBLIC WORKS Dept.#PW	07-31-2020	29 YRS 01 MOS
ARTHUR ARMENDARIZ	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	07-31-2020	28 YRS 09½ MOS
JUDITH BAHR	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	06-30-2020	38 YRS 03 MOS
IN S. BAICK	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	08-31-2020	36 YRS 00 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
LOURDES B. BALA	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	08-31-2020	29 YRS 10½ MOS
CLARA A. BARBEE	PROBATION DEPARTMENT Dept.#PB	06-20-2020	33 YRS 07½ MOS
CHARITY C. BARNUM	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	06-28-2020	21 YRS 04 MOS
YOLANDA G. BARRERA	JUVENILE COURT HEALTH SERVICES Dept.#HJ	08-29-2020	31 YRS 07 MOS
DAVID P. BARRIOS	REG-RECORDER/COUNTY CLERK Dept.#RR	06-29-2020	44 YRS 00 MOS
PATRICIA J. BATEMAN	SHERIFF Dept.#SH	08-29-2020	25 YRS 00 MOS
MAYANIN BAZUA	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	08-28-2020	40 YRS 08 MOS
IDAYANTI W. BE	CORRECTIONAL HEALTH Dept.#HC	07-31-2020	13 YRS 03 MOS
THEREASA F. BECK	PROBATION DEPARTMENT Dept.#PB	07-04-2020	10 YRS 11 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
PATTI A. BEEBOUT	INTERNAL SERVICES Dept.#IS	06-30-2020	18 YRS 04 MOS
ARTAK BEKMEZYAN	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-16-2020	26 YRS 04 MOS
ROSE M. BELLEGARDE	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	04-10-2020	29 YRS 10 MOS
JAMES BLANTON	PROBATION DEPARTMENT Dept.#PB	08-15-2020	30 YRS 01½ MOS
TERRI BOURGEOIS	PROBATION DEPARTMENT Dept.#PB	06-30-2020	35 YRS 02 MOS
ANDRE R. BRINNEY	MILITARY & VETRANS AFFAIRS Dept.#MV	05-30-2020	29 YRS 06 MOS
RENEE L. BROOKS	PROBATION DEPARTMENT Dept.#PB	07-31-2020	29 YRS 06½ MOS
KATHERINE R. BROUSSARD	SHERIFF Dept.#SH	07-31-2020	38 YRS 01½ MOS
CAREY W. CAHLIN	COUNTY COUNSEL Dept.#CC	06-30-2020	19 YRS 06 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
THERESA CANIZALES CH	SFV CLUSTER-OLIVE VIEW/UCLA MC Dept.#HO	07-31-2020	37 YRS 03½ MOS
MAURICE CANNON	SHERIFF Dept.#SH	08-27-2020	26 YRS 10 MOS
ANTHONY CARREGAL	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	05-20-2020	14 YRS 04 MOS
KEELA CASTLE	INTERNAL SERVICES Dept.#IS	05-04-2020	05 YRS 08 MOS
ZING J. CHANG	CHILDREN & FAMILY SERVICES Dept.#CH	08-01-2020	32 YRS 10½ MOS
ALICE H. CHEUNG	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	06-27-2020	40 YRS 02 MOS
CARLOTTA J. CHILDS	MENTAL HEALTH Dept.#MH	09-30-2020	41 YRS 09 MOS
DONALD G. CLACKLER	PUBLIC WORKS Dept.#PW	07-01-2020	26 YRS 05½ MOS
CAROLYN D. CLOMAN	PROBATION DEPARTMENT Dept.#PB	05-30-2020	32 YRS 07 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
FRANCISCO J. COBARRUBIAZ	PUBLIC HEALTH PROGRAM Dept.#PH	07-30-2020	30 YRS 00 MOS
CARMEN L. COLLINS	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-16-2020	41 YRS 08 MOS
DEBRA J. CORNELIUS	AMBULATORY CARE NETWORK Dept.#HN	05-30-2020	35 YRS 09 MOS
EVELYN M. DAVIS	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	06-29-2020	33 YRS 04 MOS
THERESA M. DE MARTINEZ	MENTAL HEALTH Dept.#MH	06-30-2020	28 YRS 05 MOS
DAVID H. DELGADO	ALTERNATE PUBLIC DEFENDER Dept.#AD	06-30-2020	34 YRS 05 MOS
MARY A. DEMARKLES	PUBLIC HEALTH PROGRAM Dept.#PH	06-26-2020	35 YRS 01 MOS
MIGUEL DIAZ	MENTAL HEALTH Dept.#MH	07-01-2020	17 YRS 06 MOS
CLAIRE B. DICKENS	PUBLIC HEALTH PROGRAM Dept.#PH	06-10-2020	11 YRS 06 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
SANDRA L. DININGER	PARKS AND RECREATION Dept.#PK	07-31-2020	21 YRS 08½ MOS
DEBRA DORST-PORADA	PUBLIC HEALTH PROGRAM Dept.#PH	06-30-2020	38 YRS 01 MOS
ANGELA M. DREYER	PUBLIC HEALTH PROGRAM Dept.#PH	07-31-2020	22 YRS ½ MOS
MARK-CURTIS DUNN	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-31-2020	40 YRS 03 MOS
TARQUEENIA N. ELLIS	SHERIFF Dept.#SH	04-28-2020	27 YRS 10 MOS
MARILYN ELLISON-ECHO	PROBATION DEPARTMENT Dept.#PB	05-30-2020	10 YRS 01 MOS
MARIE EREZO	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	06-30-2020	16 YRS 04 MOS
RICARDO ESCOBAR	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	05-29-2020	27 YRS 09 MOS
EMMA M. FERRA	SUPERIOR COURT/COUNTY CLERK Dept.#SC	08-30-2020	41 YRS 11½ MOS



# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
PATRICIA M. FLANAGAN	SUPERIOR COURT/COUNTY CLERK Dept.#SC	07-31-2020	21 YRS 05½ MOS
MICAELA FLORES	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	06-30-2020	36 YRS 00 MOS
GRACE D. GANG	CORRECTIONAL HEALTH Dept.#HC	08-01-2020	18 YRS 01½ MOS
REGINA M. GANTS	SHERIFF Dept.#SH	06-01-2020	42 YRS 02 MOS
ZHI-HONG GAO	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	06-30-2020	24 YRS 09 MOS
MARY L. GARCIA	PUBLIC HEALTH PROGRAM Dept.#PH	07-25-2020	41 YRS 02 MOS
PATRICIA M. GIBSON	PUBLIC HEALTH PROGRAM Dept.#PH	07-31-2020	24 YRS 01½ MOS
MARY K. GOMEZ	L A COUNTY FIRE DEPT Dept.#FR	07-31-2020	36 YRS 02½ MOS
MICHAEL D. GOWING	HEALTH SERVICES ADMINISTRATION Dept.#HS	06-15-2020	05 YRS 11½ MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
VICTORIA A. GROVE	PROBATION DEPARTMENT Dept.#PB	08-29-2020	35 YRS 02 MOS
LYDIA GUERRERO	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	08-31-2020	32 YRS 06 MOS
JOSE A. GUERRERO	PARKS AND RECREATION Dept.#PK	06-27-2020	14 YRS 07 MOS
LEONILDA F. GUITTAP	SFV CLUSTER-OLIVE VIEW/UCLA MC Dept.#HO	08-31-2020	20 YRS ½ MOS
PATRICIA A. HAMILTON	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	06-30-2020	39 YRS 06 MOS
MICHAEL HANKS	SHERIFF Dept.#SH	07-11-2020	44 YRS ½ MOS
THOMAS R. HANSEN	SHERIFF Dept.#SH	06-30-2020	31 YRS 08 MOS
ALLEN E. HENNINGER	INTERNAL SERVICES Dept.#IS	07-31-2020	19 YRS 00 MOS
STEPHANIE R. HERBST	HEALTH SERVICES ADMINISTRATION Dept.#HS	06-27-2020	05 YRS 03 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
YOLANDA R. HERNANDEZ	PUBLIC HEALTH PROGRAM Dept.#PH	07-31-2020	29 YRS 04½ MOS
MICHAEL C. HONG	PUBLIC WORKS Dept.#PW	07-31-2020	40 YRS ½ MOS
JUI CHIEN HSU	CHILD SUPPORT SERVICES Dept.#CD	09-01-2020	15 YRS 07½ MOS
DAVID HUFF	PUBLIC WORKS Dept.#PW	06-30-2020	40 YRS 00 MOS
RONALD A. JACKSON	PROBATION DEPARTMENT Dept.#PB	08-21-2020	35 YRS 06 MOS
LITA M. JACOSTE	PUBLIC DEFENDER Dept.#PD	06-30-2020	35 YRS 10½ MOS
MAGGIE M. JUNG	PUBLIC LIBRARY Dept.#PL	08-31-2020	35 YRS 08 MOS
FLORENCE M. KALOHI	PUBLIC LIBRARY Dept.#PL	07-30-2020	25 YRS 03 MOS
PATRICIA A. KEATON	SUPERIOR COURT/COUNTY CLERK Dept.#SC	07-31-2020	31 YRS 01½ MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
FREYDOON KHERADVAR	PUBLIC WORKS Dept.#PW	07-31-2020	32 YRS 06½ MOS
KOUASSI KONIAN	CORRECTIONAL HEALTH Dept.#HC	06-16-2020	25 YRS 01 MOS
ROWLAND J. LEE	CHIEF EXECUTIVE OFFICE Dept.#AO	07-30-2020	22 YRS 00 MOS
RUDOLPH M. LEE	PUBLIC WORKS Dept.#PW	06-26-2020	38 YRS 04 MOS
SHIRLEY Q. LOMEDA	RANCHO LOS AMIGOS HOSPITAL Dept.#HR	06-15-2020	27 YRS 07½ MOS
LINDA C. LOPEZ	DISTRICT ATTORNEY Dept.#DA	06-27-2020	39 YRS 00 MOS
SAUL M. LUNA	PUBLIC WORKS Dept.#PW	07-31-2020	18 YRS 01½ MOS
ELIZABETH A. LUNG	AUDITOR - CONTROLLER Dept.#AU	08-28-2020	34 YRS 05 MOS
MARIA LUQUIN	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	06-05-2020	25 YRS 02 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
LENA L. LUU	PUBLIC LIBRARY Dept.#PL	05-08-2020	43 YRS 11½ MOS
SUSIE N. LUU	SUPERIOR COURT/COUNTY CLERK Dept.#SC	07-31-2020	30 YRS 08½ MOS
EUGENE F. MAC ISAAC	INTERNAL SERVICES Dept.#IS	08-29-2020	39 YRS 07 MOS
FRANCISCA M. MADONIA	MENTAL HEALTH Dept.#MH	07-31-2020	12 YRS ½ MOS
EVELYN MALAGUIT	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	06-27-2020	21 YRS 00 MOS
MARTIN M. MARDIROSSIAN	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-01-2020	30 YRS 03½ MOS
WILLIAM J. MARTIN	SHERIFF Dept.#SH	06-30-2020	41 YRS 05 MOS
KEITH A. MATHIAS	PUBLIC WORKS Dept.#PW	06-10-2020	34 YRS 11½ MOS
RANDALL MC DONALD	PUBLIC WORKS Dept.#PW	06-15-2020	35 YRS 01½ MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
EDDIE J. MCCLENDON	CORRECTIONAL HEALTH Dept.#HC	05-26-2020	07 YRS 11½ MOS
KATHERINE MCCOMAS	SUPERIOR COURT/COUNTY CLERK Dept.#SC	08-01-2020	31 YRS 02½ MOS
VALERIE J. MCCOY-MAYFIE	CHILDREN & FAMILY SERVICES Dept.#CH	06-03-2020	13 YRS 08½ MOS
RUTH A. MCFEE	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	07-31-2020	34 YRS 03½ MOS
WANDA G. MCNABB	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-31-2020	39 YRS 08½ MOS
MARTHA MENDEZ	COUNTY COUNSEL Dept.#CC	05-30-2020	14 YRS 01 MOS
ROBERT I. MENDOZA	PUBLIC DEFENDER Dept.#PD	06-28-2020	25 YRS 04 MOS
JOSE V. MENDOZA	SFV CLUSTER-OLIVE VIEW/UCLA MC Dept.#HO	06-30-2020	22 YRS 09 MOS
MAURO C. MENDOZA	TREASURER AND TAX COLLECTOR Dept.#TT	07-02-2020	31 YRS 05½ MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
MYRNA MESROBIAN	PUBLIC HEALTH PROGRAM Dept.#PH	07-31-2020	20 YRS 00 MOS
RACHEL MEYER	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	07-31-2020	38 YRS 09½ MOS
ROSALINDA MILLEMAN	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	08-01-2020	25 YRS 07 MOS
MICHAEL L. MILLER	SUPERIOR COURT/COUNTY CLERK Dept.#SC	06-30-2020	31 YRS 00 MOS
PEGGY A. MILLER	REG-RECORDER/COUNTY CLERK Dept.#RR	05-30-2020	41 YRS 06 MOS
KENNETH L. MOORE	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	06-30-2020	25 YRS 03 MOS
PATRICIA J. MOORE	MENTAL HEALTH Dept.#MH	04-30-2020	10 YRS 00 MOS
GARY P. MORK	AGRICULTURAL COMM./WTS & MEAS. Dept.#AW	06-18-2020	47 YRS 05 MOS
DENISE T. MOTOYASU	SHERIFF Dept.#SH	09-30-2020	31 YRS 00 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
JANET V. MULLINS	SHERIFF Dept.#SH	06-26-2020	49 YRS 02 MOS
LUIS M. MUNOZ	HEALTH SERVICES ADMINISTRATION Dept.#HS	07-31-2020	14 YRS 04½ MOS
JOSEFINA MURO	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	06-30-2020	30 YRS 00 MOS
JODY A. NAKASUJI	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	07-31-2020	40 YRS 01 MOS
STAR NEAL	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-15-2020	20 YRS ½ MOS
CHERYL NEWTON	CHILDREN & FAMILY SERVICES Dept.#CH	05-30-2020	13 YRS 02 MOS
ANNA Y. NGAI	SHERIFF Dept.#SH	09-01-2020	16 YRS 03½ MOS
ROY ORTEGA	MENTAL HEALTH Dept.#MH	06-22-2020	33 YRS 08 MOS
REBECCA ORTIZ	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	06-30-2020	13 YRS 02 MOS



# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
JOSEPH S. PACILLAS	PROBATION DEPARTMENT Dept.#PB	06-18-2020	37 YRS 05½ MOS
SUE J. PAEK	CORRECTIONAL HEALTH Dept.#HC	06-01-2020	33 YRS 07½ MOS
DEE A. PAIZ	COUNTY COUNSEL Dept.#CC	05-30-2020	33 YRS 03 MOS
MARGARET E. PALACIOS	REG-RECORDER/COUNTY CLERK Dept.#RR	09-30-2020	35 YRS 03 MOS
LAKSHMI M. PALADUGU	SHERIFF Dept.#SH	06-03-2020	19 YRS 04½ MOS
DORIS J. PATRICK	SHERIFF Dept.#SH	05-30-2020	30 YRS 09 MOS
DOMINGO PEREZ	SUPERIOR COURT/COUNTY CLERK Dept.#SC	07-31-2020	36 YRS 07½ MOS
YOLANDA M. PERRODIN-MER	PUBLIC DEFENDER Dept.#PD	07-31-2020	42 YRS 02 MOS
MICHAEL A. PETERSON	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	08-01-2020	27 YRS 08½ MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
HOAN T. PHAM	AMBULATORY CARE NETWORK Dept.#HN	07-31-2020	18 YRS 01½ MOS
LINDA POIRIER	MENTAL HEALTH Dept.#MH	06-11-2020	19 YRS 07½ MOS
BETTY J. PORTER	TREASURER AND TAX COLLECTOR Dept.#TT	06-30-2020	31 YRS 01 MOS
LEO F. RAFOLS	ASSESSOR Dept.#AS	06-27-2020	30 YRS 03 MOS
MANSOUR RAJI	AMBULATORY CARE NETWORK Dept.#HN	06-29-2020	15 YRS 04½ MOS
ELVIA RAMIREZ	PUBLIC HEALTH PROGRAM Dept.#PH	06-27-2020	44 YRS 10½ MOS
ROHMI J. REID	ANIMAL CONTROL Dept.#AN	07-31-2020	12 YRS 00 MOS
DORIS E. RIDGEWAY	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	08-29-2020	30 YRS 00 MOS
ALMA D. RIVERA	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-31-2020	14 YRS 04 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
XOCHILT RODRIGUEZ	CHILDREN & FAMILY SERVICES Dept.#CH	07-31-2020	26 YRS 04 MOS
DEISY D. RODRIGUEZ	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-31-2020	25 YRS 04½ MOS
CAROLYN J. ROSS-MILLER	RANCHO LOS AMIGOS HOSPITAL Dept.#HR	07-31-2020	27 YRS 04½ MOS
GEORGANN RUIZ	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	05-26-2020	19 YRS ½ MOS
JOHN S. RUMNEY	PARKS AND RECREATION Dept.#PK	07-23-2020	30 YRS 08 MOS
MARIE SANTANA	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	08-28-2020	30 YRS 01 MOS
KAY C. SANTANGELO	CHILDREN & FAMILY SERVICES Dept.#CH	08-20-2020	28 YRS 09 MOS
DONNA L. SEELIG	CHILDREN & FAMILY SERVICES Dept.#CH	06-13-2020	20 YRS 02 MOS
JOHN SETZER	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	06-30-2020	41 YRS 02 MOS

## BOARD OF RETIREMENT MEETING OF JULY 1, 2020

### BENEFIT APPROVAL LIST

#### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
ANNETTE C. SHIELDS	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-30-2020	29 YRS 08 MOS
SHEELA SIMKINS	MENTAL HEALTH Dept.#MH	05-31-2020	20 YRS 07½ MOS
BRENDA S. SKINNER-ARMS	SUPERIOR COURT/COUNTY CLERK Dept.#SC	06-30-2020	45 YRS 03 MOS
SEREE SONGTANIN	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	08-31-2020	19 YRS 11½ MOS
CYNTHIA J. STEWART	AMBULATORY CARE NETWORK Dept.#HN	05-29-2020	22 YRS 04 MOS
PHIL M. STRIPLING	CHILDREN & FAMILY SERVICES Dept.#CH	10-31-2020	39 YRS 08 MOS
DIANA TADEVOSIAN	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-31-2020	21 YRS 05 MOS
PETER J. TANG	TREASURER AND TAX COLLECTOR Dept.#TT	07-31-2020	31 YRS 05½ MOS
GUY J. TENERELLI	L A COUNTY FIRE DEPT Dept.#FR	07-31-2020	28 YRS 03½ MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
ANNE THOMAS	CHILDREN & FAMILY SERVICES Dept.#CH	06-15-2020	25 YRS 09 MOS
ANNAKUTTY THOMAS	COASTAL CLUSTER-HARBOR/UCLA MC Dept.#HH	06-30-2020	35 YRS 10 MOS
WARDELL M. TINSLEY	PROBATION DEPARTMENT Dept.#PB	06-15-2020	29 YRS 06½ MOS
SOUNA TOROSIAN	CHILDREN & FAMILY SERVICES Dept.#CH	06-30-2020	21 YRS 03 MOS
TERRI L. TOWERY	PUBLIC DEFENDER Dept.#PD	09-01-2020	39 YRS 06½ MOS
THUY THANH TRINH	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	06-27-2020	41 YRS 05 MOS
JOHN J. TUCHEK	PROBATION DEPARTMENT Dept.#PB	09-18-2020	41 YRS 06 MOS
FELISA S. VALDEPENAS	LACERA Dept.#NL	05-30-2020	40 YRS 02 MOS
DONALD DEAN F. VISMANOS	CORRECTIONAL HEALTH Dept.#HC	06-30-2020	14 YRS 11 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
SHIRLEY M. WALKER	ASSESSOR Dept.#AS	06-30-2020	41 YRS 07½ MOS
ARGELIA WILKINSON	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	08-31-2020	27 YRS 04½ MOS
LUVENIA WILSON	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	05-31-2020	31 YRS 04½ MOS
MIKE J. WINKLER	INTERNAL SERVICES Dept.#IS	03-01-2020	03 YRS 01 MOS
SUSY WONG	SUPERIOR COURT/COUNTY CLERK Dept.#SC	08-08-2020	45 YRS 11½ MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL SURVIVOR APPLICATIONS

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
BARBARA L. CLAUSS  WIFE of JACK AZUA dec'd on 04-10-2020, Sect. #31781.1	INTERNAL SERVICES Dept.#IS	04-11-2020	17 YRS 03½ MOS
JANET LIN-ARMSTRON  WIFE of ERIC ARMSTRONG dec'd on 04-03-2020, Sect. #31781.1	INTERNAL SERVICES Dept.#IS	04-04-2020	21 YRS ½ MOS

**BOARD OF RETIREMENT MEETING OF JULY 1, 2020**

**BENEFIT APPROVAL LIST**

**SAFETY MEMBER APPLICATIONS FOR: SERVICE RETIREMENT FROM DEFERRED**

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
JUAN CHAVEZ JR	SHERIFF Dept.#SH	05-04-2020	07 YRS 11 MOS
BRIAN J. RYTER	SHERIFF Dept.#SH	06-30-2020	05 YRS 00 MOS



# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT FROM DEFERRED

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
TRICIA A. ASHLEY	CHILD SUPPORT SERVICES Dept.#CD	07-18-2020	10 YRS 07 MOS
MARIA R. AYALA	PUBLIC HEALTH PROGRAM Dept.#PH	05-31-2020	12 YRS 01 MOS
GREGORY J. CARY	SHERIFF Dept.#SH	07-01-2020	09 YRS 11 MOS
CYNTHIA A. CHAMBERLAIN	SFV CLUSTER-OLIVE VIEW/UCLA MC Dept.#HO	06-01-2020	10 YRS 01 MOS
GEORGE M. CHECA	PROBATION DEPARTMENT Dept.#PB	07-01-2020	13 YRS 07 MOS
THOMAS R. COE	PUBLIC WORKS Dept.#PW	05-24-2020	11 YRS 08 MOS
ROSA C. CUEVAS	CHILDREN & FAMILY SERVICES Dept.#CH	06-25-2020	10 YRS 04 MOS
MILAN DRAGICEVICH	SUPERIOR COURT/COUNTY CLERK Dept.#SC	07-06-2020	12 YRS 09 MOS
THOEUTH DUONG	PROBATION DEPARTMENT Dept.#PB	07-01-2020	11 YRS 08 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT FROM DEFERRED

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
ROBERT L. GALLI	SFV CLUSTER-OLIVE VIEW/UCLA MC Dept.#HO	06-05-2020	08 YRS 02 MOS
NORMAN L. JOHNSON	PROBATION DEPARTMENT Dept.#PB	06-01-2020	19 YRS 11½ MOS
HANA R. KAWANO	SHERIFF Dept.#SH	05-22-2020	06 YRS 03 MOS
JOSEPH L. NARCISO	SHERIFF Dept.#SH	05-31-2020	12 YRS 11 MOS
GIAO P. NGUYEN	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	06-11-2020	31 YRS 04 MOS
PEDRO E. PACHECO	MILITARY & VETRANS AFFAIRS Dept.#MV	03-01-2020	24 YRS 04½ MOS
DEBRA A. RATCLIFF	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	03-31-2020	14 YRS 03 MOS
DENISE E. ROGERS	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	10-01-2020	13 YRS 02 MOS
ROY W. SNELL JR	CHILDREN & FAMILY SERVICES Dept.#CH	03-01-2020	12 YRS 09 MOS

# BOARD OF RETIREMENT MEETING OF JULY 1, 2020

## BENEFIT APPROVAL LIST

### GENERAL MEMBER APPLICATIONS FOR: SERVICE RETIREMENT FROM DEFERRED

<u>NAME</u>	<u>DEPARTMENT</u>	<u>RETIRED</u>	<u>SERVICE</u>
KURT W. THUM	PUBLIC LIBRARY Dept.#PL	06-06-2020	05 YRS 06 MOS
SHANG-LING J. TSAI	NORTHEAST CLUSTER (LAC+USC) Dept.#HG	08-16-2020	10 YRS 07 MOS
PAMELA Y. WALLACE	DEPT OF PUBLIC SOCIAL SERVICES Dept.#SS	07-10-2020	13 YRS 07 MOS
DENISE A. WEDEL	SHERIFF Dept.#SH	06-30-2020	05 YRS ½ MOS
INGRID M. WILSON	CORRECTIONAL HEALTH Dept.#HC	06-04-2020	30 YRS 07 MOS
AUDREY WRIGHT	SFV CLUSTER-OLIVE VIEW/UCLA MC Dept.#HO	06-22-2020	39 YRS 00 MOS

**BOARD OF RETIREMENT MEETING OF JULY 1, 2020  
RESCISSIONS/CHANGES FROM BENEFIT APPROVAL LIST  
APPROVED ON JUNE 3, 2020**

**GENERAL MEMBER APPLICATIONS FOR SERVICE RETIREMENT**

NAME	DEPARTMENT	UPDATE
ALMA L PAPILLA	COASTAL CLUSTER- HARBOR/UCLA	RESCINDED RETIREMENT
DEE A PAIZ	COUNTY COUNSEL	CHANGE OF DATE TO May 30, 2020
KAREN YU	DEPT OF PUBLIC SOCIAL SERVICES	CHANGE OF DATE TO July 31, 2020
KAREN M TRAN	PROBATION DEPARTMENT	RESCINDED RETIREMENT
LARRY E NATIVIDAD	AMBULATORY CARE NETWORK	RESCINDED RETIREMENT
MADELEINE G SODERBERG	NORTHEAST CLUSTER (LAC+USC)	RESCINDED RETIREMENT
NAZIRAH KHAN	AMBULATORY CARE NETWORK	RESCINDED RETIREMENT
REBECCA BENAVIDEZ	PUBLIC HEALTH PROGRAM	RESCINDED RETIREMENT
ROBERT F HARBURDA	AMBULATORY CARE NETWORK	RESCINDED RETIREMENT
SHIRLEY Q LOMEDA	RANCHO LOS AMIGOS HOSPITAL	CHANGE OF DATE TO June 15, 2020
SYDNEY K TSAO	SHERIFF	CHANGE OF DATE TO May 30, 2020

June 11, 2020

TO: Each Trustee  
Board of Retirement

FROM: Insurance, Benefits and Legislative Committee  
Les Robbins, Chair  
Vivian H. Gray, Vice Chair  
Wayne Moore  
Ronald A. Okum  
Shawn R. Kehoe, Alternate

FOR: July 1, 2020 Board of Retirement Meeting

SUBJECT: **H.R. 6436—Police and Fire Health Care Protection Act of 2020**

*Author: Chabot [R-OH]*

*Sponsor: Author and 1 co-sponsor*

*Introduced: April 3, 2020*

*Status: Referred to House Committee on Ways and Means  
(04/03/2020)*

*IBLC Recommendation: Support (06/11/2020)*

*Staff Recommendation: Support*

## **RECOMMENDATION**

That the Board of Retirement adopt a “Support” position on H.R. 6436, which would enact the “Police and Fire Health Care Protection Act of 2020.”

## **LEGISLATIVE POLICY STANDARD**

The Board of Retirement’s legislative policy standard is to support proposals that provide increased flexibility in administration and operations and enable more efficient and effective service to members and stakeholders (Legislative Policy, page 5).

## **SUMMARY**

H.R. 6436 would repeal the direct payment requirement on exclusion from gross income of distributions from governmental plans for health and long-term care insurance.

## **ANALYSIS**

### Existing Law

The Pension Protection Act of 2006 (PPA, Public Law No. 109-280) provides that eligible retired public safety officers may exclude up to \$3,000 per year from gross income for health and long-term care premiums deducted from taxable retirement plan distributions and paid directly to insurance carriers by a governmental plan.

The PPA defines a “Public Safety Officer” (PSO) as “an individual serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, as a firefighter, as a chaplain, or as a member of a rescue squad or ambulance crew.” Eligible retired PSO’s are those PSO members who retired for disability or who retired for service after attaining normal retirement age.

*This Bill*

H.R. 6436 would repeal the direct payment requirement for distributions from governmental plans for health and long-term care insurance.

*Operations Background*

Retired members of LACERA may elect to have payments deducted from their monthly retirement allowances and transmitted to various third-party payees, which include health and long-term care insurance carriers, life insurance carriers, credit unions, employee organizations, and retiree organizations.

Deductions from the monthly retirement allowances that retired PSO members elect to have paid directly to health and long-term care insurance carriers are generally eligible for the \$3,000 tax exclusion. LACERA makes direct payments of premiums for the health care plans that it administers and various long-term care plans.

Staff in Retiree Health Care and Member Services indicates that certain third-party payees do not comply with LACERA’s administrative requirements for establishing and processing member deductions. This requires staff on a monthly basis to review the payee’s monthly invoices and reconcile the appropriate deduction amounts. Other situations involve the carriers not notifying LACERA on a timely basis of deduction changes. This results in overpayments or underpayments of premiums that consequently require resolution by staff to ensure that the policy’s balance remains up to date.

The repeal of the direct payment requirement would provide flexibility to LACERA to determine the payment model that would best serve LACERA’s PSO members in terms of efficiency and effectiveness. For those plan administrators who have found the direct payment model to be administratively onerous to implement for certain payees, it would treat all PSOs equally without regard to how they pay their premiums for health and long-term care plans.

**IT IS THEREFORE RECOMMENDED THAT THE BOARD** adopt a “Support” position on H.R. 6436, which would enact the “Police and Fire Health Care Protection Act of 2020.”

H.R. 6436  
Board of Retirement  
June 11, 2020  
Page 3

**Attachments**

Attachment 1—Board Positions Adopted on Related Legislation

Attachment 2—Support and Opposition

H.R. 6436 (Chabot) as introduced on April 3, 2020

cc: Santos H. Kreimann  
JJ Popowich  
Steven P. Rice  
Cassandra Smith  
Allan Cochran  
Bernie Buenaflor  
Anthony J. Roda, Williams & Jensen

H.R. 6436

Attachment 1—Board Positions Adopted on Related Legislation

Board of Retirement

June 11, 2020

Page 1

**BOARD POSITIONS ADOPTED ON RELATED LEGISLATION**

None



H.R. 6436  
Attachment 2—Support and Opposition  
Board of Retirement  
June 11, 2020  
Page 1

**SUPPORT**

National Conference on Public Employee Retirement Systems  
National Fraternal Order of Police  
National Association of Police Organizations  
International Association of Fire Fighters

**OPPOSITION**

Unknown

116TH CONGRESS  
2D SESSION

# H. R. 6436

To amend the Internal Revenue Code of 1986 to repeal the direct payment requirement on the exclusion from gross income of distributions from governmental plans for health and long-term care insurance.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 3, 2020

Mr. CHABOT (for himself and Ms. KENDRA S. HORN of Oklahoma) introduced the following bill; which was referred to the Committee on Ways and Means

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## A BILL

To amend the Internal Revenue Code of 1986 to repeal the direct payment requirement on the exclusion from gross income of distributions from governmental plans for health and long-term care insurance.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Police and Fire Health  
5 Care Protection Act of 2020”.

1 **SEC. 2. REPEAL OF DIRECT PAYMENT REQUIREMENT ON**  
2 **EXCLUSION FROM GROSS INCOME OF DIS-**  
3 **TRIBUTIONS FROM GOVERNMENTAL PLANS**  
4 **FOR HEALTH AND LONG-TERM CARE INSUR-**  
5 **ANCE.**

6 (a) **IN GENERAL.**—Section 402(l)(5) of the Internal  
7 Revenue Code of 1986 is amended to read as follows:

8 “(5) **AGGREGATION RULE.**—For purposes of  
9 this subsection, all eligible retirement plans of an  
10 employer shall be treated as a single plan.”.


11 (b) **EFFECTIVE DATE.**—The amendment made by  
12 this section shall apply to distributions made after the  
13 date of the enactment of this Act.

○



June 22, 2020

TO: Each Trustee  
Board of Retirement

FROM: Ricki Contreras, Manager   
Disability Retirement Services

FOR: July 1, 2020 Board of Retirement Meeting

SUBJECT: **CONSIDER APPLICATION FOR LACERA PANEL OF EXAMINING PHYSICIAN**

On May 12, 2020, staff interviewed Dr. Keyvan Yousefi's staff, 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)

Due to COVID-19 and an urgent need for an additional Rheumatologist, Disability Procedures and Services Committee Chair, JP Harris, concurred with staff to forego placing this item on the Committee agenda and staff recommended that it be presented to the Board of Retirement for approval to the LACERA Panel of Examining Physicians.

