PRECISION
Psychiatric Evaluations

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FEBRUARY 16, 2022

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SUPPLEMENTARY PSYCHIATRIC REPORT

EMPLOYEE NAME	:	Mr. Branden Moore
EXAM DATE	:	12/06/2021
DATE OF BIRTH	:	05/12/1990
EMPLOYER	:	Abercrombie Pipeline
D/INJURY	:	05/28/2020
CLAIM NUMBER	:	WC608-W60694-00
PANEL NUMBER	:	2757577
WCAB NUMBER	:	ADJ13339678

Dear Gentlepersons:

A request for a supplementary psychiatric report was made. On December 6th of 202, Mr. Moore was seen for an Initial Psychiatric Qualified Medical Evaluation via Zoom due to the Covid-19 pandemic. My summarized assessment about Mr. Moore's psychiatric status from the Qualified Medical Evaluation assessment was as follows:

1. Synopsis: Mr. Moore experienced multiple physical injuries while working for the above-named employer.

2. Psychiatric Symptoms: reactive depression and reactive anxiety

3. Primary Axis I: Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic (309.28);

4. GAF/WPI: 63 which translates to a WPI score of 11

5. Future Medical Treatment: Comments on future medical treatment will be deferred until Mr. Moore has reached MMI/P&S from a psychiatric perspective.

6. Recommended Treatment: This writer does believe that Mr. Moore's psychiatric symptoms could improve with additional mental health treatment. However, per Title 8, Division 1, Chapter 1, Article 3, §35.5 (Compliance by AMEs and QMEs with Administrative Director Evaluation and Reporting Guidelines), g(2),

   "For any evaluation performed on or after July 1, 2013, and regardless of the date of injury, an Agreed Medical Evaluator or Qualified Medical Evaluator shall not provide an opinion on any disputed medical treatment issue, but shall provide an opinion about whether the injured worker will need future medical care to cure or relieve the effects of an industrial injury."

   Therefore, based on the above, it is this writer's opinion that Mr. Moore would benefit from additional mental health treatment. However, this writer will not provide any specific recommendations for treatment as I am unsure what medical treatment may be in dispute. **Of course, upon written request, this writer will be happy to provide specific recommendations for additional mental health treatment to help expedite Mr. Moore reaching MMI/P&S.**

7. Causation: On a **preliminary** basis, this writer finds that that Mr. Moore's current psychiatric injury is **predominantly industrial** in nature. Of special note, Mr. Moore states that he has pending QME evaluations, stating that he has a QME in

cardiology with Dr. Jeffrey Caren (cardiology) on 2/4/2022 and a QME in orthopedics with Dr. William Winternitz (orthopedic surgery) on 2/24/2022.

Of special note, this writer noted that Mr. Moore's injury occurred on 5/28/2020, which was approximately 2 months after beginning employment with the subject-employer, Abercrombie Pipeline, in March 2020. Therefore, this writer considered LC 3208.3 (d), which addresses employment of less than 6 months (see below for details).

Also of very special note, all of my above opinions in regards to causation are subject to change until after this writer has determined Mr. Moore to be MMI/P&S, as, at that time, this writer will be able to take apportionment into account. At that time, this writer will then provide a specific percentage of causation to the industrial portion of Mr. Moore's psychiatric injury versus the potential non-industrial portion of Mr. Moore's psychiatric injury and consequent permanent psychiatric disability.

8. Apportionment: Because causation is being deferred, a formal comment on apportionment will also be deferred at this time.

   Benson: Given that there is only 1 date of injury, the Benson decision does not apply as 100% of Mr. Moore's industrially-related permanent psychiatric disability would be attributed to the specific date of injury on 5/28/2020.

   Of course, this is a **preliminary** opinion and subject to change if additional dates of injury are added in regards to this claim.

9. Maximal Medical Improvement (MMI)/Permanent and Stationary (P&S):
   This writer will **defer** commenting on whether Mr. Moore has reached MMI, and whether he can be declared P&S from a psychiatric perspective until after all records including but not limited to the QME reports from Dr. Jeffrey Caren (cardiology) and Dr. William Winternitz (orthopedic surgery) as well as the requested AME or QME in neurology have been received to determine whether either of these physicians recommend additional treatment. This information is quite important as any changes in Mr. Moore's physical status would likely change his psychiatric status.

10. Temporary Total Disability (TTD)/Permanent Total Disability (PTD): At no time has this writer found Mr. Moore to be TTD or PTD psychiatrically in regards to this industrial injury from the earliest date of injury in relation to this claim of 5/28/2020 up to and including the date of this evaluation, 12/6/2021. This is a

preliminary opinion and subject to change until after this writer has declared Mr. Moore MMI/P&S from a psychiatric perspective and this writer has received all records pertaining to Mr. Moore.

11. Permanent Psychiatric Disability: Deferred as Mr. Moore is not declared P&S from a psychiatric perspective at this time.

12. Factors of Permanent Psychiatric Disability: Deferred as Mr. Moore is not declared P&S from a psychiatric perspective at this time.

