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September 23, 2021

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Re: Julien Olivier vs. County of Los Angeles

Claim No.: 21-02891-A

WCAB No.: ADJ14026805

D/I: CT 11/07/1990 to 12/15/2020

Date of AME: September 23, 2021

AGREED MEDICAL EXAMINATION IN DENTISTRY

Dear Ms. Sherman and Mr. Cooley:

At your joint request, Mr. Julien Olivier reported to my office on September 23, 2021, for an Agreed Medical Examination in dentistry.

Mr. Olivier has filed a claim of continuous trauma while performing his duties as a lieutenant with the County of Los Angeles Sheriff's Department between November 1990 and December 2020. According to Mr. Olivier, has had developed symptoms with respect to his teeth and jaws relative to his employment.

A complete history was obtained from Mr. Olivier. Dental imaging studies and diagnostic testing were performed. A comprehensive clinical dental examination was conducted.

Medical records relative to this case were made available for review at the time of this evaluation.

I. HISTORY OF INJURY

Mr. Julien Olivier is a 54-year old married male who reported to my office on September 23, 2021, for an Agreed Medical Examination in dentistry.

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Mr. Olivier has had a long career working as a sheriff's deputy for the County of Los Angeles. He began working for the sheriff's department in November 1990.

Mr. Olivier claims that his job duties as a deputy sheriff caused him significant stress. He attributes the onset of a teeth grinding (bruxism) habit to the stress that he experiences on a daily basis at work.

When I questioned Mr. Olivier about his dental/jaw complaints, he replied "I began grinding my teeth about fifteen years ago and I attribute it to work stress."

According to Mr. Olivier, he began to experience sleepless nights around fifteen years ago in 2006/2007. He believes that the continuous stress that he experienced as a deputy sheriff led to his inability to sleep at night.

According to Mr. Olivier, his sleepless nights were accompanied by a "teeth grinding" habit. He stated that this habit was brought to his attention by dentists with whom he treated in the past.

Mr. Olivier states that for the past twenty years he was a dental patient at Fealy Dentistry. He states that many years ago dentists at this office informed him about his teeth grinding habit, and recommended that he be fitted with a nightguard to counteract this habit.

However, Mr. Olivier stated that he never had an appliance made for him.

According to Mr. Olivier, the physical requirements of his job as a deputy sheriff led to various work related injuries over the course of his long career. He claims that injuries to his upper and lower extremities, as well as to his lower back occurred due to his carrying out of his job duties.

Mr. Olivier stated that over the years he had many different assignments within the sheriff's department. He performed patrol duties in which he had to become involved in altercations with suspects. He also was assigned custody duties in which he had to deal with inmates who were difficult and hostile.

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Mr. Olivier also spent considerable time at work at the sheriff's academy as a drill instructor. He also taught self-defense to recruits at the academy.

In summary, not only did Mr. Olivier experience significant emotional stress from his usual job duties, but he also sustained multiple physical injuries during the course of his career.

Mr. Olivier stated that the continuous and repetitive work that he performed as a deputy sheriff led to significant wear and tear on his body. He states that for the past two years he has had significant low back pain. This has been accompanied by sciatica in which his low back pain radiates down both legs.

According to Mr. Olivier, his primary treating orthopedist, Dr. Conwisar, recently took him off work and placed him on temporary total disability. Dr. Conwisar is addressing the patient's physical complaints with respect to his lower back, knees, and plantar fasciitis.

Mr. Olivier states that he will be seeing an Agreed Medical Examiner in orthopedics in the near future. He is hopeful that the AME exam will help to facilitate orthopedic treatment which he finds necessary.

As stated above, though Mr. Olivier has been told on various occasions by his personal dentist that he is engaging in bruxism, he has never been provided with any type of oral appliance to wear inside his mouth.

Earlier this year Mr. Olivier stated that his attorney referred him for dental evaluation at the office of Dr. Abri. Dr. Abri apparently proposed dental treatment for which he requested authorization.

According to Mr. Olivier, the treatment involved an oral appliance as well as surgical treatment for receding gum tissues.

According to Mr. Olivier, his personal dentist of many years has not recommended any type of periodontal surgery.

He states that a number of years ago he did receive periodontal treatment for receding gum tissues. This treatment consisted of deep scalings and root

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planings. No periodontal surgery, however, was performed.