**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.

**KEYVAN YOUSEFI, M.D. - Board Certified Internist with Subspecialty in Rheumatology**


Attachments

RC:mb



June 22, 2020

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

**FROM:** Tamara L. Caldwell, DRS Supervisor   
Disability Retirement Services

**FOR:** July 1, 2020 Board of Retirement Meeting

**SUBJECT:** Recommendation for Rheumatologist Applying for LACERA's Panel of Examining Physicians

### **RECOMMENDATION**

Based on our efforts to provide a diverse panel of examining physicians in several geographic locations throughout Los Angeles and surrounding counties, staff recommends the Application of Keyvan Yousefi, M.D. be presented to the Board of Retirement for approval to the LACERA Panel of Examining Physicians.

### **BACKGROUND**

The Disability Retirement Services Division engaged National Disability Evaluations (NDE) to discuss potential candidates for the LACERA Panel of Examining Physicians. NDE provides timely high-quality disability evaluations and reports to government entities and private insurance carriers throughout the United States. Their network includes experienced local physicians/experts across a wide range of medical specialties. NDE's local professional presence enhances quality of service and improves workflow in the independent medical review process.

Dr. Keyvan Yousefi is Board Certified in Internal Medicine with a subspecialty in Rheumatology. He received his medical degree from Tufts University, School of Medicine in 1997 and completed his residency at Cedars Sinai Medical Center in 2000 and his rheumatology fellowship training in 2002. Dr. Yousefi has 15 years' experience performing medical legal evaluations for both public and private organizations. He serves as a clinical instructor for the Department of Medicine, David Geffen School of Medicine at UCLA and is an attending physician for the Division of Rheumatology, Department of Medicine at Cedars Sinai Medical Center.

Staff reviewed the new LACERA Panel Physician Guidelines with the physician's management team, which included a lengthy discussion regarding the Rules in Evaluating Applicants, Disability Retirement Law Standards, and a thorough explanation of what is expected when preparing Panel Physician's written report for

the Board of Retirement. Staff also discussed report submission timeframes, fee schedule and billing procedures, additional diagnostic testing request requirements, and advised of the requirement of maintaining a valid medical license, Board Certification, and insurance coverage. Staff also advised that all physicians must immediately report any lapses, suspensions or revocation of medical license, Board Certification, or insurance coverage, or be subject to immediate suspension or termination from LACERA Panel of Examining Physicians.

NDE will be responsible in making sure that Dr. Yousefi adhered to the rules set forth in the Guidelines and all other requirements as discussed. NDE was informed that a Quality Control Questionnaire is sent to each applicant regarding their visit, which affords the applicant an opportunity to provide feedback concerning their experience during the medical appointment.

On June 1, 2020, Board Medical Advisor Vito Campese, M.D., reviewed Dr. Yousefi's application and medical credentials and indicated he is in agreement with submitting the Application of Keyvan Yousefi, M.D. to the Board of Retirement for consideration.

**IT IS THEREFORE RECOMMENDED THAT** the Application of Keyvan Yousefi, M.D. be presented to the Board of Retirement for approval to the LACERA Panel of Examining Physicians.

#### Attachments

RC:tlc

**Keyvan Yousefi, M.D.  
Office Location Details**

Location	ADA Parking	ADA Restrooms	Lobby/Waiting Room Seating	Patients Per Day	Average Wait Time	Evaluation Time
8631 West Third Street, #1020, Los Angeles, CA 90048	Yes	Yes	4	10-20	5-15 Minutes	1 Hours
644 E. Regent Street, #103, Inglewood, CA 90301	Yes	Yes	4	10-20	5-15 Minutes	1 Hours

1. Each location has 1-2 employees working at each location.
2. Rick Albert will be LACERA's point of contact for scheduling appointments and addressing issues and complaints.  
Contact: 310-392-0831 and ralbert@ndeval.com



300 N. Lake Ave., Pasadena, CA 91101 ■ Mail to : PO Box 7060, Pasadena, CA 91109-706 626/564-6132 • 800/786-6464

<b>GENERAL INFORMATION</b>		Date 05/11/2020
Group Name: National Disability Evaluations		Physician Name: Keyvan Yousefi, MD
I. Primary Address: 8631 West Third St. #1020 Los Angeles, CA 90048		
Contact Person Rick Albert	Title; General Manager	
Telephone: 310-593-4920	Fax 310-392-0831	
II. Secondary Address 644 E. Regent Street. #103 Inglewood, CA 90301		
Contact Person Rick Albert	Title General Manager	
Telephone 310-593-4920	Fax 310-392-0831	
<b>PHYSICIAN BACKGROUND</b>		
Field of Specialty Internal Medicine		Subspecialty Rheumatology
Board Certification -YES-	License # A066667	Expiration Date
<b>EXPERIENCE</b>		
Indicate the number of years experience that you have in each category.		
<b>Evaluation Type</b>		
I. Workers' Compensation Evaluations		
<input type="checkbox"/> Defense How Long? _____	<input type="checkbox"/> IME How Long? _____	
<input type="checkbox"/> Applicant How Long? _____	<input type="checkbox"/> QME How Long? _____	
<input type="checkbox"/> AME How Long? _____		
II. <input checked="" type="checkbox"/> Disability Evaluations How Long? <u>15</u> For SBCERS		
For What Public or Private Organizations? <u>Public + Private</u>		
Currently Treating? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Time Devoted to: Treatment <span style="border: 1px solid black; padding: 2px;">90</span> % Evaluation <span style="border: 1px solid black; padding: 2px;">10</span> %		
Estimated Time from Appointment to Examination		Able to Submit a Final Report in 30 days?
<input checked="" type="checkbox"/> 2 weeks <input type="checkbox"/> 3-4 Weeks YES <input type="checkbox"/> Over a month		<input checked="" type="checkbox"/> YES
<b>FEE SCHEDULE - You may attach a copy of your fee schedule.</b>		
Initial Examination	\$ 1500.00	hourly or <u>flat rate</u> (circle one)
Review of Records	\$ 350.00	<u>hourly</u> or flat rate (circle one)
Supplemental Report	\$ 350.00	<u>hourly</u> or flat rate (circle one)



**Other Fees**

Administrative Hearing Preparation	\$ 350.00	<u>hourly</u> or flat rate (circle one)
Depositions	\$ 350.00	<u>hourly</u> or flat rate (circle one)
Expert Testimony At Hearing - \$3500.00 <u>half-day</u>	\$ 7000.00	<u>full day</u>

**Cancellation Policy and Fees**

Please indicate your cancellation policy and any applicable fees.

Cancelled Exams: Fee: \$ 250

Cancelled Hearing: Fee: \$ 3000

**Comments**

Disability Retirement IME Physician for SBCERS

**EDUCATION:**

Cedars Sinai Medical Center, Los Angeles, CA  
Rheumatology Fellowship Training, 2000-2002

Cedars Sinai Medical Center, Los Angeles, CA  
Internal Medicine Residency Training, 1997-2000

Tufts University School of Medicine, Boston, MA  
Doctor of Medicine, 1993-1997

Diplomate, American Board of Internal Medicine

Diplomate, Subspecialty Board in Rheumatology

Qualified Medical Evaluator, State of California

Expert Reviewer, Medical Board of California

Clinical Instructor, Department of Medicine, David Geffen School of  
Medicine at UCLA

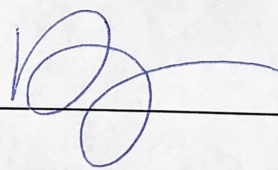
Name of person completing this form: Rick Albert

Rick Albert

(Please Print Name)

Title: General Manager, NDE

Physician Signature: \_\_\_\_\_



Date: \_\_\_\_\_

5/12/200

**FOR OFFICE USE ONLY**

Physician Interview and Sight Inspection Schedule

Interview Date:

Interview Time:

interviewer:

## Keyvan Yousefi, M.D.

DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE  
DIPLOMATE SUBSPECIALTY BOARD IN RHEUMATOLOGY

8631 West Third St. Suite 1020  
Los Angeles, CA 90048  
(310) 888-7737



### INDEPENDENT MEDICAL EXAMINATION

Dear Mr. [REDACTED],

XXX XXXXX was seen in my office for an IME on [REDACTED].

#### IDENTIFICATION:

The applicant was born on [REDACTED]. She worked in the [REDACTED] department in the County of [REDACTED]. She began her employment in October 1998 and worked until November 2016. She is currently on disability. She worked on a full-time basis. Her job duties included interviewing patients, performing data entry, answering calls, typing, and writing.

#### HISTORY OF PRESENT ILLNESS:

The patient has a history of rheumatoid arthritis (RA) diagnosed in August of 2013. She states that she was initially treated with oral methotrexate, which caused her to have upper GI side effects. She saw a GI specialist and was recommended to switch to Methotrexate subcutaneously. Enbrel was added to Methotrexate which she was on for about a year. She was then switched to Humira. Remicade was added about a year ago. She was initially treated with every-8-week dosing. Her dose was escalated to every 6 weeks due to her disease activity. She is under the care of Dr. [REDACTED] for rheumatology.

She complains of morning stiffness lasting more than an hour. She complains of pain in her hands and wrists. Her pain worsens with typing and writing. Her RA flares about once every two months. She claims her mobility deteriorates for four days during the flares.

**CURRENT MEDICATIONS:**

Adcirca one tablet twice a day, Lasix 40 mg daily, Plaquenil 200 mg twice day, Folic acid 1 mg daily, Trazodone 100 mg q.h.s., Lyrica 150 mg q.h.s., Remicade 600 mg every six weeks, Methotrexate 0.8 mg sub q. weekly, and Aspirin 81 mg daily.

**PAST MEDICAL HISTORY:**

1. Pulmonary hypertension diagnosed in November 2011.
2. Rheumatoid arthritis diagnosed in August 2013.
3. Raynaud's syndrome.

Allergies: IV Contrast

**PAST SURGICAL HISTORY:**

1. C-section in 2000.
2. Bilateral total knee replacement.
3. Bilateral breast reduction.
4. Right elbow surgery.
5. Right trigger finger release.

**FAMILY HISTORY:**

Negative rheumatism

**SOCIAL HISTORY:**

The claimant does not smoke or consume alcoholic beverages excessively.

**FUNCTIONAL HISTORY:**

The applicant has some difficulty with turning on and off faucets, or opening a carton of milk. She has much difficulty opening a jar. She has some difficulty with standing, sitting, getting in and out of a bed, working outdoors, performing light housework, carrying groceries or lifting greater than 5 pounds. She is mostly unable to lift greater than 10 pounds. She has much difficulty rising from a chair or climbing a flight of ten stairs. She has much difficulty with typing a message on a computer. She has no sensory dysfunction. She has some difficulty with getting in and out of a car, flying in a plane or riding on a bicycle. She has much difficulty with going to sleep. She has some difficulty with sleeping through the night, having restful sleep or feeling refreshed after sleep.

**REVIEW OF SYSTEMS:**

**Constitutional:** Negative for fevers or chills.

**HEENT:** Unremarkable.

**Respiratory:** The patient uses home O2 at nighttime with CPAP machine.

**GI:** The patient is status post gastric sleeve surgery. She lost about 200 pounds with the surgery.

**PHYSICAL EXAM:**

**General:** Pleasant Caucasian female sitting in a chair, in no apparent distress.

**Vital Signs:** Temperature is 98.6. Pulse is 69. Weight is 233 pounds. Blood pressure is 112/73. Respiratory rate is 16.

**HEENT:** Eyes, normal conjunctivae.

**Neck:** Supple.

**Lungs:** Clear to auscultation.

**Cardiovascular:** Regular rate and rhythm.

**Abdomen:** Soft.

**Extremities:** No cyanosis.

**Musculoskeletal:** Swelling on second and third PIP joints is noted bilaterally. Slight swelling on second MCP is present bilaterally. There is no synovitis in wrists or elbows. Shoulder examination reveals decreased range of motion bilaterally. Hip examination reveals decreased range of motion bilaterally. Surgical scars are present on both knees. Ankle exam does not reveal synovitis. Foot examination does not reveal joint deformities.

**Neurologic:** Alert and oriented x3.

**Skin:** No rash.

**DATA:**

Laboratory testing was processed at Quest Diagnostics on [REDACTED]. Rheumatoid factor is 52. ESR is 33.

**MEDICAL RECORD REVIEW:****County Records:**

[REDACTED] Employees Retirement System, Application for Disability Retirement on  
[REDACTED].

I have read and reviewed the Application for Disability Retirement as provided to me by [REDACTED].

[REDACTED] County Employees Retirement System, Treating Physician's Statement, signed  
by [REDACTED], M.D., on [REDACTED].

The patient has been treating since [REDACTED] and was seen every 1-3 months. Incapacitating conditions are rheumatoid arthritis and pulmonary hypertension. The patient had severe limitations due to ongoing inflammatory arthritis from rheumatoid arthritis. Repetitive movements, sitting to standing, and fine movements of hands worsened her symptoms. Dr. [REDACTED] felt that her disability is permanent at this time. She could not perform daily work due to the limitations described previously.

Job Factors Form, [REDACTED] County Employees Retirement System, dated [REDACTED]  
[REDACTED]

I have read and reviewed the job factor form given to me by [REDACTED].

**Medical Records:**

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient was seen for evaluation of a newly diagnosed rheumatoid arthritis. On [REDACTED] she stated she developed acute neck pain and stiffness. She could not rotate her neck. She subsequently developed right 3rd finger diffuse swelling, left knee pain and swelling, right ankle pain, right shoulder pain, and left wrist pain. The pain and swelling lasted about 3-4 days in a joint and then progressed to a new area. She was prescribed a prednisone burst and taper, and she had complete resolution of her symptoms. As she tapered off, the pain and swelling had returned. At the initial visit, she was complaining of right wrist, 2nd and 3rd finger PIP/DIP. Morning stiffness was about 1 hour. She related she developed Raynaud's 1 year ago with white or blue discoloration in exposure to cold. This would occur about once per

week. She indicated she had pulmonary hypertension diagnosed in 2011 by RHC and was on Adcirca. She also had GERD and was on omeprazole. She had history of mild difficulty swallowing and she was being followed by ENT, and this was suspected to be due to GERD. She had been taking Vicodin or ibuprofen without much benefit. At this time, she continued to have severe pain in the PIPs, wrists mainly in the right greater than left hand. Morning stiffness was longer than an hour. She had been placed on prednisone a week ago. She had elevated sugars and difficulty sleeping. She had noted that it helps the joint pain but had not taken it away. Her blood pressure was 100/60 and weight was 243 pounds. On exam, there was mild synovitis of the PIPs on the right and tenderness over the wrists and right PIP 2/3. Serological workup with positive rheumatoid factor, positive CCP, positive ANA, and elevated inflammatory markers. Assessment: 1) Palindromic rheumatoid arthritis. 2) Pulmonary hypertension. 3) Raynaud's disease. 4) Morbid obesity, status post 120-pound weight loss. 5) Obstructive sleep apnea on BiPAP. 6) Diabetes mellitus. Plan was to start methotrexate 10 mg every week for 2 weeks and increase then to 15 mg every week; folic acid 1 mg daily; continue prednisone (ok to decrease to 5 mg per day given sleep disturbance and elevated sugars until methotrexate takes effect); high risk medication monitoring with CRP, CMP and CBC every month, and to continue to monitor sugars carefully. Core warming was recommended.

Initial Evaluation Note from The [REDACTED] Orthopedic Clinic by [REDACTED], M.D. on [REDACTED].

The patient reported pain in the bilateral knees and right foot. She had been recently diagnosed with rheumatoid arthritis, and had an increased development of bilateral knee pain as well as right foot being painful. She was taking methotrexate at this time and felt that it was not helping remarkably. Her medical history was remarkable for diabetes, hypersomnolence, and pulmonary hypertension. Examination showed tenderness to palpation along all the joint lines, patellar facets and medial joint lines of both knees, as well as tenderness in the medial forefoot. Impression: Symptoms to date were attributed to systemic inflammatory arthritis. Dr. [REDACTED] suggested continued treatment with the rheumatologist, Dr. [REDACTED].

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient complained of pain in right 3rd PIP, 4th MCP, lateral hips, right shoulder, and neck. She also had diarrhea which she attributed to methotrexate. She recently had trochanteric bursa shots with noted benefit. She was off prednisone at this time, and had finished burst and taper 2 weeks ago. Her joints were significantly better on this. Her blood pressure was 100/60 and weight was 243 pounds. On exam, there was tenderness over the wrists, PIPs and knees. Repeat labs showed decreased CRP from 31 to undetectable. Assessment: Unchanged. Plan was to continue methotrexate 15 mg every week and start Probiotic for diarrhea.

Initial Hand Consultation Report by [REDACTED], M.D. on [REDACTED].

The patient reported left wrist pain. She stated that on [REDACTED], she developed significant pain in her neck and her right upper extremity and knee. She was subsequently diagnosed by Dr. [REDACTED], rheumatology, as having rheumatoid arthritis with CCT blood work over 100. She had been treated conservatively by Dr. [REDACTED] with thumb spica splint and 12 visits of therapy at Advanced. The therapy had helped. She had not had anti-inflammatory medication due to recommendations from her gastrointestinal physician. She had been placed on methotrexate without improvement. Her medical history was remarkable for GERD, pulmonary hypertension, and diabetes mellitus type 2. She was taking Adacel, metformin, aspirin, citalopram, pravastatin, folic acid, furosemide, Provigil, Prilosec, and vitamin D. Examination showed decreased wrist flexion and extension on the left wrist, mild tenderness over the left ECU tendon as well as both SL and LT interval. There was boggiess over the left dorsal wrist at the radiocarpal joint diffusely compatible with synovitis. X-rays of the left wrist showed no significant abnormality and well-maintained joint spaces. Ultrasound of the left wrist showed synovitis, no focal cyst formation, and no significant extensor tenosynovitis. Diagnosis: Rheumatoid arthritis, non-industrial, including the left wrist. Dr. [REDACTED] felt the patient's left wrist should be treated through her private health insurance. It was the opinion of Dr. [REDACTED] that the patient's left wrist pain was due to rheumatoid arthritis rather than her industrial activities. Dr. [REDACTED] apportioned 100% of any residual impairment disability from the patient's left wrist to non-industrial causes. Dr. [REDACTED] indicated that there were no limitations or restrictions with respect to the left wrist on a worker compensation basis.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED]

The patient presented with complaints of pain in the bilateral hip over trochanteric bursa for which she was given bilateral trochanteric bursa injection 2 weeks ago. She had lower back pain with pain down the lateral aspect of the right leg to ankle with associated tingling down the left lateral leg. The tops of her feet were painful for which she received injections into midfoot with benefit in past. She also had burning pain down the anterior shins. She had been complaining of dizziness at night and shortness of breath when she lays down flat. She stated methotrexate was switched to subcutaneous form, taking 0.6 ml every week; he no longer had diarrhea since. CRP was less than 4. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis, non-active, doing much better, tolerating the subcutaneous methotrexate. 2) Pulmonary hypertension. 3) Raynaud's disease. 4) Morbid obesity, status post 120-pound weight loss. 5) Obstructive sleep apnea on BiPAP. 6) Diabetes mellitus. 7) GERD. 8) Bone health. 9) Osteoarthritis, knees. 10) Lumbar spondylosis with right lateral leg radicular pain and tingling in L5 distribution. 11) Trochanteric bursitis, right greater left. Dr. [REDACTED] performed right trochanteric bursa steroid injection under ultrasound guidance. The patient was recommended to continue methotrexate subcutaneous 0.6 ml every week, folic acid 1 mg daily, and tadalafil. Dr. [REDACTED] ordered RNA polymerase, CBC, CRP and CMP every 3 months; bone density check, and vitamin D level check.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient's recent labs showed elevated CRP to 23. Reportedly, prednisone was increased to 20 mg per day due to rising inflammatory markers in the setting of increasing small joint pains of her hands with swelling. She was on this for 7 days and then stopped. With the burst in prednisone, her joint pains completely resolved. She continued on methotrexate subcutaneous 0.6 ml every week and folic acid. Her blood pressure was 110/60 and weight was 240 pounds. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. 2) Pulmonary hypertension. 3) Raynaud's disease. 4) Morbid obesity, status post 120-pound weight loss. 5) Obstructive sleep apnea on BiPAP. 6) Diabetes mellitus, uncontrolled; recently increased metformin while on higher dose of prednisone. 7) GERD, history of gastritis. 8) Bone health. 9) Osteoarthritis, knees, spine and mildly in bilateral hips. 10) Right lateral hip pain, gluteal tendinosis on MRI. 11) Depression/anxiety/chronic pain disorder. Dr. [REDACTED] increased methotrexate subcutaneous to 0.8 ml every week. The patient was continued on folic acid 1 mg daily, tadalafil, calcium, and Cymbalta. DEXA was ordered.

Bone Density (DEXA) Scan from [REDACTED] Clinic on [REDACTED]

DEXA scan of the left hip and spine was normal.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient complained of 1 day of extreme right shoulder pain with difficulty with abduction. Her wrist and hand pain had resolved. She was off prednisone. Plan was to recheck CRP and a QuantiFERON Gold for evaluation of TB. She was started on Enbrel, restart prednisone 10 mg per day, and use Percocet for pain support.

Progress Note from [REDACTED] Medical Center by [REDACTED], M.D. on [REDACTED]

The patient reported worsening left shoulder, arm and hand pain. She stated that the pain at this time was from her left shoulder all the way down to the tips of her fingers. She also had pain even with light sensation. Her blood pressure was 110/70. Examination showed pain with light touch even over the left hand and shoulder, mild swelling over the left wrist, and +1 lower extremity edema. Assessment: 1) Left shoulder pain. 2) Rheumatoid arthritis. 3) Diabetes mellitus. Plan was to continue Prednisone Kit 10 mg as directed and increase metformin HCL 500 mg to two tablets twice a day while on prednisone.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED]

The patient complained of severe left shoulder pain with difficulty abducting her arm. Also, she had ongoing pain and swelling in her wrists, MCPs with morning stiffness several hours. She continued on methotrexate subcutaneous 0.8 Follow-Up Note every week, folic acid, and



prednisone 10 mg per day. Her blood pressure was 110/60 and weight was 240 pounds. QuantiFERON Gold was indeterminate grade. PPD negative. CRP was normal. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. Active inflammatory arthritis in the wrists, MCPs. 2) Pulmonary hypertension. 3) Raynaud's disease. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Right lateral hip pain, gluteal tendinosis on MRI. 7) Depression/anxiety/chronic pain disorder. 8) Acute left shoulder pain with abduction for 5 days, suspect active rheumatoid arthritis. Plan was to start Enbrel.

Progress Note from [REDACTED] Medical Center by [REDACTED], M.D. on [REDACTED]

The patient returned with complaints of right outer dorsal aspect foot pain. She stated over the last 2 weeks she had increased pain over the right topical dorsal aspect of her foot. She had a history of heel spurs but denied any pain on the plantar aspect of the foot. She indicated pain even when lightly putting her foot down to the ground. She noted some localized swelling over the area. She stated prednisone was decreased from 15 mg to 10 mg. She noted that Percocet and Vicodin did not seem to help with pain. Her blood pressure was 118/68 and weight was 254 pounds. On exam, there was pain with light touch even over the right foot over the dorsal lateral aspect. There was +1 lower extremity edema. Assessment: Right foot pain, mostly consistent with rheumatoid arthritis exacerbation. The patient was recommended to speak with Dr. [REDACTED] about going back to 15 mg of prednisone.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient reported pain and swelling in the right foot lateral aspect that was painful with walking. Prednisone was increased to 15 mg a week prior and was then tapered back down to 10 mg per day. She continued on methotrexate subcutaneous 0.8 ml every week and folic acid. She no longer had pain in her hands or her left shoulder. Her right hip was 80% better. She denied any further morning stiffness. Her blood pressure was 110/60 and weight was 240 pounds. CRP had returned to undetectable levels. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease. 4) Bone health, increased risk of osteoporosis in the setting of prednisone use, inflammatory arthritis. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Right lateral hip pain, gluteal tendinosis on MRI, improved with physical therapy and time. 7) Depression/anxiety/chronic pain disorder. 8) Acute left shoulder pain with abduction, completely resolved with prednisone. 9) Acute right lateral mid foot pain. Plan was to continue methotrexate subcutaneous 0.8 ml every week, folic acid 1 mg daily, Enbrel, tadalafil, calcium 1000 mg per day, and Cymbalta. X-rays of the right foot were ordered.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient complained of right hip and right foot pain. She had seen podiatry and was felt to have a benign tumor. Cortisone shot was planned. She continued on methotrexate

subcutaneous 0.8 ml every week, folic acid, and Enbrel. She was off prednisone completely. She stated she was seen by ophthalmology due to pain in her bilateral eyes, redness around her eyes, blurriness, and photosensitivity. Dr. [REDACTED] suspected iridocyclitis, non-infectious, and he questioned whether rheumatoid arthritis medications could cause this. She had been placed on anti-inflammatory and antihistamine. Her eye pain was completely resolved over the last 24 hours with treatment. She related that she went for an MRI and was given Ativan. She subsequently became unconscious and had seizures. She was revived with fluids. Her blood pressure was 110/60 and weight was 250 pounds. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis, complete resolution of her inflammatory arthritis, with an overlap syndrome. Uveitis was more from the underlying autoimmune syndrome than a side effect from Enbrel. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease, stable. No ulcers. 4) Bone health, increased risk of osteoporosis in the setting of prednisone use, inflammatory arthritis. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Right lateral hip pain, gluteal tendinosis on MRI, improved with physical therapy and time. 7) Depression/anxiety/chronic pain disorder. 8) Benign tumor of right foot. Plan was to switch Enbrel to Humira if the patient had recurrent uveitis; continue methotrexate subcutaneous 0.8 ml every week, folic acid 1 mg by mouth daily, and Enbrel.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient reportedly underwent breast reduction surgery and had postop infection for which she was placed on Keflex. Apparently, as she recovered from the local anesthesia, she developed seizures. She had been back on methotrexate subcutaneous 0.8 ml every week, folic acid, and Enbrel. She still had pain in the bilateral outside of the hip. The small joint of her hands were doing well. She denied recurrent red eye or painful eye. Her blood pressure was 110/66 and weight was 250 pounds. Inflammatory markers were normal. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. No active arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease, doing well. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Right and left lateral hip pain, gluteal tendinosis on MRI. 7) Depression/anxiety/chronic pain disorder. 8) Benign tumor of right foot. 9) Status post breast reduction surgery. The patient was instructed to hold off methotrexate and Enbrel until infection resolved.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient complained of stiffness in her PIPs, lower back, and right lateral hip. She reported intermittent hypoglycemic, she recently stopped metformin, and rare Raynaud's symptoms. She had a sore on her 2nd top of toe with mild erythema. She continued on methotrexate subcutaneous 0.8 ml every week, folic acid, and Enbrel 50 mg every week. Her blood pressure was 120/68 and weight was 250 pounds. Inflammatory markers normal with CRP less than 4. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. No active arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease, doing well. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic right lateral hip and

right buttock pain. 7) Depression/anxiety/chronic pain disorder. 8) Pending gastric bypass. 9) Ulceration of right 2nd dorsum PIP. The patient was cleared for gastric bypass. She was recommended to discontinue Enbrel and methotrexate 1 week before surgery and for 1-2 weeks after.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient presented for urgent visit for hospital follow-up. She reportedly was seen at hospital with central chest symptoms described as pressure and sharp. There was pain upon deep breathing. Cardiology saw her who did not think it was of cardiac etiology. Overall suspected to have pleuritis from questionable rheumatoid arthritis. At this time, she continued to have chest pressure and pleuritic pain. She also had severe pain in the right elbow, pain in the right lateral foot at base of 5th metatarsal, ongoing burning, tingling in right thigh (meralgia paresthetica), and ongoing Raynaud's. Her blood pressure was 100/60 and weight was 273 pounds. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. No active inflammatory arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease, doing well. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Depression/anxiety/chronic pain disorder. 7) Pending gastric bypass. 8) Ulceration of right 2nd dorsum PIP, completely resolved. 9) Lateral epicondylitis. 10) Pleuritis/questionable pericarditis. Dr. [REDACTED] recommended echocardiogram, evaluation for drug-induced lupus, start prednisone burst and taper, and continue Enbrel at this time.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient complained of pains in the PIPs, MCPs, knees, and right lateral foot. She noted no change to her meralgia paresthetica symptoms on right. She still had Raynaud's and a few lesions on back that were painful and red. She stated prednisone 5 mg provided mild relief. Her blood pressure was 122/80. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis, slowly elevating CRP. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease, doing well. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Depression/anxiety/chronic pain disorder. 7) Pending gastric bypass. 8) Ulceration of right 2nd dorsum PIP, completely resolved. 9) Lateral epicondylitis. 10) Pleuritis/questionable pericarditis, resolved, likely secondary to rheumatoid arthritis. 11) Staph infection, back. The patient was prescribed mupirocin. [REDACTED] recommended the patient to have one more injection of Enbrel and then discontinue until 1-2 weeks after surgery when she will switch to Humira, and to take Tylenol PM for sleep.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient had undergone gastric bypass and did great. She was off of her rheumatoid arthritis medications for almost 5 weeks. She stated she restarted methotrexate 0.8 ml every week and folic acid 1 mg per day. She stopped Enbrel and started Humira the prior week. She related that she had been having chronic cough for the last 4 weeks and had been asked by Dr.

Sager to go on prednisone 40 mg per day for 3 days. She indicated that she was taken off of Cymbalta last September which was replaced by fluoxetine. She had lost 26 pounds thus far. She reported ongoing pain in the wrists, right lateral hip, knees, and lateral feet. She had morning stiffness and ongoing Raynaud's symptoms. She was using Voltaren gel for her right epicondylitis. Her blood pressure was 104/62 and weight was 214 pounds. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. Active arthritis despite TNF. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Depression/anxiety/chronic pain disorder. 7) Chronic dry cough. Dr. [REDACTED] recommended trial of 40 mg prednisone for 3 days and then CT of the chest if not better.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient had a persistent cough since last visit, and methotrexate was discontinued temporarily. She had continued on Humira. She was also started on levofloxacin. She had lost 37 pounds. She still had knee and foot pain. Her blood pressure was 115/60 and weight was 230 pounds. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. No active synovitis at this time. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Depression/anxiety/chronic pain disorder. 7) Lateral epicondylitis, refractory. The patient was started on Plaquenil 200 mg twice a day. She was also advised to restart methotrexate subcutaneous 0.6 ml every week and if she starts coughing again then stop permanently, and continue Humira every 2 weeks.

Progress Note from [REDACTED] Medical Center by [REDACTED], M.D. on [REDACTED]

The patient followed up due to her chronic pain. She had rheumatoid arthritis which resulted in swelling and pain in her hands. She had osteoarthritis of the knees and hips for which she was receiving Hyalgan injections from Dr. [REDACTED]. She had difficulty performing her job due to swelling and persistent pain over the right elbow. Dr. [REDACTED] had performed local injections to the area without much benefit and planned on having a right elbow surgery on 05/21/15. She reported she had lost 10 pounds over the last 4 months since her gastric bypass. Her blood pressure was 118/66 and weight was 225 pounds. Assessment: 1) Degenerative joint disease of knee. 2) Rheumatoid arthritis. 3) Pseudoseizures. 4) Primary pulmonary hypertension. 5) Status post gastric bypass for obesity. Plan was to continue hydrocodone/acetaminophen 5/325 mg every 6 hours, folic acid 5 mg once a day, Humira Kit subcutaneously, hydroxychloroquine sulfate 200 mg with food or milk twice a day, Cymbalta 60 mg once a day, Dymista suspension 137/50 mcg, Adcirca 40 mg daily, and vitamin B12.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient was scheduled to have surgery for the right elbow chronic lateral epicondylitis.