13. Section 3208.3(b)(2): Per the examination and after a careful review of the records, this injury is not a direct result of exposure to significant violent acts. Therefore, section 3208.3(b)(2) does not apply.

14. Section 3208.3(d): It appears that Labor Code 3208.3(d) **may come into play** as Mr. Moore was not employed for greater than 6 months with the subject employer at the time of injury. This writer would ultimately **defer to the Trier-of-Fact** to determine whether the workplace events leading to Mr. Moore's injuries constitute "a sudden and extraordinary employment condition" as this is a legal determination, not a medical one.

15. Section 3208.3(e): The injury does not meet the criteria for a post-termination case. Mr. Moore remains employed by the subject-employer.

16. Section 3208.3(h): 3208.3(h) does not apply as Mr. Moore denied that there are substantial personnel actions involved.

17. Requested Examinations: After a careful review of the records and a comprehensive examination, I do recommend a Neurology AME or QME evaluation **if not already performed** to answer the following critical questions:

    A) Are Mr. Moore's neurological injuries and complaints industrial in causation?
    B) Has Mr. Moore reached MMI and thus been declared P&S from a neurological perspective?
    C) If not found to be MMI, what treatments are recommended to restore Mr. Moore to his pre-injury level of physical functionality?

18. Work Restrictions: Deferred as Mr. Moore is not declared P&S from a psychiatric perspective at this time.

19. Requested Records: During the evaluation, Mr. Moore states that he had his *deposition* taken in regards to this workers' compensation claim. In addition, he states that he has *upcoming QME appointments in cardiology and orthopedics respectively that are scheduled to take place in February 2021*. Mr. Moore also was seeing *Dr. Paul Liderman, (psychiatry) through the Veterans Affairs (VA) health system*; however, this writer only received a few records from him. In addition, Mr. Moore states that he may have had some telephone interactions with *Dr. Kenneth Garrett, PhD (psychology)* who he was seeing on an industrial basis. This writer would also request that a full copy of the Progress Note dated 3/23/2016 and authored by Dr. Paul Liderman, M.D. (psychiatry) be provided as a portion of this note was missing. This writer would request all of the aforementioned records as well as all other additional and missing records be provided to my office as soon as possible for my review. A supplemental report will be issued with a summary of the records along with my opinion.

RECORD REVIEW

Records delivered were reviewed. Relevant records for determination of psychiatric impairment are summarized below (Please refer to the section entitled, "Review of Medical Records," found towards the end of this supplemental report for a complete summary of all medical records provided that this supplemental report addresses).

There were few mental health records received at this time, but the records reviewed did describe some of Mr. Moore's physical injuries related to his prior history and highlighted some of the various treatments received.

On 1/12/2012, per a C&P Examination Note, Dr. Cara Eggers, Ph.D. (psychology) diagnosed Mr. Moore with Anxiety Disorder NOS with an Axis V (GAF) of unknown.

On 2/3/2016 and 2/23/2016 per C&P Examination Notes, Dr. Eggers diagnosed Mr. Moore with Unspecified Anxiety Disorder.

On 6/4/2021, per a Psychological Evaluation, Dr. Kenneth Garrett, Ph.D. (psychology) diagnosed Mr. Moore with Major Depressive Disorder; Generalized Anxiety Disorder with Panic; Chronic Sleep Deprivation; and Chronic Issues with his kidneys, bladder, and intestines due to episode of one year ago. Additional psychological treatment is recommended.

Multiple clinical notes documented that Mr. Moore had had difficulties with depression after the industrial events.

On 1/12/2012, per a Compensation & Pension Examination Report, Dr. Quynh-Giao Nguyen, M.D. (internal medicine) determined no significant functional limitation with occupational or daily activities at this time.

On 4/9/2018, per an ER Visit, Jamilyn Ashley Bryant, PA-C, noted that the Review of Symptoms was negative for confusion.

AME/QME Evaluations

On 12/16/2020, per an Initial Internal Medicine PQME Report, Dr. Stanley J. Majcher, M.D. (internal medicine) documented complaints of interrupted sleep pattern. Mr. Moore was determined to be TTD. Causation was further determined to be 100% industrial.

On 7/8/2021, per an Internal Medicine PQME Re-Evaluation, Dr. Majcher noted no changes from the prior report and recommends an orthopedist to determine WPI since per

the AME Guides, it is required for muscle injuries. Upon receipt of the orthopedist reports, he will issue a supplemental report.

DISCUSSION

I would like to thank all parties involved for providing the additional medical records for my review as well as for allowing my continued participation in the very interesting and extremely complex case of Mr. Branden Moore.

I had the pleasure of evaluating Mr. Moore on 12/6/2021, and I issued my Psychiatric Qualified Medical Evaluation (QME) report, which was dated 1/12/2022. For the convenience of the readers, I included a summary of my opinions from my Psychiatric QME report at the top of this supplemental report for easy and quick reference.