II. PAST MEDICAL HISTORY

The patient denies being involved in any past motor vehicle accidents in which he sustained trauma to the teeth or jaws.

The patient denies any past history of jaw fractures.

Mr. Olivier states that he is in good health, though he does experience orthopedic pain as described above. He denies the presence of any serious illnesses or major diseases, however. He denies the presence of hypertension, diabetes, cancer, etc.

The patient presently takes no prescription medications.

There are no known drug allergies.

Mr. Olivier claims that he has taken good care of his teeth throughout his lifetime. He has regularly presented to professional dental offices for routine dental examination, cleanings, and treatment.

There is no history of orthodontic treatment.

The four third molars or wisdom teeth were removed a number of years ago.

Mr. Olivier states that he has always practiced good daily oral hygiene.

III. PRESENT COMPLAINTS

Mr. Olivier states that he has developed a chronic habit of "teeth grinding" or bruxism. He states that this habit began more than fifteen years ago, and he believes it was caused by the daily stress of his job as a deputy sheriff.

Mr. Olivier states that he will often awaken in the morning with soreness and tension in his jaw muscles. This is a result of nocturnal bruxism.

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Mr. Olivier does not believe that any of his natural teeth have been damaged, however, by bruxism. He states that his teeth are in good condition, and he maintains good daily oral hygiene with tooth brushing and flossing.

Mr. Olivier does not experience any locking from his jaw joints, nor does he hear any sounds emanating from either TMJ with opening and closing the mouth.

As far as his ability to chew/masticate food, Mr. Olivier states that he is able to chew whatever food that he wishes. He states he has no dietary restrictions.

Mr. Olivier states that he does have some areas of gum recession. The teeth in these areas of gum recession are more sensitive than normal. He utilizes a special desensitizing toothpaste (Pronamel) to help with this sensitivity.

In addition to multiple orthopedic complaints, Mr. Olivier also states he is experiencing hearing loss and ringing noises in his ears.

IV. REVIEW OF MEDICAL RECORDS SUBMITTED

Medical records have been provided for my review at the time of this Agreed Medical Examination. Per the enclosed "Declarations" from defense counsel, a total of 105 pages of documents have been submitted for my review.

A "Workers' Compensation Claim Form" dated December 17, 2020, is reviewed. Mr. Olivier is employed by the County of Los Angeles. He is claiming continuous trauma injury between 11/07/1990 and 12/15/2020. There is cumulative trauma due to usual and customary job duties. There are claimed injuries to the "left shoulder, teeth grinding, tinnitus, hearing loss, back, knees, feet, and right hand."

An "Application for Adjudication of Claim" dated December 22, 2020, is reviewed. The employee worked as a deputy sheriff for the County of Los Angeles. There is a claim of cumulative injury between 11/07/1990 and 12/15/2020. The injury was the result of cumulative trauma due to usual and customary job duties. The body parts injured included the "left shoulder, teeth grinding, tinnitus, hearing loss, back, knees, feet, and right hand."

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There are clinical notes from Dr. David Abri dated February 2, 2021. On this date, examination of Julien Olivier took place. The patient works for L.A. County as a sheriff's deputy for thirty years. During the time of employment, he has had cumulative trauma injuring his left shoulder, teeth, tinnitus, hearing loss, back, knees, feet, and right hand. The patient states that he clenches and grinds his teeth and that it has been going on for a while. He's had it for years. His dentist is Dr. Fealy and a few years ago his dentist noticed that he was grinding his teeth. A mouth guard was recommended. The patient also notes that he is clenching his jaw when he is awake. He has not worn his nightguard for a while. He has teeth sensitivity and some bone loss and recession. There is pain around the muscles of mastication and in the TMJ area.

Vertical opening of the mandible is 45mm with good range of motion. There is moderate to severe pain upon palpation of the left TMJ. Palpation of the right TMJ elicited moderate pain. The masseter and pterygoid muscles were moderately painful to palpation. There is recession for teeth numbers 3, 4, 5, 12, 13, and 14. There is some clicking and popping of the TMJ. There is wear of the teeth. Diagnoses are as follows:

1. Gum recession.
2. Myalgia.
3. Myofascial pain.
4. Bruxism.
5. TMJ dysfunction.

Dr. Abri states that the patient's cumulative trauma has affected his orofacial region. People with stress and orthopedic pain tend to clench and grind their teeth when asleep and sometimes while awake. This causes wearing down of the teeth and tooth loss. It also leads to gum recession as exhibited by the six teeth noted to have gum recession. There is also muscle pain and TMJ pain due to stress on the masticatory muscles.

