

Mohamed S. Elsharif, M.D., Q.M.E.

QUALIFIED MEDICAL EVALUATOR

All Correspondence To:

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**PANEL QUALIFIED MEDICAL RE-EVALUATION
IN THE SPECIALTY OF NEUROLOGY**

April 30, 2023

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Liberty Mutual Insurance
P.O. Box 779008
Rocklin, CA 95677

Nicolett T. Ybarra, Esq.
Law Offices of Garber, Av & Duncan
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Koszdin, Fields & Sherry
6151 Van Nuys Boulevard
Nuys, CA 91401

Branden Moore
1029 N. Mollison Ave., Apt. 10
El Cajon, CA 92021

Re:	Branden Moore
Applicant DOB:	05/12/1990
Employer:	Abercrombie Pipeline
Date of Injury:	05/28/2020
WCAB No.:	ADJ13339678
Claim No.:	WC608-E60694-00
Panel No.:	2843244
Date of Re-evaluation:	04/01/2023
Date of Last Evaluation:	06/04/2022
Place of Re-evaluation:	13800 Heacock St., Ste C236 Moreno Valley, CA 92553

Dear Parties:

Pursuant to your authorization, Mr. Branden Moore underwent a Panel Qualified Medical Re-Evaluation, in the specialty of Neurology on April 01, 2023, at my Moreno Valley office. The undersigned acted in the capacity of Panel Qualified Medical Evaluator, in the specialty of Neurology.

Dr. Mohamed S. Elsharif conducted the interview, reviewed all records, performed a physical examination, and formulated the diagnosis, conclusions, and discussion, including the opinion on causation, temporary disability, permanent disability, degree of disability, future care, work restrictions, and apportionment. The report was authored by Dr. Mohamed S. Elsharif. All opinions expressed herein are solely the opinions of Dr. Mohamed S. Elsharif.

Prior to the evaluation, the entire medical file available to this physician was fully reviewed. All of the records reviewed were instrumental in this evaluator arriving at the opinions as expressed in this report. The new medical legal fee schedule, which went into effect on April 1, 2021, requires that all medical records submitted to the QME be accompanied by a declaration.

“Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician. The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider. Any documents or records that are sent to the physician without the required declaration and attestation shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.”

Accordingly, if no declaration was received from a submitting party then the accompanying documents or records were not considered available and therefore were not reviewed. If the parties wish for this QME to review any records or documents which were not previously submitted with the required declaration then please visit calmedeval.com/upload, complete a declaration form there, and upload the records along with a letter requesting a supplemental report.

Before I began the examination, the applicant was informed that this evaluation was being done exclusively in connection with the Workers' Compensation claim at the request of an attorney, attorneys or insurance companies, and that no treatment relationship existed. The applicant was also made aware that any communication

between us is not privileged (no doctor-patient confidentiality exists) and that any information provided, as well as the results of any testing and my conclusions regarding the case, would be included in a report that may be read by people involved in the resolution and/or litigation of the claim. The applicant was advised of his or her rights pursuant to QME regulation 40. The applicant stated that the aforementioned was understood, and agreed to proceed with the evaluation. The report belongs to the party or parties requesting the evaluation.

BILLING

This report has been prepared pursuant to the provisions of 8 Cal. Code Regulations §9795 as a **ML-202-95** Follow-up Medical-Legal Evaluation conducted by a Qualified Medical Evaluator.

Time spent includes:

- | | |
|--|-------------------|
| 1. Face-to-face interview with the applicant | 0.75 hours |
| 2. Sub-rosa video review time | 0.00 hours |

The total number of pages reviewed are **19** pages.

Pages reviewed by AA: 17

Pages reviewed by ADJ: 2 (cover letter)

IDENTIFYING DATA

Mr. Branden Moore is a 32-year-old man who resides in Hemet, California. His date of birth is May 12, 1990. He is evaluated pursuant to a claim of injury on May 28, 2020, to the chest, abdomen, left leg, nervous system, and excretory system, while he was working for Abercrombie Pipeline Services, as a groundsman.

REVIEW OF RECORDS PROVIDED BY APPLICANT

NON-MEDICAL RECORDS

March 02, 2023 – Cover Letter, signed by Brett T. Sherry, Esq., Page 1-3

DATE OF INJURY/BODY PART/S INJURED: 05/28/20 – Heat stroke.

In the letter, Dr. Elsharif continues to act as the Panel Qualified Medical Examiner. You previously evaluated the applicant on 06/04/22 and are currently scheduled to re-evaluate the applicant on 04/01/23. As a quick recap, the applicant is a 32-year-old male who worked as a groundsman for Abercrombie Pipeline and sustained an admitted industrial injury on 05/28/20 for heat stroke. On the date of injury, the

