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July 18, 2022

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RE: Julien Oliver
Employer: County of Los Angeles Sheriff's Department
DOI: CT 11/07/1990-12/15/20
WCAB No.: ADJ14026805
Claim No.: 121-02891-A
Date of Evaluation: 6/10/22

Agreed Medical Evaluation in Ophthalmology

Dear Gentlepersons:

ML201-94 Comprehensive Med Legal Evaluation

I declare under penalty of perjury that I have received and personally reviewed the 337 pages of medical records.

At your request, I evaluated Mr. Julien Olivier in my capacity of Agreed Medical Evaluator in Ophthalmology on June 10, 2022 in my Los Angeles, California office.

The following medical records were provided for my review and are summarized as follow:

REVIEW OF NON-MEDICAL RECORDS

JULIE LOCKS SHERMAN, ESQ. – Cover Letter – March 9, 2022.

Dr. Recasens agrees to examine the applicant in the capacity of an Agreed Medical Examiner on 06/10/22. This claim involves a lieutenant for the County of Los Angeles Sheriff's Department that alleges a cumulative trauma from 11/07/1990 to 12/15/20 to his shoulders, teeth grinding, tinnitus, hearing loss, back, knees, feet, right hand and vision. The applicant also alleges a specific injury to his shoulder on 7/26/21. David Heskiaoff is the orthopedic Agreed Medical Examine. Burton Sobelman, D.D.S., is the dental Agreed Medical Examiner. Andrew Berman, M.D., is the hearing Agreed Medical Examiner. Dr. Recasens is assigned to evaluate the applicant's vision. It is requested to address the injury, temporary disability, permanent and stationary/MMI, permanent impairment by AMA Guides, apportionment, medical treatment, and work status.

DWC – Workers' Compensation Claim Form – December 17, 2020.

The applicant sustained a cumulative trauma from 11/07/90 to 12/15/20 while doing his usual and customary job duties for County of Los Angeles. Described injury and body affected are left shoulder, teeth grinding, tinnitus, hearing loss, back, knees, feet and right hand.

DWC – Application for Adjudication of Claim – December 22, 2020.

The applicant claims a cumulative injury to his left shoulder, teeth grinding, tinnitus, hearing loss, back, knees, feet and right while doing his usual and customary duties as a deputy sheriff for County of Los Angeles from 11/07/90 to 12/15/20.

DWC – Workers' Compensation Claim Form – July 26, 2021.

The applicant works for Los Angeles County Sheriff's Department when he sustained an injury to his left shoulder when has lost control while opening the north vehicle gate on 07/26/21.

Videoconference Deposition of Julien Olivier – August 20, 2021.

The deponent stated his name as Julien Olivier. Had not taken any deposition before. He did not take any drugs, alcohol and medication. His birthdate is June 27, 1967 in Manchester, New Hampshire. In 1971, he came in California. He lived in Arizona then

moved back to New Hampshire and went back to California since then. He is in Arizona from fourth to seventh grade. He is in New Hampshire for three months when he entered 9th grade and then moved back to California. His address was discussed off record. He lived in the provided address for 27 years since 1995 with his wife, Michelle Olivier and two daughter Ashley Olivier 23 years old and Amanda Olivier 27 years old. He is enlisted in Marine Cops in 1986 for six years as E-5, Sergeant. He separated from the Marines active duty and reserve status. He has honorable discharge as a member of a union, PPOA. He is not entitled to any benefits from PPOA. He attended three high schools, and graduated in Thousand Oaks in 1986. After that, he went to Moorpark College and College of the Canyons which he has no degree. Currently employed as full time with the County of Los Angeles as a lieutenant in a sherrif's department since November 7, 1990. He is assigned to Custody Division, Pitchess Detention Center, South Facility. His supervisor is Jacqueline Sanchez. He states that before going to work for the County of Los Angeles he had not experienced any on the job injuries. His primary physician is at Stacy Medical Group in Santa Clarita. In regard to issues with his teeth, he states that he noticed grinding of the teeth in 2006. It would occur both at night and during the day. He had a dentist named Dr. Fealy in Valencia who he has seen for about 20 years. He still grinds his teeth at this time but not as much as he had been doing. The ringing in his ears has been present for more than five years. He had not had an examination for hearing loss until a few months ago when he was sent for an exam under the direction of his attorney. Regarding his back, he has sciatic nerve pain and lower back pain. He has never received treatment for this. Dr. Conwisar examined him about five months ago. He did a complete orthopedic exam. He was diagnosed with plantar fasciitis in 2001. This was a diagnosis made by a podiatrist. He had severe pain in both heels of his feet. He got some foot inserts for his shoes. He has continued with pain in his feet off and on since 2001. Foot pain is sometimes made worse by walking, He has not received any treatment for the foot pain. His knees began to bother him in 2011 when he would have pain. This pain has been present since 2011. He has difficulty getting in and out of a car. He had problems with his left shoulder in 2009. This may have been caused by his bench pressing. He was working out while on duty. He has not received medical treatment for the left shoulder. There is a discussion of treatment he has received at Urgent Care for his right shoulder. He states he is farsighted; he last saw an eye doctor about three or four years ago. He does not currently have a hunting license. He does not belong to a gun club. He works with power tools at home, He does not wear hearing protection. He does wear hearing protection when training officers at the County of Los Angeles. His hobbies are walking, camping, and fishing. The deposition is concluded. He denied being involved in a motor vehicle accident or any accident that he had a claim against another person or company.

DWC – Workers' Compensation Claim Form – September 11, 2021.

The applicant claims a specific injury to his right shoulder while doing his usual and customary job duties for County of Los Angeles on 07/26/21.

DWC – Application for Adjudication of Claim – September 24, 2021.

The applicant is doing his usual and customary duties as a deputy sheriff for County of Los Angeles when he sustained a specific injury to his right shoulder on 07/26/21.

DWC – Amended Application for Adjudication of Claim – September 24, 2021.

The application is amended to include the eyes as a part of injury for the cumulative trauma from 11/07/90 to 12/15/20.

DWC – Amended Application for Adjudication of Claim – November 4, 2021.

The application is amended to include the eyes as a part of injury for the cumulative trauma from 11/07/90 to 12/15/20.

REVIEW OF MEDICAL RECORDS

GREGORY PARANAY, M.D. – Bilateral Foot Series – January 8, 2001.