She was discontinued on MTX and Humira 1 week before and after. She reported that she tolerated Plaquenil well. She stated she underwent Orthovisc series 2-3 weeks ago and had not noted benefit yet. Her pain continued in the lateral hips, ankles and feet. She also had ongoing small joint pain in hands, mainly PIPs. She reported 1 hour of morning stiffness. She also had more diffuse hypersensitivity to touch. Her blood pressure was 115/60 and weight was 224 pounds. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. No active inflammatory arthritis at this time. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis of hips and right lateral epicondylitis. 7) Depression/anxiety/chronic pain disorder. Plan was to increase methotrexate subcutaneous back to 0.8 ml, try trazodone for sleep, and to continue Plaquenil 200 mg twice a day, folic acid 1 mg daily, Humira every 2 weeks, calcium 1200 mg per day, and Cymbalta.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient was status post right elbow chronic lateral epicondylitis surgery, successful without complication but very painful. She stated she continued to have episodes of low blood pressure with associated lightheadedness. She also complained of heel pain where spur is known, and ongoing chest pains and discomfort. She still had pain in PIPs as well as 1-2 hours of morning stiffness. She also indicated plantar fasciitis in the left foot and tendonitis in the right foot. Her blood pressure was 116/60 and weight was 224 pounds. On exam, there was mild 2nd right MCP synovitis. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis/bursitis versus tender points of hips. 7) Right lateral epicondylitis, status post-surgical release. 8) Chronic chest wall pain, costochondritis. 9) Depression/anxiety/chronic hyperpathic pain disorder. 10) Hypotension, episodes of near syncope. Plan was to start topical NSAIDs to MCP, PIP and chest wall and trial of trazodone.

Progress Notes from [REDACTED] by [REDACTED], MOTR/L on [REDACTED] to [REDACTED].

The patient attended physical therapy treatment for the right elbow.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient stated that she had left heel corticosteroid injection. She reported that her knees were still bad. HA injections did not help. Dr. [REDACTED] recommended surgery. Her right elbow was doing better. She indicated that her left shoulder had been bothering her recently when she abducts. Her chest discomfort had been minimal. She still had ongoing pain in the PIPs, MCPs and knees with 1-hour morning stiffness, as well as ongoing low back pain. She continued on methotrexate 0.8 ml per week, Humira 40 mg subcutaneous every 2 weeks, and Plaquenil 200 mg twice a day. Her blood pressure was 110/70 and weight was 215 pounds.

Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis/bursitis versus tender points of hips. 7) Right lateral epicondylitis, status post-surgical release. 8) Chronic chest wall pain, costochondritis, doing better. 9) Depression/anxiety/chronic hyperpathic pain disorder. Dr. [REDACTED] requested MRI of the sacroiliac joint. Other recommendations included discontinuation of Humira and switch to Remicade 5 mg every 6 weeks. Samples of Pennsaid were provided.

Procedure Note by [REDACTED] R.N. on [REDACTED], [REDACTED]  
[REDACTED]

The patient had Remicade infusion. She received 300 mg without reaction.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient complained of right shoulder pain which she attributed to the use of a new mouse at work. She reported pain in her left greater than right knee for which Dr. [REDACTED] planned for hyaluronic acid injections. She stated the pain in the small joints of her hands were minimal at this time. Morning stiffness was unchanged with about an hour until she loosened up. She also continued to have low back pain persists. She was on her second Remicade infusion of a loading dose at 3mg/kg. Her blood pressure was 104/58 and weight was 212 pounds. On exam, there was minimal synovitis in the right 2nd MCP. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis/bursitis versus tender points of hips. 7) Chronic hyperpathic pain disorder. Plan was to continue Remicade 3 mg/kg every 8 weeks as well as continue methotrexate 0.8 ml subcutaneous every week, Plaquenil 200 mg twice a day and folic acid 1 mg daily.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient was doing moderately well at this time. Her mechanical joint pains, including her knees, were doing better with the hyaluronic acid injections through Dr. [REDACTED]. Her trochanteric bursitis/enthesitis was doing very well since cortisone injection. Her right shoulder continued to give her trouble. She also had mild pain in the small joints of her hands across her MCPs. She continued to have morning stiffness lasting for about an hour. She reported that she did increase her trazodone recently to 100 mg per night from 50 mg. Her blood pressure was 88/60 and weight was 213 pounds. Assessment: Unchanged. Plan was same as previous.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient presented for her fourth Remicade infusion. She indicated pain in the right shoulder and right knee, as well as in the right 3rd MCP. Her blood pressure was 102/62 and

weight was 209 pounds. Examination showed minimal tenderness and minimal synovitis over the right 3rd MCP. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease, secondary. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis/bursitis versus tender points of hips. 7) Right shoulder rotator cuff tendinosis, partial tear, due to chronic impingement. 8) Chronic hyperpathic pain disorder, no benefit with Cymbalta. 9) GERD. 10) Obesity, status post gastric bypass. 11) Obstructive sleep apnea on BiPAP. 12) History of uveitis, resolved. Remicade was increased to 5 mg/kg.

Procedure Note by [REDACTED], R.N. on [REDACTED], [REDACTED], [REDACTED]  
[REDACTED]

The patient had Remicade infusion. She received 400 mg without reaction.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient returned for Remicade infusion. She was on 5 mg/kg every 8 weeks. She felt the Remicade had made a good difference. She also continued on methotrexate 0.8 ml per week and Plaquenil 200 mg twice a day. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis, no further evidence of inflammatory arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease, secondary. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis/bursitis versus tender points of hips, overall doing better. 7) Right shoulder rotator cuff tendinosis, partial tear, due to chronic impingement. 8) Chronic hyperpathic pain disorder, no benefit with Cymbalta. 9) GERD. 10) Obesity, status post gastric bypass. 11) Obstructive sleep apnea on BiPAP. 12) History of uveitis, resolved. 13) Dysphagia, regurgitation. The patient was given a go for right knee replacement.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient returned for Remicade infusion. She was on 5 mg/kg every 8 weeks. She complained of pain over the right shoulder, right elbow, and right lateral hip. She reported that barium swallow was normal. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis, no further evidence of inflammatory arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease, secondary. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis/bursitis versus tender points of hips, worsening pain over the right GTB. 7) Right shoulder rotator cuff tendinosis, partial tear, due to chronic impingement. 8) Chronic hyperpathic pain disorder, no benefit with Cymbalta. 9) GERD. 10) Obesity, status post gastric bypass. 11) Obstructive sleep apnea on BiPAP. 12) History of uveitis, resolved. 13) Dysphagia, regurgitation. Plan was to continue Remicade 5 mg/kg every 8 weeks, methotrexate 0.8 ml per week and Plaquenil 200 mg twice a day.

Bone Density (DEXA) Scan from [REDACTED] Clinic on [REDACTED].

DEXA scan of the left hip and lumbar spine was normal.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED]

The patient stated she developed costochondritis and increased joint pain, and she was started on prednisone burst. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease, secondary. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis/bursitis versus tender points of hips. 7) Right shoulder rotator cuff tendinosis, partial tear, due to chronic impingement. 8) Chronic hyperpathic pain disorder, no benefit with Cymbalta. 9) GERD. 10) Obesity, status post gastric bypass. 11) Obstructive sleep apnea on BiPAP. 12) History of uveitis, resolved. 13) Dysphagia, regurgitation. Remicade was increased to 7 mg/kg.

Procedure Note by [REDACTED], R.N. on [REDACTED].

The patient had Remicade infusion. She received 500 mg without reaction.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient stated she was doing better status post knee arthroplasty by Dr. [REDACTED]. She restarted methotrexate 3 weeks ago with slow improvement. She reported that her right 3rd MCP was painful and swollen. She also indicated pain in the right shoulder. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. Active inflammatory arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's disease, secondary. 4) Bone health. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis/bursitis versus tender points of hips. 7) Right shoulder rotator cuff tendinosis, partial tear, due to chronic impingement. 8) Chronic hyperpathic pain disorder, no benefit with Cymbalta. 9) GERD. 10) Obesity, status post gastric bypass. 11) Obstructive sleep apnea on BiPAP. 12) History of uveitis, resolved. 13) Dysphagia, regurgitation. Plan was to restart Remicade 7 mg/kg.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED].

The patient continued to recover from her right knee arthroplasty. She was still requiring two to three Percocet a day. She also was having moderate amount of joint pain in the MCPs, right shoulder and left knee. She noted 1-2 hours of morning stiffness. Her blood pressure was 110/62 and weight was 207 pounds. Assessment: Unchanged. Remicade was increased to 600 mg.

Procedure Note by [REDACTED], R.N. on [REDACTED].

The patient had Remicade infusion. She received 500 mg without reaction.



Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED]:

The patient complained of chest wall pain and diffuse hyperpathia over her neck, chest, back, arms and hands. She had been given prednisone burst which did not help her chest wall pain, or any of her joint or diffuse pains. She was feeling increased depression and anxiety. She noted minimal improvement with increased dose of Remicade. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's syndrome, secondary. 4) Chronic hyperpathic pain disorder, on Cymbalta. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis/bursitis versus tender points of hips. 7) Right shoulder rotator cuff tendinosis, partial tear, due to chronic impingement. 8) Bone health. 9) GERD. 10) Obesity, status post gastric bypass. 11) Obstructive sleep apnea on BiPAP. 12) History of uveitis, resolved. Dr. [REDACTED] recommended starting daily water aerobic exercises, continue Cymbalta, and add Lyrica.

Rheumatology Follow-Up Note by [REDACTED], M.D. on [REDACTED]:

The patient presented for Remicade infusion. She reported Cymbalta was increased by PCP. She noted some benefit with Lyrica. She indicated episodes of increased restless legs at night and increased anxiety attacks at night. She stopped Lyrica to see if this was causing the symptoms, but it had no effect either way. She noted myofascial pain in neck, hips and low back, as well as joint pain in hands and feet. She stated her chest wall pain had improved, but it comes and goes. Assessment: 1) Seropositive, non-erosive rheumatoid arthritis. 2) Pulmonary hypertension, well controlled. 3) Raynaud's syndrome, secondary. 4) Chronic hyperpathic pain disorder, on Cymbalta. 5) Osteoarthritis, knees, spine and mildly in bilateral hips. 6) Chronic enthesitis/bursitis versus tender points of hips. 7) Right shoulder rotator cuff tendinosis, partial tear, due to chronic impingement. 8) Bone health. 9) GERD. 10) Obesity, status post gastric bypass. 11) Obstructive sleep apnea on BiPAP. 12) History of uveitis, resolved. 12) History of pseudoseizures. 15) Status post right elbow chronic lateral epicondylitis surgery. 16) History of plantar fasciitis. 17) Dry eye. Plan was to continue Plaquenil 200 mg twice a day, methotrexate 0.8 ml every week and Remicade 600 mg IV every 7 weeks, and restart Lyrica with close monitoring.

Procedure Note by [REDACTED], R.N. on [REDACTED]:

The patient had Remicade infusion. She received 600 mg without reaction.

Surgery History and Physical Note from [REDACTED] Hospital by [REDACTED], M.D. on [REDACTED]:

The patient was admitted for left total knee replacement to treat longstanding and worsening pain associated with left knee arthritis. Her medical history was significant for anemia, GERD, hypertension, and pulmonary artery hypertension, as well as cholecystectomy, breast surgery, hernia repair, elbow arthroplasty, reduction mammoplasty, left knee arthroscopy with

debridement, and gastric bypass. Examination showed tender joint lines and small effusion. The patient was to proceed with surgery.

Operative Note from [REDACTED] Hospital by [REDACTED], M.D. on [REDACTED]

The patient underwent left total knee replacement due to left knee mixed arthritis.

Orthopedic Surgery Inpatient Discharge Summary from [REDACTED] Hospital by [REDACTED], M.D. on [REDACTED].

The patient had uncomplicated surgical treatment with total joint replacement followed by unremarkable postoperative recovery. Diagnosis: Arthritis of left knee. She was discharged home in stable condition. Discharge medications included docusate sodium 250 mg twice a day, oxycodone 20 mg twice a day for 10 days, and rivaroxaban 10 mg daily with breakfast for 10 days.

End of medical record review.

**DIAGNOSES:**

1. Rheumatoid arthritis.
2. Pulmonary hypertension.
3. Raynaud's disease.

**DISCUSSION:**

The claimant is a [REDACTED]-year-old female with a history of severe rheumatoid arthritis and pulmonary hypertension diagnosed about 5 years ago. She has been treated with high dose methotrexate and biologic therapy. She is currently on Remicade 600 mg every 6 weeks along with Methotrexate. Despite her aggressive treatment regimen, she continues to experience pain in her hands, wrists and shoulders. She experiences RA flares every two months. She claims that her functional capacity is significantly limited during the flares.

**MEDICAL QUESTIONS AS GIVEN BY [REDACTED]:**

1. **Is there objective evidence of a rheumatoid arthritis disorder? If so, please state what tests and measurements were performed with what result.**

The applicant's history, physical exam and laboratory test results are consistent with rheumatoid arthritis (RA). Laboratory testing completed at [REDACTED] on [REDACTED]

[REDACTED] indicates a positive rheumatoid factor and her sed rate is mildly elevated. The degree of objective findings is consistent with her given history.

- 2. Does the member have any subjective complaints attributable to the rheumatoid arthritis disorder that is claimed to be incapacitating? If so, please state.**

The applicant complains of experiencing RA flares about once every two months. Her flares last up to four days. She claims that activities such as typing or computer use exacerbate her RA. At the time of my exam, the applicant did not have an active flare. It is medically plausible that she becomes severely incapacitated at the time of her RA flares.

- 3. Is the rheumatoid arthritis condition claimed to be incapacitating, worsening, improving or remaining the same?**

It appears to be worsening. Her Remicade dose was recently escalated due to her increased disease activity.

- 4. Is there presently, or is there likely to be in the future, the need for future diagnostic procedures, evaluations or treatments with respect to the condition? If so, please describe the nature and extent of the same.**

Yes. The member will likely require a switch to another biologic therapy if she does not respond to Remicade adequately. She might also require surgical intervention for her hip arthritis.

- 5. According to the criteria set forth above and your review of the attached Job Factors Form does the member's rheumatoid arthritis condition presently incapacitate the member from any activity, or other job duty prescribed in the enclosed job factors form? Please take into account any reasonable accommodation that may be possible or as described in the job factors form.**

Yes. The applicant is incapacitated and would be unable to perform many of her usual tasks including managing eligibility caseload, training of staff, organizing and conducting meeting or providing monthly reports.

- 6. If you find the member is presently incapacitated by rheumatoid arthritis condition from performance of any job duty, is such current incapacity permanent or likely to materially improve with additional treatment?**

I find within a reasonable medical probability that incapacity caused by rheumatoid arthritis is permanent.

- 7. If you conclude the applicant's present incapacity is likely to materially improve with additional treatment, please describe the treatment medically likely to bring about such a material improvement in the applicant's functional capacity.**

Not applicable.

- 8. Based on your response to questions 5, 6 and 7 above and review of the Job Factors Form and any other materials in the binding regarding job duties, do you feel that the member:**

**a. Can return to her described usual assignment, or any described Alternate Assignment, with no work restrictions, or**

**b. Can return to her usual assignment, with accommodations as described in the Job Factors Form, or**

**c. Can return to any of the described Alternate Assignments within her job class the demands of which are more congenial to her work restrictions (if so, please list the appropriate alternate assignments), or**

**d. Cannot return to her usual assignment regardless of the described reasonable accommodations,**

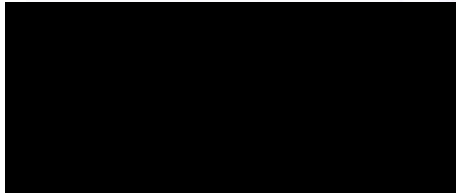
**e. Cannot return to any of the described alternate assignments**

She cannot return to her usual assignment regardless of the described reasonable accommodations.

- 9. In your opinion, which describes the role of the applicant's current employment in the causation of the applicant's alleged rheumatoid arthritis incapacity?**

The employment setting contributed not at all to the alleged incapacity and was merely a passive stage or backdrop upon which the natural progression of applicant's underlying rheumatoid condition manifested.

Thank you for the opportunity to review the records and examine Ms. XXXXX. Please let me know if you have any questions.

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Keyvan Yousefi, MD.

A small black rectangular redaction box covering the date.

Date

KEYVAN YOUSEFI, M.D.

Diplomate, American Board of Internal Medicine and Rheumatology  
8631 W. 3rd Street, Suite 1020, Los Angeles, California 90048

[REDACTED]

**INDEPENDENT MEDICAL EXAMINATION IN RHEUMATOLOGY**

RE: XXXXX, XXX

XXX XXXXX was seen in my office for an independent medical examination in rheumatology on [REDACTED].

**IDENTIFICATION:** The applicant was born on [REDACTED]. She worked for the County of [REDACTED] as a [REDACTED] for the [REDACTED]. She was promoted to a [REDACTED], [REDACTED] in March 1992. She remained in that position until July 2018 although she had not worked since November 2005. The claimant is currently unemployed. Her job duties included activity such as writing, typing, carrying bags, answering phone and interviewing patients.

**HISTORY OF PRESENT ILLNESS:**

The patient has a history of fibromyalgia diagnosed in or around 2007. She has a history of allergies to multiple medications. She claims that she has pain in her entire body. She complains of pain in arms and shoulders, feet, lower back and neck region. She complains of cramping in her hands and her feet. She complains of constipation.

**MEDICATIONS:**

Avapro 300 mg daily, Glumetza ER 1000 mg twice a day, Lipofen 150 mg daily, Doxycycline 100 mg twice a day, and Januvia 100 mg daily.

**ALLERGIES:**

A long list of medications that include Benicar, Cymbalta, Dilaudid, Elavil, Gabapentin, Invokana, Lantus insulin, Levothyroxine, Lortab, Percocet and Savella.

**PAST MEDICAL HISTORY:**

1. Diabetes diagnosed around 2002.
2. Hypertension diagnosed around 2002.
3. Fibromyalgia diagnosed in or around 2007.
4. Hemorrhoids.
5. TMJ disorder.
6. Migraine disorder.

**PAST SURGICAL HISTORY:**

1. Tonsillectomy.
2. Hysterectomy.
3. Melanoma resection.
4. Bilateral shoulder arthroscopic surgeries.
5. Bilateral carpal tunnel release.
6. Right De Quervain release.
7. Bilateral cubital tunnel surgery.
8. Right thumb surgery and right hand trigger finger release.

**FAMILY HISTORY:**

Both parents are deceased. Her mother died in a car accident. Her father was murdered. She has four brothers and four sisters. One sister has diabetes.

**FUNCTIONAL HISTORY:**

The claimant has much difficulty with taking a shower or bath, washing or drying her body, turning on and off faucets, getting in and out of toilet, combing her hair, dressing herself or putting on and off shoes. She is mostly unable to open a carton of milk or a jar or make a meal. She is mostly unable to sit, climbing a flight of ten stairs, work outdoor, perform light housework, carrying groceries or lifting greater than 5 pounds. She is mostly unable to write or type or use telephone. She is mostly unable to get in and out of a car, drive a car, ride in a car or fly in a plane.

She is mostly unable to go to sleep, sleep through the night, have restful sleep or feel refreshed after sleep.

Epworth Sleepiness Scale score is 5.

**REVIEW OF SYSTEMS:**

**Constitutional:** Positive for chills and sweats, fatigue, and insomnia.

**Eye:** Positive for blurred vision, eye pain and sensitivity to light.

RE: XXXXX, XXX

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**Ear, nose, and throat:** Positive for earache, tinnitus, frequent sore throat and sinus congestion.

**Cardiovascular:** Positive for shortness of breath and swollen ankle.

**Respiratory:** Positive for wheezing.

**Gastrointestinal:** Positive for nausea, constipation and chronic abdominal pain.

**GU:** Positive for polyuria.

**PHYSICAL EXAMINATION:**

**GENERAL:** Obese female sitting in a chair, in no apparent distress.

**VITAL SIGNS:** Weight is 208 pounds. Blood pressure is 184/111. Pulse is 120. Respiratory rate is 16.

**HEENT:** Eyes, extraocular muscles intact.

**NECK:** Supple.

**LUNGS:** Clear to auscultation.

**CARDIOVASCULAR:** Regular rate.

**MUSCULOSKELETAL:** Diffuse tenderness throughout the body is noted. There is no evidence of joint effusion in hands, wrists, elbows, shoulders, knees or ankles.

**NEUROLOGIC:** Alert and oriented x3.

**SKIN:** No rash.

**MEDICAL RECORD REVIEW:**

**██████████ County Records:**

**██████████ County Employees Retirement System, Application for Disability Retirement on ██████████.**

I have read and reviewed the Application for Disability Retirement as provided to me by ██████████.

**██████████ County Employees Retirement System, Treating Physician's Statement signed by ██████████, M.D. on ██████████**



The patient had been treated for 10 years and was seen every three months. Incapacitating conditions were chronic pain syndrome, cervical radiculopathy - C3-C4 and C5-C6, lumbar radiculopathy, fibromyalgia, poorly controlled hypertension, poorly controlled NIDDM and multiple drug intolerance limiting therapy options. Her limitations were severe fatigue, diffuse body pain, neck, shoulder and lumbar back pain, paresthesias, weakness and left neck/left upper extremity pain. Dr. [REDACTED] felt that her disability is permanent at this time.

[REDACTED] [REDACTED] County Employees Retirement System, Treating Physician's Statement signed by [REDACTED] [REDACTED], P.A.-C. on [REDACTED].

The patient had been treated since 2009 and was seen once per year until 08/2008 and then once per month. Incapacitating conditions were cervicalgia, low back and thoracic spine pain. She had loss of active motion in cervical spine to approximately 60% of predicted values in all planes, and she experienced radiating pain and generalized weakness in bilateral upper extremities. Chronic cumulative trauma after her job starting on [REDACTED] with a date of injury of [REDACTED] worsened her symptoms. [REDACTED], P.A.-C., felt that her disability is permanent at this time. She would avoid repetitive form of gripping, grasping, pushing and pulling activities. She would also avoid lifting greater than five pounds with bilateral upper extremities and repetitive bending, stooping and prolonged sitting activities.

[REDACTED] [REDACTED] County Employees Retirement System, Treating Physician's Statement signed by [REDACTED], M.D. on [REDACTED].

The patient had been treated on [REDACTED] and was seen for follow-up [once] a month. She was not capable of any heavy repetitive or forceful use of bilateral hands. These were permanent work restrictions as she was a qualified injured worker. Bilateral shoulder pain, bilateral hand pain and numbness worsened her symptoms. Dr. [REDACTED] felt that her disability is permanent at this time. Pending nerve conduction study to rule out recurrent nerve impingement.

Job Factors Form [REDACTED] County Employees Retirement System, dated [REDACTED].

I have read and reviewed the job factor form given to me by [REDACTED].

Treating Physician's Statement with an Illegible Signature on [REDACTED].

The patient had been treated since [REDACTED] and was seen once. Incapacitating condition was status post multiple surgeries. Her disability is permanent at this time. Her work restrictions were unable to determine after one visit. The cause of her incapacitating condition was bilateral upper extremity pain and weakness.

**Medical Records:**

History and Physical Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient had fungus on her toenails. She stated that a prior physician tried to treat her with tablets but her insurance did not cover it and it was very expensive. She had low back pain. She noticed this for about two to three months. She had numbness and tingling in both hands. Examination showed that the paralumbar muscles were mildly tender to palpation. Impression: 1) Routine physical for female. GYN examination was up to date through OB/GYN Department. 2) Onychomycosis. 3) Low back strain. Plan was to start by culturing the nails. If culture was positive, they would probably require AFT through insurance to see if Lamisil would be covered. They would go ahead and check chemistries, hemoglobin and hematocrit and have her follow up in six months. Dr. [REDACTED] asked her to call for her test results in two to three weeks and if positive, they would try putting the prescription through at that time. Some home stretching exercises to work on were given.

X-ray Reports from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

X-ray of the cervical spine showed cervical spondylosis with narrowing of the C5-C6 and intervertebral disc space. X-ray of the right shoulder showed calcific tendinitis right shoulder and degenerative changes acromioclavicular joint. X-ray of the lumbosacral spine showed mild lumbar spondylosis without significant disc space narrowing.

Workers' Compensation Claim Form on [REDACTED].

The patient claimed to have sustained injury to her right shoulder and wrist on [REDACTED].

Supervisor's Report on Employee's Workers' Compensation Claim on [REDACTED].

The patient was injured on [REDACTED]. She was working in [REDACTED] (typing, writing and answering calls). The accident resulted in injury in her neck and bilateral shoulder. She did receive medical treatment at [REDACTED] Medical Center. She was injured while acting in line of duty. She had not been previously injured or had similar injury in the past.

Doctor's First Report of Occupational Injury by [REDACTED], M.D. on [REDACTED].

The patient stated she was carrying large bags with office supplies for interviews. She used keyboards and had pain in both wrist and shoulders. She had been employed at the County of [REDACTED] for 21 years. She was a [REDACTED]. She had to do writing, typing and talking on the phone. She did not do overhead work. She had no specific injury to her shoulder. Between 1994 and 2002, she would work up in [REDACTED] doing financial activities. She would do this once a week. She was doing it less so at this point. When she would do that, she would have to carry 2 large office bags with supplies that weighed between 15 and 30 pounds. She would have to make 4 or 5 trips from her car raking the bags in, taking them back out and bringing them to this office and then back to her office in [REDACTED]. She would have to walk anywhere between one and two minutes and up to as long as five or six minutes depending on how far she was parked. She would wear these bags on her shoulders, draped over her trapezius. She did not do repetitive overhead work. She did work at keyboard most of the day. She did talk on the phone. She had significant medical problems including a skin problem for which she took doxycycline. She is diabetic and took numerous medications including metformin and Avandia. She has hypertension and took hydrochlorothiazide. Her other medications included triamcinolone, Zetia, Avalide, Tricor and Allegra. She has a history of PCOS. She has diabetes and hypertension since 1999. She had PCOS and had frequent uterine bleeding. She had hysterectomy. She noted that since age 13, she had severe anemia and fatigue. She would also get backaches and body aches during that time period. She started getting more aching in early 20s. She described aching that was present in her low back, knees and the bottom of her feet. She could not walk barefoot. She would get a headache and neck ache and she said her neck always felt tension. She currently has a history of night leg cramps, left greater than right. This happened more recently. She noted that she would have increased tension related to external factors such as drinking coffee or caffeine. She had increased symptoms of pain and aching. She had trouble sleeping. If she overdid activities, she had increased pain in multiple areas in

her body. She stated her hands occasionally felt like they fall asleep and she had to shake them to loosen them up. The hands could get stiff at times. Cold weather aggravated it. Warm weather and sweating tended to make the pain less severe. She had pain more in the right shoulder on cold days and also increased pain in the elbows and the forearms. She saw her physician's assistant at the [REDACTED] Clinic. This was [REDACTED] who diagnosed atraumatic right shoulder discomfort, but Dr. [REDACTED] did not think he took into account other issues including her widespread musculoskeletal pain and diabetes. He noted that she did gripping, grasping and reaching with the outstretched hand and did a great deal of typing. Dr. [REDACTED] did not believe that these factors played with any great significance to the right shoulder calcifications. She primarily had diffuse musculoskeletal problems. Her blood pressure was 142/94 and weight was 228 pounds. On examination, she had some diminished motion of the neck and records showed that she had some arthritis in the neck. She had multiple musculoskeletal problems and tenderness. She was tender at the anterior chest, base of the neck, top of the trapezius, around the biceps, forearm muscles, hips, lateral knee and mid back. She also reported a history of sleep disturbance. Assessment: 1) Diffuse myofascial pain/probable fibromyalgia. 2) Calcifications shown on right x-ray, very likely a coincidental finding. 3) Diabetes - not work related. 4) Hypertension - not work related. It was recommended that she have physical therapy for her shoulder. Dr. [REDACTED] believed she had fibromyalgia. There was also a component of shoulder problems and wrist problems that could be due to diabetes with thickening of the tissues. Dr. [REDACTED] believed both fibromyalgia and diabetes were contributing factors to her problem. She also reported a long history of problems of body aches, neck aches and tension that went back over 20 years. Dr. [REDACTED] did not believe that activities at work were factors in her current symptoms. Dr. [REDACTED] believed this was not work related. Dr. [REDACTED] believed she should be seen by her own doctor for non-work related problems. Flexeril was prescribed. She would take ½ tablet at night. She may also need Pamelor. Dr. [REDACTED] also gave her reading information about fibromyalgia and about stress and pain in general. She would return to her regular duties.

Workers' Compensation Claim Form on [REDACTED].

The patient claimed she sustained injuries to her left shoulder, elbow, wrist and hand on [REDACTED].

Supervisor's Report on Employee's Workers' Compensation Claim on [REDACTED].

The patient sustained injury on [REDACTED]. She worked on computer and office equipment. She worked in [REDACTED] [REDACTED] more on typing, writing and answering phone calls. The accident resulted in injury to her left shoulder. She received medical treatment at [REDACTED] Medical Center. She was off work at least one full day after the date of injury. Her last day of work was on [REDACTED]. She was acting in line of duty when she was injured. She had been previously injured in similar situation in the past.

Doctor's First Report of Injury by [REDACTED], M.D. on [REDACTED]

The patient was last seen on [REDACTED], with pain in her right shoulder. This was diagnosed as adhesive capsulitis secondary to diabetes mellitus along with fibromyalgia. She apparently had a spontaneous onset of additional pain, this time in the left shoulder. This happened when she awakened from sleep on [REDACTED]. She went to bed that night feeling okay. She woke up with a sore shoulder on [REDACTED]. She went to her primary physician who subsequently referred her to an orthopedist, Dr. [REDACTED]. She then received an injection into her left shoulder and was coming in at this time to open a second workers' compensation claim. She had x-rays initially of her right shoulder which showed mature calcium deposits in the shoulder. She had an x-ray on the left shoulder today which showed calcium on this shoulder as well. The first claim was denied and felt to be not work related. She did not have any specific activities or injuries, specifically no overhead work. She did carry bags of charts on her shoulders when she went to visit clients. However, there had been no change in her activity over the last weeks or months that would account for a sudden onset of first one and then the other shoulder becoming sore. Her occupational history showed that she worked for the County for 20 years. She was a [REDACTED]. She wrote up case reports, answered telephones and did filing. She occasionally visited clients in which case she had to take the charts with her and she stated she loaded the charts into two bags which she carried with one over each shoulder which might weight 15-30 pounds each. Her blood pressure was 128/70 and weight was 228 pounds. On exam, she was wearing a sling. She had tenderness to the anterior and posterior aspects of her left shoulder. She had difficulty abducting, flexing, extending, externally or internally rotating the shoulder. She did have a small puncture wound with the Band-Aid from the injection of cortisone she received in her shoulder. Diagnosis: Probable adhesive capsulitis and fibromyalgia. Plan was they would have her follow up with her family physician and her orthopedist and be sure to keep her diabetes and hypertension under good control. If she was going to be missing any work, it should be on a sick-leave basis and not on workers' compensation basis.

Agreed Medical Evaluation Report by [REDACTED], M.D. on [REDACTED].