applicant was working long hours outside in extreme heat when his body started to cramp up and he went into shock. He was taken to San Geronio Memorial Hospital where he was diagnosed with kidney failure and heat stroke. As a result of the incident, and in addition to injuries pled to his kidney, bladder, and intestines, the applicant also claims sleep loss, psychiatric distress, weight loss, musculoskeletal system pain, chest palpitations, neurological deficits, rhabdomyolysis, paresthesia, headaches, neck, low back, bilateral upper extremities, bilateral lower extremities, and high blood pressure/hypertension. The applicant was previously evaluated by Dr. Stanley Majcher as the PQME in internal medicine, Dr. Jeffrey Caren as the PQME in cardiovascular disease, Dr. William Winternitz as the PQME in orthopedic surgery, and Dr. Sanjay Agarwal as the PQME in psychiatry. The applicant is currently scheduled for PQME re-evaluations with all four doctors in the near future. The applicant is still being treated at the VA. You have been provided with the medical records and reports generated in this case, and if there is anything further, with the agreement of the defendants, they will be submitted to you as well. It would be greatly appreciated if you would take your usual thorough history, conduct a comprehensive clinical examination, review the medical records and reports, and perform any necessary non-invasive diagnostic procedures you feel are reasonable to address the salient issues in a workers' compensation claim, including, but not limited to, the following: 1) Is the applicant temporarily totally disabled? 2) Has the applicant reached maximum medical improvement (MMI) from a neurological standpoint? If he has not, please indicate what medical treatment you believe he requires in order to reach MMI status. 3) If the applicant has indeed reached MMI status, please set forth any factors of permanent disability in accordance with the AMA Guidelines, Fifth Edition. If you feel that the applicant's permanent disability would be more accurately reflected by utilizing the Almaraz/Guzman approach, please do so, utilizing other tables within the four corners of the Guidelines. Please set forth your reasoning for doing so. 4) Do you believe the applicant's disability would be more accurately reflected by utilizing the additive approach per the Kite decision, as opposed to the traditional combining method under the Combined Values Chart (CVC)? If so, please discuss and explain the synergistic effect of the applicant's disabilities in conjunction with the other specialties. 5) Do you believe the applicant's injury has potentially rendered him unemployable? If so, please indicate whether you believe an evaluation with a vocational rehabilitation expert would be reasonable. 6) Does the applicant require any present and/or future medical treatment to help cure and relieve the effects of the industrial injury? If so, please set forth the anticipated scope and duration of such treatment. 7) Are there any apportionable factors under Labor Code Sections 4663 and/or 4664? If so, please set forth the percentage of industrial disability, as well as the percentage of non-industrial disability, if any. Please indicate your reasoning in this regard.

February 28, 2023 – Declaration, signed by Brett T. Sherry, Esq., Page 6

Declaration with a total of 10 pages was received from the Applicant's Attorney.
(Moore, Branden – Page 0006)

June 08, 2022 – Amended Application for Adjudication of Claim, signed by Brett Sherry, Esq., Page 8-12

DATE OF INJURY/BODY PART/S INJURED: 05/28/20 – Neck, low back, bilateral upper extremities, bilateral lower extremities, and high blood pressure/hypertension.

JOB: Employed as a groundsman by Abercrombie Pipeline.

HISTORY OF INJURY: Amended application to include the neck, low back, bilateral upper extremities, bilateral lower extremities, and high blood pressure, hypertension as part of the claim.

TIME LOST FROM WORK: [No details available.]

MEDICAL TREATMENT: [No details available.]

(Moore, Branden – Page 0008)

MEDICAL RECORDS

June 14, 2022 – Consultation to Assume Treatment, signed by Richard Hyman, M.D., Los Angeles Cardiovascular Consultants Medical Group, Inc., Page 13-17

DATE OF INJURY: [Not provided in the report.]

JOB: Employed by Abercrombie Pipeline.

HISTORY OF PRESENT ILLNESS: The patient was at San Geronio Hospital and the Loma Linda V.A. He usually goes to the San Diego V.A. He takes gabapentin and Naprosyn. On 05/20, in the heat, he experienced muscle cramps. He stopped working at 04:00. That night, he was hospitalized for a total of 3-4 days. He stated that there was rhabdomyolysis and that he was told of acute renal failure. He was treated with fluids. He has never had any other episode. He felt, because of this, that he had nerve pain in his lower back and leg and that his brain was on fire. No heart problem was ever mentioned. He had no chest pain. He stated that if he exercises, the left side would lock up. He sleeps on one pillow, does not wake up short of breath, and gets up 4-5 times to urinate. He had no ankle swelling. The WPW was treated at the age of 22 and he has had no subsequent cardiac arrhythmias. He had never fainted. There was no history of a heart attack, stroke, circulatory problems to his feet, a heart murmur, rheumatic fever, or hypertension.

OBJECTIVE FINDINGS: Normal exam.

WORK HISTORY WITH ABERCROMBIE PIPELINE: The patient worked from 04/20 through 05/28/20 and had not subsequently returned to work. His heat stroke on 05/28/20 was an accepted injury. The employer did powerline construction. His

job was to rig lines and he had to lift 100 pounds. He worked large amounts of overtime. The only time he lost from work was when his grandmother died of COVID. His statements regarding stress were that he had a posttraumatic stress disorder from the military and was in psychological care. He lost no time from work because of this and requested no job changes. He got along well and was not disciplined. Additional disability from the military was for WPW with cardiac arrhythmias that were resolved by radiofrequency ablation. His only complaint about this job was his injury. He did not work concurrently.

WORK HISTORY PRIOR TO EMPLOYMENT WITH ABERCROMBIE PIPELINE: He was in the Marine Corps for 2½ years in Amphibious Assault. He was a funeral director, did junk removal, and was a truck driver.

ACTIVITIES OF DAILY LIVING: The patient indicated being restricted by headaches and his left side. He had trouble with self-care if his leg locked up. He could stand, sit and walk for 10 minutes but had trouble climbing stairs. He had no problem with the right upper extremity but did on the left when it locked up. He had a total loss of sensation on the entire left side of his body. He complained of his left eye blurring and interfering with driving. He used Melatonin to sleep. It takes him four hours to fall asleep and he gets up once and then is not able to go back to sleep. He gets 3-4 hours of sleep a night and does not nap, snore or have apnea. He has had a sleep study but did not know the results. His Epworth Score was 12.

ELECTROCARDIOGRAM, UNDATED: Normal.

CHEST X-RAY, UNDATED: Normal.

PULMONARY FUNCTION TESTS, UNDATED: Normal.

DIAGNOSES: 1) Heat stroke. 2) Posttraumatic stress disorder. 3) Wolff-Parkinson-White Syndrome, status post radiofrequency ablation.