As a brief summary of this workers' compensation claim, on 5/28/2020, while working for the subject-employer, Abercrombie Pipeline, Mr. Moore suffered a heat stroke, which led to multiple physical problems including but not limited to kidney failure.

At this time, this writer has been provided additional medical records for review.

Per the mental health records received from the VA medical center between 2012 and 2016, Dr. Carol Eggers, PhD (psychology) documented that Mr. Moore had difficulty with insomnia and his anxiety appeared to be related to fear of his heart problems, which could be triggered by palpitations or other similar symptoms, which is consistent with what Mr. Moore told this writer during my evaluation with him.

On 6/4/2021, per a Psychological Evaluation, Dr. Kenneth Garrett, PhD (psychology) diagnosed Mr. Moore with Major Depressive Disorder, Generalized Anxiety Disorder with Panic, Chronic Sleep Deprivation, and Chronic Issues with his kidneys, bladder, intestines due to episode of one year ago, which supports Mr. Moore's development of psychiatric symptoms following the events of 5/20/2020.

In regards to the non-mental health records provided, per the notes from 2012 until 2017, it was documented that Mr. Moore harbored significant concern about his cardiac condition, Wolff-Parkinson-White syndrome, which also led to Mr. Moore visiting the emergency room on multiple occasions if he experienced any chest pain. This information is all consistent with the narrative that Mr. Moore provided to this writer although he stated that by approximately 2018, he no longer feared sudden death from his cardiac condition.

In regards to inconsistencies, per an Emergency Room Visit note dated 4/9/2018, Mr. Moore appears to have been involved in a motor vehicle accident when he was rear-ended with subsequent right-sided lower back pain. However, it does not appear that he required hospitalization but did have sessions with a chiropractor, Rebecca Singh, D.C., from 4/16/2018 until at least 6/7/2018 as this was the last note provided. During my evaluation, Mr. Moore denied being involved in any motor vehicle accidents to the best of his recollection at that time.

In regards to the records related to the events leading to this workers' compensation claim, on 5/28/2020, there was documentation of Mr. Moore presenting to San Gorgonio Memorial Hospital where he was diagnosed with rhabdomyolysis and acute kidney failure.

Of special note, during my evaluation with Mr. Moore, he stated that it was the various physical complaints that he developed following being significantly physically taxed on 5/28/2020. On 12/16/2020, per an Initial Internal Medicine PQME Report, Dr. Stanley Majcher, M.D. (internal medicine) determined that Mr. Moore was TTD and causation of Mr. Moore's damaged to his body muscles, kidneys, and other body parts were 100% industrial. In addition, on 7/8/2021, per an Internal Medicine PQME Re-Evaluation, Dr. Majcher did not change any of his opinions as stated in his previous report but did recommend that Mr. Moore be evaluated by an orthopedist to determine WPI for Mr. Moore's muscular injuries.

Thus, in summary, with the exception of the aforementioned motor vehicle accident, the information provided in these additional medical records appears to be grossly consistent with the information Mr. Moore provided to this writer during my evaluation with him.

However, as stated in my Psychiatric QME report dated, this writer is still awaiting the results of multiple QME or AME evaluations that Mr. Moore stated that he is scheduled to undergo including but not limited to a QME evaluation in the field of cardiology with Dr. Jeffrey Caren on 2/4/2022 and a QME evaluation in the field of orthopedic surgery with Dr. William Winternitz on 2/24/2022. In addition, given his various physical symptoms of paresthesias, headaches, and potentially other symptoms related to his heatstroke, this writer requested an AME or QME evaluation in the field of neurology.

Thus, this writer will continue to **defer** commenting on whether Mr. Moore has reached ***Maximal Medical Improvement (MMI)***, and whether he can be declared ***Permanent and Stationary (P&S)*** from a psychiatric perspective until after all records including but not limited to the aforementioned reports from Dr. Caren and Dr. Winternitz as well as the requested AME or QME report in neurology have been received to determine whether any of these physicians recommend additional treatment. This information is quite important as any changes in Mr. Moore's physical status would likely change his psychiatric status.

Of special note, during the evaluation, Mr. Moore stated that he had his *deposition* taken in regards to this workers' compensation claim. In addition, as mentioned above, he stated that he had *upcoming QME appointments in cardiology and orthopedics respectively that are scheduled to take place in February 2022*. Mr. Moore also was seeing *Dr. Paul Liderman, M.D. (psychiatry) through the Veterans Affairs (VA) health system*; however, this writer only received a few records from this physician. In addition, Mr. Moore states that he may have had some telephone interactions with *Dr. Kenneth Garrett, PhD (psychology)* who he was seeing on an industrial basis. This writer would also request that a full copy of the *Progress Note dated 3/23/2016 and authored by Dr. Paul Liderman, M.D. (psychiatry)* be provided as a portion of this note was missing. This writer would request all of the aforementioned records as well as all other additional and missing records be provided to my office as soon as possible for my review. A supplemental report will be issued with a summary of the records along with my opinion.