Conclusion: Mild spurring with no acute bony changes.

KHOA NGUYEN, M.D. – Progress Note – June 10, 2006.

The patient presents with on and off bilateral heel pain for three years. He has diagnosis of plantar fasciitis in the past and was given medication for that. BP is 177/79 mmHg. Impression: Plantar fasciitis. Heel stretching and arch support are advised. Handout on plantar fasciitis is given. Naprosyn 500mg is prescribed. He has been referred to podiatrist. Icing, resting and stretching are advised. Follow-up with podiatry is recommended.

ZINAT CHOUDHURY, M.D. – Progress Note – July 30, 2006.

The patient is seen with chief complaints of bee sting, swollen itching. Impression: Insect bite. Triamcinolone cream and Benadryl cream are prescribed. Ibuprofen is continued.

GREGORY PARANAY, M.D. – Bilateral Weight Bearing Foot Series – August 7, 2006.

Conclusion: 1. Bilateral pes planus. 2. Calcaneal spurring. 3. No acute bony changes.

JOUNG LEE, D.P.M. – Progress Note – August 7, 2006.

The patient complains of left heel pain for three to four years. He weighed 200 pounds. Assessment: 1. Plantar fasciitis. 2. Pain. Stretching exercises, arch supports, proper shoes, anti-inflammatories and icing are discussed. Follow-up is advised.

KHOA NGUYEN, M.D. – Progress Note – June 1, 2007.

The patient complains of left knee pain. BP is 160/76 mmHg. Assessment: Left knee pain secondary to running overuse. He is advised to rest, ice and take Naprosyn 500mg. Knee support is given. Follow-up with PCP in two weeks is recommended.

KHOA NGUYEN, M.D. – X-rays of the Left Knee – June 1, 2007.

Impression: 1. No fracture. 2. Small joint effusion.

KHOA NGUYEN, M.D. – Progress Note – November 27, 2007.

The patient states that there is something moving in his left ear. BP is 124/67 mmHg. Assessment: Cerumen impaction. Ear lavage was performed with good results. Follow-up with PCP is advised.

ATUL SHARMA, M.D. – Progress Note – October 10, 2008.

The patient presents after straining his left third finger two weeks ago. BP is 152/67 mmHg. Impression: Resolving strain. Management and follow-up are discussed.

CHRIS AGHAYAN, M.D. – Progress Note – January 2, 2010.

The patient has developed pruritic rash on his right wrist a week ago. Impression: Contact dermatitis. Use of cream is advised. Follow-up with PCP is recommended.

ZINAT CHOUDHURY, M.D. – Progress Note – January 4, 2010.

The patient complaints of severe itchy rash on his right hand for last few weeks. He has been treated with hydrocortisone cream without any improvement. BP is 146/79 mmHg. Diagnosis: Rash. Ketoconazole cream is prescribed. If there is no improvement, he will be referred to dermatology.

LUCY LO, M.D. – Progress Note – October 13, 2010.

The patient complains of dog bite to his right hand. Assessment: Dog bite. Amoxicillin/Clavulanic acid is prescribed. Ibuprofen as needed. Tdap IM is advised. He will return if symptoms persist or worsen.

KEVIN VUONG, M.D. – Progress Note – April 22, 2011.

The patient reported foreign body sensation to the light two days ago. He was doing garden work, when dirt particle flew into his left eye. He reportedly vigorous irritation

subsequently. However persistent left upper lid foreign body sensation. BP is 138/77 mmHg. On examination, right eye is 20/25, left eye is 20/20 and both eyes are 20/20. Conjunctiva is slightly hyperemic. Upper eyelid is everted. Impression: Foreign body exposure, secondary conjunctivitis. Polytrim ophthalmic drop is prescribed. He is advised to void rubbing his eyes. Re-check in 48 hours if still symptomatic.

ILLEGIBLE SIGNATURE – ECG Report – May 10, 2013.

Interpretation: 1. Sinus bradycardia. 2. Normal ECG except for rate.

RIGA PEMBA, M.D. – Progress Note – May 10, 2013.

The patient presents with complaint of dizziness. BP is 147/77 mmHg. Assessment: Dizziness. Taking of Meclizine is advised. Follow-up with PCP is recommended.

DAVID SHAW, M.D. – Progress Note – May 20, 2013.

The patient still complains of dizziness for two weeks. BP is 138/78 mmHg. Assessment: Vertigo. He is counseled on benign positional paroxysmal vertigo. He is instructed on the Epley maneuver. He will return if dizziness persists for more than five days.

MATRIX DOCUMENT IMAGING, INC. – Dental Records – April 18, 2014.

These are copies of dental radiographs from Fealy Dentistry in Valencia, California of the patient

ATUL SHARMA, M.D. – Progress Note – August 18, 2016.

The patient presents with complaint of rash on the right corner of his mouth that started to spread down to his chin. BP is 136/78 mmHg. Impression: Cellulitis. Bactrim is prescribed. Follow-up is advised.

ZINAT CHOUDHURY, M.D. – Progress Note – August 22, 2016.

The patient states that his condition is not improving. He has tender, blister like lesion on lips for a few days. BP 124/75 mmHg. Assessment: Herpes labialis. Valtrex 1g and Zovirax ointment are prescribed. Follow-up if no improvement.

DAVID SHAW, M.D. – Progress Note – November 22, 2016.

The patient complains of left ear plugged up. BP is 139/78 mmHg and weight is 182 pounds. Assessment: Impacted cerumen of left ear. He had left ear lavaged and discharged to home in a good condition.

BELINDA ROUSE, N.P. – Office Visit – June 22, 2018.

The patient presents for annual physical examination. BP is 146/92 mmHg and weighs 83.1 kg. Assessment: Encounter for screening and preventive care. Lab tests are reqesueted.

ILLEGIBLE SIGNATURE – Laboratory Report – June 22, 2018.

Triglycerides, WBC, absolute monocyte, and BUN are increased.

ILLEGIBLE SIGNATURE – Laboratory Report – July 3, 2018.

Urine appears cloudy, bacteria is moderate and many crystals are found.

HURIG KATCHIKIAN, M.D. – Progress Note – October 1, 2020.

