

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

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

I, Kahlia Bundle, declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is : 8635 West 3rd Street, Suite 890W, Los Angeles, CA 90048
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:
  - A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
  - B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.
  - C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
  - D placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)
  - E personally delivering the sealed envelope to the person or firm named below at the address shown below.

**Means of**

**Service:**

(For each  
addressee,  
enter A-E as  
appropriate)

**Date Served:**

**Addressee and Address Shown on Envelope:**

B	<u>4/25/23</u>	<u>Branden Moore, 292 Finnhorse Street, Hemet, CA 92545</u>
B	<u>4/25/23</u>	<u>Liberty Mutual, P.O. Box 779008, Rochlin, CA 95677</u>
B	<u>4/25/23</u>	<u>Brett Sherry, Esq., Koszdin, Fields, Sherry &amp; Katz, 6151 Van Nuys Blvd, Van Nuys, CA 91401</u>
B	<u>4/25/23</u>	<u>Nicolett Ybarra, Esq., Law Offices of Muhar, Garber, Av &amp; Duncan, P.O. Box 7218, London, KY</u>

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

Date : April 25, 2023

Kahlia Bundle  
(signature of declarant)

Kahlia Bundle  
(print name)

COR Medical Group, Inc.  
Jeffrey F. Caren, MD, FACC

CEDARS-SINAI MEDICAL TOWERS  
8635 WEST THIRD STREET, SUITE 890W  
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Qualified Medical Evaluator, State of California  
Diplomate, American Board of Internal Medicine: Cardiovascular Disease  
Fellow, American College of Cardiology

March 31, 2023

Brett Sherry, Esq.  
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P.O. Box 7218  
London, KY 40742

Alexis Bustillos, Claims Examiner  
Liberty Mutual  
P.O. Box 779008  
Rochlin, CA 95677

Re: Employee: Branden Moore  
Employer: Abercrombie Pipeline  
Date of Injury: 05/28/2020  
Date of Exam: 01/19/2022  
Claim No.: WC608-E60694-00  
Panel No.: 2757573

**FOLLOW-UP QUALIFIED MEDICAL EVALUATION  
in CARDIOLOGY**

Dear Gentlepersons:

As you know, through the State Panel Process, pursuant to Labor Code Section 4062.2, I was selected to perform a perform a Qualified Medical Evaluation in Cardiology of the above captioned individual, Branden Moore. I submitted a QME report dated January 19, 2022. Thank you for the continued confidence expressed by your request that I perform a Follow-up QME evaluation. I interviewed and examined Mr. Moore

in my San Clemente office, which is located at 647 De Los Mares, Suite 218, on March 31, 2023. He is a 32-year-old construction groundman who has submitted a claim for kidney failure, nerve damage from heat stroke, muscle spasm, muscle fatigue, and burning sensation in extremities; which he alleges were caused by heat stroke while performing the duties of his employment with the Abercrombie Pipeline on May 28, 2020.

This is an ML202-95 Comprehensive Qualified Medical Legal Evaluation. I spent 0.75 hour in face-to-face interaction with Mr. Moore obtaining a history and performing a physical examination. I reviewed the provided medical records. Pursuant to Labor Code § 4062.3, a declaration and page count attestation were received. The total attestation page count is 301 pages.

This evaluation is for medical legal purposes only. It is not intended for treating purposes. A copy will be provided to the applicant. He is encouraged to discuss any questions with his primary medical provider.