The patient worked as a case worker for the [REDACTED] County [REDACTED] Department. She reported three separate injury dates. Her job description was she worked full time for the [REDACTED] County [REDACTED] Department for 24 ½ years. The last 13 years were the [REDACTED] Department. Her job duties involved mainly clerical-type tasks including using the telephone, filing papers, frequent light lifting, sitting and grasping and did allude to frequent use of a computer keyboard. During the course of her usual and customary duties, she also was required to travel between [REDACTED] and [REDACTED] one time per week. On [REDACTED], she injured her right shoulder, elbow, wrist and hand. She reported gradual onset of right shoulder, elbow, wrist and hand pain, numbness and tingling beginning as far back as 1999. She reported no specific injury, but again gradual worsening of discomfort with repetitive overuse. She reported this injury initially on [REDACTED] and was evaluated by Dr. [REDACTED] at the [REDACTED] Medical Clinic who found these injuries to be not work-related. Subsequently, she had a QME with Dr. [REDACTED] who indeed did find them to be work-related. On [REDACTED], she injured her left shoulder, elbow wrist and hand. She reported no specific injury, but instead gradual progressive pain about her left upper extremity with repetitive overuse. She did recall waking up one morning with increased pain about the left shoulder and at that time reported the injury. She was seen initially at [REDACTED] Clinic where the injury was found to be not work-related. She was put on temporary disability between [REDACTED] and [REDACTED] and then put back to work modified duty between 07/2005 and 11/2005. It was during this time that she worked six hours per day doing the same tasks, but not travelling. She had not worked in any capacity since [REDACTED]. She reported continuous trauma claim between 08/2005 through [REDACTED] in her neck, back, bilateral upper extremities and fibromyalgia, stating that the stress was simply mounting at work and she was not feeling well at all. This led to her inability to work beyond [REDACTED]. Close review of records, however, did not detail any neck or back pain. Specifically, Dr. [REDACTED] would refer her to the note of Dr. [REDACTED] on [REDACTED] when Dr. [REDACTED] commented that she did not in fact have any neck pain at this time. Currently, she reported that her right shoulder pain improved significantly following the surgical procedure, but she still did some pain when slowly descending her arm from an overhead position. She had mild night pain. She reported no significant improvement following the surgical treatment of her left shoulder. She still had complaints of anterolateral shoulder pain radiating to the base of her neck on that side. She also did have stiffness and pain at night. She reported that her pain, numbness and tingling in the left wrist

had improved from before to after surgery. She still did have some mild numbness about the lateral two fingers of her hand. She reported no improvement in her symptoms following her carpal tunnel release and still did have numbness, pain and tingling in a median nerve distribution. She reported that following De Quervain's release, she did have some resolution in her pain. She did have complaints of numbness and tingling in the lateral two fingers on this side. She does have a medical history that includes well-controlled non-insulin dependent diabetes mellitus and hypertension. Examination of the cervical spine showed decrease in active range of motion to approximately 70% of predicted values. Sensation was intact throughout all dermatomes, but diminished in the ulnar nerve distribution bilaterally. Examination of the lumbar spine showed that there was minimal tenderness about the lumbosacral junction. Sensation was diminished in a stocking glove distribution. Examination of the right shoulder showed positive impingement sign. Cuff strength was mildly compromised. Examination of the bilateral elbow showed mild tenderness at the lateral epicondyle. There was a positive Tinel's sign at the cubital tunnel. Examination of the bilateral wrists showed well healed carpal tunnel incision. There was mild intrinsic weakness. Diagnoses: 1) Cervical strain, non-industrial. 2) Lumbar strain, non-industrial. 3) Bilateral shoulder impingement with acromioclavicular joint arthropathy, status post subacromial decompression and distal clavicle excision, work-related and permanent and stationary. 4) Bilateral carpal tunnel syndromes, status post carpal tunnel release, work-related and permanent and stationary. 5) Bilateral wrist De Quervain's tenosynovitis, status post first dorsal compartment release, work-related and in need of further physical therapy. 6) Rule out bilateral cubital tunnel syndromes, work-related. As discussed, she sustained cumulative trauma injuries to her bilateral upper extremities as a result of 24 years of work with the ██████████ County ██████████ Department. ██████████ would not implicate her underlying diabetes in this as her diabetes was, by report, well-controlled. She had reached permanent and stationary status with regard to her bilateral shoulders and carpal tunnel releases. She should continue with a home exercise program about her right wrist to fully recover from her De Quervain's tenosynovitis surgery. Dr. ██████████ would anticipate that she would reach permanent and stationary status following this operation six months after the surgical date or on or about ██████████. She exhibited irritability of her ulnar nerves bilaterally and had positive Tinel's signs at her cubital tunnels upon examination. Given these findings, Dr. ██████████ would recommend EMG/NCS reevaluation to see if in fact she had a clinically important cubital tunnel syndrome. Should this study show a bilateral cubital tunnel syndrome, she should then be afforded appropriate treatment which would include elbow pads, possible injection therapy and possible ulnar nerve decompression

with or without nerve transposition. Should the EMG/NCS study not show bilateral cubital tunnel syndrome, then she should not be afforded treatment beyond elbow pads. Dr. [REDACTED] did not find the neck and low back injuries to be work-related. After close review of all medical records, Dr. [REDACTED] did not find any indication that she had significant complaints of neck or low back as such, these were not to be admitted injuries. With regard to impairment, Dr. [REDACTED] would rate her bilateral shoulder. Dr. [REDACTED] would defer impairment rating about her bilateral elbows and hands to a Board Certified fellowship trained hand surgeon specializing in impairment ratings. Dr. [REDACTED] would be a reasonable person to do this following her recovery from her De Quervain's surgery or following recovery from her cubital tunnel syndromes if her nerve conduction studies did indeed indicate that these were electrodiagnostically positive. With regard to subjective factors of disability for the right shoulder, there was intermittent minimal becoming less than moderate while for the left shoulder there was minimal becoming moderate. With regard to objective factors of disability for the bilateral shoulder, there was lack of evidence of active range of motion about the shoulder girdle and x-ray evidence of distal clavicle excision. With regard to work restrictions, bilateral shoulder residual precluded her from repetitive overhead work and lifting more than 25 pounds to shoulder level. Bilateral elbow and hand residual precluded her from repetitive gripping, grasping, pushing and pulling activities. With regard to apportionment, Dr. [REDACTED] did not get any grounds for apportionment for any of the accepted injuries. With regard to vocational rehabilitation, she would become a QIW, medically eligible for vocational rehabilitation benefits. With regard to future medical care for her bilateral shoulder injuries, she should have access to orthopedic follow-up to include access to non-steroidal anti-inflammatory medications, subacromial steroid injection therapy and access to a physical therapist on the order of eight visits per year per shoulder. Should her left shoulder pain progress, she should also be afforded the option of x-ray and MRI scan re-imaging to detect if she had progressed to a worse or complete rotator cuff tear. Should this be the case, she should also be afforded revision surgery about the left shoulder. Should impingement symptomatology progress about the right shoulder, she should also have a provision for revision surgery about the right shoulder with appropriate imaging studies beforehand. With regard to the impairment rating for bilateral shoulder, they would send when Dr. [REDACTED] got the report back.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient complained of whole body pain with tenderness in the trochanteric, bilateral lateral knee, chest wall, bilateral



shoulder, wrist and ankle pain. She borrowed a dose of Lyrica 50 mg for once from her roommate (fellow patient [REDACTED]). She reported significant improvement in pain that lasted for several hours. She was uncertain whether the rash changed during that time. Her other complaints were rashes and intermittent flushing of her face, intermittent headaches associated with photophobia without clear history of migraine headaches and fatigue. She was frustrated by the rash and ongoing difficulties with chronic pain. Her past medical history includes NIDDM, treated with Byetta therapy 5mcg 2 to 3 times daily. Modest weight loss had been achieved with Byetta therapy. As mentioned, Glucophage was poorly tolerated associated with hot flashes and increased rash. Multiple drug intolerances had also limited use, including the inability to tolerate Aetas therapy; hypertension associated with multiple drug intolerances, now maintained on Avapro therapy; right calf melanoma noted in 1999, followed in the past by Dr. [REDACTED] and now by Dr. [REDACTED] of Dermatology. Fortunately, no recurrence had been noted; morbid obesity; steatohepatitis; possible sleep apnea; hyperlipidemia with intolerance to statin therapy in the past. She had been unable to tolerate red rice, yeast, Zetia therapy, Welchol therapy and multiple attempts at statin therapy; gravida 0, para 0. She had never been sexually active and had never had or required a Pap smear; bilateral carpal tunnel syndrome; De Quervain's tenosynovitis and mmammogram [REDACTED] within normal limits. Her past surgical history were surgical release of De Quervain's tenosynovitis performed by Dr. [REDACTED] on [REDACTED]; bilateral rotator cuff disease status post left arthroscopic surgery in 10/2007; right arthroscopic surgery performed in 10/2005 by Dr. [REDACTED]; bilateral carpal tunnel syndrome repair, date uncertain; left forearm surgery twice performed by Dr. [REDACTED] in 06/2008 and TAHBSO performed in approximately 2000, apparently with early GYN cancer, cervical versus endometrial cancer. Her blood pressure was 128/88 and weight was 232 pounds. Examination revealed a diffuse maculopapular rash with multiple excoriations and prominent pruritus noted under and over the breasts, over the abdomen diffusely, over her upper arms and lower extremities as well as buttock area bilaterally. Of note, the back was almost entirely excluded with exception of the right upper neck area. Examination of the joints revealed multiple tenderness pressure points for fibromyalgia included lateral epicondyles bilaterally, posterior neck, anterior chest and bilateral trochanteric bursac.

Assessment/Plan: 1) Hypertension, fair control on current regimen which fortunately was generally well tolerated. They would continue Avapro therapy at present level. 2) NIDDM. They would continue Byetta therapy, attempting t.i.d. therapy. Metformin therapy had been attempted on multiple occasions and was poorly tolerated. She hopefully would be able to avoid systemic steroid therapy. She was to attempt to increase exercise. They might

reconsider a trial of Amaryl therapy versus Actos therapy at some point in the future. 3) Hyperlipidemia. They would repeat a fasting lipid profile and considered alternative treatments, possibly to include artichoke and gugul. 4) Whole body rash. They would discuss with Dr. [REDACTED]. They would focus on treatment of fibromyalgia symptoms and consider as well a trial of SSRI therapy. Considered further trials of symptomatic topical therapy possibly to include pramoxine versus Pramoxone methol and phenol (Sarta lotion) as well as doxepin (night time dose of antihistamine 10 to 30mg p.o q.h.s.). Skin lubricants might also be of benefit in addition to asking her to use gloves. 5. Suspected fibromyalgia. Lyrica 50 mg p.o daily was recommended. They would monitor closely for symptoms of weight gain. Trial of Topamax 25 mg p.o daily, increase to 2 tablet p.o daily as tolerated was recommended. They could also consider Neurontin therapy in the future. 6. Weight control difficulties. She had declined gastric-bypass surgery, fearing allergic complications. Dr. [REDACTED] suspected this might be the best option for treatment of weight control issues. They would begin Topamax trial. Byetta therapy had been of some benefit as well. 7) Health maintenance. Mammogram would be ordered. Pap smear was not required. Tetanus vaccine could be discussed on follow up visit.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient reported fibromyalgia symptoms continued to be quite troubling. Savella attempted since last visit, had been of some benefit she felt, although again she had difficulty tolerating single higher dose therapy. Now she maintained on Savella 12.5 mg tablets, which she took q.i.d. She did run out of medication samples recently but found the medication overall effective and relatively well tolerated. In the past, Prozac and Lexapro were associated with throat and tongue swelling and were discontinued. Insomnia had been treated with trazodone 50 mg p.o. nightly, although again appeared associated with an allergic reaction, possibly allergic reaction described as a chest tightness or throat swelling and occasional wheezing. She had never attempted Ambien therapy. She had tolerated a Valium therapy in the past. She never had attempted Lunesta therapy nor a Restoril therapy. Sleep remained somewhat interrupted and "generally light sleep." Follow-up with Dr. [REDACTED] regarding chronic allergic difficulties was currently pending. Incidentally, her rash was much improved with attempts at controlling fibromyalgia symptoms. In addition, she had reported over the past 2 years that rash tended to increase during times of increased pain and in particular, she reported rash would flare in the location of increased pain. She continued to follow up with Dr. [REDACTED] status post-surgical release for de Quervain tenosynovitis on

██████████. She was using a TENS stimulator for pain control. Low back pain with left sciatica symptoms unfortunately continued to be problematic and was somewhat more pronounced over the past one month. Physical therapy was unavailable in ██████████ due to location of primary care provider in Solvang. She was attempting a home exercise program. Blood pressure was 131/83 and weight was 218 pounds. Examination showed multiple pressure points for fibromyalgia, overall somewhat improved today, although diffusely positive pressure points again noted. Assessment/Plan: 1) Tinea infection of the lower abdomen. They would recommend a Nizoral 2% cream applied topically b.i.d. 2) Longstanding pruritic maculopapular rash. She was awaiting follow-up with Dr. ██████████. They would defer to dermatology. 3) Morbid obesity. She was awaiting follow-up with Dr. ██████████ to discuss bypass surgery and address her concern regarding allergic difficulties. 4) NIDDM. She continued attempts at low carbohydrate low calorie diet. Exercise and hemoglobin A1C were recommended. Januvia therapy was continued. 5) Fibromyalgia. Savella therapy 12.5 mg q.i.d. was continued. 6) Allergic rhinitis. Steroid nasal spray given on last visit gave some benefit. 7) Hypertension, Avapro therapy was continued.

Progress Report from ██████████ Clinic by ██████████, M.D. on ██████████.

Fortunately, the patient's fibromyalgia symptoms seemed improved on low-dose Savella therapy 12.5 mg q.i.d. She was able to be more active and reported diffuse myalgia symptoms were improved overall. She had noted prominent low back pain. For shoulder pain, a cortisone injection given on 11/04 by Dr. ██████████ was helpful for her rash, but did not help significantly with the shoulder pain, back/rotator cuff tendonitis. Bilateral forearm symptoms including lateral epicondylitis back bilaterally were followed by Dr. ██████████ status post recent surgery twice in 06/2008 as well as surgical release of de Quervain tenosynovitis in 01/2008, bilateral rotator cuff disease status post left arthroscopic surgery in 10/2007, right shoulder arthroscopic surgery in 10/2007 and most recent repeat left forearm surgery earlier this year. She was awaiting follow-up with Workers' Comp specialist to consider request for repeat MRI, Dr. ██████████ believed of the cervical, thoracic and lumbar spine for ongoing low back pain. Use of stimulator device had been helpful for shoulder and back discomfort, placed Dr. ██████████ believed through physical therapy. Her blood pressure was 145/87 and weight was 213 pounds. Examination showed slightly firm lymph nodes in the right posterior popliteal area 1 cm or less in size. Several lymph nodes were also noted in the left posterior popliteal area, less firm. Assessment/Plan: 1) Whole body rash improved, status post recent cortisone injection. 2) Morbid obesity. She declined

follow up with Bariatric surgery. She continued to attempt weight loss. 3) NIDDM. Januvia therapy was continued. She would check hemoglobin A1C prior to follow-up office visit. 4) Fibromyalgia, improved with Savella therapy. Savella therapy was continued at low does 12.5 mg q.i.d. Increase exercise was recommended. 5) Hypertension, borderline control. Avapro therapy was continued. 6) Allergic rhinitis, generally stable. Steroid nasal spray used as necessary on prior visits could be discussed again on follow up. 7) Right greater than left posterior popliteal lymphadenopathy. They would need to follow up closely. They would need to consider lymph node biopsy if lymph nodes had not resolved on follow-up visit. Avoid palpation of popliteal area bilaterally was instructed. 8) Multiple orthopedic difficulties. Continue current regimen for present time.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient continued to note significant and diffuse myalgia pain in upper and lower extremities. She also reported mild generalized weakness and fatigability. She noted tingling and some redness or color change in her hand as well as a feeling of numbness in her wrists. She used a hand and wrist support on a regular basis. She was waiting for follow-up with Dr. [REDACTED] and associated team from her worker's comprehensive medical follow-up. EMG studies of the upper extremity and likely lower extremity were to be performed in the near future. Regarding fibromyalgia symptoms specifically, Savella at low dose 12.5 mg p.o. 2 to 4 times daily had been helpful overall for fibromyalgia symptoms. She felt range of motion and pain level overall had diminished with the use of Savella. Her puzzling rash continued to occur sporadically, although was much improved overall. Two weeks ago, she reported an exacerbation of whole body rash. She reported feeling "internal stress," which seemed to exacerbate the rash. She continued to follow up with Dr. [REDACTED]. No specific treatment aside from topical steroid cream was used at present time for rash. Multiple medications attempted in the past had exacerbated her rash, although some of those medication reactions were not consistent on a repeat exposure. She was re-attempting very low dose use of several lipid lowering agents. She was using Crestor 20 mg 1 tablet every other week as well as Trilipix 135 mg 1 tablet every other week. Repeat fasting lipid profile was to be obtained prior to follow-up office visit with notable elevations in lipid studies reviewed on last visit. TMJ syndrome, left greater than right continued to be problematic as well. Symptoms seemed to improve with Valium therapy. She reported at times symptoms improved with stretching exercises. She reported occasionally biting into an apple actually improved her symptoms. She did see the dentist on a regular basis, but had not reported clear association of symptoms

with dental treatments. Stress again did seem somewhat correlated with TMJ symptoms. Blood pressure was 151/87 and weight was 215 pounds. Examination showed somewhat notable spindle shape of lower calves. Paresthesias were also reported although difficult to assess clinically with regard to sensory loss, which could not be clearly documented. Assessment/Plan: 1) Hypertension, borderline elevated today in the setting of increased recent stressors. They would not alter antihypertensive therapy at present time as blood pressure had been better controlled on prior visit. Could consider switch from Avapro to alternate ARB therapy (including Cozaar due to cost/formulary issues). Benicar might be slightly more efficacious at highest level versus Avapro therapy. 2) NIDDM, now off Byetta therapy. Weight loss, low carbohydrate diet and increased exercise were encouraged. They would repeat hemoglobin A1C prior to follow up office visit. 3) Hyperlipidemia, poorly controlled as reviewed on last visit. She was encouraged to continue to attempt use of low dose Crestor plus Trilipix therapy on every other week basis. They would recommend fasting lipid profile prior to follow up visit and hope to slowly taper dose of Crestor and Trilipix as tolerated. 4) Fibromyalgia, diffuse pressure points positive today. They would wait results of EMG studies of lower extremity as well as upper extremity and consider neurology follow up. 5) Weight control difficulties. Trial of low carbohydrate diet as well as low calorie diet was again recommended. Surgical options were declined by her. 6) Dermatitis. She would follow up with Dr. [REDACTED]. Low potency topical steroid treatment was continued. 7) Orthopedic difficulties. She would follow up with Dr. [REDACTED].

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient continued to complain of diffuse body pain. She reported pacing regularly throughout the day to help deal with pain, which was overall quite debilitating. She did feel Savella therapy had been helpful, currently used as 12.5 mg q.i.d. She reported diffuse fibromyalgia symptoms including anterior chest wall pain, severe posterior neck and posterior trapezius muscle pain and TMJ pain with pounding sensation inside her ears. She reported "I worry a lot of." Unfortunately, she had been unable to tolerate SSRI therapy with lip swelling noted after single dose of Prozac therapy. She had some benefit with low-dose Valium 2 mg one quarter tablet used p.r.n. throughout the day. Interestingly, her diffuse pruritic rash tended to near areas of increased pain. Lately, she had noted pain her lower neck and anterior neck area generally above the clavicle. Some axillary lesions had also been noted. She recently underwent MRI of the cervical and lumbosacral spine. Unfortunately, those studies performed at [REDACTED] Radiology on [REDACTED] and on [REDACTED] and [REDACTED] were unavailable today.

EMG had not yet been performed. She did stretches in her home. She reported water therapy would not be a good option for her as she was unable to swim and fearful and insecure about her body image in public. She underwent a cortisone injection performed by Dr. [REDACTED], a posterior trapezius area trigger point injection on [REDACTED]. Blood pressure was 172/90 and weight was 215 pounds. Examination showed diffusely positive pressure joints for fibromyalgia. Paresthesias were again reported in hands and feet without clear sensory loss. Spindle-shaped or upside down champagne bottle appearance of cast and lower legs again noted. Assessment/Plan: 1) hypertension, somewhat elevated today. Switching Avapro to Cozaar therapy 100 mg daily was recommended. 2) NIDDM. She would attempt weight loss and low carbohydrate diet. 3) Hyperlipidemia, improved from prior value with Crestor 5 and Welchol 165 taken on a one-time-per week basis. Gradual titration of dose possibly with use of the Welchol packets recommended and samples as well as prescription given to her. 4) Fibromyalgia with diffusely positive pressure joints. They would wait EMG studies and neurology consultation to rule out Charcot-Marie-Tooth disease. 5) Peripheral neuropathy, possibly secondary to NIDDM, rule out Charcot-Marie-Tooth disease. 6) Weight control difficulties. She had declined bariatric surgery. Consider referral to the Wellness Center program. 7) Dermatology. She would follow up with Dr. [REDACTED]. Low dose topical steroids were continued. 8) Orthopedic. She would follow up with Dr. [REDACTED]. EMG studies were pending. In the future, they would also discuss current orthopedic difficulties in context of possible Charcot-Marie-Tooth disease.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient underwent MRI of her cervical spine performed at [REDACTED] Radiology. Studies were performed as part of a work-related (Dr. [REDACTED] believed workers' compensation) issue and follow-up with Dr. [REDACTED] and Dr. [REDACTED] from [REDACTED], MRI revealed degenerative disc disease with C3-C4 moderate to severe left neural foraminal narrowing. Some diffuse degenerative change was also noted including a broad-based bulge with osteophytic ridging and small central protrusion without canal stenosis at C4 C5 and small central protrusions also noted at C5-C6 and C6 C7. The remainder of MRI studies including that of the thoracic spine revealed only multilevel degenerative disc disease with small focal protrusion throughout thoracic spine. MRI of the lumbar spine from [REDACTED] also from [REDACTED] Radiology revealed degenerative disc disease with L1-L2, mild canal stenosis without evidence of neural foraminal narrowing. Her other complaints included hematochezia. Her blood pressure was 146/89 and weight was 215 pounds. Examination of the joint showed diffusely positive pressure points for fibromyalgia.

Assessment/Plan: 1) Vitamin D deficiency newly recognized. They would attempt vitamin D supplementation. They would monitor for drug rash. Vitamins D 50, 000 IU weekly was prescribed. They would repeat 25-hydroxyvitamin D level prior to follow-up office visit. 2) Hypertension. They would continue current regimen. 3) NIDDM, borderline control. Low carbohydrate diet and weight loss were recommended. 4) Hyperlipidemia. She would attempt to increase frequency of Crestor therapy. 5) Fibromyalgia with diffusely positive pressure points. EMG studies and neurology consultation were recommended. 6) Cervical radiculopathy. They would await results for EMG studies with a neurology consultation currently pending. 7) Weight loss difficulties. Bariatric surgery had been declined by her. 8) Dermatology. She would follow up with Dr. [REDACTED]. Low dose topical steroids were continued. 9) Orthopedic surgery, follow up with Dr. [REDACTED] involving upper extremity difficulties and overuse syndrome. EMG study was pending. 10) Hematochezia. Referral to GI was recommended. They would defer to Dr. [REDACTED]. Anusol-HC rectal suppositories 25 mg per rectum t.i.d. for 14 days was prescribed.

Consultation Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED]

The patient had very complex and multifaceted history. Basically, she reported problems began about 10 years as a result of accumulative to work-related injury. She had ongoing Workman's Compensation issues with independent physicians for her shoulders, upper extremities and spine. She felt this all resulted from years of physical labor carrying large heavy bags of records and traveling in her capacity for the [REDACTED]. Pain was an ongoing problematic issue. She felt it in her neck, shoulders and low back. She had undergone procedures for nerve entrapment including carpal tunnel release and radial nerve release with some improvement, but still persistence of discomfort. She had to wear elbow sleeves and gloves to give supporting pressure so her arms do not swell and the pain worsens. She had ongoing complaints in her lower extremities. She described burning soles and some degree of tingling and numbness. She denied lumboradicular complaints. Dr. [REDACTED] wondered about a possible chronic neuropathy as other aspects of her body were quite obese, her legs below the knees relatively thin. She wondered about CMT disease. There was no family history of such. She described a number of other issues. She had headaches. At times, these were in the ear, stabbing-like or associated with jaw tightness, but also described longstanding migraines where she would be sensitive to light, often beginning in the neck. She stayed out of the sun because of that, also because she had a melanoma on her skin. On the other hand, she had been found to be vitamin-D deficient recently. She had been on medications to help

headaches, Topamax, Prozac and Lexapro without any luck. Recent studies revealed degenerative lumbar disc disease. MRI showed L1-L2 mild stenosis. No foraminal narrowing. The recent MRI of the cervical spine showed an apparent narrowing at the C3-C4 level on the left. This was being addressed by Dr. [REDACTED] hopefully with physical therapy. She had nerve conduction with EMGs in the upper extremities by Dr. [REDACTED] that apparently had some suggestion of abnormalities in this region, although Dr. [REDACTED] did not have those studies. She had not had any NCS on her lower extremities. Her blood pressure was 180/96 and weight was 217 pounds. Examination showed there was tenderness suboccipitally particularly in the left cervical region. Tenderness over the shoulders. Exquisite tenderness over the forearms and factors multiple trigger points, likely consistent with the fibromyalgia diagnosis. Complained of pain with percussion in the back, movement at the hips, knees and feet and basically to some degree, everything hurts. There was distinct tenderness over the temporomandibular joint, a rather large mass of her muscles that were tender additionally. She was quite sensitive on the bottom of her feet. Impression: 1) Chronic pain with fibromyalgia/myofascial features. 2) Chronic headaches, muscle contraction/question migrainous. 3) Degenerative arthritis, cervical spine, by report, possible stenosis cervical -  $\frac{3}{4}$  left. 4) Degenerative lumbar disc disease without clear lumbar radiculopathy. 5) Distal extremity complaints with questions of neuropathy, doubt Charcot-Marie-Tooth just on a clinical basis. 6) Overweight with a large pannus, likely contributing to neck, shoulder and back pain. 7) Medical diagnoses. 8) Hypertension. 9) Diabetes. 10) Multiple medication and extraneous dermatologic allergic responses. At present, it was hard to come up with coherent strategy from the neurologic standpoint. Dr. [REDACTED] decided to have her come back so Dr. [REDACTED] could do the nerve conductions in the lower extremities and see if there was evidence of neuropathy, myopathy or some other electrophysiologic abnormality. Basically, the issue in the upper extremities had been evaluated neurologically and she told Dr. [REDACTED] physiotherapy was pending. Dr. [REDACTED] would agree with that entirely.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient continued to suffer from chronic diffuse pain in upper extremities, low back, shoulders, knees, ankles as well as diffuse myalgias. Savella had been of benefit and dose had been titrated to 50mg daily. She wondered whether that dose could be titrated further. Consult with Dr. [REDACTED] was completed on [REDACTED] and follow-up pending for EMG studies. She was not felt to have Charcot-Marie-Tooth disease. Full evaluation was pending. It was



suggested that for migraine-type headaches, she consider Elavil therapy. Her blood pressure was 144/87 and weight was 218 pounds. Examination showed prominent tenderness of the posterior trapezius muscle, posterior paraspinal cervical muscle and posterior trapezius muscle. There was diffusely positive pressure point for fibromyalgia. Assessment/Plan: 1) Vitamin D deficiency. Recommend attempting prescription vitamin D 50,000 IU weekly. They would repeat 25-hydroxyvitamin D level prior to follow-up office visit. 2) Hypertension, elevated again today. They could consider a repeat trial of Inderal. 3) NIDDM, borderline control. She was to attempt low carbohydrate diet, low calorie diet and weight loss. 4) Hyperlipidemia, more regular use of Crestor, Trilipix and WelChol recommend with repeat fasting lipid profile pending. 5) Fibromyalgia, diffusely positive pressure points improved with Savella therapy. Dr. [REDACTED] recommended attempt increased dose of 50 toward 100 mg daily. 6) Cervical radiculopathy. EMG studies pending to evaluate further. 7) Weight control difficulties. Low calorie diet was recommended. 8) Dermatology, follow up with Dr. [REDACTED]. Low dose Savella had been of some benefit. 9) Orthopedic surgery, follow up with Dr. [REDACTED]. EMG was pending. 10) Hemorrhoids. Use of Anusol-HC, rectal suppositories was recommended.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient was awaiting follow-up with Dr. [REDACTED] as well as Dr. [REDACTED] for further treatment of cervical radiculopathy and associated chronic pain syndrome. MRI of the cervical spine from [REDACTED] performed at [REDACTED] Radiology revealed degenerative disc disease with C3-C4 moderate to-severe left neural foraminal narrowing. No prominent disease was noted on lumbosacral MRI from [REDACTED] also at [REDACTED] Radiology. L1-L2 mild canal stenosis was noted on that study. She continued to complain of neck, shoulder, arm pain and paresthesias, worse on the left than the right. She continued to note tingling and burning in her hands, numbness and severe pain in her lower back. She was awaiting follow-up to consider possible epidural injection with cortisone and lidocaine for cervical radiculopathy symptoms. Blood pressure was 144/87 and weight was 218 pounds. Examination showed mild erythema and dry skin noted over eyelids bilaterally. There was prominent posterior trapezius muscle tenderness and tension. There was also posterior cervical muscle tension. There were diffuse fine erythematous papules noted over upper extremities primarily. Pressure points were diffusely positive to fibromyalgia. Assessment/Plan: 1) Cervical radiculopathy. EMG studies were pending. She would follow up with Dr. [REDACTED] for cervical epidural injection. 2) Vitamin D deficiency. She would attempt vitamin D 50,000 IU at least monthly. 3) Hypertension. Cozaar therapy was

continued. Weight loss was recommended. She would continue on a low salt diet. 4) NIDMM with borderline control. Low carbohydrate diet was continued. She was attempting weight loss and increase exercise as tolerated. 5) Hyperlipidemia. Crestor therapy was continued. They would add coenzyme 10 therapy. Tripilix and WelChol were currently held. 6) Fibromyalgia, improved with Savella therapy. 7) Weight control difficulties. Bariatric surgery was declined. Low calorie diet and exercise were recommended. 8) Dermatology. Attempts at pain control and anxiety control appeared at best strategy at controlling skin symptoms. 9) Hemorrhoids. Anusol-HC rectal suppositories were continued.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient returned for neurologic reevaluation. She had a number of issues, but when seen in May, concerns were raised about a possible polyneuropathy. Issues: 1) Chronic pain with fibromyalgia/myofascial features. 2) Chronic headaches, muscle contraction headaches, possible migraine. 3) Degenerative cervical osteoarthropathy. 4) Degenerative lumbar disc disease without lumbar radiculopathy. 5) Distal complaints with concerned of possible familial neuropathy. 6) Overweight status with large pannus contributing to her neck, shoulder and low back pain. 7) Diabetes. 8) Multiple systemic allergic reactions. At the present time, the issue of neuropathy, either of a systemic process or at least electrophysiologically, did not reveal a systemic process. She did have ongoing evaluation for her neck issues through a workers' related injury and was going to have a cervical epidural. A number of her complaints hopefully would reduce on that basis. From the neurologic standpoint then, they would remain available if questions arose in respect to focal neurologic symptoms or neuropathy but she was going to follow through the other venues as previously noted.

Diagnostic Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

Summary/Interpretation: 1) Normal conduction values. 2) No electrophysiologic evidence of neuropathy. 3) Uncomfortable procedure for patient.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient's fibromyalgia seemed to flare during this time. She continued use of Savella, but had difficulty with attempts to increase the dose of that agent. Ambien was discontinued as she felt the rash seemed to increase associated with Ambien therapy.