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Dr. Abri's plan is to provide the patient with a mandibular repositioning device to be worn at night. He also recommends four quadrants of deep cleaning and mucogingival grafts for teeth numbers 3, 4, 5, 12, 13, and 14.

Also included is a photocopy of fairly poor quality of full mouth x-ray studies of the teeth performed by Dr. Abri.

There is a request for authorization from Dr. Abri dated 02/03/2021. He requests authorization for an orthodontic device, four quadrants of scaling and root planing, four quadrants of gingival irrigation, a free soft tissue graft for teeth numbers 3, 4, 5, 12, and 13. Dr. Abri states that the total fee for these services is \$12,156.

There is a physician peer review from Allen Newman, D.D.S. of the P&S Network dated February 10, 2021. Dr. Newman addresses this report to Dr. Abri. Scaling and root planing for four quadrants and gingival irrigation for four quadrants are all certified. Dr. Newman also certifies an orthodontic device for the lower arch. He does not certify free soft tissue grafts for teeth numbers 3, 4, 5, 12, and 13.

It is Dr. Newman's opinion that there needs to be more evidence and clinical information concerning gum measurements, measurements of gingival pockets, severity of gingival recession, and clarification of pictures. Without this clinical information, he does not find the request for gingival grafting to be appropriate. Therefore, he does not certify free soft tissue grafts for teeth numbers 3, 4, 5, 12, and 13. Dr. Newman notes that the California MTUS treatment guidelines are silent regarding dental trauma treatment.

There is a document from Corvel titled "Modification Recommendation" dated February 10, 2021. This is essentially a summary of Dr. Newman's careful review of the submitted medical information. Dr. Newman certifies four quadrants of scaling and root planing and four quadrants of gingival irrigation. He also certifies an orthodontic device for the lower arch. He does not certify free soft tissue grafting for teeth numbers 3, 4, 5, 12, and 13. The document from Corvel states that the decision may be appealed.

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Next reviewed is a primary treating physician's initial report and request for authorization by Philip Conwisar, M.D. dated March 29, 2021. Mr. Olivier was examined by telemedicine due to the Corona Virus pandemic. Dr. Conwisar examined Mr. Olivier on March 29, 2021. He has been designated as the primary treating physician.

Mr. Olivier is a 53-year old male who sustained cumulative trauma injuries while working as a lieutenant for the L.A. County Sheriff's Department. He has worked for the county for over thirty years. He continues to work full duty without restrictions at this time. Mr. Olivier stated that he sustained multiple work related injuries affecting his left shoulder, right hand, low back, knees and feet during the course of his long career. He attributes the injuries to the daily physical duties required. He would perform custody and patrol duties and also worked as a drill and tactical defense instructor. He had to wear heavy duty belts and a protective vest weighing up to twenty-five pounds. He would constantly lift bags weighing from twenty-five to sixty-five pounds. At times he had to be in full riot gear in which he had to carry an MK9, masks, ammunition, handcuffs, and additional protective gear. The job was vigorous and strenuous in nature. He was involved in foot pursuits and altercations or takedowns of inmates and suspects. He had to deal with combative suspects. He developed various orthopedics complaints over the course of his years of employment. Present complaints were related to the left shoulder, right hand, low back, right knee, left knee, right foot, and left foot. The patient was diagnosed with plantar fasciitis back in 2002. There have not been prior automobile accidents. His employment history with the sheriff's department involved initial work as a deputy sheriff and then a promotion to sergeant in 2010. In 2015, he was promoted to lieutenant. His job duties included custody duty, jail duty, patrol duty, academy drill instructor, patrol sergeant, task force commander, internal affairs sergeant, lieutenant performing custody duties and jail duty. His work week was four days per week ten hours per day. Job requirements were described. Past medical history is reviewed. Four wisdom teeth were extracted in 1994. The patient presently takes no medications. He does not smoke cigarettes. He is married with two children. A physical examination was performed by telemedicine. This included examination of the right shoulder, right hand and wrist, lumbar spine, right and left knees, right and left feet and ankles. Dr. Conwisar's diagnoses are as follows:

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1. Lumbar spine 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.