Thus, in summary, after a careful review of the additional medical records provided at this time, this writer does not find grounds to change any of my opinions as stated in my Psychiatric QME report, which was dated 1/12/2022.

This writer would again like to thank all parties involved for allowing my continued participation in the very interesting and extremely complex case of Mr. Branden Moore. Please do not hesitate to reach out to my office with any questions in regard to this report.

SOURCE OF ALL FACTS AND DISCLOSURE

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge." I declare under penalty of perjury that I have not violated Labor Code Section 139.3, and that the information contained in this report and its attachments, including billing, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Assistance with the clerical preparation of this report was provided by Charlie Helton.

The medical records were compiled, organized, and extracted by myself and Charlie Helton, medical historian, after which I reviewed them and produced the above conclusions.

BILLING STATEMENT:

Procedure Code ML 203 is duly applied to this Supplemental Medical-Legal Evaluation and Title 8 California Code of regulations 9793, 9794 and 9795. My charges are in compliance with 5307.6 and 4628(d) of the Labor Code, Title 8 California Code of Regulations Section 9793, 9794 and 9795 for medical-legal fees and I have signed under penalty of perjury as required by Labor Code Section 4628 and the Department of Workers' Compensation Regulations.

This Supplemental Report (ML203) included:

1. Verification of **603** Pages of Records Reviewed Provided by the Parties with proper penalty of perjury and attestation statements
2. Review of **0** hours of *Sub Rosa* Videos

Signed this 16th day of February 2022 in San Bernardino County, California.

Sincerely,

Dr. Sanjay Agarwal, M.D., Q.M.E.
Board Certified – American Board of Psychiatry and Neurology
Qualified Medical Examiner

cc. ***Via First Class Mail***
Ashlyn Laskey
Liberty Mutual
P.O. Box 779008
Rochlin, CA 95677

REVIEW OF RECORDS

A record index was not provided by the Adjuster and checked against with no discrepancies found. Of note, an index/chart review from a subpoena company was provided for records from the VA Medical Center, but no records were actually attached to the index/chart review.

PSYCHIATRIC RECORDS

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
1/12/2012	VA Medical Center	Cara Eggers, Ph.D. (psychology)	C&P EXAMINATION NOTE (PER INDEX OF SUBPOENAED RECORDS CHART REVIEW) – *This evaluation stated Axis I diagnosis of Anxiety disorder NOS.* Pt in for evaluation of insomnia and transient alteration of awareness. He reports that he can't fall asleep easily and it usually takes several hours. Once asleep, he wakes up multiple times feeling excited like something is going to happen. This has been a problem since 2010 (during boot camp) and possibly before. Pt feels fatigued and tired during the day and feels he is "still awake" even when sleeping. It is not clear if his insomnia is related to his heart condition as he does not report waking with a racing heart and feeling alert. Regarding the transient alteration of awareness, he denied alteration of awareness including hallucinations, delusions, and illusions. Pt believes this portion of the claim refers to his report that he sometimes feels like he is still awake when sleeping. Pt feels on guard all the time and can't relax or sleep deeply. Pt reports he can't relax because if he feels like he does, something bad might happen to him. He has let his way since boot camp, maybe before. Pt denied symptoms of PTSD. He has been

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			deployed once to Okinawa, not in combat. He took Ambien while there to help him sleep. PT reports feeling on guard before the military due to the fact that a lot of his friends were hanging out with the wrong crowd and a lot were killed. He denied any stressor that meets the criteria for PTSD but reports continuing anxiety and hyperarousal. Exam noted speech is spontaneous and he described chronic problems with falling and staying asleep. DX – Axis I: Anxiety disorder NOS Axis II: Deferred Axis III: heart condition; knee/shoulder pain Axis IV: occupational problems (med-board for heart condition) Axis V: Unknown Pt reports his moderate anxiety and feeling of hyperarousal keeps him from participating in activities with others at times because he avoids situations that could be dangerous such as crowded places. Pt reports daytime sleepiness caused by anxiety-related insomnia is mild to moderate and denied it impairs him socially but sometimes he has trouble concentrating when sleepy.
2/3/2016	VA Medical Center	Cara Eggers, Ph.D. (psychology)	C&P EXAMINATION NOTE (PER SUBPOENA COMPANY CHART REVIEW) – *This evaluation stated a*

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			diagnosis of Anxiety disorder unspecified. Pt continues to have difficulty with falling and staying asleep on most days. He wakes up frequently during the night and reports having sweats at night. Pt is taking OTC Benadryl. He tries to nap during the day. He feels tense and alert much of the time. Pt says he talks in his sleep, punches things when he wakes up from dreams but doesn't recall much about these incidents. He states that his family member tells him this. He is often tired during the day. Pt has a history of taking Ambien but says it was addicting to him and he didn't like the rebound insomnia and didn't want to take it again. He still feels tense and hyperaroused. Pt has problems with concentration and focus which has interfered with schooling. Pt is taking a break from school right now. He has felt this way since boot camp. Pt stays home much of the time because he worries that something did happen to him, like a heart palpitation, he would be better off. He worries about his heart issue frequently and his anxiety is triggered by perceived symptoms. Pt denied psychotic symptoms. He has trouble staying awake sometimes and worries about driving because he has fallen asleep driving. He does not meet criteria for any disorder related to alteration of awareness. DX – Unspecified anxiety disorder His anxiety is mainly centered on his fear of heart problems and is triggered by palpitations or other similar symptoms. The symptoms have worsened recently due to the death of his