Regarding cervical pain, she had noted gradual worsening of cervical radiculopathy and was awaiting follow-up with Dr. [REDACTED] and [REDACTED] for treatment of primarily C3-C4 moderate-to-severe left neural foraminal narrowing with secondary cervical radiculopathy. This could be her first epidural injection. She noted some cramping and locking of her right hand fingers, primarily fingers 3 and 4. She felt that this was related to cervical radiculopathy rather than local hand issues. Blood pressure was 148/86 and weight was 221.8 pounds. Examination showed prominent trapezius muscle tension and posterior paraspinal cervical muscle tension was noted. Fibromyalgia pressure points were diffusely positive today, somewhat more notable. Assessment/Plan: 1) Cervical radiculopathy. She would follow up with Dr. [REDACTED] and [REDACTED] for cervical epidural injection. 2) Vitamin D deficiency with inability to tolerate various formulations of vitamin D supplementation, both prescription and over-the-counter therapy. She would attempt increased sun exposure with caution to avoid excess sun exposure given prior history of melanoma. 3) Hypertension. Cozaar therapy was continued. 4) NIDDM with borderline control. Januvia therapy was continued. Low carbohydrate diet, weight loss and increased exercise were recommended. 5) Hyperlipidemia. Low dose Crestor therapy with coenzyme Q10 was continued. Trilipix to be re-attempted in low doses as well. 6) Fibromyalgia, improved with Savella therapy. 7) Weight control difficulties. Bariatric surgery has been declined by her. Low calorie diet was recommended. 8) Dermatology. Overall, we will avoid new oral agents, which seem to aggravate her rash. 9) Hemorrhoids, essentially asymptomatic at present time. 10) Rule out gout. Rheumatologic consultation and/or empiric treatment with allopurinol at some point in the future was considered.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient reported she had a difficult time in the past few weeks to months. She reported neck pain, seemed to be worse in recent weeks, which seemed to provoke an episode of increased rash notable over her forehead associated with papules and pustules and some erythema and pruritus. She complained of posterior neck pain as well as sharp pain in the left ear. She had a known history of TMJ syndrome. She had been seen in the past by a dentist who suggested a mouth guard which had not yet been attempted. She reported nausea developed during this episode and she was required to spend a number of days in bed and experienced an episode of emesis for once. She reported an increase in neck as well as low back and bilateral arm pain seemed to be associated with a feeling that her nerve endings were not happy. Symptoms improved with rest and were now generally resolving. She had noted some association with

diffuse increase in myalgias with weather changes as had been noted recently. Acupuncture had been quite helpful for her. She continued occasional use of low-dose Valium. Attempts at relaxation exercises had been somewhat helpful. Blood pressure was 152/93 and weight was 225 pounds. Examination showed posterior trapezius muscle tension and posterior paraspinal cervical muscle tension. There was TMJ tenderness notable bilaterally, left greater than right. There were fibromyalgia pressure points diffusely positive. Assessment/Plan: 1) NIDDM, improved glycohemoglobin. Glumetza therapy, low carbohydrate diet, increased weight exercise and weight loss was continued. 2) Hypertension. Low salt diet was continued. 3) Vitamin D deficiency, increase sun exposure cautiously recommended. She was unable to tolerate multiple forms of vitamin D. 4) Borderline hypothyroidism. Trial of levothyroxine 25 mcg daily, non-dye tablet was recommended. They would repeat TSH level on follow up office visit. 5) Fibromyalgia. Increase exercise was encouraged. 6) Hyperlipidemia. Crestor therapy was attempted to increase. Low dose Tripilix was continued. Low fat diet was encouraged. 7) Hemorrhoids, generally asymptomatic at present. 8) Borderline low vitamin B12 level. Continue efforts to increase B12 through diet primarily. 9) Health maintenance. Screening mammogram would be due 05/2011. Colonoscopy up to date from 04/2010 revealing only internal hemorrhoids. DEXA screen could be considered on follow-up. Vaccination history could be reviewed on follow-up.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient continued to suffer from low back pain radiating to left leg, sometimes as far as her ankle. MRI of the lumbar spine performed at [REDACTED] Radiology on [REDACTED] revealed levoscoliosis with DJD, facet arthropathy L4-L5 and L3-L4 with mild left foraminal narrowing. Cervical MRI from [REDACTED] revealed neural foraminal narrowing at C3-C4, moderate to severe on left. Unfortunately, a cervical epidural caused increased pain and fatigue. She also complained of thoracic muscle tension, generalized fatigue which increased with activities above her baseline. Ongoing fibromyalgias symptoms present despite ongoing low dose Savella therapy. Topamax and Neurontin were poorly tolerated. Her blood pressure was 165/95 and weight was 218 pounds. Diagnoses/Plan: 1) Fibromyalgia. Increased exercise and ongoing low dose of Savella therapy were recommended. 2) Steatohepatitis. Weight loss was recommended. 3) PCOS. 4) Obesity. They would refer her to Wellness Program. 5) History of migraine headaches. 6) Hypertension. Avapro therapy was continued. 7) NIDDM. 8) Multiple allergies. Use of immunocap screen in blood was recommended. 9) Fatigue, likely multifactorial. She would be referred to sleep study.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient had chronic pain and difficulties however had not improved significantly. She continued to find benefit with her electrical pain stimulation device. When necessary, use of Valium continued to be helpful. She self-tapered herself off Valium for 4 days without difficulty. She then reinitiated thallium therapy was of some benefit with regard to chronic diffuse body pain. Fibromyalgia treatment included only Savella therapy. Multiple other drug intolerances as noted. Her other complaints were GERD symptoms and difficulties with excessive perspiration associated with increased stress. Her blood pressure was 162/94 and weight was 214 pounds. Diagnoses/Plan: 1) Odynophagia. EGD AMB referral to GI for procedure was recommended. She would be referred to Dr. [REDACTED]. 2) Fibromyalgia. Current Savella therapy was continued. 3) Tachycardia. Trial of Inderal 10 mg po q 6 hr prn was recommended. 4) Obesity. Low calorie diet and low carbohydrate diet were recommended. 5) Steatohepatitis. Weight loss was recommended. Bariatric surgery had been discussed. 6) PCOS. 7) B12 deficiency improved with current vitamin B12 supplementation. 8) History of migraine headaches. She was asked to monitor blood pressure at home or work. Inderal therapy was recommended. 9) Hypertension. Monitor with trauma throughout therapy. 10) Type 2 DM. Ongoing tests and weight loss were recommended. 11) Multiple allergies. 12) Unspecified vitamin D deficiency. Increased vitamin B12 supplementation was encouraged. 13) Hyperlipidemia LDL goal less than 70. 14) Hemorrhoids. 15) Hypothyroidism. Stable off supplemental thyroid hormone treatment. 16) Melanoma. Follow up dermatology for annual skin screening. 17) De Quervain's tenosynovitis.

Interventional Pain Management Consultation Report from [REDACTED] Center by [REDACTED], D.O. on [REDACTED].

The patient reported she had a cumulative trauma on the job beginning in [REDACTED]. She reported now "all over body pain." She reported that she utilized her orthopedic stim unit, which the "best pain relief ever." She reported she used this machine and slept with it. She reported; however, that now she was using it less as she did not have the supplies. She reported physical therapy had helped; however, chiropractor was the best. She reported prior acupuncture and epidurals were of minimal relief. She reported she was currently taking Savella prescribed by her primary care provider as well as Valium by her primary care provider. She reported difficulty breathing as well as swelling, Norco, Lortab, Vicodin, and Percocet. She reported she has had a reaction to ketamine. Her past medical history includes melanoma, headaches, high blood pressure, high cholesterol, diabetes and

fibromyalgia. She underwent De Quervain's release on the right in 01/2008, cubital radial tunnel on the left in 06/2008, on the right in 01/2009, left shoulder surgery in 10/2007, left carpal tunnel ulnar nerve in 07/2007, right shoulder arthroscopy in 11/2005, right carpal tunnel ulnar nerve on 11/2006, melanoma removal in 12/1999, hysterectomy in 06/1999 and tonsillectomy in 1964. On exam, she was wearing bilateral gloves and had orthopedic stim unit. She was diffusely tender throughout the cervical, thoracic and lumbar region. She was tender to palpation and had positive facet loading in the bilateral mid lumbar region. She had diffuse spasms throughout her neck and low back. She had decreased sensation on the left S1 dermatomes. Motor examination was limited by pain.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient's fibromyalgia symptoms continued to be prominent. She found benefit with TENS stimulation device. Other complaints were increased hemorrhoid irritation and GERD symptoms improved. Her blood pressure was 134/89 and weight was 215 pounds. Examination showed right anterior and lateral shoulder tenderness significantly decreased range of motion 45 degrees anteriorly and laterally. Fibromyalgia pressure points diffusely positive. Assessment/Plan: 1) Hypertension. 2) Type 2 DM. Repeat trial of metformin was considered. 3) Steatohepatitis. Current fenofibrate was continued. 4) PCOS. Increase exercise and weight loss were recommended. 5) Hyperlipidemia LDL goal less than 70. Potvin and no cholesterol diet were continued. 6) Obesity. Weight loss and increase exercise were recommended. 7) TMJ (dislocation of temporomandibular joint). 8) Fibromyalgia. Increase exercise and weight loss were recommended. 9) History of migraine headaches. Increase exercise and weight loss were recommended. 10) Multiple allergies, multiple drug intolerance noted. 11) Unspecified vitamin D deficiency. Increase vitamin D supplementation and reassessment in three months were recommended. 12) Hypothyroidism. They would assess anti-thyroid AB. 13) Rash, stable with exacerbation related to underlying stress.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient was awaiting hardware for TENS unit, which had been quite helpful in ameliorating back and upper extremity pain. She reported chronic pain had been quite difficult without this age. She continued on prior regime including small fractions of Valium tablet to help her heal with chronic discomfort. She found pacing or walking in her home helpful. She was awaiting MRI of her right shoulder with ongoing workers' comp case. Her blood pressure was

130/76 and weight was 215 pounds. Examination showed fibromyalgia pressure points diffusely positive. Assessment/Plan: 1) Fibromyalgia. They would monitor on current Savella therapy. Ongoing attempts at titration were recommended. 2) TMJ (dislocation of temporomandibular joint). Follow up with Dr. Dukes regarding possible mouth guard was recommended. 3) Steatohepatitis. Ongoing attempts for weight loss was recommended. 4) PCOS. Metformin therapy and weight loss were recommended. 5) Obesity. Weight loss was recommended. 6) History of migraine headaches. 7) Hypertension. 8) Type 2 DM. Invokana therapy 100 mg po qd was recommended. 9) Multiple allergies. 10) Unspecified vitamin D deficiency. Gradual titration of vitamin D was recommended. 11) Hyperlipidemia LDL goal less than 70. Further titration of fenofibrate therapy was recommended. 12) Internal hemorrhoids, clinically improved. 13) Hypothyroidism. 14) Melanoma. 15) De Quervain's tenosynovitis. Follow up with hand orthopedist, Dr. [REDACTED]. 16) Screening.

Agreed Medical Evaluation Report from [REDACTED] Medical Corporation by [REDACTED], M.B., on [REDACTED].

The patient complained of a lot of body aches and pain together with headaches. The sites of pain included the shoulders, neck, temporomandibular joints, all the joints (together with swelling of the ankles, knees, and hands), hips and elbows. There was also loss of muscle strength. Dr. [REDACTED] was, thereby, able to ascertain that these pains were continuous and were quite severe. They caused sleep disruption. She awakened every two to two and-a-half hours. She felt unrefreshed in the mornings. She had general stiffness in the mornings that lasted about 20 minutes. Her energy was diminished during the day. She had to lie down during the day but took no naps. Her memory and powers of concentration were mildly impaired. She did not feel depressed. Constant constipation. Her appetite was normal. She did have some lower abdominal pains. The upper abdomen was not hard. There was blood in the stool. Her weight was pretty stable but had gone up by 6 pounds during the past two weeks; this weight gain developed since she stopped taking Savella. Nervous bladder. This caused urgency and voiding sparse amounts of urine with or without burning on micturition. There was a burning and tingling with irritation of the skin. There was a sparse rash on the anterior torso and right leg. She was not sure whether or not she had any undue hair loss. She felt lousy all around and irritable. "Her sinuses dripped." Her chest gave her a pressure feeling which caused her to cough. The history of her present condition was she stated that she felt healthy until 1995, when she had abnormal menstrual bleeding and anemia leading to the need for a hysterectomy in 1999. She later developed a melanoma of the right leg observed in 12/1999, and, at that time, was also found to have

high blood pressure. These conditions were treated but with poor control of her blood pressure thereafter and that was when she had the onset of her headaches. She was later treated with estrogen, which caused a rash. The estrogen was then stopped. She had since used a Climara patch with a rash during the past 10 years. In 2000 to 2001, she developed gestational diabetes. Towards the end of 1999, she began to get aches in her shoulders and hands, which progressed to a state of generalized pains five years ago; she had those ever since but with sleep disruption since about the year 2000. She told Dr. [REDACTED] that the burning and tingling and irritation of the skin had been going since the year 2000. The constipation had been present for the last 10 years. Her nervous bladder had been in place for the last 7 to 8 years. Her generalized body aches and pains had been going on for the last 5 years. She had felt "lousy" and irritable all around for the last one-and-a-half years. She had arthroscopic surgery on the right shoulder for severe pain in 11/2005, with benefit but with residuals thereafter. She had surgery for the right carpal tunnel with ulnar decompression in 11/2006 with benefit. She came to a left carpal tunnel surgery with ulnar nerve release in 06/2007 with benefit. She came to surgery on the left shoulder in 10/2007 with benefit. She had left cubital tunnel and radial tunnel releases in 06/2008 with benefit. She had surgery for a right de Quervain's tendinitis in 11/2008 with benefit. She had a right cubital tunnel and radial tunnel releases in 01/2009, with benefit. She had a right fourth finger trigger release in 07/2011 with benefit. She had surgery for a right thumb cyst of the dorsal interphalangeal joint (area indicated) in 03/2013. The only acute accident at work she could recall was having fallen off a chair at work around 2000; she had no other acute work injuries. With regard to her work history and status she worked for the County of [REDACTED] for the last 24 years in the Department of [REDACTED] and Department of [REDACTED], conducting financial interviews; her job involved traveling once a week to various locations. Currently, she was not working. She was on county sick pay. She last worked in 11/2005, when she left work to undergo right shoulder surgery. Currently, she felt too unwell to work. Examination showed there was mild generalized abdominal tenderness. On examination of the musculoskeletal system, the range of motion of her cervical spine was slow and diminished with pain, with caution being dictated by a fear of initiating a sense of dizziness. The range of motion of her shoulders was 50% of normal, accompanied by pain; there were postsurgical scars around both shoulders. The range of motion of her elbows was full, with discomfort to pain; there were post-surgical scars around the elbows. The range of motion of the wrists was full, accompanied by discomfort to pain; there were post-surgical scars around the wrist joints. There was a post-melanoma excision scar on her right lower leg. There was no synovitis. Her quadriceps were wasted,



but there was no generalized myopathy. The grip strengths in the right hand measured 10, 10 and 10 pounds' force against an expected 53 pounds' force; in the left hand, they measured 5, 0 and 5 pounds' force against an expected 48 pounds' force. Examination of the musculoskeletal system for undue soft tissue tenderness revealed that she had generalized musculoskeletal tenderness at every site in her body, including the skull, shoulder joints, hands and temporomandibular joints, but with no exaggerated response to tender tissue palpation. Diagnoses: 1) Various orthopedic disorders, surgeries and residuals, as defined by her orthopedic surgeons. Currently, there was evidence of mild to moderate cervical spondylosis and mild-to-moderate lumbar spondylosis, including an anterolisthesis from facet arthropathy; therefore, there may well be ongoing organic causation for pains generated from the cervical spine and lumbar spine, respectively. 2) A states chronic insomnia by history long-preceding any orthopedic condition, injury or surgery. 3) The eventual development of a state of "Chronic Widespread Pain" and extensive neuroparesthesiae. This was probably psychophysiologic in generation. Any loss of sleep due to her orthopedic pathologies would tend to exacerbate and possibly aggravate this condition, but that would hardly be recognizable with any degree of certainty. 4) A state of marked obesity with hypertension (poorly controlled), diabetes mellitus (well controlled), hyperlipidemia and vitamin D insufficiency. These were nonindustrial conditions. With regard to her permanent and stationary status, factors of disability and impairments, Dr. [REDACTED] had not recognized any form of rheumatologic injury in her and, therefore, had no comments to make regarding her factors of disability or any rheumatologic impairments. With regard to cause of disability, the cause of disability was due to the stated diagnoses but with the dominance of the disability being governed by her state of "Chronic Widespread Pain," burning, pins-and-needles and numbness. It had led to a very sheltered and inactive life-style which makes her obesity worse. With regard to the future medical treatment, the way to manage her with psychophysiologic symptoms was to "sit there and do nothing"-that was, to listen sympathetically and encourage increased musculoskeletal function and functional restoration. In her case, that would mean helping her to exercise (land- or water-based) and helping her to lose weight and, thereby, become more mobile. Whether any of that effort should be performed under industrial medicine was a moot point. Currently, Dr. [REDACTED] saw no strong indication that that would be the appropriate approach; and her overall management should stay in the hands of her nonindustrial physicians. Her medical care should also include vitamin D supplementation to bring the serum vitamin D level well above 40 ng/ml in order to lessen the fatigue and myalgias of vitamin D insufficiency. With regard to apportionment, in the absence of a rheumatologic injury, Dr. [REDACTED] had no comments

to make about apportionment. Dr. [REDACTED] did, however, have considerable difficulty understanding the lack of nonindustrial apportionment recognized by her various orthopedic surgeons with respect to her age, obesity, osteoarthritic changes in the spine (cervical and lumbar), and chronic diabetic state.

Radiology Report from [REDACTED] Medical Corporation by [REDACTED], M.B., on [REDACTED].

X-rays of the hands and knees showed no abnormality was detected. X-rays of the cervical spine showed she had mild C5-C6 spondylosis with stage II osteophyte formation. The comments were the patient, therefore, had an appropriate degree of cervical spondylosis for someone in her age group. This may contribute to some extent to the caution and diminished range of motion she displayed in ranging her neck. Potentially, this might cause some cervical radiculitis; that would not, however, account for the extensive symptoms throughout her entire cervicobrachial, upper limb and upper trunk region.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient reported sleeping poorly due to chronic pain. Chronic pain involving neck, shoulders, arms, forearms and low back continued to be quite debilitating. Cramping abdominal pain was also noted. Symptoms overall improved with free diet. Weight unfortunately had increased on this diet, however. Her blood pressure was 148/76 and weight was 220 pounds. Examination showed fibromyalgia pressure points diffusely positive. Assessment/Plan: 1) NCGS (non-celiac gluten sensitivity). They would assist her in obtaining free medications and she would continue gluten free diet. 2) Fibromyalgia. They would monitor on current regimen with future attempts to reinitiate Savella therapy. 3) Type 2 DM. Methadone and Januvia therapy were continued. Low carbohydrates diet was recommended. 4) PCOS. 5) Melanoma. She would follow up with dermatology. 6) Steatohepatitis. Further weight loss was recommended. 7) Obesity. Weight loss was attempted. 8) History of migraine headaches. 9) Hypertension. They would monitor on current regimen. 10) Multiple allergies. 11) Unspecified vitamin D deficiency. 12) Hyperlipidemia LDL goal less than 70. 13) Hemorrhoids, internal. 14) Hypothyroidism. 15) De Quervain's tenosynovitis. 16) TMJ (dislocation of temporomandibular joint).

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

Since discontinuation of Savella, the patient's fibromyalgia symptoms had increased. The medication was discontinued due to

apparent allergic reaction although this seemed to be present only as she increased the dose on 12.5 mg twice a day. She noted some facial swelling and general fatigue as well as mild shortness of breath which she attributed to Savella. In addition, she noted an area of tenderness and swelling in her mid-back. She soaked the area with warm soaks for the apparent skin infection and felt it was improving although still slightly tender. Her blood pressure was 138/84 and weight was 227 pounds. Assessment/Plan: 1) Type 2 DM, weight loss, low carbohydrates diet and ongoing Januvia and Glumetza therapy were recommended. 2) Fibromyalgia. Restarting Savella 12.5 mg po 1 to 2 twice daily was recommended. 3) Hypertension. 4) Hyperlipidemia LD goal less than 70. She continued to attempt to titrate dose. 5) Steatohepatitis. 6) Obesity. 7) PCOS. 8) Melanoma. 9) History of migraine headaches - stable. 10) Multiple allergies. 11) Unspecified vitamin D deficiency. Repeat level was pending. 12) Internal hemorrhoids. 13) Hypothyroidism. TSH was monitored. 14) Gluten intolerance. Gluten free diet was recommended. 15) De Quervain's tenosynovitis. 16) TMJ (dislocation of temporomandibular joint). Topical therapy could be revisited on follow up. 17) UTI (lower urinary tract infection). Keflex 500 mg four times a day for seven days was prescribed. Repeat culture was recommended.

Qualified Medical Evaluation Report by [REDACTED], M.D. on [REDACTED]  
[REDACTED]

The patient had total body pain involving the neck, shoulders, wrists, low back, back and soles of her feet. She is also allergic to pain medications and Savella. She could perform personal care independently, but with pain very slowly. Some days she needed help with her bra, some days not. Standing was limited to 15-20 minutes, walking 10-15 minutes and sitting 15-20 minutes. The pain was improved by lying down but she could not tolerate more than two hours. She was up and down all night long. She had a sleep number bed, which helped a little. Limitation in handwriting was limited by fingertip pain and pain and which radiated proximally to upper arms. She did not do any computer work and her roommate wrote the checks. If she had to write, she used a Sharpie, which she could grip with the hold hand and wrote "big." Car travel was limited to what was absolutely necessary, went out only to appointments. Her lifting ability was very limited, she grasped even a cup with two hands and held to her body. Even so she dropped things. She could not cook and her roommate did all the cooking. She had difficulty things with her hands. She had tingling in fingers which was constant and the skin was hypersensitive to touch. The pain diagram was almost completely filled with symbols, indicating dull and sharp pain and tingling throughout both upper and lower extremities and the face bilaterally; and dull and sharp pain throughout the front and back

of the trunk and head. There were small areas over the pectoral area bilaterally, the posterior thoracolumbar area and the occiput of the skull which were not covered in symbols for pain, plus or minus tingling. The pain drawing was consistent with her complaint of total body claim. With regard to her physical demands of job, her job was in the field as well as in the office. She travelled from [REDACTED] to [REDACTED] and [REDACTED] XXX once weekly. The job involved a lot of sitting and computer work. She would have to carry charts and office supplies when she went into the field, weighing 20 to 30 pounds at times. The history of injury was in the normal course of her work she worked longer hours than she was paid. The work had to get done and she work long to accommodate parents in difficult situations. She began to have symptoms initially in her upper extremities, around 1999. She thought her neck pain might have pre-dated the shoulder pain, based on the telephone work she had to do while writing, cradling the phone between shoulder and neck. She worked for the [REDACTED] [REDACTED] department in many clinics and would have to move equipment and furniture. She started to complain to her PCP about her pains about 1999. In 2004 she told her PCP that she had severe right shoulder pain. On [REDACTED] her shoulder "gave out" at work. On [REDACTED] her left shoulder "gave out." Both shoulders were x-rayed and both had calcific deposits. She was sent to the [REDACTED] Medicine and saw Dr. [REDACTED], an orthopedic surgeon who determined the right shoulder was not work related. She then requested a QME, which was performed by Dr. [REDACTED], who became her treating physician and opined that the injury was work related. In 11/2005, she had arthroscopic surgery and an acromioplasty done, open on the right shoulder. She went through postoperative physical therapy and started having right hand problems and saw Dr. [REDACTED] and had a carpal tunnel release in 11/2006. She went through postoperative physical therapy. In 07/2007, she had a left carpal tunnel release with Dr. [REDACTED]. She had a left shoulder surgery and acromioplasty with Dr. [REDACTED] in 10/2007. In 01/2008, she had a right de Quervain's release with Dr. [REDACTED] and in 06/2008 a left cubital tunnel and radial tunnel release with Dr. [REDACTED]. Right cubital and radial tunnel release was done in 01/2009, Dr. [REDACTED]. She had a right ring finger release on 06/2011 by Dr. [REDACTED]. In 03/2013 excision of right thumb IP joint cyst. She had MRI of her cervical, thoracic and lumbar spine performed by Dr. [REDACTED], who told her that she had a pinched nerve on the left side of her neck and disc problems in the lower back. At Dr. [REDACTED]'s office, she saw Dr. [REDACTED] who did pain management, although everything was cleared through her PCP, Dr. [REDACTED]. She began to exhibit allergies to many medications beginning around 1999 and there were literally no pain medications that she tolerated and she was on none now. With regard to her past medical history, she was treated for hypertension, diabetes, fibromyalgia,

migraines and stomach problems. Her weight was 220 pounds. Examination showed all motion was associated with extreme pain. There was decreased sensation in the left index finger and thumb relative to the right. She could not touch the pulp of the thumb to the palmar surface of the 5th metacarpal-phalangeal joint. Tinel's sign was positive at the right and left carpal tunnels and positive at the right and left cubital tunnels. She was not asked to heel or toe walk because completing the examination was obviously very difficult for her. Sensation testing to light touch was reported as decreased throughout the entire right lower extremity and normal throughout the entire left lower extremity. Because of the pain she was experiencing throughout the examination, she could not get on the examining table to perform hip and knee examination. Diagnoses: 1) Cervical pain. 2) Lumbar pain. 3) Right shoulder impingement and acromioclavicular arthritis. 4) Status post right shoulder arthroscopy and acromioclavicular arthroplasty. 5) Left shoulder impingement and acromioclavicular arthritis. 6) Status post right shoulder arthroscopy and acromioclavicular arthroplasty. 7) Bilateral carpal tunnel syndrome. 8) Status post bilateral carpal tunnel releases. 9) Right De Quervain's tenosynovitis. 10) Status post right first dorsal compartment releases. 11) Status post bilateral ulnar nerve releases at Guyon's canal. 12) Right thumb IP joint osteoarthritis/mucus cyst status post excision. 13) Right ring trigger finger, status post release. 14) Chronic widespread pain. 15) Obesity. 16) Diabetes. With regard to disability status, she was at MMI for all diagnoses except chronic widespread pain. Causation was chronic widespread pain; upper extremity compressive neuropathies bilaterally: ulnar nerves at elbows and wrists, carpal tunnel syndrome and radial tunnel syndrome; bilateral shoulder impingement and acromioclavicular arthritis, status post arthroscopy and distal clavicle resection; right ring finger flexor tenosynovitis, status post-surgical release; right De Quervain's tenosynovitis status post-surgical release and osteoarthritis IP joint right thumb. With regard to apportionment, 100% to preexisting and/or co-existent disorders/disease. Apportionment of chronic widespread pain was deferred to a qualified medical evaluator, specializing in complex pain disorders. With regard to impairment, currently no WPI could be determined based on the musculoskeletal examination. For the reason outlined the abnormalities manifested during the examination were not, to the standard of reasonable medical probability, caused by the musculoskeletal and neuropathic diagnoses listed. Moreover, the reasonable medical probability was that those diagnoses did not arise out of her employment. She was not at MMI for the diagnosis of Chronic Widespread Pain and causation could not be evaluated by this evaluator. Therefore, no impairment rating could be determined for this causative factor. With regard to work restriction, for the causation factors, there

was no work restriction applicable which arose out of her employment. Insofar as the chronic widespread pain was concerned, she was temporarily totally disabled. The extent that this restriction arose out of her employment, could not be assessed by Dr. [REDACTED]. With regard to her medical care, she should have a QME, performed by an evaluator whose scope of expertise encompassed complex pain problems, in order to assess causation, apportionment and the need for future treatment, if any, under her workers' compensation claim.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

Dr. [REDACTED] spoke to the patient via telephone. She reported ongoing difficulties with chronic pain. She wondered whether she could reattempt Lyrica therapy with low dose. This medication was helpful although it did stimulate appetite. Multiple drug intolerances as reviewed in the past. She had as not been able to reattempt even name brand Savella therapy. Fibromyalgia symptoms were prominent. Diffuse joint pain with history of overuse syndrome affecting neck back and neck, low back, upper extremities at various mouth. Recommended Lyrica 25 mg one tablet every 8 hours when necessary used cautiously. They would monitor weight closely.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient reported Lyrica 25 mg daily had been helpful. She was concerned about developing an allergic reaction to this medication as had been her pattern in the past. Chronic pain syndrome had progressed since discontinuation of Savella therapy also due to apparent allergic reaction. Her blood pressure was 136/78 and weight was 228 pounds. Assessment/Plan: Unchanged.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient noted ongoing pain. She noted diffuse eye pain. She had burning pain in left hand. She has a history of bilateral carpal tunnel syndrome. Her feet were burning. Her blood pressure was 163/83 and weight was 184 pounds. On examination, she had mild anxiety and an antalgic gait. Assessment/Plan: 1) Type 2 DM with hyperglycemia. Weight loss and low carbohydrates diet were recommended. 2) Melanoma. She would follow up with the dermatologist. 3) Fibromyalgia. Trial of trace mineral tablet qd and exercise were recommended. 4) Steatohepatitis. 5) PCOS. 6) History of migraine headaches. 7) Essential hypertension -n increase blood pressure with pain. Current regimen was continued.

8) Hyperlipidemia LDL goal was less than 70. 9) Unspecified vitamin D deficiency. 10) Other specified hypothyroidism. 11) Radial styloid tenosynovitis of left hand. 12) TMJ (dislocation of temporomandibular joint).

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient noted painful swelling beneath the right neck with erythema and soft tissue swelling. She also noted right posterior shoulder erythematous patch. Her blood pressure was 140/90 and weight was 227 pounds. On examination, her gait was slow. Assessment/Plan: 1) Cutaneous abscess of neck. Doxycycline 100 mg bid for 7-10 days and warm compresses were recommended. 2) Allergic reaction. She should avoid allergens. 3) Type 2 DM with hyperglycemia. 4) Melanoma. 5) Fibromyalgia. She declined further treatment. 6) Steatohepatitis. 7) PCOS. 8) Obesity. 9) History of migraine headaches. 10) Essential hypertension. 11) Multiple allergies. 12) Unspecified vitamin D deficiency. 13) Internal hemorrhoids. 14) Hyperlipidemia with target LDL less than 70. 15) De Quervain's tenosynovitis. 16) Other specified hypothyroidism. 17) TMJ (dislocation of temporomandibular joint).

Qualified Medical Re-Evaluation Report by [REDACTED], M.D. on [REDACTED].

The patient initiated their encounter by explaining her rationale for her shoulder problems, lifting heavy bags, and carpal tunnel, writing and filing and documenting phone calls with handwritten notes. She evidently attributed the large amount of handwriting to at least her upper extremity problems. According to her, cervical pain and upper extremity pain was equal to thoracolumbar pain and lower extremity pain. Most aggravating was movement of head and neck and her arms. Movement of her shoulders and rotation of her head and neck triggered a change in the taste in her mouth and nausea, which lasted for hours. The same movements triggered her headaches and nausea, and once these symptoms started, they might last all day. She vomited about once per month and was nauseated every day. She had chronic constipation and was able to have a BM every day because she took psyllium. She had daily abdominal cramping. She never actually fainted but felt as though she was going to faint frequently and had light-headedness often. She did everything very slowly to prevent symptoms from developing. Her roommate did all of the household chores and shopping. She had a car, which she mostly did not drive. She was able to drive short distances locally only. She used to go Las Vegas frequently, but had not taken any long trips since at least 2003. After she last saw Dr. [REDACTED] (QME on 06/09/14), she tried Cymbalta and Lyrica under Dr. [REDACTED] her PCP. Dr. [REDACTED] had her on analgesics,

Vicodin, and she developed what sounds as though was angioedema. She had been seeing the same doctor, Dr. [REDACTED] was the only one she was seeing. The pain doctor did not want to give her any medications without Dr. [REDACTED]'s authorization and she no longer saw him (pain doctor). Her weight was 225 pounds. Diagnoses: Unchanged. As discuss, Dr. [REDACTED] wrote immediately following his recent reexamination of her, which expresses his impression at the time: "A truly ridiculous situation - no meaningful musculoskeletal exam possible." This comment did not reflect a deprecating attitude about her, who was a lovely person, with a terrible affliction, namely fibromyalgia. The multitude of surgeries performed without any amelioration of symptoms, only relentless progression, was testament to the reasonable medical probability that the diagnoses were not orthopedic musculoskeletal diagnoses based on pathological anatomy, that could be addressed surgically. Rather the diagnosis of Chronic Widespread Pain/Fibromyalgia was the reasonably probably correct diagnosis. She had not been seen by a consultant for the purposes of establishing, occupational causation and apportionment, impairment. Insistence on basing this "medical evaluation" (as in "QME") on the usual musculoskeletal pathological anatomical diagnoses represented utter intellectual dishonesty. The following calculations of WPI based on loss of range of motion, where they could be measured, should be considered a "mechanical" exercise by him and did not indicate any belief whatsoever as to the medially reasonable probabilities involve in this case. To reiterate and expand upon his point of view; she did not have a primary orthopedic problem causing her chronic impairment and disability. Notwithstanding the many orthopedic operations, she had, none seemed to have benefited her. Her pain drawing was appended, and of itself makes a strong statement about the underlying diagnosis, which was fibromyalgia, a cause of Chronic Widespread Pain. The criteria for the diagnosis of fibromyalgia had been promulgated and revised by the American College of Rheumatology. The reasonable medical probability was that she fulfilled both the original and revised criteria. In some cases of Chronic Widespread Pain/Fibromyalgia the initiation might be on the basis of occupational risk factors, but Dr. [REDACTED] did not possess expertise in the field of rheumatology or chronic pain. If the real medical issues of her case were to be confronted, she should be sent to a rheumatologist QME for evaluation of causation, apportionment and impairment, as it applied to the primary problem, namely chronic widespread pain/fibromyalgia. Dr. [REDACTED] personally had absolutely nothing more to offer in the evaluation of her case and it was great reservation that Dr. [REDACTED] render this report, which was done solely to comply with the attorney request. With regard to the disability status, MMI for orthopedic musculoskeletal disorders. With regard to causation, probable Chronic Widespread Pain/Fibromyalgia - causation deferred to a



qualified physician, ideally a rheumatologist. Causation in terms of Dr. [REDACTED]'s orthopedic evaluation was previously discussed. Apportionment and work restriction were deferred. With regard to impairment her total WPI for cervical spine was 22% WPI, the total WPI for upper extremities was 39% WPI, the total WPI for lumbar spine was 20% WPI and the total WPI was 62 %, because of pain 3% WPI was combined with 62% for a combined total of 63% WPI. With regard to medical care, she required no more care, now or in the future, from orthopedic surgeons, and in fact should actively stay away from them, other than for acute injuries such as fractures. The reasonable medical probability was that she could not be benefited by any more surgery than she had already had and probably could be made even worse.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED]

The patient noted diffuse joint pain, bilateral hand pain and TMJ pain. Her blood pressure was 154/81 and weight was 225 pounds. Assessment/Plan: 1) Type 2 DM with hyperglycemia. Weight loss and low carbohydrates diet were recommended. 2) PCOS. 3) Fibromyalgia. 4) Melanoma. She would follow up with Dr. [REDACTED]. 5) Steatohepatitis. Would follow GGT. Weight loss and increased exercise were recommended. 6) Obesity, unspecified obesity severity and type. 7) History of migraine headaches. Topamax was continued. 8) Essential hypertension with goal blood pressure less than 140/90. 9) Multiple allergies. 10) Vitamin D deficiency. She would reattempt limited sunshine. 11) Hyperlipidemia wit target LDL less than 70. Fasting lipid profile was recommended. 12) Internal hemorrhoids. 13) Other specified hypothyroidism. Would follow TSH. 14) De Quervain's tenosynovitis. 15) TMJ (dislocation of temporomandibular joint), sequela. Soft diet was recommended. 16) Screening.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient reported ongoing struggles with diffuse body pain. She had altered diet, low fat and low carbohydrate diet. Low back pain was noted. Her blood pressure was 130/80 and weight was 219 pounds. Examination showed fibromyalgia pressure points diffusely positive. Assessment/Plan: 1) Type 2 DM with hyperglycemia, without long term current use of insulin (HCC). Low carbohydrate diet, weight loss and exercise were recommended. 2) Malignant melanoma, unspecified site (HCC). 3) Fibromyalgia. Trial of over the counter magnesium supplement was recommended. 4) Steatohepatitis, greatly improved. 5) PCOS. 6) Obesity, unspecified obesity severity and type. 7) History of migraine headaches. 8) Essential hypertension. 9) Multiple allergies.