DISCUSSION: Dr. Hyman has been asked to assume the patient's care but there was nothing to assume from the internal medicine standpoint. The patient described having a heat stroke with acute renal failure, but his kidney function was normal. He had a prior history of cardiac arrhythmias treated long before the employer with radiofrequency ablation. His symptoms were highly atypical, and he had a history of psychological care with a posttraumatic stress disorder through the V.A. If requested, Dr. Hyman could review his records from San Geronio and the V.A. Hospital to determine if there had likely been any permanent sequelae from the heat stroke. Ordinarily, this resolved entirely unless permanent kidney damage was done, which did not appear to be the case in this situation. He may have to be evaluated psychologically, neurologically, and orthopedically. However, his symptoms were highly atypical and not consistent with an episode of heat stroke.

(Moore, Branden – Page 0013)

End of Summary.

REVIEW OF RECORDS PROVIDED BY DEFENSE

Medical records from the defense were not available to this physician. This may be because they were not sent or because they were sent but were not accompanied by a required declaration. The new medical legal fee schedule, which went into effect on April 1, 2021, requires that all medical records submitted to the QME be accompanied by a declaration.

Per 8 CCR 9793(n),

“Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician. The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider. Any documents or records that are sent to the physician without the required declaration and attestation shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.”

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HISTORY OF INJURY AS DESCRIBED BY INJURED WORKER

The applicant had worked for the Abercrombie Pipeline for approximately three to four months prior to the injury. His job title was that of groundsman and his job required repetitive heavy lifting, climbing, pushing, and pulling up to over 100 pounds 12 plus hours a day. Prior to that, he was training with the union. He is currently disabled.

He was injured on May 28, 2020. At that time, he was performing very strenuous activity in 115-degree weather. He subsequently had a problem with what he described as “heatstroke and his whole body completely locked up.” He felt as though all the muscles in his body were contracting at the same time. He reported the injury to his supervisor.

For treatment, he was initially taken to a gas station to cool off and then his employer realized how sick he was and he was taken to the emergency room at the St. Gorgonio Hospital where he stayed for a day and half. He was then referred to the Veterans Hospital but told the examiner that he did not have any treatment there as his problem was not service-connected.

He subsequently was seen at Loma Linda Hospital complaining of muscle aches.

He stated that he did not have physical therapy.

He has not been able to return to work since May 29, 2020

Current Medical Treatment: Says since he was last seen, he has not received any treatment.

His initial providers treated him with Gabapentin and Naproxyn which did not help.

JOB DESCRIPTION

He worked for Abercrombie Pipeline for three to 4 months in a position known as a groundsman and before that he was in training with the pipeline company. The job required working 12 plus hours a day, 80 hours a week. He did repetitive heavy lifting, climbing, pushing, and pulling with repetitive lifting up to and over 100 pounds.

He was discharged from the military as he had ablation treatment for WPW, a cardiac arrhythmia.

INTERIM HISTORY

Mr. Branden Moore is a married 32-year-old African-American man. He is a right-hand dominant male who returns for re-evaluation having last been seen on June 04, 2022. Since that time, the applicant denies sustaining new or further injuries.

Mr. Moore stated that since his previous evaluation, his industrial injuries remain unresolved and unchanged. The symptoms and pain remain with no significant improvement. He reported that he continues experiencing the same symptoms that he previously reported in his last evaluation by this office.

The applicant noted that he had recently developed severe headaches and memory problems, he attributes this to his industrial injury for this claim.

CURRENT COMPLAINTS

Head:

He complains of headaches, which he rates as 3/10 on good days and 10/10 on bad days with associated dizziness, nausea, and light and sound sensitivity. Loud noises and bright lights aggravate the pain. Can last for days. Has them most of the month. Can involve the whole head. Feels like pressure. Frontal radiating to the occipital area. CBD oil and medications help alleviate the pain. Denies any major headaches prior to his injury. He also complains of numb-like and burning sensations in his head.

Chest and Abdomen:

He complains of intermittent pain pressure-like pain in his chest, with pain radiating to the abdomen. His chest and abdomen pain is present 20%. He indicates on a pain scale from 1-10, with 10 being the worst, the pain most days is a 10. He cannot pinpoint any aggravating or triggering factors. CBD oil and medications help alleviate the pain.

Bilateral Hand:

He complains of numbness and tingling sensation in his bilateral hand. Come and go. Everyday. Lasts a few hours. Involves the whole hand.

Left Leg:

He complains of continuous pain in his left leg, with pain radiating to his low back. His leg pain is present 100% of the time. He has episodes of swelling, numbness and tingling in the leg. Come and go. Gets worse when over active. He has difficulty standing and walking for a prolonged period of time. He indicates on a pain scale from 1-10, with 10 being the worst, the pain most days in his leg is a level 5. On a good day his pain level is 5. On a bad day his pain increases to 10. His pain increases with flexion/extension and abduction/adduction of his leg. He has difficulty ascending and descending stairs and walks with an uneven gait. His pain level varies throughout the day. Stretching and medications help to alleviate the pain.

CURRENT TREATMENT

Mr. Moore reported that he is currently not getting any treatment.

CURRENT WORK STATUS

The applicant is currently not working. His last day of work was on May 28, 2020.

OCCUPATIONAL HISTORY

The applicant previously worked for Jdog Junk Removal for seven to eight months. He denies sustaining any injuries.