The patient presents with rash on his forehead for months. Assessment: Facial rash. Valtrex 1g is prescribed. He is referred to dermatology.

KHOA NGUYEN, M.D. – Immediate Care Note – January 5, 2021.

The patient complains of persistent shortness of breath, cough and significant fatigue for over a week. BP is 121/85 mmHg. Assessment: 1. Shortness of breath. 2. Lower respiratory tract infection due to Covid-19 virus. 3. Pneumonia due to Covid-19 virus. Albuterol, Vibramycin 100mg, Decadron 4mg, and Robitussin AC are prescribed.

LILY YANG, M.D. – Chest X-ray – January 5, 2021.

Impression: 1. Patchy left lower lobe infiltrates with intermediate suspicion pattern for COVID-19 pneumonia.

DAVID ABRI, M.D. – Clinical Note – February 2, 2021.

The patient has sustained a cumulative trauma due to usual and customary duties as a sheriff's deputy for Los Angeles County to his left shoulder, teeth grinding, tinnitus, hearing loss, back, knees, feet and right hand. Assessment: 1. Gum recession. 2. Myalgia. 3. Myofascial pain. 4. Bruxism. 5. TMJ dysfunction. Causation: It is opined that the claim cumulative trauma has affected his oral facial region. Persons with stress and orthopedic pain tend to clinch and grind their teeth when they are asleep and at times when they are awake. The clinching and grinding of the teeth effect the teeth by wearing them down, causing tooth loss. Clinching and grinding of teeth also leads to gum recessions, as exhibited by the patient on his #3, #4, #5, #12, #13, and #14. People who clinch and grind will have muscle pain and TMJ pain. This is due to the stress on the mastication muscles. He is advised to use mandibular repositioning device. Four quadrants of deep cleaning and mucogingival grafts on teeth #3, #4, #5, #12, #13, and #14 are recommended.

ANIKO LAWSON, R.D.H. – Clinical Notes – February 3, 2021.

These are clinical notes of the patient from Fealy Dental from 12/02/98 to 10/30/20.

PHILIP CONWISAR, M.D. – PTP's Initial Report Doctor's First Report of Occupational Injury Request for Authorization for Treatment – March 29, 2021.

The patient states while employed for the County of Los Angeles, Sheriff's Department, as a Lieutenant he sustained a cumulative trauma industrial injury from 11/07/90 to 12/15/20. He has been employed for this company for more than 30 years. His date of hire was on November 7, 1990. He is currently working full duty without restrictions. He has been related that throughout his more than 30 years of career, he had sustained multiple work- related injuries and experienced incidences affecting his left shoulder, right hand, low back, bilateral knees and bilateral feet which he attributes to his usual and customary work duties as a deputy sheriff performing custody and patrol duties, drill and tactical defense instructor as sergeant working custody, patrol and commander's management task force as well as internal affairs; as lieutenant working custody and the jail planning team, he relates having to wear his heavy duty belt as well as his protective vest weighing up to 25 pounds, lifting and carrying multiple war bags that have weighed from 25 pounds to 65 pounds., and with riots within the jail facilities, he was required be prepared to be involved in full on riots as well as wear additional gear as well as carry MK9 of pepper spray, breathing masks, low impact ammunition, hand cuffs, MK9 canister of pepper spray, they have additional protective gear that is added, approximately 30 pounds more to their normal body weight and utility belt. He is required to carry a multi gas-gun launcher and depending on his position. With fires, he would have to wear fire gear, which will add an additional 70 pounds., including turn outs, breathing apparatus, helmets, face masks, boots. The job itself is vigorous and strenuous in nature, specifically when involved in foot pursuits, involved in altercations or take downs of inmates and suspects, dealing with combative inmates and suspects, the responding to emergent calls of duty such as riots, fights and fires within the jail facilities. the responding to emergent calls of duty such as rescues, car accidents, fires while out on patrol. Having to walk, run or climb on uneven terrain. Having to push, pull, lift and carry heavy objects. Spend prolonged periods sitting, prolonged standing, however with extensive walking within the jail facilities; as well as prolonged periods sitting in, as well as repetitively getting in and out of the patrol units. Performing cell searches or when out on investigations in the field that required kneeling, squatting, crouching, bending, crawling and other awkward physical activities and positions. Instructor in use of force, defensive tactics and drill. Moreover, the training is arduous, including firearm range training and physical tactical defense training including the pulling of 165 pounds dummies. He worked multiple administrative positions as well, where prolonged sitting and computer work has been involved. Throughout his years of employment, he developed pain in the left shoulder, the right hand, the low back,

bilateral knees and bilateral feel He has had multiple injuries to these areas over the years for which he self-treated. Current complaints include pain in his left shoulder, right hand, low back, right knee, left knee, right foot, and left foot. Diagnoses: 1. Lumbar spine myoligamentous sprain/strain. 2. Rule out lumbar disc herniation/lumbar radiculopathy. 3. Rule out labral tear/internal derangement left shoulder. 4. Right hand arthralgia. 5. Internal derangement right knee. 6. Internal derangement left knee. 7. Plantar fasciitis right foot. 8. Plantar fasciitis left foot. X-rays of the lumbar spine, left shoulder, bilateral knees, and bilateral feet is requested. Chiropractic twice a week for six weeks is requested. MRI of the left shoulder and bilateral knees are also requested. PT is recommended. Podiatry evaluation and treatment for plantar fasciitis of bilateral feet are also recommended. Work Status: He can continue on his regular duty. Follow-up in four weeks is advised.

AMJAD, SAFVI, M.D. – X-rays of the Left Shoulder – April 5, 2021.

Impression: 1. Mild osteoarthritis left glenohumeral joint. 2. No acute fracture or dislocation seen.

AMJAD, SAFVI, M.D. – X-rays of the Right Knee – April 5, 2021.

Impression: 1. Negative radiographic examination of the right knee. 2. No acute fracture or dislocation seen.

AMJAD, SAFVI, M.D. – X-rays of the Left Knee – April 5, 2021.

Impression: 1. Mild osteoarthritis left knee. 2. No acute fracture or dislocation seen.

AMJAD, SAFVI, M.D. – X-rays of the Right Foot – April 5, 2021.

Impression: 1. Small right inferior calcaneal spur formation ay the attachment site of plantar fascia. 2. No acute fracture or dislocation seen.