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			family member. He started to feel the anxiety was unmanageable and stopped going to school after her death.
2/23/2016	VA Medical Center	Cara Eggers, Ph.D. (psychology)	C&P EXAMINATION NOTE (PER SUBPOENA COMPANY CHART REVIEW) – *This evaluation stated a diagnosis of Anxiety disorder unspecified.* Pt continues to have difficulty with falling and staying asleep on most days. He wakes up frequently during the night and reports having sweats at night. Pt is taking OTC Benadryl. He tries to nap during the day. He feels tense and alert much of the time. Pt says he talks in his sleep, punches things when he wakes up from dreams but doesn't recall much about these incidents. He states that his family member tells him this. He is often tired during the day. Pt has a history of taking Ambien but says it was addicting to him and he didn't like the rebound insomnia and didn't want to take it again. He still feels tense and hyperaroused. Pt has problems with concentration and focus which has interfered with schooling. Pt is taking a break from school right now. He has felt this way since boot camp. Pt stays home much of the time because he worries that something did happen to him, like a heart palpitation, he would be better off. He worries about his heart issue frequently and his anxiety is triggered by perceived symptoms. Pt denied psychotic symptoms. He has trouble staying awake sometimes and worries about driving because he has fallen asleep driving. He does not meet criteria for any disorder related to alteration of awareness. DX – Unspecified anxiety disorder

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			His anxiety is mainly centered on his fear of heart problems and is triggered by palpitations or other similar symptoms. The symptoms have worsened recently due to the death of his family member. He started to feel the anxiety was unmanageable and stopped going to school after her death.
6/4/2021		Kenneth Garett, Ph.D. (psychology)	PSYCHOLOGICAL EVALUATION – *This evaluation stated probable diagnoses of Major depressive disorder; Generalized anxiety disorder with panic; Chronic sleep deprivation; and Chronic issues with his kidneys, bladder, and intestines due to episode of one year ago. Additional psychological treatment is recommended.* Pt was injured at work on 5/28/20. He passed out while working on a forklift. He was suffering from dehydration and indicated he had been working 10 hour days consecutively for the past 6 days. He was taken to San Gorgonio Hospital and then transferred to the veterans hospital where he remained for 3 days. Pt experienced physical damage to his kidney, bladder, and intestines and has been suffering chronic physical weakness and has not returned to work. Pt also reports experiencing severe difficulties coping with heat along with severe sleep deprivation and ongoing palpitations. Pt lives with his wife and 1 y/o daughter. He also has a 7 y/o son form a prior relationship. Pt was born in Detroit where he graduated high school and then joined the Marine Corps. He completed a full tour of duty in the Marines and when he left, he had some stressors which required brief follow up with

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			counseling but he has not been in any mental health treatment since that time. Pt stated that his mother died when he was a young child and he was raised by his father and stepmother. Pt has 4 older siblings. He denied any abuse or mental health issues in his childhood. Pt denied any history of alcohol, drugs, or other related criminal issues. Pt states his marriage is quite supportive. His wife is pregnant with their 2nd child. Pt reported that prior to the incident, he performed heavy work which demanded physical activity with heavy equipment. He worked as a funeral home director for some time and in trash management as well. Pt had only been working with the company for a number of months when this episode of dehydration and passing out occurred. Pt stated he was in the hospital and received fluid for a number of days but has never been able to regain his sense of wellbeing and is currently under medical care including naproxen and gabapentin for his muscular pain and general discomfort. OBSERVATIONS noted he was cooperative with c/o extreme fatigue along with episodes of anxiety which he did not have prior to the incident at work. He has had financial problems and other emotional setbacks as he has always been a good provider and experiences a sense of loss that he is at home and unable to function effectively at this time.

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			TESTING – Zung Self-Rating Depression Scales. Forer Sentence Completion Test. Pt is currently experiencing psychological symptoms significant enough to warrant psychological care. Recommend 6 psychological sessions to reduce his panic episodes primarily and also request that his physician consider providing some form of sleep medications to help him as clearly chronic sleep deprivation further exacerbates his mood. PROBABLE DX – Major depressive disorder; Generalized anxiety disorder with panic; Chronic sleep deprivation; and Chronic issues with his kidneys, bladder, and intestines due to episode of one year ago.

DEPOSITIONS

None provided.