ACTIVITIES OF DAILY LIVING

The applicant completed a questionnaire about this ability to perform Activities of Daily Living, both before and after their injury/injuries. The responses were reviewed with the applicant and are indicated below (See Table 1-2, 5th ed., page 4)

After the Injury/Over the Past Month:

ADL Function	Examples	No Difficult y	Some Difficult y	Moderate Difficult y	Cann ot Do
Self-Care/Personal Hygiene	Urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating		x		
Communication	Writing, typing, seeing, hearing, speaking	x			
Physical Activity	Standing, sitting, reclining, walking, climbing stairs		x		

Sensory function	Hearing, seeing, tactile feeling, tasting, smelling		x		
Non specialized hand activities	Grasping, lifting, tactile discrimination		x		
Travel	Riding, driving, flying		x		
Sexual function	Orgasm, ejaculation, lubrication, erection	x			
Sleep	Restful, nocturnal sleep pattern			x	

He states that the difficulty was caused by pain in his whole body. States that he sleeps about 3 hours a night because of pain and does not doze off during the day.

FAMILY HISTORY

The applicant reports a family history of Cancer. Mother- lung cancer. Uncle- pancreatic.

SOCIAL HISTORY/HOBBIES/SPORTS

The applicant is married with three children. He denies smoking, and alcohol use. He reports using a vape pen and smoking CBD.

PAST MEDICAL HISTORY

1) Heart Disease

PREVIOUS SURGERIES

1) Heart Ablation in 2014

PRIOR INDUSTRIAL INJURIES

The applicant denies previous industrial injuries

PRIOR NON INDUSTRIAL INJURIES, MOTOR VEHICLE ACCIDENTS OR OTHER INJURIES

The applicant denies previous injuries.

CURRENT MEDICATIONS

- 1) Gabapentin 400 mg three times daily.
- 2) Naproxen 500 mg once daily
- 3) Ativan 1 mg once daily

ALLERGIES

No known drug allergies

REVIEW OF SYSTEMS

Constitutional:	No fevers or unplanned weight loss.
Eyes:	Applicant reports blurred and double vision with migraines.
ENT:	No loss of hearing or difficulty swallowing.
Heme/Lymph:	No bleeding gums, bruising, or low platelet count.
Endocrine:	No known thyroid disease or heat/cold intolerance.
Skin:	No new rashes or skin lesions.
Respiratory:	No dyspnea or wheezing.
Cardiovascular:	Reports chest pain and palpitations.
GI:	Reports nausea. No constipation, acute abdominal pain, gastritis, vomiting, or diarrhea.
GU:	No urinary retention, dysuria, or sexual dysfunction.
Neurological:	Reports headaches and memory loss. No fainting spells, loss of consciousness, blackouts, or seizures.

PHYSICAL EXAMINATION

Height: 6'0"
Weight: 170 lbs.
Temp: 98.3
HR: 68
RR: 18
BP: 128/80

GENERAL: The applicant is well-developed and well-nourished.

Neurologic examination:

Mental status examination: The applicant is alert, attentive, and oriented. The applicant is able to tell me the correct state, town, and floor he is in. He is able to tell me the correct year, month, and date. He is able to spell the word world backwards. Immediate recall is 3/3. Delayed recall is 2/3

Language: Repetition, comprehension, and naming are intact. Speech is clear and fluent.

Cranial Nerves: Pupils are equal, round, reactive to light and accommodation. Extraocular movements are intact. The face is symmetric. Facial sensation is intact and equal from the V1 through V3 distribution. No dysarthria is noted.

Strength:

Right: Deltoid 5/5, biceps 5/5, triceps 5/5. Wrist extensors 5/5, wrist flexors 5/5, hand intrinsics 5/5. Hip flexors 5/5. Knee flexion 5/5, knee extension 5/5. Dorsiflexion 5/5, plantar flexion 5/5.

Left: Deltoid 4+/5, biceps 4+/5, triceps 4+/5. Wrist extensors 5/5, wrist flexors 5/5, hand intrinsics 5/5. Hip flexors 5/5. Knee flexion 5/5, knee extension 5/5. Dorsiflexion 4+/5, plantar flexion 4+/5.

Sensation: Hypersensitive on left compared to right to touch, sharp and cold.

Reflexes: Right: Brachioradialis +2, Biceps +2, Triceps +2, Knee +2, Ankles +2
Left: Brachioradialis +2, Biceps +2, Triceps +2, Knee +2, Ankles +2

Cerebellar: Intact finger-to-nose bilaterally. No truncal ataxia is noted.

Plantar response: Flexor on right. Withdrawal on the left.

Tone: Normal.

Gait: antalgic gait. Good arm swing bilaterally.

DIAGNOSES

1. Heat stroke
2. Rhabdomyolysis
3. Migraine headaches
4. Paresthesia
5. Insomnia

DISCUSSION

As you recall from my previous report, this is a 32-year-old man who was evaluated by neurology pursuant to a claim of injury on May 28, 2020, to the chest, abdomen, left leg, nervous system, and excretory system, while he was working for Abercrombie Pipeline Services, as a groundsman.

He complained of headaches that feel like pressure, can last for days, and are associated with photophobia, phonophobia and nausea. This is most consistent with migraine type headaches. Although he denied having any major headaches prior to his injury, review of records shows that he had a long history of headaches. Heat strokes can lead to headaches. Although I would have expected these headaches to resolve by now, it's possible that they can persist causing aggravation of his previous non industrial headaches.

The applicant also complained of insomnia post injury. On review of medical records, he does have a long history of insomnia dating back to more than 10 years ago. His insomnia seems to mostly have been caused by his psychiatric disorders including anxiety and ptsd. Input from psychiatry regarding this issue would be beneficial.

The applicant also complained of paresthesias in his extremities and weakness. His neurological examination is positive for hypersensitivity in left extremities compared to right, mild muscle weakness on left particularly in the foot and arm. Also has antalgic gait. I recommend getting an EMG/NCS done of the extremities. Further input from orthopedics regarding his musculoskeletal complaints would also be beneficial

As for his cardiac complaints, will defer to cardiology. Similarly for his kidney and excretory complaints will defer to internal medicine. Finally, his psych complaints will defer to psychiatry.