AMJAD, SAFVI, M.D. – X-rays of the Left Foot – April 5, 2021.

Impression: 1. Small left inferior calcaneal spur formation at the attachment site of plantar fascia. 2. No acute fracture or dislocation seen.

ANDREW BERMAN, M.D. – Medical-Legal Evaluation Otorhinolaryngology – April 16, 2021.

The patient presents to evaluate his hearing loss and ringing in his ears. Diagnoses: 1. Bilateral hearing nerve loss, secondary to industrial noise exposure. 2. Slight tinnitus, secondary to industrial noise exposure. 3. Bilateral impacted cerumen (resolved), not industrially caused. Due to the nature of his profession, he should receive medical care for his hearing loss for the balance of his lifetime. Future audiograms should be scheduled every five years to monitor his hearing e should return for another ENT

evaluation in 10 years, or sooner if his audiologist so recommends. Immediate hearing tests should be done if he feels that he has incurred a sudden additional hearing loss. Permanent and Stationary Status: It is concluded with reasonable medical certainty, that he has bilateral hearing nerve loss and slight tinnitus that are now permanent and stationary. Medical Causation and Apportionment: It is opined that his bilateral hearing nerve loss and slight tinnitus have reached maximal medical improvement and are 100% attributable to the cumulative noise trauma he incurred while working in a noisy environment for the L.A. County Sheriff's Department. Apportionment is not necessary here, as he has no WPI according to the current AMA guidelines. He has no work limitations or restrictions are needed or imposed.

PHILIP CONWISAR, M.D. – PTP Interim Report – PR-2 Request for Authorization for Treatment – May 19, 2021.

The patient has persistent left shoulder pain and stiffness. He has low back pain, severe at times, bilateral knee pain, bilateral foot pain and occasional right-hand pain. Diagnoses: 1. Lumbar spine myoligamentous sprain/strain. 2. Rule out lumbar disc herniation/lumbar radiculopathy. 3. Early degenerative joint disease, left shoulder. 4. Impingement syndrome, left shoulder. 5. Rule out internal derangement right knee. 6. Rule out internal derangement left knee. 7. Right hand 1st CMC synovitis. 8. Plantar fasciitis right foot. 9. Plantar fasciitis left foot. Discussion/Treatment Plan: Based on the history as stated by the patient on 03/29/21 PTP Report and physical examination, it is with reasonable medical probability his usual and customary work activities performed over a 30-year period of time caused and contributed to injuries as diagnosed. The mechanism is consistent with the diagnoses He has performed extremely vigorous work activities over a 30-year period of time. It is medically probable these work activities caused and contributed to his current injuries. Dr. Conwisar would consider these injuries AOE-COE, arising out of employment with Los Angeles County Sherrif's Department due to the cumulative trauma injury of 12/15/20. He is symptomatic, he requires medical treatment at this time. He is indicated for chiropractic therapy for the lumbar spine. Authorization for chiropractic therapy twice a week for six weeks with Dr. Omid at Universal Pain Management is requested. He is indicated for an MRI of the lumbar spine to evaluate for disc herniation and nerve root impingement. Authorization for podiatry evaluation and treatment for plantar fasciitis of the bilateral feet, podiatry evaluation arid treatment as a secondary treating physician with Dr. Arthur Fass are requested. He is to continue on his regular duty. He will return for re-evaluation in four weeks.

PHILIP CONWISAR, M.D. – PTP Interim Report – PR-2 Request for Authorization for Treatment – June 25, 2021.

The patient continues to experience persistent pain in his low back, left shoulders right hand, bilateral knees and bilateral feet. He denies any changes in pain since his last

evaluation. He notes that he does not want to continue requesting chiropractic treatment as he is scared of chiropractors. Diagnoses: 1. Lumbar spine myoligamentous sprain/strain. 2. Rule out lumbar disc herniation/lumbar radiculopathy. 3. Early degenerative joint disease, left shoulder. 4. Impingement syndrome, left shoulder. 5. Rule out internal derangement right knee. 6. Rule out internal derangement left knee. 7. Right hand 1st CMC synovitis. 8. Plantar fasciitis right foot. 9. Plantar fasciitis left foot. MRI of the lumbar spine, left shoulder, and bilateral knees are requested. PT is recommended. Authorization for podiatry evaluation and treatment for plantar fasciitis of the bilateral feet, podiatry evaluation arid treatment as a secondary treating physician with Dr. Arthur Fass are requested. He is to continue on his regular duty. Follow-up in six weeks is advised.

JADRAN DYCHIOCO NP-C – PTP's Progress Report – July 26, 2021.

Date of Injury: 07/26/21. The patient complains of right shoulder pain. Diagnosis: Strain of muscle and tendon of the shoulder and upper arm. Use of sling is advised. He will take NSAIDs as needed. He is placed on modified work on 07/27/21 with no reaching up, pushing, pulling or lifting more than five pounds. He will return to full duty on 08/02/21.

PHILIP CONWISAR, M.D. – PTP Interim Report – PR-2 Request for Authorization for Treatment – August 6, 2021.

The patient continues to have persistent pain in his low back with numbness, tingling and radiation down his left leg. He also continues to note persistent pain in his bilateral feet in the plantar fascia region. Diagnoses: 1. Lumbar spine myoligamentous sprain/strain. 2. Rule out lumbar disc herniation/lumbar radiculopathy. 3. Early degenerative joint disease, left shoulder. 4. Impingement syndrome, left shoulder. 5. Rule out internal derangement right knee. 6. Rule out internal derangement left knee. 7. Right hand 1st CMC synovitis. 8. Plantar fasciitis right foot. 9. Plantar fasciitis left foot. He is scheduled for AME on 09/2021 and 10/2021. MRI of the lumbar spine, left shoulder and bilateral knees are requested. PT is recommended. Authorization for podiatry evaluation and treatment for plantar fasciitis of the bilateral feet, podiatry evaluation arid treatment as a secondary treating physician with Dr. Arthur Fass are requested. He will continue to work on regular duty.

BURTON SOBELMAN, D.D.S. – AME in Dentistry – September 23, 2021.