It is Dr. Conwisar's opinion that these conditions arose out of employment with the Los Angeles County Sheriff's Department on a cumulative trauma basis. The patient is symptomatic and requires medical treatment. Dr. Conwisar notes the need for x-ray studies, MRI studies, chiropractic therapy, and physical therapy. He also requests authorization for a podiatry exam and treatment for plantar fasciitis with Dr. Fass. The patient may continue to work his regular duties at this time.

There is a request for authorization DWC Form RFA from Dr. Conwisar dated 05/10/21. In this new request, Dr. Conwisar submits for authorization for physical therapy to the bilateral knees, and a podiatry evaluation and treatment with Dr. Fass.

On May 13, 2021, there is an "Objection to Request for Treatment" letter from Sedgwick the third party administrator contracted by the County of Los Angeles to administer its workers' compensation claims. There is objection to the request for physical therapy for the bilateral knees and a podiatry consultation with Dr. Fass. This claim was previously denied on March 12, 2021. As such, the medical treatment is considered self-procured and the treatment is not authorized.

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There is another "Objection to Request for Treatment" from Sedgwick the third party administrator dated September 2, 2021. This is a denial and objection to request for authorization for MRI of the lumbar spine, MRI of the left shoulder, MRI of bilateral knees, physical therapy for the left shoulder and bilateral knees, physical therapy for the lumbar spine, podiatry evaluation and treatment with Dr. Fass.

Next reviewed is the video conference deposition of Julien Olivier dated August 20, 2021. This is a forty-two page document that is reviewed page by page. Mr. Olivier had not had his deposition taken before. The rules of the deposition are clearly explained to him. Mr. Olivier feels like he is okay to go ahead and testify at this time. He was born June 27, 1967, in New Hampshire. He came to California around 1971. He has also lived in Arizona before moving back to New Hampshire and then back to California. He lived in Arizona as a child for a few years. He then moved back to New Hampshire and started ninth grade and then moved back to California. He has lived at his present address in California since 1995. He lives there with his wife and two children. His wife does not work. Mr. Olivier served in the Marine Corps in 1986. He was in the reserves for six years. He had no disability from his time with the Marines. He graduated high school in Thousand Oaks. This was in 1986. He had some junior college after that. He presented is employed with the Sheriff's Department of the County of Los Angeles as a lieutenant. He began working there in November 1990. He works full time. Mr. Olivier 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. On page eighteen of the deposition, Mr. Olivier is asked "when did you first notice that you were having an issue with your 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 twenty 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

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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. On page thirty-three, 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.

Finally, I have been provided with a packet of subpoenaed dental records from Fealy Dentistry in Valencia, California concerning Julien Olivier. The records reveal copies of dental radiographs beginning in 2005 and continuing through January 24, 2020. These x-ray studies over the years are included and reviewed.

I have also reviewed "clinical notes" from Fealy Dental concerning Julien Olivier dating back to December 2, 1998. The patient first presented for a periodontal examination and dental prophylaxis with x-rays. Tooth #20 received a filling on 09/25/01. The clinical notes reveal routine dental restorations provided at this dental facility to various teeth over the years. The clinical notes indicated that various areas of abfraction were restored with direct composite bonding. The patient continued through the years to present for dental prophylaxis and x-ray studies on a regular basis. Tooth #30 was prepared for a full crown in July 2014. The crown was cemented in August 2014. The patient continued with regular x-ray studies and dental prophylaxes. In February 2018, the crown broke on tooth #30 and a new crown was prepared. In 2020, the patient had routine prophylaxis, full mouth x-rays, and intraoral photos. There was no presence of caries. There was generalized mild horizontal alveolar bone loss. Due to abrasions or abfractions, the patient was told not to brush too hard. The final chart note at this dental office took place on October 30, 2020. The patient presented for dental hygiene appointment.

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This completes the review of medical records submitted to me in this case.