10) Vitamin D deficiency. Attempted replacement. 11) Hyperlipidemia with target LDL less than 70. 12) Internal hemorrhoids. 13) Other specified hypothyroidism. 14) De Quervain's tenosynovitis. 15) TJ (dislocation of temporomandibular joint), sequela.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient had ongoing difficulties with left upper extremity overuse syndrome, possible left cervical radiculopathy continue as part of her workers' compensation case. Repeat MRI of the cervical spine was pending. She was to attempt a repeat cortisone injection for these issues. Her blood pressure was 148/85 and weight was 219 pounds. Examination of the joint showed fibromyalgia pressure points diffusely positive. Assessment/Plan: 1) Elevated LFTs likely secondary to steatohepatitis. She was attempting weight loss and lower cholesterol diet. Repeat liver US and alpha-fetoprotein screening were considered. 2) Fibromyalgia. Savella therapy was being attempted. She was attempting medication and other means of lowering her stress levels. Increase exercise was recommended. 3) Steatohepatitis. 4) PCOS. 5) Obesity. 6) History of migraine headaches. 7) Hypertension. 8) NIDDM, Victoza therapy was recommended. 9) Multiple allergies. 10) Unspecified vitamin D deficiency. She was attempting to increase sun exposure. 11) Hyperlipidemia LDL goal less than 70. Low fat diet was recommended. 12) Hemorrhoids. 13) Hypothyroidism. Continue to monitor TSH level.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient reported ongoing chronic pain diffusely. She had lost some weight. Her blood pressure was 138/78 and weight was 216 pounds. Assessment/Plan: 1) Type 2 DM with stage 1 chronic kidney disease, without long-term current use of insulin (HCC). On carbohydrates diet and weight loss were recommended. 2) Fibromyalgia. Current prescription was monitored. 3) Malignant melanoma, unspecified site (HCC). 4) Steatohepatitis. 5) History of migraine headaches. 6) Morbid obesity due to excess calories. 7) PCOS. 8) Vitamin D deficiency. 9) Multiple allergies. 10) Essential hypertension. 11) Hyperlipidemia with target LDL less than 70. 12) De Quervain's tenosynovitis. 13) Hypothyroidism due to Hashimoto's thyroiditis. TSH was followed. 14) Hemorrhoids. 15) TMJ (dislocation of temporomandibular joint).

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient reported two weeks history of sciatica pain. No fall noted, however, she noted symptoms were worse status post sitting on a pillow. She noted stretching provided some relief. She noted pain in her right knee as well. Symptoms were worse with standing or walking. She felt better with sitting, even while sleeping. She found direct pressure to be helpful. She noted TMJ pain as well. Various pain had combined. Her blood pressure was 142/78 and her weight was 218 pounds. Examination showed fibromyalgia pressure points diffusely positive. Assessment/Plan: 1) Subacute maxillary sinusitis recommended z-pack, take as directed with food. ENT referral in the future was considered. 2) Type 2 DM with hyperosmolarity without coma, without long-term current use of insulin (HCC). 3) Fibromyalgia. Exercise was recommended. Tramadol and topical (camphor/menthol) were prescribed. 4) Malignant melanoma of eyelid including canthus, unspecified laterality (HCC). Ongoing close follow up with dermatologist for skin screening every six months with Dr. [REDACTED] [REDACTED] was recommended. 5) Steatohepatitis. 6) PCOS. 7) Morbid obesity due to excess calories (HCC). 8) History of migraine headaches. 9) Essential hypertension. 10) Vitamin D deficiency. Supplementation was recommended. 11) Multiple allergies. 12) Hyperlipidemia with target LDL less than 70. 13) Internal hemorrhoids. 14) Hypothyroidism due to no-medication exogenous substances. 15) De Quervain's tenosynovitis. 16) TMJ (dislocation of temporomandibular joints). 17) Sciatica, unspecified laterality. X-rays were ordered. Follow-up with orthopedics in the future was considered. 18) Adult BMI 40.0-44.9 kg/sq m (HCC).

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient noted ongoing neck pain. Physical therapy was not helpful. She noted increased TMJ pain despite use of mouth guard. She slept sitting upright. She noted posterior neck pain, tension. She slept fitfully. Epidurals were not helpful. Pain management was not helpful. She was unable to tolerate Ultram, Cymbalta, Effexor, Lyrica and Neurontin. She found use of warm liquids soothing. She used a gluten free diet. She attempted turmeric which was of some benefit. Diagnostics studies included MRI of the cervical, thoracic and lumbar spine without contrast. Her blood pressure was 120/78 and weight was 219 pounds. Examination showed fibromyalgia pressure points diffusely positive. Assessment/Plan: 1) Type 2 DM with hyperosmolarity without coma and long term current use of insulin (HCC). Trulicity was recommended. 2) Malignant melanoma, unspecified site (HCC). Follow up with Dr. [REDACTED] for annual screening was recommended.

3) Adult BMI 40.0-44.9 kg/sq m. 4) Fibromyalgia. Referral to pain management via rehabilitation Medicine with Dr. [REDACTED] was recommended. Repeat trial of Cymbalta versus referral for acupuncture was recommended. Physical therapy was also considered. 5) Steatohepatitis. 6) PCOS. 7) Class 2 severe obesity due to excess calories with serious comorbidity and body mass index. 8) Essential hypertension. 9) History of migraine headaches. 10) Multiple allergies. 11) Vitamin D deficiency. 12) Hyperlipidemia with target LDL less than 70. 13) Internal hemorrhoids. 14) De Quervain's tenosynovitis. 15) Hypothyroidism due to Hashimoto's thyroiditis. 16) Sciatica, unspecified laterality. 17) Dislocation of temporomandibular joint. 18) Cervical radiculopathy. 19) Other chronic pain.

Attending Physician's Statement by [REDACTED], M.D. on [REDACTED]

The patient's current diagnoses were chronic pain syndrome, cervical radiculopathy, lumbar radiculopathy, NIDDM, hypertension, allergic reaction to medications and gluten intolerance. Her date of disability was in 11/2005. Her current treatment plan included pharmacology, physical therapy and pain management. She was currently restricted from standing greater than 15 minutes, bending, stooping, kneeling, lifting greater than five pounds, and reaching overhead. She continued to suffer from severe chronic pain. The pain was associated with increased blood pressure and blood glucose. She was recommended ongoing attempts/physical therapy home program/pain control and chronic disease management.

Progress Report from [REDACTED] Clinic by [REDACTED], M.D. on [REDACTED].

The patient noted increase in fatigue for six months with ongoing chronic pain. Her blood pressure was 148/76 and weight was 219 pounds. On examination, she had mild increased anxiety. Assessment/Plan: 1) Thyroid nodule. FNA schedule with endocrine was recommended. 2) Obesity, Class III, BI 40-49.9 (morbid obesity) (HCC). Weight loss, low carbohydrate diet and exercise were recommended. 3) Type 2 D with hyperosmolarity without coma and long term current use of insulin (HCC). Referral to diabetes education and dietician were recommended. 4) Malignant melanoma of upper extremity, including shoulder, unspecified laterality (HCC). Ongoing follow-up with dermatologist for every month screening was recommended.

End of medical record review.

**DISCUSSION:**

The claimant is a ■-year-old female with a history of fibromyalgia diagnosed in or around 2007. She complains of global pain in her entire body. She is unable to take any medications for her pain due to multiple drug sensitivity.

**QUESTION #1:**

**Is there any objective evidence of rheumatologic disorders, if so please state?**

The claimant meets the diagnostic criteria for fibromyalgia syndrome. There are no tests or measurements to confirm fibromyalgia syndrome. The patient does have tenderness in anatomical areas corresponding to fibromyalgia tender points.

**QUESTION #2:**

**Does the member have any subjective complaints attributable to the rheumatologic disorders that are claimed to be incapacitating?**

Yes the applicant has global pain which is attributable to fibromyalgia syndrome.

**QUESTION #3:**

**Are the rheumatologic conditions claimed to be incapacitating, worsening, improvement or remaining the same?**

The claimant's condition has remained the same since the time of her diagnosis.

**QUESTION #4:**

**Is there presently, or is there likely to be in the future, the need for further diagnostic procedures, evaluation or treatment with respect to the condition in question?**

No. I do not believe that further diagnostic procedures or evaluation is necessary.

**QUESTION #5:**

**According to the criteria set above and your review of the attached job factors form, through the members rheumatologic condition presently incapacitate the member from any activity, or other job duty described in the enclosed Job Factors Form? Please take into**

**account any reasonable accommodations that may be possible described in the Job Factors Form.**

Yes. The applicant is incapacitated. The claimant is unable to perform her duties. She has severe pain her entire body.

**QUESTION #6:**

**If you find out the member is presently incapacitated by rheumatologic conditions from performance of any job, if such current incapacity is permanent or likely to materially improve with additional treatment or not presently ascertainable as either temporary or permanent?**

The claimant's incapacity is permanent. The patient is not able to tolerate medications used for fibromyalgia syndrome. I do not see improvement in the foreseeable future.

**QUESTION #7:**

**If you conclude that the applicant's present incapacity is likely to materially improve with the addition of treatment prescribe the treatment medically likely to bring about such a material improvement applicant's functional capacity not applicable?**

Not applicable.

**QUESTION #8:**

**Based on your response to question 5, 6, and 7 above and your review of the job factors form and any other materials in the binder regarding job duties, do you feel that the member?**

The member cannot return to her usual assignment regardless of the described reasonable accommodations.

**QUESTION #9:**

**If the applicant is not permanently incapacitated from individual condition, please consider and comment whether the cumulative effect of the combined conditions causes permanent disability?**

Not applicable.

**QUESTION #10:**

**If you find the applicant is currently incapacitated for performing any of her usual duties, will the use of voice activated software,**

RE: XXXXX, XXX

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**which eliminates 70% to 80% of her keying and mouse use allow her to perform those duties?**

I do not believe the use of voice activated software would make a difference in this case.

**QUESTION #11:**

**In your opinion, which best describes the role of applicant's county employment in the causation of the applicant's alleged rheumatologic injury?**

The employment setting contributed not at all to the alleged incapacity and was merely in a passive stage or backdrop upon which the natural progression of the applicant's underlying rheumatology condition manifested.

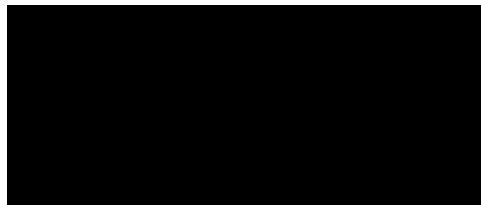
**QUESTION #12:**

**If you find the employment setting did not contribute to the alleged incapacity, what is the medical probable cause of the applicant's condition?**

**ANSWER:** The most likely cause of fibromyalgia is due to overactive nerves. Trauma has not been identified to be a factor in development of fibromyalgia syndrome.

Thank you for the opportunity to review the records and examine Ms. XXXXX. Please let me know if you have any questions.

Sincerely,



Keyvan Yousefi, M.D.



June 10, 2020

TO: Each Trustee  
Board of Retirement

FROM: Santos H. Kreimann <sup>SAC</sup>  
Chief Executive Officer

FOR: July 1, 2020 Board of Retirement Meeting

SUBJECT: **SACRS OFFICER ELECTIONS**

The State Association of County Retirement Systems (SACRS) will be holding a business meeting during their semi-annual conference in November 2020. SACRS will be asking LACERA's voting delegate to provide direction on the SACRS officer elections.

**SACRS Officer Elections**

The SACRS Nominating Committee recommends the following SACRS final officer slate for the 2020-2021 year:

Position	Nominee	County
President	Vivian Gray	Los Angeles CERA
Vice President	Roger Hilton	Orange CERS
Treasurer	Harry Hagen	Santa Barbara CERS
Secretary	Kathryn Cavness	Mendocino CERA
Regular Member	David MacDonald	Contra Costa CERA
Regular Member	John Kelly	Sacramento CERS

Additional Candidates Submitted:

Position	Nominee	County
Regular Member	Vere Williams	San Bernardino CERA
Regular Member	Edward Robinson	Kern CERA

**IT IS THEREFORE RECOMMENDED** the Board of Retirement provide the SACRS voting delegate direction on voting for the SACRS slate of officers.





March 24, 2020

To: SACRS Trustees & SACRS Administrators/CEO's  
 From: Ray McCray, SACRS Immediate Past President, Nominating Committee Chair  
 SACRS Nominating Committee  
 Re: SACRS Board of Director Elections 2020-2021 Elections – Final Ballot

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SACRS BOD 2020-2021 election process began January 2020. Please provide the final ballot and voting instructions to your Board of Trustees and Voting Delegates.

DEADLINE	DESCRIPTION
March 1, 2020	Any regular member may submit nominations for the election of a Director to the Nominating Committee, provided the Nominating Committee receives those nominations no later than noon on March 1 of each calendar year regardless of whether March 1 is a Business Day. Each candidate may run for only one office. Write-in candidates for the final ballot, and nominations from the floor on the day of the election, shall not be accepted.
March 25, 2020	The Nominating Committee will report a final ballot to each regular member County Retirement System prior to March 25
November 10-13, 2020 (Exact date TBD)	Nomination Committee to conduct elections during the SACRS Business Meeting at the Fall Conference, November 10-13, 2020
November 10-13, 2020	Board of Directors take office for 1 year (until Spring 2021 Elections)

**Per SACRS Bylaws, Article VIII, Section 1. Board of Director and Section 2. Elections of Directors:**

**Section 1. Board of Directors. The Board shall consist of the officers of SACRS as described in Article VI, Section 1, the immediate Past President, and two (2) regular members**

**A. Immediate Past President.** *The immediate Past President, while he or she is a regular member of SACRS, shall also be a member of the Board. In the event the immediate Past President is unable to serve on the Board, the most recent Past President who qualifies shall serve as a member of the Board.*

**B. Two (2) Regular Members.** *Two (2) regular members shall also be members of the Board with full voting rights.*

**Section 2. Elections of Directors.** *Any regular member may submit nominations for the election of a Director to the Nominating Committee, provided the Nominating Committee receives those nominations no later than noon on March 1 of each calendar year regardless of whether March 1 is a Business Day. Each candidate may run for only one office. Write-in candidates for the final ballot, and nominations from the floor on the day of the election, shall not be accepted.*

*The Nominating Committee will report its suggested slate, along with a list of the names of all members who had been nominated, to each regular member County Retirement System prior to March 25. The Administrator of each regular member County Retirement System shall be responsible for communicating the Nominating Committee's suggested slate to each trustee and placing the election of SACRS Directors on his or her board agenda. The Administrator shall acknowledge the completion of these responsibilities with the Nominating Committee.*



*Director elections shall take place during the first regular meeting of each calendar year. The election shall be conducted by an open roll call vote, and shall conform to Article V, Sections 6 and 7 of these Bylaws.*

*Newly elected Directors shall assume their duties at the conclusion of the meeting at which they are elected, with the exception of the office of Treasurer. The incumbent Treasurer shall co-serve with the newly elected Treasurer through the completion of the current fiscal year.*

Due to the cancellation of the Spring Conference because of COVID-19 (Coronavirus) the elections will be held at the SACRS Fall Conference November 10-13, 2020 at the Renaissance Esmeralda Resort & Spa, Indian Wells. Elections will be held during the Annual Business meeting, date TBD, November 10-13, 2020.

**SACRS Nominating Committee Final Ballot:**

- |  |                |
|--|----------------|
| • Vivian Gray, Los Angeles CERA          | President      |
| • Roger Hilton, Orange CERS              | Vice President |
| • Harry Hagen, Santa Barbara, CERS       | Treasurer      |
| • Kathryn Cavness, Mendocino CERA        | Secretary      |
| • David MacDonald, MD, Contra Costa CERA | Regular Member |
| • John Kelly, Sacramento CERS            | Regular Member |

**Additional Candidates Submitted:**

- |                                      |                |
|--------------------------------------|----------------|
| • Vere Williams, San Bernardino CERA | Regular Member |
| • Edward Robinson, Kern CERA         | Regular Member |

Please prepare your voting delegate to have the ability to vote by the recommended ballot and by each position separately.

If you have any questions, please contact me at Ray McCray, [raym1@sbcglobal.net](mailto:raym1@sbcglobal.net) or (209) 471-4472.

Thank you for your prompt attention to this timely matter.

Sincerely,

*Ray McCray*


Ray McCray, San Joaquin CERA Trustee  
SACRS Nominating Committee Chair

CC: SACRS Board of Directors  
SACRS Nominating Committee Members  
Sulema H. Peterson, SACRS Executive Director

**INFORMATION ONLY**

June 23, 2020

**TO:** Each Trustee,  
Board of Retirement

**FROM:** JJ Popowich   
Assistant Executive Officer

**FOR:** July 1, 2020 Board of Retirement Meeting

**SUBJECT:** **COVID-19 Impacts on Foreign Payees**

**DISCUSSION**

Beginning in April of 2020, a few countries suspended mail delivery from international sources, including the United States. The initial impact to LACERA members was minimal. LACERA identified specific members or survivors who were receiving benefits by check and contacted them to let them know of the problem. Some members asked that we hold payments due to the conditions in their country. Some members asked us to Fed Ex their check to them, while others set up direct deposit arrangements.

The list of countries no longer accepting international mail has increased. As of the June payroll run, there are approximately 212 foreign payees. Of these 212, 77 payees are now impacted by this problem because they live in a country that no longer accepts international mail. Of these 77 payees, nine (9) payees are receiving checks; the remainder receive a direct deposit to a U.S. bank. Most of the payees impacted live in the Philippines, Costa Rica, Ecuador, India, and Egypt, with the Philippines being the most impacted.

The nine (9) payees receiving payment by check present an immediate problem because they are unable to receive their benefits. As we mentioned, we have been in contact with some of these payees and are in the process of contacting the newest payees added to the list. We will work with these payees to determine what steps they would like us to take which range from holding payments until the situation changes to trying to deliver via Fed Ex if possible.

Each Trustee, Board of Retirement  
June 23, 2020  
Re: COVID-19 Impacts on Foreign Payees  
Page 2 of 2

The 68 payees who are receiving direct deposit have uninterrupted service – unless the problem persists for more than three months. After three months of returned mail, our system automatically places the payments on hold until we can contact the payee to verify their identity and address. Given that we are now entering the third month of this situation we have taken the proactive step of setting their Automatic Deposit Receipt (ADR) mail address to “Will Call”. This holds their ADR at LACERA until further notice. However, this also sends an automated notification to the payee that the payee’s address had been updated. We are in the process of contacting the affected payees to explain the situation. Our Call Center staff members have been provided with instructions on what to tell any members that may call us about these notifications.

LACERA has a concurrent project to develop a plan to present to the Operations Oversight Committee to move towards a paperless payroll and correspondence system. Under this new system, our members and survivors could receive their ADR and other correspondence electronically. We are also hoping to offer alternatives to mailed checks for members who are not able to take advantage of direct deposit (e.g. we currently do not issue direct deposits to foreign banks).

This process was initiated last year and is separate from our response to the current COVID-19 pandemic. While we have some work to do before we present the plan, it is a promising solution to eventually help protect our foreign payees from similar disruptions in the future.

REVIEWED AND APPROVED



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Santos H. Kreimann  
Chief Executive Officer


Attachment

JJP:jjp

**FOR INFORMATION ONLY**

June 22, 2020

TO: Each Trustee  
Board of Retirement  
Board of Investments

FROM: Barry W. Lew   
Legislative Affairs Officer

FOR: July 1, 2020 Board of Retirement Meeting  
July 8, 2020 Board of Investments Meeting

SUBJECT: **Monthly Status Report on Legislation**

Attached is the monthly report on the status of legislation that staff is monitoring or on which LACERA has adopted a position.

**Reviewed and Approved:**



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**Steven P. Rice, Chief Counsel**

**Attachment**

LACERA Legislative Report

cc: Santos H. Kreimann  
JJ Popowich  
Steven P. Rice  
Jon Gabel  
Anthony J. Roda, Williams & Jensen  
Joe Ackler, Ackler & Associates

LACERA Legislative Report  
2019-2020 Legislative Session  
Status as of June 22, 2020

File name: CERL-PEPRA-2020	
CA AB 2937	<p><b>AUTHOR:</b> Fong [R]  <b>TITLE:</b> CERL: Non-Service-Connected Disability Retirement  <b>INTRODUCED:</b> 02/21/2020  <b>SUMMARY:</b>            Creates an optional provision, to be elected by a county board of supervisors by resolution adopted by majority vote, that would remove the retirement board's assessment regarding the intemperate use of alcoholic liquor or drugs as a condition on the purchase of a disability retirement pension by county or district contributions.  <b>STATUS:</b>            03/05/2020 To ASSEMBLY Committee on PUBLIC EMPLOYMENT AND RETIREMENT.  <b>Comments:</b>            SACRS-sponsored bill based on LACERA's proposal.  <b>BOR_Position:</b> Support 04/09/2020  <b>Staff_Recommendation:</b> Support</p>
CA SB 430	<p><b>AUTHOR:</b> Wieckowski [D]  <b>TITLE:</b> Public Employees Retirement Benefits: Judges  <b>INTRODUCED:</b> 02/21/2019  <b>LAST AMEND:</b> 05/17/2019  <b>SUMMARY:</b>            Relates to the State Public Employees' Pension Reform Act of 2013. Grants a judge who was elected to office in a specific year the option of making a one-time, irrevocable election to have a membership status prior to a certain date in the Judges' Retirement System II for service accrued after a certain date.  <b>STATUS:</b>            06/26/2019 In ASSEMBLY Committee on PUBLIC EMPLOYMENT AND RETIREMENT: Not heard.  <b>Staff_Action:</b> Monitoring</p>
CA SB 783	<p><b>AUTHOR:</b> Labor, Public Employment &amp; Retirement Cmt  <b>TITLE:</b> County Employees Retirement Law of 1937  <b>INTRODUCED:</b> 03/07/2019  <b>SUMMARY:</b>            Corrects several erroneous and obsolete cross references within the County Employees Retirement Law of 1937.  <b>STATUS:</b>            05/16/2019 To ASSEMBLY Committee on PUBLIC EMPLOYMENT AND RETIREMENT.  <b>Comments:</b>            At the SACRS 2019 Fall Conference, the SACRS membership approved the SACRS Legislative Committee's draft language on various clean-up provisions, which will be amended into the bill.  <b>Staff_Action:</b> Monitoring</p>
CA SB 1297	<p><b>AUTHOR:</b> Moorlach [R]  <b>TITLE:</b> Public Employees' Retirement  <b>INTRODUCED:</b> 02/21/2020</p>

**SUMMARY:**

Relates to the Public Employees' Retirement System, the State Teachers' Retirement System, the Judges' Retirement System, the Judges' Retirement System II, county and district retirement systems created pursuant to the County Employees' Retirement Law of 1937. Revises the provision of pension and other benefits to members of all state or local public retirement systems, among others.

**STATUS:**

03/05/2020 To SENATE Committee on LABOR, PUBLIC EMPLOYMENT AND RETIREMENT.

**Staff\_Action:** Monitoring

CA SB 1371

**AUTHOR:** Judiciary Cmt

**TITLE:** Maintenance of the Codes

**INTRODUCED:** 02/21/2020

**SUMMARY:**

Makes nonsubstantive changes in various provisions of la relative to directing the Legislative Counsel to advise the Legislature from time to time as to legislation necessary to maintain the codes.

**STATUS:**

06/18/2020 To ASSEMBLY Committee on JUDICIARY.

**Comments:**

Makes nonsubstantive change to CERL Section 31631.5 per Legislative Counsel's recommendation.

**Staff\_Action:** Monitoring

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File name: FEDERAL-Covid-19

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US HR 266

**SPONSOR:** McCollum [D]

**TITLE:** Paycheck Protection Program and Health Care Enhancement

**INTRODUCED:** 01/08/2019

**LAST AMEND:** 04/21/2020

**SUMMARY:**

Makes amendments to the Paycheck Protection Program, economic injury disaster loans, and emergency grants pursuant to the Coronavirus Aid, Relief, and Economic Security Act; relates to small business programs; makes additional emergency appropriations for coronavirus response.

**STATUS:**

04/23/2020 \*\*\*\*\*To PRESIDENT.

04/24/2020 Signed by PRESIDENT.

04/24/2020 Public Law No. 116-139

US HR 748

**SPONSOR:** Courtney [D]

**TITLE:** CARES Act

**INTRODUCED:** 01/24/2019

**LAST AMEND:** 03/25/2020

**SUMMARY:**

Enacts the Coronavirus Aid, Relief, and Economic Security, or CARES, Act; provides emergency assistance and health care response for individuals, families, and businesses affected by the 2020 coronavirus pandemic.

**STATUS:**

03/27/2020 In HOUSE. HOUSE concurred in SENATE amendments.

03/27/2020 \*\*\*\*\*To PRESIDENT.

03/27/2020 Signed by PRESIDENT.

	03/27/2020	Public Law No. 116-136
US HR 6074	<b>SPONSOR:</b>	Lowey [D]
	<b>TITLE:</b>	Coronavirus Preparedness and Response Appropriations
	<b>INTRODUCED:</b>	03/04/2020
	<b>SUMMARY:</b>	Establishes the Coronavirus Preparedness and Response Supplemental Appropriations Act; makes emergency supplemental appropriations in response to the outbreak of the Coronavirus.
	<b>STATUS:</b>	
	03/06/2020	Public Law No. 116-123
US HR 6201	<b>SPONSOR:</b>	Lowey [D]
	<b>TITLE:</b>	Families First Coronavirus Response Act
	<b>INTRODUCED:</b>	03/11/2020
	<b>LAST AMEND:</b>	03/14/2020
	<b>SUMMARY:</b>	Provides for the Families First Coronavirus Response Act; provides specified supplement appropriations.
	<b>STATUS:</b>	
	03/18/2020	Public Law No. 116-127
US HR 6800	<b>SPONSOR:</b>	Lowey [D]
	<b>TITLE:</b>	HEROES Act
	<b>INTRODUCED:</b>	05/12/2020
	<b>SUMMARY:</b>	Provides for the HEROES Act.
	<b>STATUS:</b>	
	06/01/2020	In SENATE. Read second time. Placed on Legislative Calendar under General Orders.
	<b>Staff_Action:</b>	Monitoring
US S 3608	<b>SPONSOR:</b>	Kennedy [R]
	<b>TITLE:</b>	CARES Act Funds Flexibility
	<b>INTRODUCED:</b>	05/05/2020
	<b>SUMMARY:</b>	Amends the CARES Act; provides flexibility in use of funds by states, Indian Tribes, and municipalities.
	<b>STATUS:</b>	
	05/05/2020	INTRODUCED.
	05/05/2020	In SENATE. Read second time.
	05/05/2020	To SENATE Committee on APPROPRIATIONS.
	<b>Comments:</b>	
		Would prohibit any federal aid to be provided directly to state pension funds.
	<b>Staff_Action:</b>	Monitoring

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File name: Federal-2020

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US HR 141	<b>SPONSOR:</b>	Davis R [R]
	<b>TITLE:</b>	Government Pension Offset Repeal
	<b>INTRODUCED:</b>	01/03/2019
	<b>SUMMARY:</b>	Amends Title II of the Social Security Act; repeals the Government pension offset and windfall elimination provisions.



**STATUS:**  
01/31/2019 In HOUSE Committee on WAYS AND MEANS: Referred to Subcommittee on SOCIAL SECURITY.  
**BOR\_Position:** Support 04/11/2019  
**IBLC\_Recommendation:** Support 03/14/2019  
**Staff\_Recommendation:** Support

US HR 3934 **SPONSOR:** Brady K [R]  
**TITLE:** Windfall Elimination Provision Replacement  
**INTRODUCED:** 07/24/2019  
**SUMMARY:**  
Amends Title II of the Social Security Act; replaces the windfall elimination provision with a formula equalizing benefits for certain individuals with non-covered employment.  
**STATUS:**  
07/24/2019 INTRODUCED.  
07/24/2019 To HOUSE Committee on WAYS AND MEANS.  
**BOR\_Position:** Support 02/05/2020  
**IBLC\_Recommendation:** Watch 01/09/2020  
**Staff\_Recommendation:** Watch

US HR 4540 **SPONSOR:** Neal [D]  
**TITLE:** Non Covered Employment Social Security Provision  
**INTRODUCED:** 09/27/2019  
**SUMMARY:**  
Provides an equitable Social Security formula for individuals with non covered employment; provides relief for individuals currently affected by the Windfall Elimination Provision.  
**STATUS:**  
09/27/2019 INTRODUCED.  
09/27/2019 To HOUSE Committee on WAYS AND MEANS.  
**BOR\_Position:** Support 02/05/2020  
**IBLC\_Recommendation:** Watch 01/09/2020  
**Staff\_Recommendation:** Watch

US HR 4897 **SPONSOR:** Lipinski [D]  
**TITLE:** Governmental Retirement Plans Income  
**INTRODUCED:** 10/29/2019  
**SUMMARY:**  
Amends the Internal Revenue Code; increases the amount excluded from gross income by reason of distributions from governmental retirement plans for health and long term care insurance for public safety officers.  
**STATUS:**  
10/29/2019 INTRODUCED.  
10/29/2019 To HOUSE Committee on WAYS AND MEANS.  
**Comments:**  
Would increase the current Public Safety Officer tax exclusion from \$3,000 to \$6,000.  
**Staff\_Action:** Monitoring

US HR 6436 **SPONSOR:** Chabot [R]  
**TITLE:** Health Plans Direct Payment Requirement  
**INTRODUCED:** 04/03/2020

**SUMMARY:**

Amends the Internal Revenue Code; repeals the direct payment requirement on the exclusion from gross income of distributions from governmental plans for health and long term care insurance.

**STATUS:**

04/03/2020 INTRODUCED.  
04/03/2020 To HOUSE Committee on WAYS AND MEANS.  
**IBLC\_Position:** Support 06/11/2020  
**Staff\_Recommendation:** Support

US S 521

**SPONSOR:** Brown S [D]  
**TITLE:** Government Pension Offset Repeal  
**INTRODUCED:** 02/14/2019

**SUMMARY:**

Amends Title II of the Social Security Act; repeals the Government pension offset and windfall elimination provisions.

**STATUS:**

02/14/2019 INTRODUCED.  
02/14/2019 In SENATE. Read second time.  
02/14/2019 To SENATE Committee on FINANCE.  
**BOR\_Position:** Support 04/11/2019  
**IBLC\_Recommendation:** Support 03/14/2019  
**Staff\_Recommendation:** Support

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File name: Other-2020

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CA AB 992

**AUTHOR:** Mullin [D]  
**TITLE:** Open Meetings: Local Agencies: Social Media  
**INTRODUCED:** 02/21/2019  
**LAST AMEND:** 04/22/2019

**SUMMARY:**

Provides that the Ralph M. Brown Act does not apply to the participation, as defined, in an internet- based social media platform, as defined, by a majority of the members of a legislative body, provides that a majority of the members do not discuss among themselves the business of a specific nature that is within subject matter jurisdiction of the legislative body.