The patient has filed a claim of continuous trauma while performing his duties as a lieutenant with the County of Los Angeles Sheriff's Department between 11/1990 and 12/2020. He has had developed symptoms with respect to his teeth and jaws relative to his employment. Diagnosis: Chronic bruxism (teeth grinding/jaw clenching), secondary to occupational stress. Dental/Jaw Injury – Causation: It is with reasonable medical probability that bruxism arose with the patient as a direct result of the daily stresses to

which he was exposed during the course of his long career of over thirty years in law enforcement with the sheriff's department. This man's bruxism habit is an industrial condition. It is well accepted in the dental literature that psychologic stress plays an important etiologic role in the development of jaw muscle/bruxism disorders. It is reasonable that given the inherent stressors which a law enforcement officer faces on a daily basis, that bruxism arose on an industrial basis. Comments on Dental Treatment to Date: He has not received any specific treatment to date to address his chronic bruxism. Though apparently his personal dentist of many years has described the bruxism habit to the patient and has recommended appliance therapy, no appliance has been provided. Examination also reveals area of abfraction with gingival recession particularly in the maxillary posterior areas. This finding is consistent with a chronic bruxism habit. The surgical placement of free gingival grafts is an appropriate treatment procedure for these areas in which there has been excess exposure of tooth structure due to gingival recession. He should have the option to undergo placement of these free gingival grafts if he so desires. At the present time, he is managing the hypersensitivity of these areas with the use of special pastes and gels designed to block the dentinal tubules and decrease tooth sensitivity. Ability to Work: There is no periods of temporary partial or temporary total disability have existed in a dental/jaw standpoint. He has at all times been capable of carrying out the usual and customary duties of his occupation without work restrictions from a dental/jaw standpoint. MMI/Permanent and Stationary Status: He has reached a permanent and stationary status/maximal medical improvement from a dental/jaw standpoint. He is considered to be at MMI status as of the date of this examination. Permanent Impairment/Disability: He has developed chronic bruxism secondary to the inherent stress of his job as a deputy sheriff for the County of Los Angeles. He should be provided with a custom intraoral orthotic to help counteract the destructive effects of bruxism, and protect the teeth and jaw muscles. Lise of this appliance is primarily a preventive measure. His bruxism does not rise to a level causing any permanent disability as per the AMA Guides Fifth Edition. Examination does not reveal significant facial/jaw muscle hyperactivity causing pain and tension headaches. Moreover, he has no impairment with respect to his ability to properly chew/masticate food. He is able to chew all types of foods without difficulty. He does not require any particular dietary restrictions. Therefore, total whole person impairment from a dental/jaw standpoint in this case is at 0%. Apportionment: In the absence of ratable permanent impairment/disability, apportionment is not applicable in this case. Provisions for Future Dental Care: As long as the patient is engaging in chronic bruxism, he should be provided with a custom made intraoral orthotic that he can insert into his mouth while sleeping at night to protect his teeth and jaws. A properly made appliance typically provides patients with three to five years of service before requiring replacement. These appliances should be provided to him as long as bruxism continues into the future.

DAVID CHANG, M.D. – MRI of the Cervical Spine – October 20, 2021.

Impression: 1. Spondylosis and multilevel DDD measuring up to 3.2 mm posterior disc osteophyte complexes at C5-6 and C6-7, causing mild central canal stenodid in the former moderate central canal stenosis in the latter. 2. At C2-3, 2.3 mm posterior disc protrusion is seen without central canal stenosis. 3. At C4-5, 2.5 mm posterior disc protrusion is seen without central canal stenosis. 4. Moderate to severe left C6-7 neural foraminal stenosis. 5. Moderate left C4-5 and left C5-6 neural foraminal stenosis. 6. Mild bilateral C3-4, right C4-5, and right C6-7 neural foraminal narrowings. 7. Subcentimeter perineural cysts in the right C5-6 and left T1-2 neural foramina. 8. Mild osteoarthritis left C5-6 facet. 9. Mild sphenoid sinus disease.

DAVID CHANG, M.D. – MRI of the Left Shoulder – October 20, 2021.

Impression: 1. Osteoarthritis which is moderately severe in the glenohumeral joint and mild at the acromioclavicular joint. 2. Small joint effusion. 3. Chronic partial tear of the acromioclavicular ligament. 4. Low-grade intrasubstance tear of the supraspinatus. 5. Supraspinatus tendinosis. 6. Mild subdeltoid bursitis. 7. Small tear in the posterior labrum and intrasubstance degeneration in the superior labrum.

DAVID CHANG, M.D. – MRI of the Left Knee – October 20, 2021.

Impression: 1. Osteoarthritis, mild to moderate in the patellofemoral compartment and mild in the medial compartment. 2. Small joint effusion. 3. Chondromalacia patella. 4. Radial tear posterior horn of lateral meniscus. 5. Iliotibial tract bursitis. 6. 16 x 8.5 x 10.5 mm loose body vs lipoma in the Hoffa's fat pad. This can be differentiated with plain film radiographs of the left knee.

DAVID HESKIAOFF, M.D. – Agreed Orthopedic Medical Examiner's Comprehensive Medical-Legal Evaluation and Report – October 20, 2021.

The patient complains pain in his left shoulder, knees, and feet. BP is 136/78 mmHg and weighs 194 pounds. Diagnoses: 1. Sprain, left shoulder. 2. Osteoarthritis, left shoulder. 3. Sprain, right hand. 4. Myofascial sprain, lumbar spine. 5. Degenerative disc disease, lumbar spine. 6. Sprain, right and left knees. 7. Rule out internal derangement, right and left knees. 8. Plantar fasciitis, right and left feet. Causation: It is opined within reasonable medical probability, that the type of work he performed, which is very strenuous and physical, has contributed to the condition of the cervical spine, left shoulder, lumbar spine, both knees, and both ankles. There is industrial causation from the continuous trauma of work from 11/07/90 to 12/15/20. MRI of the left shoulder, both knees, lumbar spine and cervical spine and EMG/NCV studies of the upper and lower extremities are requested. His condition is not permanent and stationary. Apportionment: There are degenerative changes of the shoulders and lumbar spine. 10% is apportioned of the patient's disability to the degenerative changes and 90% to

the continuous trauma of work ending on 12/15/20, when his condition is declared permanent and stationary. With regard to the right hand, both knees, and both ankles, 100% of the patient's disability will be apportioned to the continuous trauma of work ending on 12/15/20, when his condition is declared permanent and stationary. He is on TTD and stayed on this status until there is improvement in his condition.