I have now re-evaluated the applicant. Since my initial examination, I have mostly only received records of a cardiac consultation. There were no records received of my recommended diagnostic testing and treatment. Since my last evaluation the applicant stated that he had not done the recommended EMG/NCS and he had not started on the treatment I had recommended so essentially there was not much change in this report.

CAUSATION OF INJURY

Based on the available evidence presented to me today, I find that the applicant's heat stroke was an industrial injury which occurred on May 28, 2020 when the applicant was working for Abercrombie Pipeline Services, as a groundsman. The mechanism of injury and a review of the medical reports does support industrial causation. My findings are based on reasonable medical probability.

DISABILITY STATUS

The applicant is not P&S at this time and has not reached maximal medical improvement. He is TPD from a neurological perspective. I believe that the applicant will benefit from further treatment with a tricyclic antidepressant such as amitriptyline/nortriptyline starting at a dose of 25 mg nightly and titrating up as needed and as tolerated. A trial treatment with this can be particularly beneficial in this case because it can have multiple benefits. Amitriptyline has been shown to be beneficial through different studies in treating migraines, depression, anxiety, and paresthesia/neuropathic pain. It's also widely used to help with insomnia.

As mentioned previously, I recommend getting an EMG/NCS of upper and lower extremities and believe that the applicant will benefit from further input from psychiatry and orthopedics.

As the applicant is not yet at maximal medical improvement or a permanent and stationary status, I will defer discussion of factors of permanent disability and whole person impairment.

The applicant should be returned for a re-evaluation after the above treatment has been tried for at least 2-3 months, EMG/NCS of extremities is completed and after further input from orthopedics and psychiatry.

WORK RESTRICTIONS

No work in the sun. No prolonged walking. No lifting of more than 10 pounds particularly in the left upper extremity. No climbing. No repetitive bending, squatting, or crouching. No repetitive use of the hands or feet. Frequent short 2-3 minute breaks every hour for hydration.

APPORTIONMENT

At this point the applicant is not yet permanent and stationary and therefore a discussion of apportionment is premature. I do note that the applicant has had previous non-industrial medical problems/medical issues and these may constitute apportionable issues that will be fully considered when the patient has reached maximal medical improvement and a permanent and stationary status.

REQUEST FOR ADDITIONAL RECORDS

I note that not all pertinent medical records were available for my review. This may be because one or more of the parties did not submit medical records and/or the required accompanying declaration under 8 CCR 9793(n) was not provided by the submitting parties.

Per 8 CCR 9793(n),

“Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician. The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider. Any documents or records that are sent to the physician without the required declaration and attestation shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.”

Because all pertinent records were not available for my review by the time of the preparation of this report, all findings in this report should be deemed preliminary. I request that all pertinent records be sent to me for review, along with the required declaration, and a letter requesting that I issue a supplemental report. These documents should be submitted electronically at calmedeval.com/upload. Each submitting party can electronically submit a declaration there. Upon receipt of 1)

Moore, Branden
April 30, 2023
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all pertinent records, 2) the required accompanying declaration and 3) a letter requesting that I issue a supplemental report, I will review the submitted records and author a supplemental report.

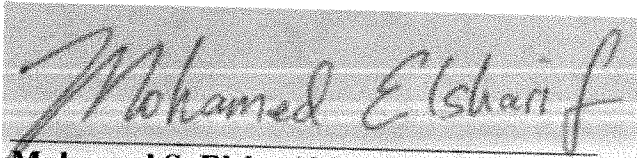
SPECIAL COMMENTARY

The above responses and opinions are based on reasonable medical probabilities, as viewed from the perspective of available documentation and information submitted to this evaluator, including the applicant's direct anamnesis.

Prior to the evaluation, an initial outline of the applicant's history was taken by Yuri Torres. During the evaluation, I reviewed the entire outline with the applicant and performed additional inquiries and examinations as necessary and appropriate to identify and determine the relevant medical issues.

Thank you for the opportunity of serving as the qualified medical evaluator, in the specialty of Neurology, for this most interesting case and condition.

Sincerely,

A handwritten signature in cursive script that reads "Mohamed Elsharif". The signature is written in dark ink on a light-colored, slightly textured background.

Mohamed S. Elsharif, M.D., Q.M.E.

California Medical Evaluators

Attachments:

1. Appendix A: Declaration
2. Appendix B: CL from ADJ
3. Appendix C: CL from AA
4. Appendix D: Declaration from AA

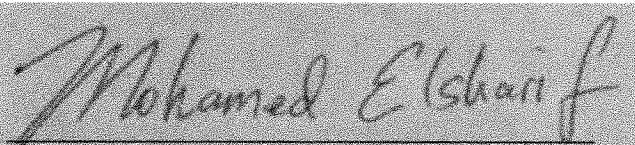
APPENDIX A - DECLARATION

Pursuant to AB 1300, LC Sec. 5703, I have not violated Labor Code section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

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.

DATE OF REPORT: April 30, 2023

Dated this 30th day of April 2023, at Los Angeles County, California.