MEDICAL RECORDS

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
1/12/2012	VA Medical Center	Quynh-Giao Nguyen, M.D. (internal medicine)	COMPENSATION & PENSION EXAMINATION REPORT (PER SUBPOENA COMPANY CHART REVIEW) – Pt working with amphibious assault vehicle in June 2010. He is being evaluated for separation secondary to Wolff-Parkinson White Syndrome and plans to go to college after separating form service. He has a separate psychiatric evaluation for

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			insomnia and transient alteration of awareness for compensation and pension purposes. Subjective complaints include Wollf-Parkinson-White syndrome; Fainting; and Palpitations. Pt began experiencing palpitations, labor breathing and chest tightness associated with running in the fall of 2010. Over the next 6 months, he had recurrent palpitations with both physical activities and at rest. He also reported associated intermittent lightheadedness and 2 syncopal episodes where he blacked out and only came to minutes later when someone lied him down on the ground. Pt had 3 episodes of left-sided hemianopsia (no vision) with left arm and leg numbness and tingling associated with palpitations, labor breathing, and chest tightness after physical activities (running) in June 2011. These symptoms resolved after a few hours and have not recurred since then. He had a negative evaluation with carotid ultrasound and brain MRI. The claim of transient alteration of awareness refers to these three episodes which were felt to be associated with focal brain hypoperfusion with WPW syndrome on June 2011. Pt has breakthrough palpitations with associated labor breathing, chest tightness, and lightheadedness 2-3 times a week at rest and with minimal activities despite being on Flecainide since August 2011. He would lower himself to the ground and lie down with resolution of his symptoms in about 10-15 minutes. Pt has been reluctant to undergo ablation therapy.

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			He has not participated in physical training or exercise since June 2011. Pt has not been able to perform command PT or work in his rank. Pt has some functional limitations with basic ADLs associated with recurrent palpitations and lightheadedness with activity such as taking a shower. Another issue he has is right shoulder strain. Pt reports that his right shoulder popped associated with lifting in June 2011 and he advised to take it easy with resolution of the initial pain. He reports that the shoulder joint feels tight with ROM and he has no restricted ROM. Pt is not undergoing any treatment and doesn't use an assist device. His next issue is bilateral knee strain stating both of his knees popped with discomfort with walking, standing and running starting in January 2011 with no specific injury or trauma recalled. He denied joint swelling, redness, warmth, instability or locking. Pt is not undergoing any treatment for it. Prior to his diagnosis of WPW syndrome, Pt was able to participate in command physical training and other activities. No significant functional limitation at this time. DX – (1) Wolff-Parkinson-White syndrome with recurrent palpitations, episodes of syncope and near-syncope; (2) right shoulder strain; (3) bilateral knee patellofemoral syndrome with radiographic evidence suggestive of osteochondromas

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			Pt has no significant functional limitation with occupational or daily activities at this time.
1/2/2016	Inland Valley Medical Center	Reza Vaezazizi, M.D. (emergency medicine)	ER VISIT – Pt with history of wolf Parkinson syndrome here today c/o cough for 4 days along with chest pain and wheezing. His chest pain increases when he coughs and takes a deep breath. Pt did have fever and chills but that has resolved. Chest X-ray at VA was negative. IMP – chest pain and acute bronchitis
11/2/2016	Inland Valley Medical Center	John Kim, M.D. (radiology)	CT ANGIO CHEST – no evidence of pulmonary embolism or aortic dissection; and no focal lung infiltrates.
11/2/2016	Inland Valley Medical Center	James Stapakis, M.D. (radiology)	X-RAY CHEST – no acute disease
1/5/2017	Inland Valley Medical Center	Carrie Darling Mcvey, RN	ER VISIT – Pt c/o acute chest pain to left arm that is sharp with SOB and sweating with onset yesterday along with feeling sick with loss of appetite. Pt woke up at 3 am in cold sweats with chest pain. He also reports SOB and visual changes. EKG is performed. He has a history of WPW. *Only triage notes available.*
4/9/2018	Mercy Hospital Fairfield	Jamilyn Ashley Bryant, PA-C	ER VISIT – Pt c/o low back pain status post MVA which occurred this morning. He states he could hear the vehicle behind him breaking and then he braced for impact. He was rear-ended without airbag deployment. Pt was restrained. He was able to get out of his vehicle without any issues. He came by squad. His partner is here and will drive him home. Pt's medical history includes asthma, gunshot wound in right shoulder, and seasonal allergies.

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			Pt's surgical history includes mouth surgery on gum and jaw fracture. Pt has no medications on file. ROS is **negative for confusion.** DX – acute right sided low back pain and MVA
4/16/2018	Center for Chiropractic Rehabilitation & Wellness, LLC		PATIENT REGISTRATION FORM – Pt involved in MVA and treated at Mercy Hospital. MVA was on 4/9/18. He was the driver of the vehicle and as a result he injured his lower back. He denied any symptoms prior to the MVA. Pt c/o lower back pain which began the date of the incident with symptoms worse in the morning and evening. Pt smokes ¼ pack per day. He consumes alcohol at special events.
4/16/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	OFFICE VISIT – Pt being seen for condition related to MVA which occurred on 4/9/18 in Ohio. DX – driver injured in collision with other motor vehicles in traffic accident; strain of muscle, fascia and tendon of lower back; muscle spasm of back; segmental and somatic dysfunction of lumbar region; and lower back pain
4/17/2018	Center for Chiropractic Rehabilitation & Wellness,	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
	LLC		
4/19/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
4/23/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
4/24/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
4/26/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/1/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/2/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/4/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/9/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/10/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/11/2018	Center for Chiropractic	Rebecca Singh,	Chiropractic treatment session