DAVID CHANG, M.D. – MRI of the Lumbar Spine – October 21, 2021.

Impression: 1. At L5-S1, disc height loss, disc desiccation, and a 2.5 mm posterior disc protrusion are seen without central canal stenosis. 2. Moderate to severe left L5-S1 neural foraminal stenosis. 3. Mild right L4-5 and right L5-S1 neural foraminal narrowings. 4. 5.3 mm synovial cyst in the right L3-4 facet and mild osteoarthritis of right L4-5 facet.

DAVID CHANG, M.D. – MRI of the Right Shoulder – October 21, 2021.

Impression: 1. Moderately severe glenohumeral osteoarthritis. 2. Mild acromioclavicular osteoarthritis. 3. Small joint effusion. 4. Moderate grade intrasubstance insertional tear of the supraspinatus. 5. Tendinitis, musculotendinous junction of the supraspinatus. 6. Supraspinatus tendinosis.

DAVID CHANG, M.D. – MRI of the Right Knee – October 21, 2021.

Impression: 1. Mild to moderate osteoarthritis patellofemoral compartment. 2. Chondromalacia patella. 3. Small joint effusion. 4. Intact ligaments and menisci. 5. Three periarticular ganglion cysts.

KAMRAN HAKIMIAN, M.D. – Electrodiagnostic Studies of the Upper and Lower Extramities – October 28, 2021.

Impression: Incomplete study. 1. No electrophysiological evidence of entrapment neuropathy on the left median, and ulnar nerves at the wrist or elbow. 2. No electrophysiological evidence to support motor radiculopathy in the upper and lower extremities.

PHILIP CONWISAR, M.D. – PTP Interim Report – PR-2 Request for Authorization for Treatment – November 1, 2021.

The patient has persistent pain in his low back, left shoulder, bilateral knees and bilateral feet. Diagnoses: 1. Lumbar spine myoligamentous sprain/strain. 2. Rule out lumbar disc herniation/lumbar radiculopathy. 3. Early degenerative joint disease, left shoulder. 4. Impingement syndrome, left shoulder. 5. Rule out internal derangement right knee. 6. Rule out internal derangement left knee. 7. Right hand 1st CMC synovitis. 8. Plantar fasciitis right foot. 9. Plantar fasciitis left foot. PT is recommended. AME report is requested. He remains on TTD until he is re-evaluated. Re-evaluated in six weeks is advised.

DAVID HESKIAOFF, M.D. – Review of Records and Agreed Medical Orthopedic Evaluator's Supplemental Medical-Legal Report – November 15, 2021.

Provided diagnostic studies has been reviewed and it is noted that the patient could not tolerate complete electrodiagnostic tests, but the amount of testing that was done ruled out cervical and lumbar radiculopathy, as well as entrapment neuropathy. The MRI of the cervical spine revealed multiple neural foraminal narrowing, which was severe on the left at C6-7 and mild on the right at C3-4, C4-5, and C6-7. The right shoulder MRI revealed moderately severe osteoarthritis and tendinosis of the supraspinatus. The lumbar MRI revealed moderate to severe left L5-1 neural foraminal narrowing. MRI of the right knee revealed patellofemoral osteoarthritis. The left knee MRI revealed mild to moderate patellofemoral osteoarthritis and mild medial compartment osteoarthritis. There was a probable lateral meniscal tear. There was a lipoma in Hoffa's fat pad. He is referred to pain management. Injection for right shoulder is advised. Viscosupplementation for the knees is also advised. He will return for re-evaluation.

PHILIP CONWISAR, M.D. – PTP Interim Report – PR-2 Request for Authorization for Treatment – December 22, 2021.

The patient presents with persistent low back pain, left shoulder pain, bilateral knee pain, bilateral foot and he is also having neck pain. Diagnoses: 1. Cervical spine myoligamentous sprain/strain. 2. Cervical disc protrusions C4-5. C5-6. C6-7. 3. Cervical spondylosis/degenerative disc disease with neuroforaminal narrowing C4-5, C5-6, C6.7. 4. Lumbar spine myoligamentous sprain/strain. 5. Lumbar disc protrusion L5-S1. 6. Lumbar spondylosis/degenerative disc disease. 7. Moderate to severe neuroforaminal stenosis left L5-S1 and a right L3-4 facet synovial cyst. 8. Degenerative joint disease right shoulder with partial Rotator cuff tear. 9. Degenerative joint disease left shoulder with partial rotator cuff tear. 10. Patellofemoral arthrosis right knee. 11. Patellofemoral arthrosis and lateral meniscus thar left knee. 12. Right hand 1st carpometacarpal. Joint synovitis. 13. Plantar fasciitis right foot. 14. Plantar fasciitis left foot. PT twice a week for six weeks is requested. He remains on TTD. He will return for re-evaluation in four weeks.

PHILIP CONWISAR, M.D. – PTP's Initial Report Doctor's First Report of Occupational Injury Request for Authorization for Treatment – December 27, 2021.

DOI: 07/26/21. The patient states he has occasional right shoulder pain, varying in intensity. Diagnoses: 1. Impingement syndrome right shoulder with partial rotator cuff tear. 2. Degenerative joint disease right shoulder glenohumeral joint. Discussion/Treatment Plan: It is opined that he sustained industrial injury to the right shoulder on 07/26/21 arising out of employment with Los Angeles County Sheriff's Department. The mechanism is consistent with the diagnoses. He has findings of a

partial rotator cuff tear, impingement syndrome and glenohumeral degenerative joint disease. His injury would be considered as industrial in causation, AOE-COE, due to the injury of 07/26/21. He has not had any treatment to date. PT three times a week for four weeks is recommended. Authorization for a subacromial corticosteroid injection for the right shoulder is requested. Work/Disability Status: Regarding this industrial injury, the patient can work modified duty restricted from repetitive pushing and pulling with the right upper extremity, use of the right upper extremity at above shoulder level, lifting over 20 pounds. No field or patrol duties is recommended.

AMJAD, SAFVI, M.D. – X-rays of the Right Shoulder – January 4, 2022.

Impression: 1. Small teardrop osteophyte arising from the inferior aspect of the humeral head. 2. No significant change of x-ray findings comparing with the previous study dated July 26, 2021.