Mohamed S. Elsharif, M.D., Q.M.E.
California Medical Evaluators



Liberty Mutual Insurance
PO Box 779008
Rocklin, CA 95677
Telephone: (800) 821-0967 ext. 41228
Fax: (603) 334-0231

February 22, 2023

Dr. Mohamed Elsharif
11620 Wilshire Ave Ste 340
Los Angeles, CA 90025

Claimant: Brandon Moore
Employer: Abercrombie Pipeline
Date of Birth: 05/12/1990
Date of Injury: 05/28/2020
Claim #: WC608-E60694

Dear Dr. Elsharif,

Thank you for your role as Qualified Medical Examiner. You are scheduled to re-evaluate Mr. Moore on 04/01/23. If any diagnostic tests or studies are necessary to issue a comprehensive report, **to expedite the request, please e-mail the prescription/physician order to following e-mail address: Alexis.Bustillos01@LibertyMutual.com.**

Mr. Moore is a 32 year old groundman who was hired by Abercrombie Pipeline on 04/09/2020. Mr. Moore has a denied case for all alleged conditions currently except for the heat stroke he sustained. He has been evaluated by internist who finds heat stroke industrial, but defers all conditions that were as a result of the heat stroke to appropriate specialties. After review of attached medical records, please provide me with a narrative report of your findings on this patient to include the following:

1. A detailed medical history, including comments on all prior injuries.
2. Your diagnosis
3. Evaluation of any treatment received to date, and your determination of whether it has been reasonable and necessary.
4. Whether or not any further treatment is reasonably necessary to cure or relieve the effects of the injury (ies). If treatment is necessary, please describe the scope and expected duration of such treatment
5. If injured worker's condition is now permanent and stationary and ready for rating, describe:
 - a. Permanent disability factors (whether objective, subjective, or both) resulting from the industrial causation or aggravation. If you believe the injured worker should be restricted in his or her job duties, please set forth those restrictions with as much specificity as possible.

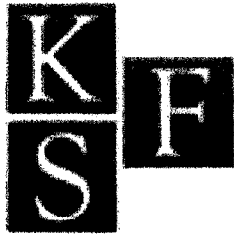
b. Whether there should be apportionment to non-industrial factors. If you believe there should be apportionment, please give a discussion on this subject. Please consider the following:

- 1.) Factors, if any, which you believe pre-existed and are unrelated to, and not aggravated by, the industrial exposure.
- 2.) Was there a pre-existing condition which did interfere or would have interfered with any type of work activity. If you find a pre-existing non-industrial condition, please set forth with specificity the condition and degree of disability or the impairment in the open labor market which the injured worker has absent the industrial exposure.
- 3.) The extent of disability, if any, due to the natural progression of pre-existing factors which has resulted in symptoms or disability absent the industrial exposure. Please state the percentage of disability due to industrial factors and the percentage due to any pre-existing disability or any disability due to the natural progression of non-industrial factors.

I look forward to receiving your narrative report at your earliest convenience.

Sincerely,

Alexis Bustillos
Claims Specialist
Liberty Mutual Insurance
Alexis.Bustillos01@libertymutual.com
Phone: 818-254-7874
Fax: 603-334-0231



KOSZDIN, FIELDS & SHERRY

Susan E. Fields *

Mark J. Sherry *

Brett T. Sherry

** Certified Specialist,
Workers' Compensation,
The State Bar of California,
Board of Legal Specialization*

6151 Van Nuys Boulevard

Van Nuys, California 91401

(818) 781-1503

FAX (818) 925-7090

Jack P. Koszdin

(1931 - 2014)

Legal Assistants

Richard Mayer

Dee Thierry

March 2, 2023

Mohamed Elsharif, M.D.
11620 Wilshire Blvd., Ste. 340
Los Angeles, CA 90025

Date Sent to Doctor: 3/20/23

RE: Branden Moore v. Abercrombie Pipeline

EAMS No.: ADJ13339678

Claim No.: WC608-E60694-00

Date of Injury: 05/28/2020

PANEL QUALIFIED MEDICAL RE-EXAMINATION

Dear Dr. Elsharif:

Thank you for continuing to act as the Panel Qualified Medical Examiner in the field of neurology in the above-captioned matter. This office represents the applicant, Branden Moore, and this letter is being sent to you in accordance with Labor Code Section 4062.3. A copy of this letter has already been forwarded to the defendants. You previously evaluated the applicant on June 4, 2022 and are currently scheduled to re-evaluate the applicant on April 1, 2023.

As a quick recap, the applicant, Branden Moore, is a 32-year-old male who worked as a groundman for Abercrombie Pipeline and sustained an admitted industrial injury on May 28, 2020 for heat stroke. On the date of injury, applicant was working long hours outside in extreme heat when his body started to cramp up and he went into shock. He was taken to San Geronio Memorial Hospital where he was diagnosed with kidney failure and heat stroke. As a result of the incident, and in addition to injuries pled to his kidney, bladder, and intestines, applicant also claims sleep loss, psychiatric distress, weight loss, musculoskeletal system pain, chest palpitations, neurological deficits, rhabdomyolysis, paresthesia, headaches, neck, low back, bilateral upper extremities, bilateral lower extremities, and high blood pressure/hypertension. Applicant was previously evaluated by Dr. Stanley Majcher as the PQME in internal medicine, Dr. Jeffrey Caren as the PQME in cardiovascular disease, Dr. William Winternitz as the PQME in orthopedic surgery, and Dr. Sanjay Agarwal as the PQME in psychiatry. Applicant is currently scheduled for PQME re-evaluations with all four doctors in the near future. Applicant is still treating at the VA.

You have been provided with the medical records and reports generated in this case, and if there is anything further, with the agreement of the defendants, they will be submitted to you as well.