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
	Rehabilitation & Wellness, LLC	D.C. (chiropractic)	
5/14/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/15/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/17/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	PATIENT EVALUATION – Pt report that while waiting to pick up his girlfriend from work, he stretched and experienced tightening up in his lower back. Sometimes he can sit for long periods and sometimes he can't. His back pain may not bother him for a few days and then he will have low back pain again. Pt can perform full AROM of the lumbar spine but when performing left rotation of trunk, he has some pain in the same region and he felt tighter in the lower thoracic region on the right and lower back. Pt is not sure why this spot on his back hurts like this but he did not have that problem prior to his MVA. DX – driver injured in collision with other motor vehicles in traffic accident; strain of muscle, fascia and tendon of lower back; muscle spasm of back; segmental and somatic dysfunction of lumbar region; and lower back pain
5/21/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/22/2018	Center for Chiropractic Rehabilitation & Wellness,	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
	LLC		
5/24/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/30/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/31/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
6/5/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
6/6/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
6/7/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	PATIENT EVALUATION – Pt in to determine if future care is warranted. He reports he is able to continue home therapeutic exercises and stretches as prescribed. Pt reports no pain in the lower back, just stiffness which is increased with work and standing for long periods. He is released from care with instructions to continue HEP.
6/7/2018	Center for Chiropractic Rehabilitation & Wellness, LLC	Rebecca Singh, D.C. (chiropractic)	Chiropractic treatment session
5/28/2020	San Gorgonio Memorial Hospital	Richard Preci, D.O. (emergency medicine)	ER VISIT – Pt presented with c/o muscle cramps and syncopal episode of past 2 hours prior to arrival. He is a power line worker and was working outside when at 1600 he was on facetime with his wife and was not feeling well. Pt

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			stated that he sat in his car and proceeded to vomit. Afterwards, he walked outside and had a syncopal episode. Pt woke up on the ground with his legs over the forklift. Shortly afterwards, his abdomen, legs, and arms began to cramp. Pt denied prior drugs and alcohol. ROS is positive for chest pain, abdominal pain, and other aches and pains. Pt has a history of smoking cigarettes. DX – Rhabdo and AKI Pt is improved upon d/c.
5/28/2020	San Gorgonio Memorial Hospital	Chul E. Chae, M.D. (radiology)	X-RAY CHEST – no acute abnormality of chest CT HEAD – no acute abnormality of head
5/29/2020	San Gorgonio Memorial Hospital	Bahij Ghazal, M.D. (internal medicine)	D/C SUMMARY – Pt with history of Wolff-Parkinson-white status post ablation was working in the heat for several hours without adequate hydration and fainted twice. He felt much weaker since then with cramping in his legs and muscles, and he was confused. He was brought to the ER last night and appeared dehydrated. Pt was admitted and started on fluid. His kidney function came back to normal but his CPK has continued to trend up. Pt needs more IV fluids and monitor CPK. He is a VA patient and is being transferred to the VA hospital to continue care there. DX – acute rhabdomyolysis; acute renal failure; syncope; and

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			history of Wolff-Parkinson-White
12/16/2020	**PQME Report**	Stanley J. Majcher, M.D. (internal medicine)	INITIAL INTERNAL MEDICINE PQME REPORT – *This evaluation stated he is TTD. Causation is determined to be 100% industrial.* Pt injured virtually total body associated with heat stroke/rhabdomyolysis, kidney failure, and other internal organ failure. He was hired by Abercrombie Pipeline Company in March 2020 as a groundsman working 80 hours per week, at times more. His duties involved heavy lifting, running power lines, digging ditches, and lifting heavy items. Pt has a history of a congenital abnormality detected during his career in the US Marine Corps. His heart condition is Wolfe-Parkinson-White syndrome which is a congenital abnormality involving the conduction mechanism within the heart. The disease is associated with complications and eventually required surgical intervention in the form of an ablation. The ablation had been completed several years prior to his date of hire (around 2015). Prior to his date of hire, he took Tambocor 150mg. On 5/28/20, he was working at Morongo Reservation in Redlands where temperatures were between 115 and 119 degrees. Pt started working around 5:30 am and was performing his usual duties. Around Noon, he noted severe pain in the urinary bladder, flanks, and entire abdomen. Pt tried to consume water but this did not relieve his symptoms. He then developed a series of complications including