PHILIP CONWISAR, M.D. – PTP Interim Report – PR-2 Request for Authorization for Treatment – February 1, 2022.

The patient is evaluated by telemedicine today in accordance with CMS and DWC Guidelines due to the Coronavirus Pandemic. He has persistent right shoulder pain, occasionally severe. We have obtained authorization for physical therapy, which will be starting in the near future. We have also obtained authorization for subacromial cortisone injection, which will be given when the patient is examined in the office. Diagnoses: 1. Impingement syndrome right shoulder with partial rotator cuff tear. 2. Degenerative joint disease right shoulder glenohumeral joint. He will start PT. He can work modified duty, restricted from lifting over 20 pounds, pushing, pulling and overhead use of the right arm; he is restricted from patrol and field duties. He will return in four weeks for re-evaluation.

Also included are Edward Mancilla's Medical Report.

This ends the summaries of the medical records.

Job Description: Mr. Julien Olivier is a Lieutenant in the Los Angeles County Sheriff's Department for 31 years.

History of Present Injury: Mr. Oliver stated that as a Lieutenant working Internal Affairs, he spent 8 hours a day on the computer from 2013 to 2015. He noted he developed eye strain and difficulties reading up close. In time, his eyes became red, sore, and tired. He said that people would say his eyes looked red. When he was on patrol, the windows of the patrol car had to be down, and his eyes where even more sore at the end of the day. In the patrol car at night, the car was kept dark and the lights

were dim, so that there would be no silhouette of the body, making them an easy target. It was difficult working in the dark not only in the patrol car but also the graveyard shift in the jails at night in the dark made it difficult to see clearly.

Mr. Olivier worked as a trainer throughout his career. This exposed him to chemical agents his entire career. He said he "taught hot fire classes where cargo containers with fire on one end, burn pallets, and chemical fires with gasoline were used to teach trainees." Each exercise lasted several hours. He was exposed to Clear Out vapor, Freeze +P, smoke from stinger grenades, OC spray, and Mace.

Mr. Olivier attended to fires as part of his duties as a Sheriff. This included large area fires, responding to vehicle fires and home fires. He added that when working in jails, the air is recirculated and of poor quality.

Past Medical History: Mr. Olivier denies any history of hypertension, diabetes, heart disease, or history of closed head injuries. He stated he has the following injuries:

1. Plantar Fasciitis and bone spurs, both feet
2. Arthritis in both knees and a tear in the left knee
3. Two bulging discs in the neck
4. Bulging and compressed disc in the lower back
5. Bone spurs in both shoulders
6. Left shoulder tear and arthritis
7. Hearing loss, work-related
8. Right hand trigger-finger plus pain, and reduced grip strength in both hands

Past Surgical History: Mr. Olivier stated he had his wisdom teeth removed at age 25-26.

Past Ocular History: Mr. Olivier stated he never wore glasses until after 2014. He has no history of refractive surgery or "pink eye."

Family History: Mr. Olivier does not know his family history.

Medications: Mr. Olivier takes no medications and he has no known drug allergies.

Activities of Daily Living: Mr. Olivier stated that when he drives long distances, his eyes get tired after one hour of driving and he feels eye strain. He has difficulties seeing the lines/ lanes on the road and they seem faded. The headlights of the cars

bother him at night and he is not as comfortable driving at night but he still does it. He no longer plays sports because of his injuries. He used to play tennis but no longer.

Present Complaints (when examined on 6/10/22):

1. Redness, soreness, and tiredness in both eyes
2. Eye strain, both for near and distance
3. Sensitivity to lights

Ocular Examination on 6/10/22: Mr. Olivier had prescription glasses. With correction he saw 20/20 with the right eye and 20/20 with the left eye as measured at distance with the Snellen chart.

External Examination: The lids were clear of any signs of infection. The palpebral and bulbar conjunctivae were mildly injected in both eyes. The corneas were clear. Pupillary examination was normal in the right and left eyes. The right pupil was 3 mm., round and reactive to light. The left pupil was 3 mm., round and reactive to light. There was no afferent pupillary defect in either eye.

Muscle Balance: Extraocular muscle movements were normal and conjugate in the cardinal and secondary fields of gaze.

Stereopsis and Color Vision: Stereopsis was tested with standard tests and found to be normal. Ishihara color plates were used to test color vision and demonstrated the following results: 15:15 color plates correct with the right eye and 15:15 color plates with the left eye, indicating normal color vision in both eyes.

Modified Schirmer's Test: A modified Schirmer's test with anesthetic was measured at 5 minutes and demonstrated 3 mm aqueous tear staining in the right eye and 5 mm aqueous tear staining in the left eye. This test indicates severe aqueous tear deficiency in the right and left eyes.

Intraocular Pressures: Intraocular pressures were measured by Tonopen tonometer and found to be 15 mm Hg on the right and 12 mm Hg on the left.

Slit Lamp Biomicroscopy: This confirmed the external examination findings described above. The conjunctivae had mildly palpebral and bulbar injection in both eyes. Both corneas had evidence of superficial punctate keratitis. The right and left anterior chambers were deep and without evidence of inflammation. The right and left eyes had a trace of nuclear sclerosis of the crystalline lenses.

Diagnostic Impression:

1. Dry Eye Disease (DED), severe in the right and left eyes

2. Refractive Error with Presbyopia, both eyes

Comment: Mr. Olivier is a 55 year old lieutenant who works for the Los Angeles County Sheriff's Department for 31 years. He has been exposed to wind, hot fires, smoke, chemical agents, Mace/ OC spray, tear gas, Clear Out, Freeze +P, smoke from stinger grenades, exhaust from vehicles, heat, recirculating air conditioning in jails, wind, hazardous materials, and unknown chemicals in the course of his duties as a Sheriff on patrol, as a trainer, and during his jail and court duties. These exposures caused or aggravated his severe DED in both eyes.

Mr. Olivier's condition of Refractive Error with Presbyopia in both eyes with reasonable medical probability, should be considered constitutional and non-industrial. This condition is fully corrected and will not require apportionment.