**STATUS:**

01/30/2020 In ASSEMBLY. Read third time. Passed ASSEMBLY.  
\*\*\*\*\*To SENATE. (57-13)

**Staff\_Action:** Monitoring

CA AB 1945

**AUTHOR:** Salas [D]  
**TITLE:** Emergency Services: First Responders  
**INTRODUCED:** 01/17/2020  
**LAST AMEND:** 05/04/2020

**SUMMARY:**

Defines first responder for purposes of the California Emergency Services Act, to include certain personnel. Provides that the definition of first responder does not confer a right to an employee to obtain a retirement benefit formula for an employment classification that is not included in, or is expressly excluded from, that formula.

**STATUS:**

06/08/2020 In ASSEMBLY. Read third time. Passed ASSEMBLY.  
\*\*\*\*\*To SENATE. (76-0)

	<b>Staff_Action:</b>	Monitoring
CA AB 2452	<b>AUTHOR:</b>	Garcia [D]
	<b>TITLE:</b>	State Auditor: Audits: High Risk Local Government
	<b>INTRODUCED:</b>	02/19/2020
	<b>SUMMARY:</b>	Authorizes the State Auditor to include in the high risk local government agency audit program any local agency or district association that the State Auditor identifies as being at high risk for the potential of waste, fraud, abuse, or mismanagement or that has major challenges associated with its economy, efficiency, or effectiveness.
	<b>STATUS:</b>	
	02/27/2020	To ASSEMBLY Committee on ACCOUNTABILITY AND ADMINISTRATIVE REVIEW.
	<b>Staff_Action:</b>	Monitoring
CA AB 2473	<b>AUTHOR:</b>	Cooper [D]
	<b>TITLE:</b>	Public Investment Funds
	<b>INTRODUCED:</b>	02/19/2020
	<b>LAST AMEND:</b>	06/03/2020
	<b>SUMMARY:</b>	Exempts from disclosure under California Public Records Act specified records regarding an internally managed private loan made directly by a public investment fund, including quarterly and annual financial statements of the borrower or its constituent owners, unless the information has already been publicly released by the keeper of the information. Makes nonsubstantive changes to certain other provisions. Defines terms.
	<b>STATUS:</b>	
	06/08/2020	In ASSEMBLY. Read third time. Passed ASSEMBLY. *****To SENATE. (76-1)
	<b>Staff_Action:</b>	Monitoring
CA AB 3249	<b>AUTHOR:</b>	Fong [R]
	<b>TITLE:</b>	Public Retirement: Controller: Annual Report
	<b>INTRODUCED:</b>	02/21/2020
	<b>SUMMARY:</b>	Requires the Controller to post the report on the financial condition of all state and local public retirement systems on the Controller's internet website.
	<b>STATUS:</b>	
	03/09/2020	To ASSEMBLY Committee on PUBLIC EMPLOYMENT AND RETIREMENT.
	<b>Staff_Action:</b>	Monitoring
CA ACA 5	<b>AUTHOR:</b>	Weber [D]
	<b>TITLE:</b>	Government Preferences
	<b>INTRODUCED:</b>	01/18/2019
	<b>LAST AMEND:</b>	05/04/2020
	<b>SUMMARY:</b>	Repeals provisions enacted by the initiative Proposition 209 which prohibits the state from discriminating against, or granting preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin, in the operation of public employment, public education, or public contracting.
	<b>STATUS:</b>	

06/17/2020 From SENATE Committee on LABOR, PUBLIC EMPLOYMENT AND RETIREMENT: Be adopted to Committee on APPROPRIATIONS. (4-1)

**Staff\_Action:** Monitoring

CA SB 931 **AUTHOR:** Wieckowski [D]  
**TITLE:** Local Government Meetings: Agenda and Documents  
**INTRODUCED:** 02/05/2020  
**LAST AMEND:** 04/02/2020  
**SUMMARY:**  
 Requires, if the local agency has an internet website to deliver by email the agendas and documents for local government meetings. Require, where the local agency determines it is technologically infeasible to send a copy of all documents constituting the agenda packet or a website link containing the documents by electronic mail or by other electronic means.  
**STATUS:**  
 04/02/2020 From SENATE Committee on GOVERNANCE AND FINANCE with author's amendments.  
 04/02/2020 In SENATE. Read second time and amended. Re-referred to Committee on GOVERNANCE AND FINANCE.  
**Staff\_Action:** Monitoring

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File name: STATE-Covid-19

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CA AB 196 **AUTHOR:** Gonzalez [D]  
**TITLE:** Workers' Compensation: Coronavirus  
**INTRODUCED:** 01/10/2019  
**LAST AMEND:** 05/05/2020  
**SUMMARY:**  
 Defines injury for certain employees who are employed in an occupation or industry deemed essential except as specified, or who are subsequently deemed essential, to include coronavirus disease that develops or manifests itself during a period of employment of those persons in the essential occupation or industry. Creates a conclusive presumption that the injury arose out of and in the course of the employment.  
**STATUS:**  
 05/05/2020 From SENATE Committee on LABOR, PUBLIC EMPLOYMENT AND RETIREMENT with author's amendments.  
 05/05/2020 In SENATE. Read second time and amended. Re-referred to Committee on LABOR, PUBLIC EMPLOYMENT AND RETIREMENT.  
**Staff\_Action:** Monitoring

CA AB 664 **AUTHOR:** Cooper [D]  
**TITLE:** Workers' Compensation: Injury: Communicable Disease  
**INTRODUCED:** 02/15/2019  
**LAST AMEND:** 05/18/2020  
**SUMMARY:**  
 Defines injury, for certain state and local firefighting personnel, peace officers, certain hospital employees, and certain fire and rescue services coordinators who work for the Office of Emergency Services to include being exposed to or contracting, on or after a specified date, a communicable disease, including coronavirus disease, that is the subject of a state or local declaration of a state of emergency.

**STATUS:**  
05/18/2020 From SENATE Committee on LABOR, PUBLIC EMPLOYMENT AND RETIREMENT with author's amendments.  
05/18/2020 In SENATE. Read second time and amended. Re-referred to Committee on LABOR, PUBLIC EMPLOYMENT AND RETIREMENT.

**Comments:**  
As amended on 4/17/2020, the bill no longer relates to disability retirement and relates to a presumption under workers' compensation.  
**BOR\_Position:** Oppose 06/05/2019, Support 05/01/2019  
**IBLC\_Recommendation:** Support 04/11/2019  
**Staff\_Action:** Monitoring  
**Staff\_Recommendation:** Watch

CA AB 1107

**AUTHOR:** Chu [D]  
**TITLE:** Proclaimed State and Local Emergencies  
**INTRODUCED:** 02/21/2019  
**LAST AMEND:** 05/26/2020  
**SUMMARY:**

Requires all proclamations, communications, materials, and announcements made by the Governor or a state agency related to a duly proclaimed state of emergency to be made available in all languages spoken by a substantial number of non English speaking people.

**STATUS:**  
06/09/2020 Re-referred to SENATE Committee on RULES.  
**Staff\_Action:** Monitoring

CA AB 1839

**AUTHOR:** Bonta [D]  
**TITLE:** Coronavirus Recovery Deal  
**INTRODUCED:** 01/06/2020  
**LAST AMEND:** 05/07/2020  
**SUMMARY:**

Enacts the Coronavirus Recovery Deal. Makes a series of legislative findings and declarations pertaining to the coronavirus pandemic and various economic, environmental, and social conditions in the state. States the intent of the Legislature that the state adopt a policy framework with principles and goals committed to accomplish specified economic, environmental, and social objectives and priorities as part of the coronavirus recovery spending.

**STATUS:**  
05/07/2020 From ASSEMBLY Committee on NATURAL RESOURCES with author's amendments.  
05/07/2020 In ASSEMBLY. Read second time and amended. Re-referred to Committee on NATURAL RESOURCES.

**Comments:**  
Would support the inclusion of pensions among other benefits that should be included in new employment opportunities for workers in all sectors who have lost jobs or income as a result of the pandemic.  
**Staff\_Action:** Monitoring

CA AB 2496

**AUTHOR:** Choi [R]  
**TITLE:** Income Taxes: Credits: Cleaning Supplies: Coronavirus  
**INTRODUCED:** 02/19/2020  
**LAST AMEND:** 05/04/2020

**SUMMARY:**

Allows a credit against income taxes to a taxpayer that is a business with a physical location in the state in an amount equal to the costs paid or incurred by the qualified taxpayer during the taxable year for the purchase of cleaning and sanitizing supplies used at business locations in the state to prevent the transmission of the novel coronavirus.

**STATUS:**

05/04/2020 From ASSEMBLY Committee on REVENUE AND TAXATION with author's amendments.

05/04/2020 In ASSEMBLY. Read second time and amended.  
Re-referred to Committee on REVENUE AND TAXATION.

CA AB 2887

**AUTHOR:** Bonta [D]  
**TITLE:** Statewide Emergencies: Mitigation  
**INTRODUCED:** 02/21/2020  
**LAST AMEND:** 03/16/2020

**SUMMARY:**

Adds provisions relating to states of emergency, including the coronavirus pandemic. Provides for school meal distribution. Provides a moratorium on rent collection from small businesses. Requires zero interest rate loans for small businesses and nonprofit organizations. Provides paid sick leave for all employees regardless of term of employment. Prohibits the termination of utility service for certain nonpayment after the declaration of a state of emergency.

**STATUS:**

05/08/2020 In ASSEMBLY. Suspend Assembly Rule 96.

05/08/2020 Re-referred to ASSEMBLY Committee on BUDGET.

**Staff\_Action:** Monitoring

CA AB 3216

**AUTHOR:** Kalra [D]  
**TITLE:** Employee Leave: Authorization  
**INTRODUCED:** 02/21/2020  
**LAST AMEND:** 06/04/2020

**SUMMARY:**

Makes it an unlawful employment practice for any employer to refuse to grant a request by an employee to take up to twelve workweeks of family care and medical leave during any twelve month period due to a qualifying exigency related to the covered public health emergency or state of emergency. Provides that the leave granted under these provisions would run concurrently with leave authorized under the federal Family Medical Leave Act.

**STATUS:**

06/18/2020 In ASSEMBLY. Read third time. Passed ASSEMBLY.  
\*\*\*\*\*To SENATE. (44-17)

**Staff\_Action:** Monitoring

CA AB 3329

**AUTHOR:** Daly [D]  
**TITLE:** Unemployment Insurance: Coronavirus Pandemic  
**INTRODUCED:** 02/21/2020  
**LAST AMEND:** 05/04/2020

**SUMMARY:**

Provides that following the termination of the Federal Pandemic Unemployment Compensation amount provided pursuant to the CARES Act, or any other federal supplemental unemployment compensation payments for unemployment due to the coronavirus pandemic, that an individual's weekly benefit amount be

increased by a specified amount for the remainder of the duration of time the individual is entitled to receive benefits.

**STATUS:**

05/07/2020 In ASSEMBLY Committee on INSURANCE: Not heard.

CA SB 89

**AUTHOR:** Budget and Fiscal Review Cmt

**TITLE:** Budget Act

**INTRODUCED:** 01/10/2019

**LAST AMEND:** 03/16/2020

**SUMMARY:**

Amends the Budget Act to make appropriations for any purpose related to the proclamation of a state of emergency upon order of the Director of Finance; provides that the Administration will work with stakeholders, including members of the Legislature and staff, in developing strategies to be considered for inclusion to assist individuals, nonprofit organizations, and small businesses experiencing economic hardships to the impacts.

**STATUS:**

03/17/2020 \*\*\*\*\*To GOVERNOR.

03/17/2020 Signed by GOVERNOR.

03/17/2020 Chaptered by Secretary of State. Chapter No. 2020-02

CA SB 117

**AUTHOR:** Budget and Fiscal Review Cmt

**TITLE:** Education Finance

**INTRODUCED:** 01/10/2019

**LAST AMEND:** 03/16/2020

**SUMMARY:**

Provides that due to the coronavirus, the instructional days and minutes requirements will be deemed to have been met during the period of time the school is closed. Extends the deadline to conduct the English learner assessment, unless otherwise determined by the Superintendent.

**STATUS:**

03/17/2020 \*\*\*\*\*To GOVERNOR.

03/17/2020 Signed by GOVERNOR.

03/17/2020 Chaptered by Secretary of State. Chapter No. 2020-03

CA SB 893

**AUTHOR:** Caballero [D]

**TITLE:** Workers' Compensation: Hospital Employees

**INTRODUCED:** 01/28/2020

**LAST AMEND:** 04/29/2020

**SUMMARY:**

Defines injury, for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, musculoskeletal injuries, and respiratory diseases. Creates rebuttable presumptions that these injuries that develop or manifest in a hospital employee who provides direct patient care in an acute care hospital arose out of and in the course of employment.

**STATUS:**

05/14/2020 In SENATE Committee on LABOR, PUBLIC EMPLOYMENT AND RETIREMENT: Failed passage.

05/14/2020 In SENATE Committee on LABOR, PUBLIC EMPLOYMENT AND RETIREMENT: Reconsideration granted.

**Staff\_Action:** Monitoring

CA SB 939

**AUTHOR:** Wiener [D]

**TITLE:** Emergencies: Coronavirus: Evictions  
**INTRODUCED:** 02/06/2020  
**LAST AMEND:** 05/29/2020

**SUMMARY:**

Prohibits a commercial landlord from serving a specified notice of eviction on a commercial tenant under a certain number of days after the state of emergency proclaimed by the Governor on March 4, 2020, is lifted and if specified criteria apply. Defines eligible COVID 19 impacted commercial tenant. Provides that specified notices of eviction served on commercial tenants are void under specified circumstances.

**STATUS:**

06/18/2020 In SENATE Committee on APPROPRIATIONS: Held in committee.

**Staff\_Action:** Monitoring

CA SB 943

**AUTHOR:** Chang [R]  
**TITLE:** Paid Family Leave: Coronavirus  
**INTRODUCED:** 02/10/2020  
**LAST AMEND:** 05/19/2020

**SUMMARY:**

Authorizes wage replacement benefits to specified workers who take time off work to care for a child or other family member, including a child with disabilities, for whom the employee is responsible for providing care, if that person's school or place of care has been closed, or the care provider of that person is unavailable, due to the coronavirus outbreak.

**STATUS:**

06/18/2020 In SENATE Committee on APPROPRIATIONS: Held in committee.

**Staff\_Action:** Monitoring

CA SB 1159

**AUTHOR:** Hill [D]  
**TITLE:** Workers Compensation: Coronavirus  
**INTRODUCED:** 02/20/2020  
**LAST AMEND:** 06/18/2020

**SUMMARY:**

Amends existing law relating to the workers' compensation system. Defines injury for an employee to include illness or death resulting from coronavirus disease. Creates a disputable presumption that an injury that develops or manifests itself while an employee is employed arose out of and in the course of the employment. Requires an employee to exhaust their paid sick leave benefits before receiving temporary disability benefits.

**STATUS:**

06/22/2020 In SENATE. Read second time. To third reading.

**Staff\_Action:** Monitoring

CA SB 1322

**AUTHOR:** Rubio [D]  
**TITLE:** Remote Online Notarization Act  
**INTRODUCED:** 02/21/2020  
**LAST AMEND:** 04/03/2020

**SUMMARY:**

Relates to Remote Online Notarization Act. Authorizes a notary public to apply for registration with the Secretary of State to be a remote online notary public. Provides that the act shall remain in effect only while there is a declaration of a



state of emergency by the Governor related to the coronavirus in effect.

**STATUS:**

05/11/2020

Re-referred to SENATE Committee on JUDICIARY.

**Staff\_Action:**

Monitoring

CA 40 2020

**Executive Order**

**TITLE:**

Coronavirus and Workers' Compensation Benefits

**ORDERED:**

05/06/2020

**SUMMARY:**

Provides that any coronavirus related illness of an employee shall be presumed to arise out of and in the course of employment for purposes of awarding workers' compensation benefits if the employee tested positive for or was diagnosed with coronavirus within fourteen days after a day that the employee performed labor or services at the employee's place of employment at the employer's direction after a specified date.

**Comments:**

Governor's Executive Order providing a presumption for workers' compensation benefits due to Covid-19.

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**FOR INFORMATION ONLY**

June 18, 2020

TO: Each Trustee  
Board of Retirement  
Board of Investments

FROM: Ted Granger  
Interim Chief Financial Officer 

FOR: July 1, 2020 Board of Retirement Meeting  
July 8, 2020 Board of Investments Meeting

SUBJECT: **MONTHLY EDUCATION & TRAVEL REPORTS – MAY 2020**

Attached, for your review, are the Board and Staff Education & Travel Reports as of May 2020. These reports include travel (i.e., completed and canceled) during Fiscal Year 2019-2020. Please note that the Staff Travel Report does not include events within Los Angeles County.

REVIEWED AND APPROVED:



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Santos H. Kreimann  
Chief Executive Officer

TG/EW/krh

Attachments

c: J. Popowich  
J. Grabel  
S. Rice  
K. Hines

**BOARD EDUCATION AND TRAVEL REPORT  
FOR FISCAL YEAR 2019 - 2020  
MAY 2020**

<b>Attendee</b>	<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Alan Bernstein</b>			
A	1 Edu - PPI 2019 Summer Roundtable - Chicago IL	07/10/2019 - 07/12/2019	Attended
	2 Edu - Responsible Investor Annual Conference - New York City NY	12/03/2019 - 12/05/2019	Attended
	3 Edu - 2020 SuperReturn Berlin - Berlin, Germany	02/24/2020 - 02/28/2020	Attended
	4 Edu- CII Spring 2020 Conference and 35th Anniversary Celebration - Washington D.C. MD	03/09/2020 - 03/11/2020	Attended
B	- Edu - NACD Southern California Chapter Luncheon - Los Angeles CA	09/10/2019 - 09/10/2019	Attended
	- Edu - 2019 Pension Bridge Alternatives - Beverly Hills CA	10/28/2019 - 10/29/2019	Attended
	- Edu - KACALP Annual Conference - Los Angeles CA	10/29/2019 - 10/30/2019	Attended
	- Edu - NACD Illuminating Data in the Boardroom - Los Angeles CA	10/30/2019 - 10/30/2019	Attended
	- Edu - PPI 2020 Winter Roundtable - Pasadena CA	02/12/2020 - 02/14/2020	Attended
	- Edu - NACD - Directorship Essentials: Risk Oversight - Los Angeles CA	03/05/2020 - 03/05/2020	Attended
C	- Admin - Manager Meetings (Riverside Company, JP Morgan and Clarion Partners) - New York City NY	12/02/2019 - 12/02/2019	Attended
<b>Vivian Gray</b>			
A	1 Edu - NCPERS 2020 Legislative Conference - Washington D.C. MD	01/26/2020 - 01/28/2020	Attended
B	- Edu - SACRS Public Pension Investment Management Program - Berkeley CA	07/22/2019 - 07/24/2019	Attended
	- Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
	- Edu - Toigo Foundation 30th Anniversary - Los Angeles CA	11/19/2019 - 11/19/2019	Attended
	- Admin - SACRS Board & Committee Meeting - San Diego CA	11/30/2019 - 12/03/2019	Attended
	- Edu - The Knowledge Group: Opportunity Zone Funds Due Diligence - Los Angeles CA	12/18/2019 - 12/18/2019	Attended
	- Edu - 2020 Vision: Economic Outlook for Markets in the Year Ahead - Los Angeles CA	01/23/2020 - 01/23/2020	Attended
	- Admin - SACRS Program and Board of Directors Meeting - Sacramento CA	02/10/2020 - 02/11/2020	Attended
	- Edu - SACRS: Don't Stop Thinking About Tomorrow; China A-Share Market & Opportunities - Webinar	05/13/2020 - 05/13/2020	Attended
	- Edu - SACRS: Private Markets Today Vs. The Global Financial Crisis - Webinar	05/14/2020 - 05/14/2020	Attended
	- Edu - SACRS: Cash Flows & Investment Management in the Time of COVID-19 - Webinar	05/15/2020 - 05/15/2020	Attended
	- Edu - SACRS: Private Market Investing in a Late-Cycle Market or Private Market Investing in the 8th Inning - Webinar	05/20/2020 - 05/20/2020	Attended
	- Edu - SACRS: The Case for Investing with Small and Emerging Managers - Webinar	05/21/2020 - 05/21/2020	Attended
	- Edu - SACRS: Litigation 101 & Current Cases - Webinar	05/22/2020 - 05/22/2020	Attended
X	- Edu - NASP 2020 "Day of Education in Private Equity" - Los Angeles CA	03/26/2020 - 03/26/2020	Host Canceled
	- Edu - TBI Med Legal Conference - San Diego CA	04/02/2020 - 04/04/2020	Host Canceled

**BOARD EDUCATION AND TRAVEL REPORT  
FOR FISCAL YEAR 2019 - 2020  
MAY 2020**

Attendee	Purpose of Travel - Location	Event Dates	Travel Status
<b>David Green</b>			
A	1 Edu - NCPERS 2020 Legislative Conference - Washington D.C. MD	01/26/2020 - 01/28/2020	Attended
B	- Edu - PPI 2020 Winter Roundtable - Pasadena CA	02/12/2020 - 02/14/2020	Attended
<b>Elizabeth Greenwood</b>			
A	1 Edu- CII Spring 2020 Conference and 35th Anniversary Celebration - Washington D.C. MD	03/09/2020 - 03/11/2020	Attended
B	- Edu - PPI 2020 Winter Roundtable - Pasadena CA	02/12/2020 - 02/14/2020	Attended
<b>James Harris</b>			
B	- Edu - CALAPRS Principles of Pension Governance - Malibu CA	08/26/2019 - 08/29/2019	Attended
	- Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
<b>Shawn Kehoe</b>			
A	1 Edu - IAFCI Annual Training Conference & Exhibitor Show - Raleigh NC	08/26/2019 - 08/30/2019	Attended
B	- Edu - KACALP Annual Conference - Los Angeles CA	10/29/2019 - 10/30/2019	Attended
X	- Edu - National Association of Corporate Directors - Global Board Leaders' Summit - Washington D.C. MD	09/21/2019 - 09/24/2019	Canceled
<b>Keith Knox</b>			
B	- Edu - SACRS: The Case for Investing with Small and Emerging Managers - Webinar	05/21/2020 - 05/21/2020	Attended
	- Edu - CII: Capital Allocation Policy in the Wake of COVID-19 - Webinar	05/28/2020 - 05/28/2020	Attended
X	- Edu - NASP 2020 "Day of Education in Private Equity" - Los Angeles CA	03/26/2020 - 03/26/2020	Host Canceled
	- Edu - IFEBP Wharton Portfolio Concepts and Management - Philadelphia PA	04/20/2020 - 04/23/2020	Host Canceled
<b>Wayne Moore</b>			
A	1 Edu - PPI 2019 Summer Roundtable - Chicago IL	07/10/2019 - 07/12/2019	Attended
	2 Edu - 2019 Council of Institutional Investors (CII) Fall Conference - Minneapolis MN	09/16/2019 - 09/18/2019	Attended
	3 Edu - 2019 Pacific Pension Institute Executive Seminar and Asia Roundtable - Shanghai, China; Hong Kong, China	11/03/2019 - 11/08/2019	Attended
B	- Edu - NAIC 2019 Annual Private Equity & Hedge Fund Conference - Los Angeles CA	10/23/2019 - 10/24/2019	Attended
X	- Edu- CII Spring 2020 Conference and 35th Anniversary Celebration - Washington D.C. MD	03/09/2020 - 03/11/2020	Canceled
	- Edu - NASP 2020 "Day of Education in Private Equity" - Los Angeles CA	03/26/2020 - 03/26/2020	Host Canceled
<b>Dave Muir</b>			
A	1 Edu - Responsible Investor Annual Conference - New York City NY	12/03/2019 - 12/05/2019	Attended
<b>Ronald Okum</b>			
B	- Edu - 2019 Pension Bridge Alternatives - Beverly Hills CA	10/28/2019 - 10/29/2019	Attended
	- Edu - KACALP Annual Conference - Los Angeles CA	10/29/2019 - 10/30/2019	Attended

**BOARD EDUCATION AND TRAVEL REPORT  
FOR FISCAL YEAR 2019 - 2020  
MAY 2020**

Attendee	Purpose of Travel - Location	Event Dates	Travel Status
<b>William Pryor</b>			
X	- Edu - NCPERS 2019 Public Safety Conference - New Orleans LA	10/27/2019 - 10/30/2019	Canceled
<b>Les Robbins</b>			
X	- Edu - CRCEA Fall 2019 Conference - Rohnert Park CA	10/28/2019 - 10/30/2019	Host Canceled
<b>Gina Sanchez</b>			
A	1 Edu - Oxford Impact Measurement Program - Oxford, United Kingdom	07/15/2019 - 07/19/2019	Attended
	2 Edu - 2019 Council of Institutional Investors (CII) Fall Conference - Minneapolis MN	09/16/2019 - 09/18/2019	Attended
	3 Edu - National Association of Corporate Directors - Global Board Leaders' Summit - Washington D.C. MD	09/21/2019 - 09/24/2019	Attended
	4 Edu - NCPERS 2020 Legislative Conference - Washington D.C. MD	01/26/2020 - 01/28/2020	Attended
B	- Edu - 2019 Western North American PRI Symposium - Los Angeles CA	10/24/2019 - 10/24/2019	Attended
	- Edu - 2019 Pension Bridge Alternatives - Beverly Hills CA	10/28/2019 - 10/29/2019	Attended
	- Edu - 2019 RFKennedy Human Rights Compass Conference - West Hollywood CA	10/29/2019 - 10/30/2019	Attended
	- Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
	- Edu - Pension Bridge ESG Summit 2020 - San Diego CA	02/10/2020 - 02/11/2020	Attended
	- Edu - PPI 2020 Winter Roundtable - Pasadena CA	02/12/2020 - 02/14/2020	Attended
X	- Edu - NASP 2020 "Day of Education in Private Equity" - Los Angeles CA	03/26/2020 - 03/26/2020	Host Canceled
<b>Herman Santos</b>			
A	1 Edu - 2019 Latin America Private Equity & Venture Capital Association Summit and Investor Roundtable and LAVCA Venture Investors Annual Meeting - New York NY	09/23/2019 - 09/26/2019	Attended
	2 Edu - Responsible Investor Annual Conference - New York City NY	12/03/2019 - 12/05/2019	Attended
	3 Edu - NCPERS 2020 Legislative Conference - Washington D.C. MD	01/26/2020 - 01/28/2020	Attended
B	- Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
	- Edu - Toigo Foundation 30th Anniversary - Los Angeles CA	11/19/2019 - 11/19/2019	Attended
	- Edu - PPI 2020 Winter Roundtable - Pasadena CA	02/12/2020 - 02/14/2020	Attended
X	- Edu - INCA Investments Latin American Investments Conference - Buenos Aires, Argentina	10/16/2019 - 10/17/2019	Canceled
	- Edu - 2020 ICGN Seoul Conference - Seoul, South Korea	02/25/2020 - 02/28/2020	Host Canceled
	- Edu- CII Spring 2020 Conference and 35th Anniversary Celebration - Washington D.C. MD	03/09/2020 - 03/11/2020	Canceled
	- Edu - NASP 2020 "Day of Education in Private Equity" - Los Angeles CA	03/26/2020 - 03/26/2020	Host Canceled
	- Edu - TBI Med Legal Conference - San Diego CA	04/02/2020 - 04/04/2020	Host Canceled

**BOARD EDUCATION AND TRAVEL REPORT**  
**FOR FISCAL YEAR 2019 - 2020**  
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<b>Attendee</b>	<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Gina Zapanta</b>			
B	- Edu - SACRS Public Pension Investment Management Program - Berkeley CA	07/22/2019 - 07/24/2019	Attended
	- Edu - Network Ethnic Physician Organizations (NEPO) Summit - Pasadena CA	08/23/2019 - 08/24/2019	Attended
X	- Edu - TBI Med Legal Conference - San Diego CA	04/02/2020 - 04/04/2020	Host Canceled

Category Legend:

- A - Pre-Approved/Board Approved
- B - Educational Conferences and Administrative Meetings in CA where total cost is no more than \$2,000 or international prerequisite conferences per 705.00 A. 8.
- C - Second of two conferences and/or meetings counted as one conference per Section 705.00.A.1 of the Travel Policy
- X - Canceled events for which expenses have been incurred

**STAFF EDUCATION AND TRAVEL REPORT  
FOR FISCAL YEAR 2019 - 2020  
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<b>Attendee</b>		<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Administrative Services</b>				
Dana Brooks	1	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Holly Henderson	1	Edu - GFOA Budgeting Best Practices: Budget Monitoring - Sacramento CA	09/16/2019 - 09/18/2019	Attended
Kimberly Hines	1	Edu - GFOA Budgeting Best Practices: Budget Monitoring - Sacramento CA	09/16/2019 - 09/18/2019	Attended
	2	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
<b>Benefits</b>				
Sylvia Botros	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
Louis Gittens	1	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Dmitriy Khaytovich	1	Edu - CALAPRS Benefits Roundtable - Oakland CA	09/20/2019 - 09/20/2019	Attended
	2	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Theodore King	1	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Linda Moss	1	Edu - 38th ISCEBS Employee Benefits Symposium - New Orleans CA	09/08/2019 - 09/11/2019	Attended
Shonita Peterson	1	Edu - CALAPRS Benefits Round Table - Costa Mesa CA	02/07/2020 - 02/07/2020	Attended
Sevan Simonian	1	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
<b>Communications</b>				
Cynthia Martinez	1	Edu - HOW Design Live Conference 2020 - Boston MA	05/06/2020 - 05/10/2020	Canceled
Sarah Scott	1	Edu - Writing Compelling Digital Copy as part of the UX Conference - Chicago IL	09/12/2019 - 09/12/2019	Canceled
	2	Edu - Writing Compelling Digital Copy as part of the UX Conference - Las Vegas NV	12/10/2019 - 12/10/2019	Attended
Veronica Yi Martinez	1	Edu - HOW Design Live Conference 2020 - Boston MA	05/06/2020 - 05/10/2020	Canceled
<b>Disability Litigation Services</b>				
Eugenia Der	1	Edu - CALAPRS Course in Retirement Disability Administration - Oakland CA	09/19/2019 - 09/19/2019	Attended
Jason Waller	1	Edu - CALAPRS Course in Retirement Disability Administration - Oakland CA	09/19/2019 - 09/19/2019	Canceled
<b>Disability Retirement Services</b>				
Stephanie Ashley	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Hernan Barrientos	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Redjan Bitri	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Tamara Caldwell	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
	2	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended

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<b>Attendee</b>		<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Disability Retirement Services</b>				
Justin Chiu	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Ricki Contreras	1	Edu - CALAPRS Course in Retirement Disability Administration - Oakland CA	09/19/2019 - 09/19/2019	Attended
	2	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Amabelle Delin	1	Edu - CALAPRS Course in Retirement Disability Administration - Oakland CA	09/19/2019 - 09/19/2019	Attended
	2	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Shamila Freeman	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Danny Hang	1	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Russell Lurina	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Canceled
Debra Martin	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Ruby Minjares	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
	2	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Melena Sarkisian	1	Edu - CALAPRS Course in Retirement Disability Administration - Oakland CA	09/19/2019 - 09/19/2019	Attended
	2	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Maria Silva	1	Edu - CALAPRS Course in Retirement Disability Administration - Oakland CA	09/19/2019 - 09/19/2019	Attended
	2	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
	3	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Frida Skugrud	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Justin Stewart	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Kerri Wilson	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended
Michelle Yanes	1	Edu - Council of Self-Insured Public Agencies (COSIPA) Fall Educational Seminar (South) - Costa Mesa CA	10/17/2019 - 10/17/2019	Attended