It would be greatly appreciated if you would take your usual thorough history, conduct a comprehensive clinical examination, review the medical records and reports, and perform any necessary non-invasive diagnostic procedures you feel are reasonable to address the salient issues in a workers' compensation claim, including, but not limited to, the following:

- 1) Is the applicant temporarily totally disabled?
- 2) Has the applicant reached maximum medical improvement (MMI) from a neurological standpoint? If he has not, please indicate what medical treatment you believe he requires in order to reach MMI status.
- 3) If the applicant has indeed reached MMI status, please set forth any factors of permanent disability in accordance with the AMA Guidelines, Fifth Edition. If you feel that the applicant's permanent disability would be more accurately reflected by utilizing the Almaraz/Guzman approach, please do so, utilizing other tables within the four corners of the Guidelines. Please set forth your reasoning for doing so.
- 4) Do you believe applicant's disability would be more accurately reflected by utilizing the additive approach per the Kite decision, as opposed to the traditional combining method under the Combined Values Chart (CVC)? If so, please discuss and explain the synergistic effect of applicant's disabilities in conjunction with the other specialties.
- 5) Do you believe applicant's injury has potentially rendered him unemployable? If so, please indicate whether you believe an evaluation with a vocational rehabilitation expert would be reasonable.
- 6) Does the applicant require any present and/or future medical treatment to help cure and relieve the effects of the industrial injury? If so, please set forth the anticipated scope and duration of such treatment.
- 7) Are there any apportionable factors under Labor Code Sections 4663 and/or 4664? If so, please set forth the percentage of industrial disability, as well as the percentage of non-industrial disability, if any. Please indicate your reasoning in this regard.

Upon completion of your report, please send a copy to this office, as well as to the defendants, Law Offices of Garber, AV & Duncan, located at P.O. Box 7218, London, KY 40742, to the attention of Nicolett T. Ybarra, Esquire.

Thank you for your continued professional courtesy and consideration in this matter.

Very truly yours,

KOSZDIN, FIELDS & SHERRY

A handwritten signature in black ink, appearing to read 'Brett T. Sherry', with a stylized, flowing script.

Brett T. Sherry
Attorney at Law
brett@koszdin.com

cc: Mr. Branden Moore

cc: Law Offices of Garber, AV & Duncan
P.O. Box 7218
London, KY 40742
Attn: Nicolett T. Ybarra, Esq.

Proof of Service

RE: Branden Moore v. Abercrombie Pipeline
EAMS No.: ADJ13339678
Claim No.: WC608-E60694-00
Date of Injury: 05/28/2020

State of California, County of Los Angeles

I am employed in the county of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is:

KOSZDIN, FIELDS & SHERRY
6151 Van Nuys Boulevard
Van Nuys, California 91401

I am readily familiar with the firm's business practice of processing correspondence for mailing. In the ordinary course of business, the correspondence would be deposited with the United States Postal Service on that same day with postage thereon fully prepaid at my business address above. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing as listed.

I served the foregoing documents described as:

Applicant Attorney's Advocacy Letter to Dr. Elsharif

on the interested parties in this action, by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States Mail at my address stated above, addressed as follows:

Mr. Branden Moore
292 Finnhorse Street
Hemet, CA 92545

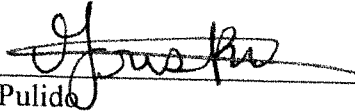
Liberty Mutual
PO Box 779008
Rocklin, CA 95677

Law Offices of Garber, AV & Duncan
P.O. Box 7218
London, KY 40742

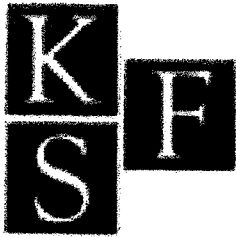
Mohamed Elsharif, M.D.
11620 Wilshire Blvd., Ste. 340
Los Angeles, CA 90025

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March 20, 2023, at Van Nuys, California.

A handwritten signature in black ink, appearing to read 'Griselda Pulido', is written over a horizontal line.

Griselda Pulido
Koszdin, Fields & Sherry



KOSZDIN, FIELDS & SHERRY

Susan E. Fields *
Mark J. Sherry *
Brett T. Sherry

** Certified Specialist,
Workers' Compensation,
The State Bar of California,
Board of Legal Specialization*

6151 Van Nuys Boulevard
Van Nuys, California 91401
(818) 781-1503
FAX (818) 925-7090

Jack P. Koszdin
(1931 – 2014)

Legal Assistants
Richard Mayer
Dee Thierry

February 28, 2023

Dr. Mohamed Elsharif
11620 Wilshire Blvd., Ste. 340
Los Angeles, CA 90025

RE: Branden Moore v. Abercrombie Pipeline

EAMS No.: ADJ13339678
Claim No.: WC608-E60694-00
Date of Injury: 05/28/2020

TITLE 8 CCR 9793 (n) DECLARATION / ATTESTATION

Dear Dr. Elsharif:

The attorney for the applicant, Branden Moore declares under penalty of perjury that the attorney for this applicant has complied with Labor Code Section 4062.3

The office of the applicant also attests that the page count provided for your review of records, excluding this declaration, position statement, and index of records cover page, totals 10.

Very truly yours,
KOSZDIN, FIELDS & SHERRY

Brett T. Sherry
Attorney at Law
brett@koszdin.com

cc: Law Offices of Garber, AV & Duncan
P.O. Box 7218
London, KY 40742

Liberty Mutual
PO Box 779008
Rocklin, CA 95677

Medical Index – (current) Dr. Elsharif

RE: Branden Moore v. Abercrombie Pipeline

EAMS No.: ADJ13339678

Claim No.: WC608-E60694-00

Date of Injury: 05/28/2020

1.) Amended Application dated 6/8/22

Richard Hyman, M.D.