V. PHYSICAL EXAMINATION

In order to properly evaluate this case, dental imaging studies were performed, diagnostic testing was performed, and a comprehensive clinical dental examination was conducted.

Imaging of the temporomandibular joints was accomplished with the use of panorex studies and tomograms. Review of these TMJ images was within normal limits. Normal TMJ anatomy was seen bilaterally. Normal bony cortices were visualized for both mandibular condyles. No significant osteoarthritic degenerative changes were seen. Condylar translation in the open mouth views was within the normal range.

Examination revealed the patient able to achieve a comfortable vertical opening of the mandible to 47mm as measured between the upper and lower incisor tips. This represents a normal mandibular opening with no evidence of restriction. The opening was made freely and without subjective complaints of pain.

Similarly, the patient demonstrated normal range of motion of the mandible into right laterotrusion, left laterotrusion, and protrusion. These mandibular excursions were also made without accompanying pain complaints.

Auscultation with a stethoscope revealed no joint sounds emanating from either TMJ upon opening and closing the mouth. No clicking, popping, or crepitus were noted.

Joint vibration analysis utilizing electrovibratography was performed. This is a computer aided diagnostic test that determines the presence or absence of pathological TM joint sounds. Results of this testing, indicated with a high degree of probability that a normal disc/condyle relationship exists within each TMJ. There is no evidence of disc displacement or internal derangement.

Palpation of various facial muscle groups and structures was accomplished. No pain was elicited at today's examination upon palpation of the following

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structures bilaterally: masseters, anterior temporalis, posterior temporalis, posterior digastric, posterior and superior TM joint spaces.

Palpation of the cervical musculature including the sternocleidomastoid as well as the trapezii of the shoulders did generate a mild pain response from Mr. Olivier.

Surface electromyographic studies were performed. Normal readings were obtained for the masseter and anterior temporalis muscle groups bilaterally. There was no evidence of significant facial muscle hyperactivity in those areas.

Examination of the patient's bite or occlusion revealed the presence of a Class I dental/skeletal relationship. The occlusion is functional with a solid intercuspation of teeth in centric relation. Horizontal overjet and vertical overbite in the anterior portion of the mouth were slightly deep and exaggerated. Alignment of the teeth was within normal limits.

Examination revealed the dental midline to be properly aligned in centric relation. There is no significant deviation of the mandible to either side upon initial mandibular opening.

An examination of the dentition was carried out. Mr. Olivier demonstrates the normal complement of twenty-eight natural teeth missing only the four third molars or wisdom teeth. The teeth are well restored and in good repair. A crown is present on the mandibular right first molar. Various direct fillings are present in posterior teeth. No untreated dental decay was noted at examination.

Examination of the dentition did reveal a mild "flattening" with attrition of the occlusal/incisal tooth enamel. This finding is consistent with chronic bruxism.

Evaluation of the patient's periodontal health revealed good bone support present for all natural teeth in the mouth. There are no areas of significant horizontal or vertical bone loss. No tooth exhibits significant mobility. Oral hygiene is good.

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Mr. Olivier does display several areas of gingival recession on the buccal aspect of the maxillary posterior teeth. Exposed tooth surfaces in these areas are temperature sensitive, according to Mr. Olivier. He manages this sensitivity with the regular use of toothpastes/products to reduce dental hypersensitivity.

The patient has the option to undergo periodontal surgery to have free gingival grafts placed in these receded areas. This is an appropriate treatment option for this patient.

Evaluation of the oral cavity reveals normal salivary flow and volume. The oral tissues are moist and well hydrated. No condition of "dry mouth" or xerostomia exists. Diagnostic salivary studies revealed a salivary pH at 6.75, within normal limits.

Evaluation of the following oral anatomical landmarks is unremarkable: lips, tongue, floor of mouth, oral mucosa, hard palate, soft palate, uvula, and oropharynx. There are mild bilateral mandibular tori present.

The patient wears no intraoral appliances.

VI. DIAGNOSIS

Chronic bruxism (teeth grinding/jaw clenching), secondary to occupational stress.

VII. DISCUSSION AND CONCLUSIONS

I had the opportunity to examine Julien Olivier in the capacity of Agreed Medical Examiner in dentistry on September 23, 2021. Mr. Olivier is a 54-year old married male who has had a long career as a deputy sheriff for the County of Los Angeles beginning in 1990.