Dry Eye Disease is the most common condition accounting for visits to the Ophthalmologist. It is a chronic disease that waxes and wanes with symptoms of blurred vision, burning pain, sensitivity to lights, and redness, to name a few. The etiology is considered multifactorial including age, certain diseases (thyroid, rheumatoid arthritis,...), certain medications (diuretics), prior ocular surgeries (cataract surgery, LASIK, ...), exposures to wind, sun, air conditioning, chemicals, smoke, and heat. Environmental factors like low humidity aggravate the condition. The treatment is a stepwise approach beginning with replacement lubricating eye drops, oral medications called secretagogues, minor surgical procedures like punctal occlusion, and major surgical procedures like lid tightening.

Opinion: Mr. Olivier presents with signs and symptoms of chronic, severe DED in both eyes.

Reasons for Opinion:

1. The history given by the patient.
2. The medical records provided for my review
3. The patient's subjective complaints.
4. The objective findings.

Work Causation, AOE:

The Diagnostic Impression #1, Dry Eye Disease, with reasonable medical probability, arose out of his employment as a Los Angeles County Sheriff's Department Lieutenant for 31 years (CT 11/7/90 to 12/15/20).

Diagnostic Impression #2, Refractive Error with Presbyopia in both eyes, is constitutional and should be considered non-industrial.

Temporary Disability: Mr. Olivier lost no time off work for his ophthalmic condition.

Permanent Disability: Mr. Olivier has sustained partial permanent disability due to his ophthalmic conditions listed in Diagnostic Impression #1. His date of maximal medical improvement (MMI) and permanent and stationary (P&S) should be considered 6/10/22, when he was evaluated by this examiner.

Work Restrictions: Mr. Olivier has no work restrictions. He does have a recommendation to wear his prescription glasses or prescription sunglasses. He should allowed to instill artificial tears in both eyes every two to four hours.

AMA Disability Guidelines and Apportionment: Since Mr. Olivier has not been treated for his condition of DED by treating Ophthalmologist but it is a chronic condition that waxes and wanes. For the purposes of an impairment rating, he has reached maximal medical improvement (MMI) or Permanent and Stationary status (P&S). It is appropriate to provide a permanent disability rating at this time. He should be referred to a treating Ophthalmologist to be treated for severe DED.

The 5th edition of the AMA Guides to the Evaluation of Permanent Impairment in Chapter 12, deals with the visual system. Mr. Olivier's visual acuity is 20/20 in the right eye and in the left eye is 20/20. An Acuity-related Impairment is as follows:

Based on Tables 12-2 and 12-3 of the Guides, page 284:

Visual Acuity Score both eyes (VAS_{OU} X 3):	300
Visual Acuity Score right eye (VAS_{OD}):	100
Visual Acuity Score left eye (VAS_{OS}):	100
Functional Acuity Score (FAS, add above, divide by 5):	100
Acuity-related Impairment Rating (100 minus FAS):	0%

Individual Adjustments (Section 12.4b, page 297 of the Guides for Sensitivity to lights and glare): 3%

Total Impairment of the Visual System: 3%

Apportionment: Mr. Olivier's ophthalmic condition of Refractive Error with Presbyopia has been corrected and does not require apportionment to non-industrial causation because it is not accounting for any visual impairment. In this manner, his Total Impairment of the Visual System for his industrial injury (CT 11/7/90 to 12/15/20) is 3% and 100% of this is apportioned to industrial causation.

Whole Person Impairment: The Whole Person Impairment based on a 3% Total Visual Impairment Rating is a Class 1 WPI (Table 12-10 of the Guides).

Future Medical: Mr. Olivier should be provided future medical evaluations and treatments with a treating Ophthalmologist on an industrial basis at least every 6 months for the treatment of severe DED. He should be provided with over-the-counter and prescription eye drops as recommended by his treating Ophthalmologist on an industrial basis. In the future, he may benefit from a minor procedure, like punctal occlusion and this should be covered on an industrial basis.

Mr. Olivier should continue with his optometric evaluations and he should purchase his prescription glasses on a non-industrial basis.

If you have any other medical records, this examiner can provide a supplemental report. If you should have any questions or there is an interval change in the applicant's ophthalmic conditions, please contact me.

Notice: The above report is for medical-legal assessment and is not to be construed as a complete physical examination for general health purposes. Only those symptoms primarily of ophthalmological significance, which I believe have been involved in the injury or might relate to the injury, have been assessed.

The history of the ocular injury and symptoms of this patient was taken by Dr. Marta Recasens, M.D. I spent a minimum of 40 minutes face-to-face time on 6/10/22 with the injured worker. I personally conducted the interview and examination in Spanish, my native language. The history, symptoms and ocular findings were reviewed and documented by the undersigned. The report and conclusions were prepared by the undersigned.

I declare under penalty of perjury that the information contained in this report and its attachments, is true and correct to the best of my knowledge and belief, except for the information I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I personally performed the evaluations of the patient on June 10, 2022 in my Los Angeles, California office.

Except as otherwise stated herein, the evaluations were performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of the subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report.

I further declare under penalty of perjury that I have not referred the patient to a clinical laboratory, diagnostic procedures, physician or home infusion therapy, rehabilitation, psychodiagnostic testing or radiation oncology for either treatment or medical purposes if I or a member of my immediate family has a financial interest with the person and/ or entity receiving the referral.

I further declare under penalty of perjury that the name and qualifications of each person who performed any services in connection with the report, including diagnostic studies, were medical technicians or medical assistants employed by the undersigned.

Sincerely yours,

Marta Recasens, M.D., Q.M.E.

Signed July 18, 2022, at
Glendale, Los Angeles County, California

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: JULIEN OLIVIER v SEDGWICK
(employee name) *(claims administrator name, or if none employer)*

Claim No.: 12102891A EAMS or WCAB Case No. (if any): ADJ14026805

I, GRETCHEN SCHREIBER, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.

2. My business address is: 790 Leeward Way, Costa Mesa, CA 92627

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:
A	07/20/2022	SEDGWICK, PO BOX 7052 PASADENA, CA 91109
A	07/20/2022	JULIE LOCKS SHERMAN, ESQ., 14555 SYLVAN ST. VAN NUYS, CA 91411
A	07/20/2022	CHRISTOPHER COLEY, ESQ., 530 CAMINO MERCADO #538 ARROYO GRANDE, CA 93420

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 7/20/22

(signature of declarant)

GRETCHEN SCHREIBER

(print name)

QME Form 122
Rev. February 2009