

**Stanley J. Majcher, M.D., F.A.C.P.**

**Mailing Address:**

**1680 Plum Lane  
Redlands, California 92374  
(909) 335-2323**

April 20, 2021

WORKERS' COMPENSATION APPEALS BOARD  
Disability Evaluation Unit  
1065 N Link Suite 170  
Anaheim CA 92806-2131

EMPLOYEE	:	<b>BRANDON MOORE</b>
EMPLOYER	:	Abercrombie Pipeline
D/INJURY	:	May 28, 2020
CLAIM NO.	:	WC608-E60694-00
EAMS NO.	:	ADJ13339678

**SUPPLEMENTAL INTERNAL MEDICINE PANEL QUALIFIED  
MEDICAL EVALUATION REPORT**

Gentlepersons:

In regard to your correspondence dated March 1, 2021, received in our office on March 22, 2021, your concerns are:

1. The applicant has a history of chest palpitations and you are concerned whether or not cardiology consultation is necessary.
2. There are issues regarding potential psychiatric injury and you ask whether it would be appropriate for the applicant to be evaluated by a Panel Qualified Medical Examiner, not only in the field of cardiology, but psychiatry.

In regard to the applicant's history of chest palpitations, I do recommend evaluation by a cardiologist, which would be very helpful, not only to me, but to all concerned parties. Kindly note the applicant has a history of significant issues, including confusion, dizziness, and fainting. Cardiovascular issues may be playing a role in some of his issues. Therefore, I strongly recommend consultation with another cardiologist.

Please submit the report for my analysis unless you are satisfied that the cardiologist has covered the issues to the satisfaction of the interested parties.

In regard to psychiatry, again I am not a psychiatrist, but I do believe, in this situation, it is appropriate for the applicant to be evaluated by a psychiatrist.

Should you have any further questions, please do not hesitate to contact this office.

**SOURCE OF ALL FACTS AND DISCLOSURE**

The source of all facts was from review of my previous medical report. 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 the information 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 indicated herein, that I believe it to be true. Labor Code 139.3 was not violated.

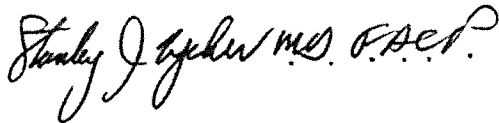
NOTE - This request for supplemental report was received prior to 4/1/2021 and therefore has been billed per the prior medical legal fee schedule in effect at the time of request.

Under penalty of perjury, I declare that the following represents the physician time associated with this supplemental report:

Review of records: 0.25 hour  
Report preparation: 0.25 hour  
Total: 0.50 hour

Date of Report: April 20, 2021. Signed this 22<sup>nd</sup> day of April, 2021, at San Bernardino County.

Yours Sincerely,



Stanley J. Majcher, M.D., F.A.C.P.

SJM/lh

cc: Koszdin, Fields, Sherry & Katz  
6151 Van Nuys Boulevard  
Van Nuys, California 91401  
Attention: Brett T. Sherry, Esq.

Law Offices of Muhar, Garber, Av & Duncan  
790 The City Drive South, Suite 400  
Orange, California 92868  
Attention: Ybarra Nicolett, Esq.

Liberty Mutual Insurance Company  
P.O. Box 779008  
Rocklin, California 95677  
Attention: Andrei Valcoci, Claims Examiner

State of California  
DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

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

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

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

I, **Andrea Johnson**, declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: **1680 plum Ln Redlands CA, 92374**
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:
  - A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
  - B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
  - C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
  - D placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)
  - E personally delivering the sealed envelope to the person or firm named below at the address shown below.

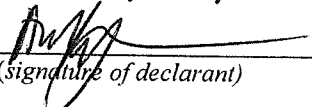
Means of service:  
(For each addressee,  
enter A – E as appropriate)

Date Served:

Addressee and Address Shown on Envelope:

<u>A</u>	<u>04/27/21</u>	<u>Koszdin, Fields, Sherry &amp; Katz 6151 Van Nuys Boulevard Van Nuys, California 91401</u>
<u>A</u>	<u>04/27/21</u>	<u>Law Offices of Muhar, Garber, Av &amp; Duncan 790 The City Drive South, Suite 400 Orange, California 92868</u>
<u>A</u>	<u>04/27/21</u>	<u>Liberty Mutual Insurance Company-sent electronically</u>
_____	_____	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 04/27/21

  
(signature of declarant)

Andrea Johnson  
(print name)