Mr. Olivier explained to me that for the past fifteen years or so he has been engaging in a chronic teeth grinding (bruxism) habit. The habit has led to the onset of various dental/jaw symptoms as described above in the body of this report.

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Mr. Olivier stated that his personal dentist of many years has informed him that he was grinding his teeth. However, Mr. Olivier was never provided with any type of intraoral appliance or nightguard to counteract this habit while sleeping at night.

Mr. Olivier explained to me the nature of his job duties as a deputy sheriff for L.A. County. Mr. Olivier explained to me the daily stresses that he encountered as a law enforcement officer during the course of the past thirty years.

Mr. Olivier states that he has developed poor sleep patterns with many sleepless nights due to the stress of his occupation. He also attributes the onset of his chronic bruxism habit to the daily stressors to which he is exposed at work.

Mr. Olivier has recently been placed on temporary total disability by his treating orthopedist, Dr. Conwisar. Dr. Conwisar is apparently seeking authorization to treat the various orthopedic problems that have also arisen during the course of this man's long employment.

After taking a complete history from this patient, reviewing the medical file, reviewing the results of my x-ray studies and diagnostic tests, and conducting a comprehensive clinical dental examination, I have reached the following conclusions with respect to these issues:

DENTAL/JAW INJURY – CAUSATION:

It is with reasonable medical probability that bruxism arose in Julien Olivier 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.

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COMMENTS ON DENTAL TREATMENT TO DATE:

Mr. Olivier 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 Mr. Olivier 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. Mr. Olivier should have the option to undergo placement of these free gingival grafts if he so desires.

At the present time, Mr. Olivier 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:

No periods of temporary partial or temporary total disability have existed for Julien Olivier from 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.

MAXIMAL MEDICAL IMPROVEMENT/PERMANENT AND STATIONARY STATUS:

For purposes of this evaluation, it is reasonable to state that Mr. Olivier has reached a permanent and stationary status/maximal medical improvement from a dental/jaw standpoint. I would consider him to be at MMI status as of the date of this examination, September 23, 2021.

PERMANENT IMPAIRMENT/DISABILITY:

As I have explained above, Mr. Olivier has developed chronic bruxism secondary to the inherent stress of his job as a deputy sheriff for the County of

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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. Use of this appliance is primarily a preventive measure.

In the case of Mr. Olivier, 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, Mr. Olivier 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 Mr. Olivier 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 Mr. Olivier as long as bruxism continues into the future.

I wish to thank both Ms. Sherman and Mr. Cooley for allowing me the opportunity to serve in the capacity of Agreed Medical Examiner in dentistry in this case. If there are any further questions, I am available to both parties by mutual agreement.

DISCLOSURE STATEMENT

Please note that billing for this comprehensive medical legal evaluation will follow the new medical legal fee schedule (MLFS) that went into effect as of

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April 1, 2021. This is a comprehensive medical legal evaluation that does not qualify as a follow up or supplemental medical legal evaluation. Billing for this evaluation also includes an ML94 (1.35 multiplier) since this evaluation was performed by an Agreed Medical Evaluator.

In addition, there will not be a surcharge for medical record review under MLPRR, since the total number of medical documents submitted for my review did not exceed two hundred.

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

I further declare under penalty of perjury that I personally performed the evaluation of the patient or, in the case of a supplemental report, that I personally performed the cognitive services necessary to produce the report on September 23, 2021, at 8500 Wilshire Boulevard, Suite 1004, Beverly Hills, California 90211, and that, except as otherwise stated herein, that evaluation was 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 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 the name and qualifications of each person who performed any services in connection with the report, including diagnostic studies, other than clerical preparation are as follows:

Josephine Fabregas, Registered Dental Assistant, radiographs.
Millet Diamante, Administrative Assistant, sonography.

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Julie Locks Sherman, Esq.

Christopher Cooley, Esq.

September 23, 2021

Re: Julien Olivier

Date of Report: September 23, 2021

Signed this 3rd day of December, 2021, in Los Angeles County, California.

A handwritten signature in black ink, reading "Burton R. Sobelman" followed by a stylized mark that appears to be "DDS". The signature is written over a horizontal line.

Burton R. Sobelman, D.D.S., F.A.G.D.