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<b>Attendee</b>		<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Executive Offices</b>				
Santos Kreimann	1	Edu - NCPERS 2020 Legislative Conference - Washington D.C. MD	01/26/2020 - 01/28/2020	Attended
	2	Edu - CALAPRS General Assembly - Rancho Mirage CA	03/07/2020 - 03/10/2020	Canceled
John Popowich	1	Edu - GFOA Budgeting Best Practices: Budget Monitoring - Sacramento CA	09/16/2019 - 09/18/2019	Attended
	2	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
<b>Financial &amp; Accounting Services</b>				
Beulah Auten	1	Edu - Public Pension Financial Forum (P2F2) 16th Annual Conference - Salt Lake City UT	10/20/2019 - 10/23/2019	Canceled
Ana Chang	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
	2	Edu - Public Pension Financial Forum (P2F2) 16th Annual Conference - Salt Lake City UT	10/20/2019 - 10/23/2019	Attended
Esther Chang	1	Edu - Association of Government Accountants (AGA) 2019 Professional Development Training (PDT) - New Orleans LA	07/21/2019 - 07/24/2019	Attended
	2	Edu - CALAPRS Intermediate Retirement Plan Administration - San Jose CA	10/16/2019 - 10/18/2019	Canceled
	3	Edu - CALAPRS Advanced Course in Retirement Plan Administration - Oakland CA	12/11/2019 - 12/13/2019	Canceled
Sabrina Chen	1	Edu - Great Plains (Dynamics) User Group Summit - Orlando FL	10/15/2019 - 10/18/2019	Attended
Margaret Chwa	1	Edu - CALAPRS Fall Accountants Roundtable - Oakland CA	09/20/2019 - 09/20/2019	Attended
Ted Granger	1	Edu - Public Pension Financial Forum (P2F2) 16th Annual Conference - Salt Lake City UT	10/20/2019 - 10/23/2019	Canceled
Michael Huang	1	Edu - Great Plains (Dynamics) User Group Summit - Orlando FL	10/15/2019 - 10/18/2019	Attended
Diana Huang	1	Edu - Public Pension Financial Forum (P2F2) 16th Annual Conference - Salt Lake City UT	10/20/2019 - 10/23/2019	Attended
Anh Huynh	1	Edu - Public Pension Financial Forum (P2F2) 16th Annual Conference - Salt Lake City UT	10/20/2019 - 10/23/2019	Attended
Chona Labtic-Austin	1	Edu - Association of Government Accountants (AGA) 2019 Professional Development Training (PDT) - New Orleans LA	07/21/2019 - 07/24/2019	Attended
	2	Edu - Public Pension Financial Forum (P2F2) 16th Annual Conference - Salt Lake City UT	10/20/2019 - 10/23/2019	Attended
Claro Lanting	1	Edu - IFEBP 65th Employee Benefits Conference - San Diego CA	10/20/2019 - 10/23/2019	Attended
Alyce Provencio	1	Edu - CALAPRS Fall Accountants Roundtable - Oakland CA	09/20/2019 - 09/20/2019	Attended
	2	Edu - CALAPRS Intermediate Retirement Plan Administration - San Jose CA	10/16/2019 - 10/18/2019	Attended
	3	Edu - CALAPRS Advanced Course in Retirement Plan Administration - Oakland CA	12/11/2019 - 12/13/2019	Attended
Gloria Rios	1	Edu - CALAPRS Fall Accountants Roundtable - Oakland CA	09/20/2019 - 09/20/2019	Attended

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<b>Attendee</b>		<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Financial &amp; Accounting Services</b>				
Gloria Rios	2	Edu - CALAPRS Intermediate Retirement Plan Administration - San Jose CA	10/16/2019 - 10/18/2019	Attended
	3	Edu - IFEBP 65th Employee Benefits Conference - San Diego CA	10/20/2019 - 10/23/2019	Attended
	4	Edu - CALAPRS Advanced Course in Retirement Plan Administration - Oakland CA	12/11/2019 - 12/13/2019	Attended
Imelda Saldivar	1	Edu - CALAPRS Fall Accountants Roundtable - Oakland CA	09/20/2019 - 09/20/2019	Canceled
	2	Edu - Great Plains (Dynamics) User Group Summit - Orlando FL	10/15/2019 - 10/18/2019	Canceled
	3	Edu - APP2P Fall Conference & Expo - Scottsdale AZ	10/15/2019 - 10/17/2019	Canceled
Felisa Valdepenas	1	Edu - Association of Government Accountants (AGA) 2019 Professional Development Training (PDT) - New Orleans LA	07/21/2019 - 07/24/2019	Attended
Srbui Vartanian	1	Edu - APP2P Fall Conference & Expo - Scottsdale AZ	10/15/2019 - 10/17/2019	Attended
Elda Villarroel	1	Edu - Great Plains (Dynamics) User Group Summit - Orlando FL	10/15/2019 - 10/18/2019	Attended
Edward Wong	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
Koreana Wong	1	Edu - Public Pension Financial Forum (P2F2) 16th Annual Conference - Salt Lake City UT	10/20/2019 - 10/23/2019	Canceled
Ervin Wu	1	Edu - IFEBP 65th Employee Benefits Conference - San Diego CA	10/20/2019 - 10/23/2019	Attended
Alice Yen	1	Edu - Public Pension Financial Forum (P2F2) 16th Annual Conference - Salt Lake City UT	10/20/2019 - 10/23/2019	Canceled
Mei Zhang	1	Edu - Great Plains (Dynamics) User Group Summit - Orlando FL	10/15/2019 - 10/18/2019	Attended
<b>Human Resources</b>				
Annette Cleary	1	Edu - Libert Cassidy Whitmore Annual Conference - San Francisco CA	01/22/2020 - 01/24/2020	Attended
Ana Ronquillo	1	Edu - SHRM Diversity and Inclusion Conference - New Orleans LA	10/28/2019 - 10/30/2019	Attended
Roberta Van Nortrick	1	Edu - Society of Corporate Compliance and Ethics (SCCE) Annual Meeting - Washington D.C. MD	09/15/2019 - 09/18/2019	Attended
	2	Edu - Organizational Development Conference - New Orleans LA	11/05/2019 - 11/06/2019	Attended
	3	Edu - Regional Compliance and Ethics Conference - Costa Mesa CA	01/24/2020 - 01/24/2020	Attended

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<b>Attendee</b>		<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Internal Audit</b>				
Nathan Amick	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
	2	Edu - Association of Public Pension Fund Auditors (APPFA) - Lake Tahoe CA	10/27/2019 - 10/30/2019	Attended
Richard Bendall	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
	2	Edu - Enterprise Risk Management (ERM) Pension Peer Group - Sacramento CA	09/22/2019 - 09/25/2019	Attended
Leisha Collins	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
	2	Edu - Association of Public Pension Fund Auditors (APPFA) - Lake Tahoe CA	10/27/2019 - 10/30/2019	Attended
	3	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Christina Logan	1	Edu - Association of Public Pension Fund Auditors (APPFA) - Lake Tahoe CA	10/27/2019 - 10/30/2019	Attended
Kristina Sun	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
Gabriel Tafoya	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
Summy Voong	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
<b>Investments</b>				
Didier Acevedo	1	Admin - Due Diligence of Illiquid Credit Finalist Managers - New York, NY and Chicago, IL	08/27/2019 - 08/29/2019	Attended
	2	Edu - 2019 Latin America Private Equity & Venture Capital Association Summit and Investor Roundtable and LAVCA Venture Investors Annual Meeting - New York NY	09/23/2019 - 09/26/2019	Attended
	3	Admin - Attend Annual General Meetings (AGMs) hosted by Centerbridge, USV, Palladium, and attend Black Diamond's Limited Partner Advisory Committee (LPAC). - New York NY	11/06/2019 - 11/08/2019	Attended
	4	Admin - Meeting with AE Industrial Partners, an existing manager - Cedar City UT	01/07/2020 - 01/08/2020	Attended
	5	Admin - Program review with JPMorgan and Morgan Stanley; meet with potential managers and secondary transaction advisors - New York NY	01/27/2020 - 01/31/2020	Attended
	6	Admin - Due diligence on Canaan Fund XII and Canaan 2020+ - Menlo Park CA	02/10/2020 - 02/11/2020	Attended
Amit Aggarwal	1	Edu - Investors in Non-Listed Real Estate Vehicles (INREV) North America Conference. - New York NY	10/02/2019 - 10/02/2019	Attended
	2	Admin - Site inspections and meeting with perspective managers. - New York NY	10/03/2019 - 10/03/2019	Attended

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<b>Attendee</b>		<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Investments</b>				
Amit Aggarwal	3	Admin - Due diligence with a potential manager, and attend the LP Advisory meetings and Annual meeting of two existing managers (Aermont and Carlyle Europe). - Longdon, England; Paris, France; Berlin, Germany	11/18/2019 - 11/22/2019	Attended
Kevin Bassi	1	Admin - Due Diligence of Clarion Partners - Seattle WA	10/17/2019 - 10/18/2019	Attended
Calvin Chang	1	Admin - Due diligence on a potential manager. - Chicago IL	11/04/2019 - 11/04/2019	Attended
	2	Admin - Program review with JPMorgan and Morgan Stanley; meet with potential managers and secondary transaction advisors - New York NY	01/27/2020 - 01/31/2020	Attended
	3	Admin - Due diligence on potential managers and attend Excellere Partners' Annual General Meeting and Limited Partner Advisory Committee - Denver CO	03/12/2020 - 03/13/2020	Canceled
Adam Cheng	1	Admin - Due diligence of Syndicated Bank Loan finalist managers (Credit Suisse and Barings) and visit with Brigade Capital Management. - New York, NY and Charlotte, NC	10/16/2019 - 10/17/2019	Attended
	2	Admin - Due diligence of Syndicated Bank Loan finalist manager, Voya. - Scottsdale AZ	10/21/2019 - 10/21/2019	Attended
David Chu	1	Admin - GGV Capital Limited Partner Advisory Committee Roundtable and Private Limited Partner Reception - San Francisco CA	07/25/2019 - 07/25/2019	Attended
	2	Admin - Due diligence on potential and existing managers (MBK Partners, BRV China, Joy Capital); and attend Lilly Asian Ventures annual investor meeting. - Singapore; Hong Kong; Shanghai, China	09/18/2019 - 09/27/2019	Attended
	3	Edu - SuperReturn Asia Conference. - Hong Kong, China	09/23/2019 - 09/26/2019	Attended
	4	Admin - GGV Annual General Meeting and meet with existing managers (AKKR, Lilly Asia Ventures). - Menlo Park CA	10/17/2019 - 10/18/2019	Attended
	5	Admin - Sinovation Limited Partner Advisory Committee (LPAC) and Annual General Meeting (AGM); and meet with prospective managers. - Shanghai and Beijing, China	11/04/2019 - 11/08/2019	Attended
	6	Admin - Meeting with AE Industrial Partners, an existing manager - Cedar City UT	01/07/2020 - 01/08/2020	Attended
	7	Admin - Program review with JPMorgan and Morgan Stanley; meet with potential managers and secondary transaction advisors - New York NY	01/27/2020 - 01/31/2020	Attended
Esmeralda Del Bosque	1	Edu - 2019 Alternative Investments Forum (AIF) Women Investor's Forum - New York NY	09/09/2019 - 09/10/2019	Attended
	2	Edu - Investment Operations Forum at CalSTRS - Sacramento CA	09/24/2019 - 09/24/2019	Attended
	3	Admin - Meeting with State Street - Sacramento CA	09/24/2019 - 09/24/2019	Attended
	4	Admin - Meeting with Meketa - Carlsbad CA	10/18/2019 - 10/18/2019	Attended
	5	Admin - Risk System RFP Search. - San Francisco CA	12/13/2019 - 12/13/2019	Attended
Terra Elijah	1	Admin - Due diligence with a potential Appraisal Management Service Provider - Irvine CA	12/16/2019 - 12/16/2019	Attended

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Attendee		Purpose of Travel - Location	Event Dates	Travel Status
<b>Investments</b>				
Terra Elijah	2	Admin - Due diligence with a potential Appraiser Management Service Provider - Houston TX	12/17/2019 - 12/18/2019	Attended
Jon Grabel	1	Edu - Public CIO Forum - Detroit MI	09/17/2019 - 09/18/2019	Canceled
	2	Edu - Institutional Limited Partners Association (ILPA) 3rd Annual CIO Symposium - Cambridge MA	09/25/2019 - 09/25/2019	Attended
	3	Edu - Albourne 2019 Client Conference - Philadelphia PA	10/21/2019 - 10/23/2019	Canceled
	4	Admin - 3rd Annual Private Equity and Secondary Investor Summit - New York NY	12/03/2019 - 12/03/2019	Attended
	5	Edu - Institutional Investors Allocator's Choice Awards & Masterclass - New York City NY	12/03/2019 - 12/03/2019	Canceled
	6	Edu - Manager Meeting and SASB 04 IAG Meeting - New York City NY	12/04/2019 - 12/05/2019	Attended
	7	Admin - 2019 CIO Influential Investors Forum and Industry Innovation Awards - New York NY	12/12/2019 - 12/12/2019	Attended
	8	Admin - 2020 AIF Annual Investors' Meeting - New York NY	01/13/2020 - 01/14/2020	Attended
	9	Edu - Chief Investment Officer Summit 2020 - New York NY	04/21/2020 - 04/22/2020	Canceled
Jeff Jia	1	Admin - Due diligence of Syndicated Bank Loan finalist managers (Credit Suisse and Barings) and visit with Brigade Capital Management. - New York, NY and Charlotte, NC	10/16/2019 - 10/17/2019	Attended
	2	Admin - Due diligence of Syndicated Bank Loan finalist manager, Voya. - Scottsdale AZ	10/21/2019 - 10/21/2019	Attended
	3	Admin - Due diligence with prospective managers for the Equity Factor-Base RFP search and meet with Lazard, an existing manager - New York NY	01/22/2020 - 01/23/2020	Attended
Dale Johnson	1	Admin - Due Diligence with Prospective Manager - Plano TX	08/20/2019 - 08/20/2019	Attended
	2	Edu - 2019 Council of Institutional Investors (CII) Fall Conference - Minneapolis MN	09/16/2019 - 09/18/2019	Attended
	3	Edu- CII Spring 2020 Conference and 35th Anniversary Celebration - Washington D.C. MD	03/09/2020 - 03/11/2020	Canceled
Daniel Joye	1	Admin - Portfolio Manager meeting - Newport Beach CA	02/26/2020 - 02/26/2020	Attended
	2	Edu - PIMCO Client Conference - Newport Beach CA	02/26/2020 - 02/26/2020	Attended
John Kim	1	Edu - Investment Operations Forum at CalSTRS - Sacramento CA	09/24/2019 - 09/24/2019	Attended
	2	Admin - Meeting with State Street - Sacramento CA	09/24/2019 - 09/24/2019	Attended
	3	Admin - Meeting with Meketa - Carlsbad CA	10/18/2019 - 10/18/2019	Attended
	4	Admin - Risk System RFP Search. - San Francisco CA	12/13/2019 - 12/13/2019	Attended
Derek Kong	1	Admin - Due Diligence on potential managers and existing managers (Alchemy SOF, Triton, LivingBridge) - London, England; Paris, France; Amsterdam, Netherlands; Zurich, Switzerland	09/18/2019 - 09/26/2019	Attended

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<b>Attendee</b>		<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Investments</b>				
Derek Kong	2	Admin - Due diligence with potential managers and attend the LP Advisory meeting and Annual meeting of LivingBridge. - London, England and Paris, France	10/31/2019 - 11/08/2019	Attended
	3	Admin - Program review with JPMorgan and Morgan Stanley; meet with potential managers and secondary transaction advisors - New York NY	01/27/2020 - 01/31/2020	Attended
	4	Admin - Due diligence with a potential manager and existing managers. - London, England and Berlin, Germany	02/22/2020 - 02/28/2020	Attended
	5	Edu - 2020 SuperReturn Berlin - Berlin, Germany	02/24/2020 - 02/28/2020	Canceled
Vache Mahseredjian	1	Admin - Due Diligence of Illiquid Credit Finalist Managers - New York, NY and Chicago, IL	08/27/2019 - 08/29/2019	Attended
	2	Edu - Big Data, Machine Learning/AI, and Digital Money: How Are They Changing Everything Conference - La Jolla CA	02/03/2020 - 02/03/2020	Attended
John McClelland	1	Edu - Pension Real Estate Association (PREA) Leadership Summit. - West Sacramento CA	09/10/2019 - 09/10/2019	Canceled
	2	Admin - Site inspections with DWS and Varsity. - Washington D.C. MD	10/15/2019 - 10/18/2019	Attended
	3	Edu - Pension Real Estate Association (PREA) 29th Annual Institutional Investor Conference. - Washington D.C. MD	10/16/2019 - 10/18/2019	Attended
Quoc Nguyen	1	Edu - Albourne 2019 Client Conference - Philadelphia PA	10/21/2019 - 10/23/2019	Attended
	2	Admin - Due Diligence with potential managers - New York, NY and Toronto, Ontario (Canada)	01/13/2020 - 01/16/2020	Attended
Cindy Rivera	1	Edu - 2019 Institutional Real Estate, Inc. (IREI) Springboard Conference - Ojai CA	10/01/2019 - 10/03/2019	Attended
Michael Romero	1	Admin - Gateway Empire Industrial site inspection. - Riverside CA	09/25/2019 - 09/25/2019	Attended
	2	Admin - Due diligence with a potential Appraisal Management Service Provider - Irvine CA	12/16/2019 - 12/16/2019	Attended
	3	Admin - Due diligence with a potential Appraiser Management Service Provider - Houston TX	12/17/2019 - 12/18/2019	Attended
Trina Sanders	1	Admin - TPG Real Estate Parnter's Annual Investor Meeting. - New York NY	11/06/2019 - 11/07/2019	Canceled
	2	Admin - Heitman 2019 HAPI Investor Meeting, 2019 AEW Asia Advisory Board Meeting, meet with potential manager(s), and site inspections. - Hong Kong, Singapore, and Tokyo	11/14/2019 - 11/22/2019	Attended
	3	Admin - Due diligence with a potential Appraisal Management Service Provider - Irvine CA	12/16/2019 - 12/16/2019	Attended
	4	Admin - Due diligence with a potential Appraiser Management Service Provider - Houston TX	12/17/2019 - 12/18/2019	Attended
Robert Santos	1	Admin - Due diligence of Syndicated Bank Loan finalist managers (Credit Suisse and Barings) and visit with Brigade Capital Management. - New York, NY and Charlotte, NC	10/16/2019 - 10/17/2019	Attended

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<b>Attendee</b>		<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Investments</b>				
Robert Santos	2	Admin - Due diligence of Syndicated Bank Loan finalist manager, Voya. - Scottsdale AZ	10/21/2019 - 10/21/2019	Attended
Ron Senkandwa	1	Admin - Due diligence with prospective managers for the Equity Factor-Base RFP search and meet with Lazard, an existing manager - New York NY	01/22/2020 - 01/23/2020	Attended
David Simpson	1	Admin - Vinci Partners Annual General Meeting and Limited Partner Advisory Committee. Due diligence with potential manager and meet with existing managers (Incline Equity, Sterling IP, Clarion, and One Rock). - New York, NY; Pittsburgh, PA; Westport, CT	09/25/2019 - 09/27/2019	Attended
	2	Admin - Due diligence on a potential manager and attend Annual General Meetings (AGM) and Limited Partner Advisory Committees (LPAC) hosted by One Rock, Sterling Investment Partners, and Siris Capital Group. - New York, NY and Westport, CT	11/11/2019 - 11/15/2019	Attended
	3	Admin - Clarion Capital Annual General Meeting; meet with Lightyear (existing manager) and with a potential manager - New York NY	02/24/2020 - 02/25/2020	Attended
Inga Tadevosyan	1	Admin - Due diligence with a potential Appraisal Management Service Provider - Irvine CA	12/16/2019 - 12/16/2019	Attended
Shelly Tilaye	1	Admin - Attend Annual General Meetings (AGMs) and Limited Partner Advisory Committee (LPACs) hosted by Juggernaut and Vista. Meet with existing manager, Atlantic Street, for an update. - Washington, D.C. and New York, NY	10/22/2019 - 10/25/2019	Attended
	2	Admin - Due diligence on a potential manager - San Francisco CA	02/28/2020 - 02/28/2020	Attended
	3	Admin - Due diligence on Silver Lake - Menlo Park CA	03/03/2020 - 03/03/2020	Attended
	4	Admin - Lightspeed India's annual general meeting - San Francisco CA	03/09/2020 - 03/09/2020	Host Canceled
	5	Admin - 13th Annual Women Private Equity Summit - Dana Point CA	03/11/2020 - 03/13/2020	Canceled
Chad Timko	1	Admin - Due Diligence with Prospective Manager - Plano TX	08/20/2019 - 08/20/2019	Attended
	2	Admin - Due Diligence of Illiquid Credit Finalist Managers - New York, NY and Chicago, IL	08/27/2019 - 08/29/2019	Attended
	3	Admin - Due Diligence with potential managers - New York, NY and Toronto, Ontario (Canada)	01/13/2020 - 01/16/2020	Attended
Edward Wright	1	Admin - Systematic Investment Strategies Symposium as a speaker. - New York NY	11/19/2019 - 11/19/2019	Attended
	2	Admin - Due diligence with prospective managers for the Equity Factor-Base RFP search and meet with Lazard, an existing manager - New York NY	01/22/2020 - 01/23/2020	Attended
Scott Zdrazil	1	Admin - Council of Institutional Board and Committee meetings - Washington D.C. MD	07/31/2019 - 08/01/2019	Attended
	2	Admin - Principles for Responsible Investment Private Equity Advisory Committee Meeting - Paris, France	09/08/2019 - 09/09/2019	Attended

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<b>Attendee</b>		<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Investments</b>				
Scott Zdrazil	3	Edu - Annual PRI in Person Conference - Paris, France	09/10/2019 - 09/12/2019	Attended
	4	Admin - Council of Institutional Investors (CII) Board of Directors Meeting - Minneapolis MN	09/16/2019 - 09/18/2019	Attended
	5	Admin - Participate with Council of Institutional Investors (CII) and Securities Exchange Commission (SEC) regarding anticipated rulemaking impacting proxy research and corporate governance regulation. - Washington D.C. MD	11/05/2019 - 11/07/2019	Attended
	6	Admin - Stanford Rock Center for Corporate Governance Institutional Investor fall forum. - New York NY	11/13/2019 - 11/14/2019	Attended
	7	Admin - Sustainability Accounting Standards Board Investor Group and Symposium meeting - New York NY	12/02/2019 - 12/05/2019	Attended
	8	Admin - KPMG Board Leadership Conference - Huntington Beach CA	01/07/2020 - 01/07/2020	Attended
	9	Admin - Corporate Directors Panel - Newport Beach CA	01/16/2020 - 01/16/2020	Attended
	10	Admin - Pension Bridge ESG Summit 2020 - San Diego CA	02/10/2020 - 02/11/2020	Attended
	11	Edu- CII Spring 2020 Conference and 35th Anniversary Celebration - Washington D.C. MD	03/09/2020 - 03/11/2020	Canceled
	12	Admin - Securities and Exchange Commission (SEC) and Legislative Meetings - Washington D.C. MD	03/12/2020 - 03/12/2020	Canceled
	13	Admin - SACRS Spring Conference 2020 - San Diego CA	05/12/2020 - 05/13/2020	Canceled
<b>Legal Services</b>				
Fern Billingy	1	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Frank Boyd	1	Edu - CALAPRS Course in Retirement Disability Administration - Oakland CA	09/19/2019 - 09/19/2019	Attended
	2	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Michael Herrera	1	Admin - NAPPA Executive Board Meeting - Jackson WY	10/03/2019 - 10/04/2019	Attended
	2	Edu - National Association of Public Pension Attorneys (NAPPA) Winter Seminar - Tempe AZ	02/19/2020 - 02/21/2020	Attended
Barry Lew	1	Admin - SACRS Legislative Committee - Sacramento CA	07/19/2019 - 07/19/2019	Attended
	2	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
	3	Edu - SACRS Legislative Committee - Sacramento CA	01/17/2020 - 01/17/2020	Attended
	4	Edu - NCPERS 2020 Legislative Conference - Washington D.C. MD	01/26/2020 - 01/28/2020	Attended
Cheryl Lu	1	Admin - Program review with JPMorgan and Morgan Stanley; meet with potential managers and secondary transaction advisors - New York NY	01/27/2020 - 01/31/2020	Attended
Jill Rawal	1	Edu - National Association of Public Pension Attorneys (NAPPA) Winter Seminar - Tempe AZ	02/19/2020 - 02/21/2020	Attended
Christine Roseland	1	Edu - Association of Corporate Counsel (ACC) Annual Meeting - Phoenix AZ	10/27/2019 - 10/30/2019	Attended
Elaine Salon	1	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended



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<b>Attendee</b>		<b>Purpose of Travel - Location</b>	<b>Event Dates</b>	<b>Travel Status</b>
<b>Member Services</b>				
Joanna Anguiano	1	Edu - CALAPRS Benefits Round Table - Costa Mesa CA	02/07/2020 - 02/07/2020	Attended
Carlos Barrios	1	Edu - 38th ISCEBS Employee Benefits Symposium - New Orleans CA	09/08/2019 - 09/11/2019	Attended
	2	Edu - 2019 National Preretirement Education Association (NPEA) Annual Conference - Naples FL	10/19/2019 - 10/23/2019	Attended
	3	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
	4	Edu - CALAPRS Benefits Round Table - Costa Mesa CA	02/07/2020 - 02/07/2020	Attended
Jacqueline Boute	1	Edu - CALAPRS Benefits Roundtable - Oakland CA	09/20/2019 - 09/20/2019	Attended
	2	Edu - CALAPRS Benefits Round Table - Costa Mesa CA	02/07/2020 - 02/07/2020	Attended
Sandra Ceci	1	Edu - CALAPRS Benefits Round Table - Costa Mesa CA	02/07/2020 - 02/07/2020	Attended
Allan Cochran	1	Edu - ICMI Contact Center Symposium - San Diego CA	11/18/2019 - 11/21/2019	Attended
Renee Copeland	1	Edu - CALAPRS Benefits Roundtable - Oakland CA	09/20/2019 - 09/20/2019	Attended
Beatriz Daryaie	1	Edu - CALAPRS Benefits Roundtable - Oakland CA	09/20/2019 - 09/20/2019	Attended
	2	Admin - 2020 LASD Round-Up - Laughlin NV	04/05/2020 - 04/08/2020	Canceled
Jim Hepker	1	Edu - CALAPRS Benefits Round Table - Costa Mesa CA	02/07/2020 - 02/07/2020	Attended
Armendina Lejano	1	Edu - CALAPRS Intermediate Retirement Plan Administration - San Jose CA	10/16/2019 - 10/18/2019	Attended
	2	Edu - CALAPRS Advanced Course in Retirement Plan Administration - Oakland CA	12/11/2019 - 12/13/2019	Attended
Alejandro Ochoa	1	Edu - CALAPRS Benefits Roundtable - Oakland CA	09/20/2019 - 09/20/2019	Attended
Stephany Ortega	1	Admin - 2020 LASD Round-Up - Laughlin NV	04/05/2020 - 04/08/2020	Canceled
Michael Peterson	1	Admin - Hosting a Retirement Benefit table for the LACMC Spring Conference - Indian Wells CA	04/30/2020 - 05/01/2020	Canceled
Persian Petrov	1	Edu - CALAPRS Benefits Roundtable - Oakland CA	09/20/2019 - 09/20/2019	Attended
Kelly Puga	1	Edu - 2019 National Preretirement Education Association (NPEA) Annual Conference - Naples FL	10/19/2019 - 10/23/2019	Attended
	2	Edu - ICMI Contact Center Expo - Ft. Lauderdale FL	05/11/2020 - 05/14/2020	Canceled
Valerie Quiroz	1	Edu - CALAPRS Benefits Round Table - Costa Mesa CA	02/07/2020 - 02/07/2020	Attended
Jeff Shevlowitz	1	Edu - 38th ISCEBS Employee Benefits Symposium - New Orleans CA	09/08/2019 - 09/11/2019	Attended
John Slattery	1	Admin - 2020 LASD Round-Up - Laughlin NV	04/05/2020 - 04/08/2020	Canceled
Nga Van	1	Edu - CALAPRS Benefits Round Table - Costa Mesa CA	02/07/2020 - 02/07/2020	Attended

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<b>QA &amp; Metrics</b>				
Mary Arenas	1	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
	2	Edu - Association for Talent Development (ATD) 2020 International Conference and Expo - Denver CO	05/17/2020 - 05/20/2020	Canceled
Josielyn Bantugan	1	Edu - IIA's Operational Auditing: Influencing Positive Change 2019 - New York NY	12/03/2019 - 12/04/2019	Attended
Derwin Brown	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
	2	Edu - ASQ Audit Conference 2019 - Orlando FL	10/17/2019 - 10/18/2019	Canceled
	3	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
	4	Edu - Association for Talent Development (ATD) Train-the-Trainer Certificate Class - San Diego CA	12/04/2019 - 12/06/2019	Attended
Calvin Chow	1	Edu - IFEBP 65th Employee Benefits Conference - San Diego CA	10/20/2019 - 10/23/2019	Attended
Arlene Owens	1	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Flora Zhu	1	Edu - ATD Certificate Program - Train the Trainer - Orlando FL	07/08/2019 - 07/10/2019	Attended
<b>Retiree Healthcare</b>				
Tionna Fredericks	1	Edu - IIA Institute of Internal Auditors 2019 International Conference - Anaheim CA	07/07/2019 - 07/10/2019	Attended
Leilani Ignacio	1	Edu - IFEBP 65th Employee Benefits Conference - San Diego CA	10/20/2019 - 10/23/2019	Attended
	2	Admin - CVS/Caremark Annual Due Diligence Meeting - Chicago IL	12/16/2019 - 12/18/2019	Attended
Kathy Migita	1	Edu - AHIP National Conferences on Medicare, Medicaid & Dual Eligibles - Washington D.C. MD	09/23/2019 - 09/26/2019	Attended
	2	Admin - Annual Kaiser Due Diligence - Washington D.C. MD	09/27/2019 - 09/28/2019	Attended
	3	Edu - IFEBP 65th Employee Benefits Conference - San Diego CA	10/20/2019 - 10/23/2019	Canceled
	4	Edu - NCPERS 2019 Public Safety Conference - New Orleans LA	10/27/2019 - 10/30/2019	Attended
	5	Admin - Kaiser Permanente - Diligence Meeting - Seattle WA	11/03/2019 - 11/05/2019	Attended
	6	Admin - CVS/Caremark Annual Due Diligence Meeting - Chicago IL	12/16/2019 - 12/18/2019	Attended
	7	Edu - NCPERS 2020 Legislative Conference - Washington D.C. MD	01/26/2020 - 01/28/2020	Attended
	8	Edu - AHIP Annual National Health Policy Conference - Washington D.C. MD	03/18/2020 - 03/19/2020	Host Canceled
Keisha Munn	1	Edu - ICMI Contact Center Symposium - San Diego CA	11/18/2019 - 11/21/2019	Attended
Cassandra Smith	1	Edu - AHIP National Conferences on Medicare, Medicaid & Dual Eligibles - Washington D.C. MD	09/23/2019 - 09/26/2019	Attended
	2	Admin - Annual Kaiser Due Diligence - Washington D.C. MD	09/27/2019 - 09/28/2019	Attended

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<b>Retiree Healthcare</b>				
Cassandra Smith	3	Edu - IFEBP 65th Employee Benefits Conference - San Diego CA	10/20/2019 - 10/23/2019	Canceled
	4	Edu - NCPERS 2019 Public Safety Conference - New Orleans LA	10/27/2019 - 10/30/2019	Attended
	5	Admin - Kaiser Permanente - Diligence Meeting - Seattle WA	11/03/2019 - 11/05/2019	Attended
	6	Admin - CVS/Caremark Annual Due Diligence Meeting - Chicago IL	12/16/2019 - 12/18/2019	Attended
	7	Edu - NCPERS 2020 Legislative Conference - Washington D.C. MD	01/26/2020 - 01/28/2020	Attended
	8	Edu - AHIP Annual National Health Policy Conference - Washington D.C. MD	03/18/2020 - 03/19/2020	Host Canceled
Letha Williams-Martin	1	Edu - ICMI Contact Center Symposium - San Diego CA	11/18/2019 - 11/21/2019	Attended
<b>Systems</b>				
James Brekk	1	Edu - IAFCI Annual Training Conference & Exhibitor Show - Raleigh NC	08/26/2019 - 08/30/2019	Attended
	2	Edu - Cyber Threat Intelligence Leadership Forum - Orlando FL	09/16/2019 - 09/17/2019	Canceled
	3	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Roxana Castillo	1	Edu - IFEBP 65th Employee Benefits Conference - San Diego CA	10/20/2019 - 10/23/2019	Attended
	2	Edu - SACRS 2019 Fall Conference - Monterey CA	11/12/2019 - 11/15/2019	Attended
Irwin Devries	1	Admin - LACERA Co-location Lan Migration to new circuit - Mesa AZ	08/28/2019 - 08/28/2019	Attended
Francisco Jaranilla	1	Edu - Great Plains (Dynamics) User Group Summit - Orlando FL	10/15/2019 - 10/18/2019	Attended



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

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



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