06-15-22 Consultation to Assume Treatment

State of California
DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT
AME or QME Declaration of Service of Medical – Legal Report (Lab. Code § 4062.3(i))

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

Claim No: WC608-E60694-00 EAMS or WCAB Case No. (if any): ADJ13339678

I, Liz Arellano, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My Business address is: 11620 Wilshire Blvd Ste. 340, Los Angeles, CA. 90025
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 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, 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. |

Means of service:
(For each addressee, enter A – E as appropriate)

Date Served:

Addressee and Address Shown on Envelope:

<u>A</u>	<u>04/30/2023</u>	<u>Branden Moore</u> <u>1029 N. Mollison Ave., Apt. 10, El Cajon, CA 92021</u>
<u>A</u>	<u>04/30/2023</u>	<u>Alexis Bustillos</u> <u>P.O. Box 779008 Rocklin, CA 95677</u>
<u>A</u>	<u>04/30/2023</u>	<u>Nicolett Ybarra</u> <u>P.O. Box 7218 London, Kentucky 40742</u>
<u>A</u>	<u>04/30/2023</u>	<u>Brett Sherry</u> <u>6151 Van Nuys Blvd. Van Nuys, CA 91401</u>

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: April 30, 2023


(signature of declarant)

Liz Arellano
(print name)

AME or QME Declaration of Service of Report and Documents

Case Name: Branden Moore v Alexis Bustillos
(employee name) (claims administrator name, or if none employer)

Claim No: WC608-E60694-00 **EAMS or WCAB Case No. (if any):** ADJ13339678

I, Liz Arellano, declare:
(Print Name)

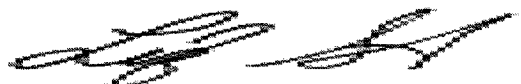
1. I am over the age of 18 and not a party to this action.
2. My Business address is: 11620 Wilshire Blvd Ste. 340, Los Angeles, CA. 90025
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report as well as a QME 122 (medical-legal declaration of service), an invoice for services provided, a W9 with federal tax ID number, DEU 100 and DEU 101 (if applicable) 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 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, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.

<u>Means of service:</u> (For each addressee, enter A – E as appropriate)	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<u>A</u>	<u>04/30/2023</u>	<u>Branden Moore</u> <u>1029 N. Mollison Ave., Apt. 10, El Cajon, CA 92021</u>
<u>A</u>	<u>04/30/2023</u>	<u>Alexis Bustillos</u> <u>P.O. Box 779008 Rocklin, CA 95677</u> <u>USPS Tracking # 9405511206214226807740</u>
<u>A</u>	<u>04/30/2023</u>	<u>Nicolett Ybarra</u> <u>P.O. Box 7218 London, Kentucky 40742</u>
<u>A</u>	<u>04/30/2023</u>	<u>Brett Sherry</u> <u>6151 Van Nuys Blvd. Van Nuys, CA 91401</u>

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: April 30, 2023



(signature of declarant)

Liz Arellano

(print name)



Alexis Bustillos
Liberty Mutual Insurance
P.O. Box 779008 Rocklin, CA 95677

Bill#: INV-399234

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA		PICA	
1. MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER		1a. INSURED'S I.D. NUMBER (For Program in item 1)	
<input type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (MemberID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#)		366-11-1170	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE SEX	
Moore, Branden		MM DD YY M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED	
1029 N. Mollison Ave., Apt. 10		Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
CITY		7. INSURED'S ADDRESS (No., Street)	
El Cajon		CITY	
STATE		STATE	
CA		CA	
ZIP CODE		ZIP CODE	
92021		92021	
TELEPHONE (Include Area Code)		TELEPHONE (Include Area Code)	
601-383-7707		601-383-7707	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous)	
b. RESERVED FOR NUCC USE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
c. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (STATE)	
d. INSURANCE PLAN NAME OR PROGRAM NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO CA	
10D. CLAIM CODES (Designated by NUCC)		c. OTHER ACCIDENT?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
11. INSURED'S POLICY GROUP OR FECA NUMBER		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
WC608-E60694-00		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.	
a. INSURED'S DATE OF BIRTH SEX		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
MM DD YY M <input checked="" type="checkbox"/> F <input type="checkbox"/>		SIGNED	
b. OTHER CLAIM ID (Designated by NUCC)		DATE	
Abercrombie Pipeline			
c. INSURANCE PLANE NAME OR PROGRAM NAME		14. DATE OF CURRENT: ILLNES, INJURY, or PREGNANCY (LMP)	
Liberty Mutual Insurance		MM DD YY QUAL	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		5 28 20 QUAL	
SIGNED		15. OTHER DATE	
DATE		MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. NPI	
17b. NPI		18. HOSPITALIZATION DATE RELATED TO CURRENT SERVICES	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		FROM MM DD YY TO MM DD YY	
20. OUTSIDE LAB? \$ CHARGES		FROM MM DD YY TO MM DD YY	
<input type="checkbox"/> YES <input type="checkbox"/> NO		21. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.		23. PRIOR AUTHORIZATION NUMBER	
A. T67.01 B. C. D. E. F. G. H. I. J. K. L.		24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EP/SDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #	
04 01 23 04 01 23 11 ML202 A		\$1,316.25 1.00 NPI 1407142201	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.	
272983375 <input type="checkbox"/> <input checked="" type="checkbox"/>		INV-399234	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$1,316.25	
29. AMOUNT PAID		30. BALANCE DUE	
		\$1,316.25	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGRESS OR CREDENTIALS (I certify that the statements on the reverse Apply to this bill and are made a part thereof.) Mohamed Sami Elsharif Lic # 1407142201		32. SERVICE FACILITY LOCATION INFORMATION	
SIGNED DATE 04-30-2023		13800 Heacock St Ste C236 Moreno Valley, CA 92553	
a. 1407142201 b.		33. BILLING PROVIDER INFO & PH # (888) 853-7944	
		CALIFORNIA MEDICAL EVALUATORS 11620 WILSHIRE BLVD, STE. 340 LOS ANGELES, CA 90025	
		a. 1407142201 b.	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-008 FORM CMS-1500 - 1/28/2020