Qualified Medical Evaluator

State of California

cc: Ms. Darlene Noel, Claims Adjuster
Sedgwick Claims Management Services, Inc.
Post Office Box 7052
Pasadena, CA 91109

BRS/cjp

State of

California

Qualified or Agreed Medical Evaluator's Findings Summary Form

Employee

1. Employee Name (First, Middle, Last)

Julien Olivier

2. Social Sec No. (Optional)

3. Date of Injury (Mo/ Dy/Yr)

CT 11/07/1990 → 12/15/2020

4. Street Address

City

Zip

5. Telephone

Claims Administrator/
Employer

6. Name:

Sedgwick CMS

7. Street Address

P.O. Box 7052 Pasadena, CA 91109

City

Zip

8. Telephone

Exam Referral Schedule

9. Date of Appointment Call

10. Date of Initial Examination

September 23, 2021

11. Date of Referral for Medical Testing/Consultation

N/A

12. Date AME/QME's Report Served on all Parties

13. The following medical issues will be used to determine the patient's eligibility for workers' compensation.

Disputed Medical Issues

And Conclusion

Check the appropriate box and reference the corresponding page(s) or section of the med-legal report for details.

a. Is there permanent disability?

Report page(s)
or section

Yes

No

Pending or
Info. Not Sent

16-17

☐

☒

☐

b. Is the medical condition stable and not likely to improve with active medical or surgical treatment (i.e., is the condition permanent and stationary)?

16

☒

☐

☐

c. Did work cause or contribute to the injury or illness?

15

☒

☐

☐

d. If permanent disability exists, is apportionment warranted?

N/A

☐

☐

☐

e. Is there a need for current or future medical care?

17

☒

☐

☐

f. Can this employee now return to his/her usual job?
If yes:

☒ Yes ☐ No

i. Without restrictions

☒ Yes

☐ No

If YES, Date: no periods of disability

ii. With restrictions

☐ Yes

☐ No

If YES, Date:

If restricted work is recommended, reference page(s)/section in report for details:

Basis for Conclusions

Check box and refer to page(s) or section in report

Report page(s)
or section

Yes

No

Pending or
Info. Not Sent

14. Are there subjective complaints?

4-5

☒

☐

☐

15. Are there any abnormal physical or psychological examination findings?

13-14

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☐

☐

16. Are there any relevant diagnostic test results (x-ray/laboratory)?

12-14

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☐

17. What are the diagnoses? (List)

See page 14

18. Were treating physician's reports reviewed?

5-11

☒

☐

☐

19. Were other physicians consulted?

☐ Yes

☒ No

QME 20. Signature

Burton R. Sobelman, D.D.S., F.A.G.D.

Date: 12/3/2021

21. Name Burton R. Sobelman, D.D.S., F.A.G.D.

Specialty Dentistry/TMJ

22. Street Address 8500 Wilshire Blvd., Suite 1004

City Beverly Hills, CA

Zip 90211

23. Telephone (310) 659-1510

Cal. # 24607

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 County of Los Angeles
(employee name) (claims administrator name, or if none employer)

Claim No.: 21-02891-A EAMS or WCAB Case No. (if any): ADJ14026805

I, Natalie Solis, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 8500 WILSHIRE BLVD., STE. 1004, BEVERLY HILLS, CA 90211
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. <i>(Messenger must return to you a completed declaration of personal service.)</i> |
| E | personally delivering the sealed envelope to the person or firm named below at the address shown below. |

<u>Means of service:</u> <small>(For each addressee, enter A – E as appropriate)</small>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<u>B</u>	<u>12/03/21</u>	<u>Julie Locks Sherman, Esq. Straussner & Sherman 14555 Sylvan Street Van Nuys, CA 91411</u>
<u>B</u>	<u>12/03/21</u>	<u>Christopher Conley, Esq. Gray & Prouty 530 Camino Mercado, Ste. 538 Arroyo Grande, CA 93420</u>
<u>B</u>	<u>12/03/21</u>	<u>Ms. Darlene Noel, Claims Adjuster Seagwick Claims Mgmt. Services, Inc. Post Office Box 7052 Pasadena, CA 91109</u>

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date December 3, 2021

Natalie Solis
(signature of declarant)

Natalie Solis
(print name)