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			cramps in virtually all muscles in his body, confusion, dizziness, and recurrent episodes of syncope. Pt continued working despite his symptoms and around 5:30 pm his first episode of syncope occurred, fainting. The employer did not arrange for a paramedic to be called but instead took him to gas station and gave him water which did not relieve his symptoms. His total cramps progressed in severity and his symptoms were intense. Pt noted severe pain in his calves. A coworker tried massaging his calves without relief. Pt had another episode of fainting and a coworker transported him to San Joaquin Hospital where he was hospitalized for 1 ½ days before being transported to the VA hospital, Loma Linda University Medical Center. Pt was treated for rhabdomyolysis, kidney failure, and other complications related to heat stroke. Pt is currently being treated by the VA at Loma Linda. Pt currently c/o intense pain involving virtual every part of his body, particularly the muscles of the abdomen and urinary bladder area. He had recurrent episodes of loose bowel movements, severe epigastric pain, is extremely sensitive to the sun where he develops nausea and vomiting, generalized headaches, and **his sleep pattern is interrupted with about 3 hours of sleep per night.** Pt also has severe flank pain and severe muscle pain and tenderness. Pt denied any prior workers' comp claims. He has no prior MVAs.

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			Pt's medical history includes Wolfe-Parkinson-White syndrome for which he underwent a cardiac ablation. Pt has no known allergies. DX – (1) history of rhabdomyolysis (severe muscle injury); (2) history of kidney failure; and (3) history of multiple episodes of fainting and other generalized symptoms associated with industrial injury on 5/28/20. Causation is industrial due to the heavy work in an atmosphere of high temperatures and inadequate fluid intake resulting in damage to his body muscles, kidneys, and other body parts associated with the underlying injuries caused by the muscles and kidney injuries. Pt is TTD. Recommend he continue to be followed by VA hospital or private nephrologist. At this time there are no applicable nonindustrial factors.
7/8/2021	**PQME Re-Eval**	Stanley J. Majcher, M.D. (internal medicine)	INTERNAL MEDICINE PQME RE-EVALUATION – *This evaluation stated no changes from prior report and recommends an orthopedist to determine WPI since per the AME Guides, that is required for muscle injuries. Upon receipt of the orthopedist reports, the Evaluator will issue a supplemental report.*

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			Currently, Pt c/o pain involving virtually every muscle in his body. He doesn't know the results of his consultation with a nephrologist who is ordinarily involved in management because heat stroke results in major damage to the muscles. Pt noted a 20 lb weight loss. He then states upon further refection that he doesn't believe he had been evaluated by a nephrologist. His subjective issues are unchanged from the prior report. DX – heat stroke/rhabdomyolysis Currently, Evaluator's opinions and conclusions remain the same, most notably the industrial injury caused by heat stroke involving the muscles and kidneys. Pt currently has diffuse muscle pain and his last laboratory report still reveals evidence of muscle injury as of 3/5/21. In view of the fact that he has muscle injuries, Evaluator does not have the expertise to determine WPI because the evaluation would require consideration of orthopedic issues. The underlying cause is rhabdomyolysis which refers to muscle injury but AMA guides require a type of evaluation that this Evaluator cannot due because this Evaluator is not an orthopedist. Recommend referral to an orthopedist to address the subjective and objective findings per the AME guides to determine WPI.

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			At this time, records refer to a resolution of any kidney injury and Evaluator does not believe that a follow up evaluation by a nephrologist is necessary. The only issue that remains to be resolved is the extent of the WPI due to the Pt's persistent subjective and objective findings, notably continuous elevation of CPK level. Evaluator will review reports from the orthopedist and will submit a supplemental report.

ADMINISTRATIVE RECORDS

DATE(S)	DESCRIPTION
	JOB ANLAYSIS – Title: Groundman. Works 12 hours shifts, 6 days per week with 2x 15 minute breaks, lunch, and high heat breaks as needed.

State of California
DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: **Branden Moore** *(employee name)* v **Abercrombie Pipeline** *(claims administrator name, or if none employer)*

Claim No.: **WC608-E60694-00**

EAMS or WCAB Case No. *(if any)*: **ADJ13339678**

I, **Charlie Helton** *(Print Name)*, declare:

1. I am over the age of 18 and not a party to this action.
2. My business address is: **410 Townsquare Lane, Huntington Beach, CA 92648**
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

A	depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
B	placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
C	placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
D	placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
E	personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service: *(For each addressee, enter A – E as appropriate)*	Date Served:	Addressee and Address Shown on Envelope:
B	02/22/22	Brett Sherry, Esq. Koszdin, Fields, Sherry & Katz 6151 Van Nuys Blvd. Van Nuys, CA 91401
B	02/22/22	Nicolett Ybarra, Esq. Law Offices of Muhar, Garber, Av & Duncan P. O. Box 7218 London, KY 40742
B	02/22/22	Ashlyn Laskey Liberty Mutual P. O. Box 779008 Rochlin, CA 95677
B	02/22/22	Branden Moore 292 Finnhorse St. Hemet, CA 92545

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 02/22/2022

Charlie Helton
(signature of declarant)

Charlie Helton
(print name)