#### **BRIEF SUMMARY OF INITIAL REPORT**

As you know Stanley Majcher, M.D., was selected as the PQME in Internal Medicine for the purpose of evaluating this injury claim. After seeing Mr. Moore on December 16, 2020, Dr. Majcher recommended that Mr. Moore have an evaluation with another cardiologist. I therefore performed a QME in Cardiology and deferred all other Internal Medicine issues to Dr. Majcher. On January 19, 2022, I evaluated Mr. Moore's continuing subjective experience of palpitations and for the continuing significantly elevated CPK. I also did not have a reasonably medically probable basis to conclude that Mr. Moore sustained a cardiac injury as a result of the heat stroke. The most reasonably medically probable explanation for the elevated CPK following heat stroke would be as a consequence of skeletal muscle injury/damage resulting from the heat stroke. For completeness, to rule out a cardiomyopathy as causing or contributing to the CPK elevation, I requested authorization to obtain a Cardiac MRI with gadolinium. In addition, as noted above, I did not have the medical records from Loma Linda University Hospital Medical Center or the records from the Veterans Administration Hospital, where Mr. Moore was treated for the acute injury after his initial post-injury evaluation at San Geronio Memorial Hospital on the date of the incident, May 28, 2020. I requested those records be subpoenaed for my review.

HISTORY AS PROVIDED BY THE APPLICANT:

I reviewed the Occupational history and history reported by Mr. Moore with him for accuracy and completeness. Mr. Moore did not have any additions or corrections. I obtained an interim history. For the convenience of the concerned parties all historical information is herein contained.

OCCUPATIONAL HISTORY:

Prior to employment as a groundman with the International Brotherhood of Electrical Workers Local 47, Mr. Moore served in the US Marine Corps for 2-½ years. He was discharged with a disability rating for Wolff-Parkinson-White (WPW) Syndrome. Subsequently, he has received military disability ratings for tinnitus, knees and shoulders. In September 2019, he became a groundman. The union sent him to jobs. In March 2020, he started working at Abercrombie, where he worked until he was injured on May 28, 2020. While working at Abercrombie, he did not have any concurrent supplemental employment. Mr. Moore has been on a temporary total disability status since May 28, 2020.

HISTORY OF THE INJURY:

Prior to employment with Abercrombie and specifically prior to May 28, 2020, Mr. Moore had Wolff-Parkinson-White (WPW) Syndrome, which was cured with an ablation procedure. He did not have subsequent arrhythmia. He did not have kidney, muscle or nerve problems. Mr. Moore had annual examinations at the La Jolla Veterans Affairs Clinic. His primary doctor is John Bas, MD.

On May 28, 2020, Mr. Moore had been working 10 hours on the Morongo Reservation performing vigorous activities installing above-ground powerlines. The peak temperature that day was 115 degrees. He intentionally hydrated. At about 5:00 pm, he began repetitively losing consciousness. He had total body cramping. The crew recognized heat stroke. They attempted cooling measures at the scene. He was transported to San Geronimo Hospital in Banning. The diagnosis was Rhabdomyolysis and kidney failure. He was treated for a day and half. He was transferred to Loma Linda University Hospital. He was treated for another day and a half and discharged. Dr. Bas at the VA continued as his primary care doctor. Because the injury was not service connected, he was not entitled to specialty medical care.

Mr. Moore has not had primary medical care since January 19, 2022. He has palpitations that he describes as a pause followed by heart racing for 3-5 minutes. The sensation is

different from his prior Wolff-Parkinson-White arrhythmia. He has one to five episodes a day. He is awoken from sleep once a night by racing heart. In November 2022, he had an episode that persisted. He went to Hemet Valley Hospital. He was told his blood pressure was high. He was given medicine to slow his heart. He has not seen a doctor since that incident.

MEDICATIONS: Gabapentin 100 mg three times a day  
Naproxen 500 twice a day  
Trazadone 50 mg hs  
Alprazolam .25 prn  
CBD drops 250 mg three times a day

TOBACCO: Smoked cigarettes sporadically while in the Marine Corps and cigars rarely, but stopped in 2017.

ALCOHOL: No past or current use.

RECREATIONAL DRUGS: None.

INSTRUMENTAL INVENTORY OF ACTIVITIES OF DAILY LIVING:

With respect to the claimed heart injury, Mr. Moore reports the following impairment:

SELF CARE: denies any difficulties with self-care.

SENSORY FUNCTION: denies any difficulties with sensory function.

COMMUNICATION: denies any difficulties with communication.

PHYSICAL ACTIVITY: reports fatigue

NONSPECIALIZED HAND ACTIVITIES: denies any difficulties with hand activities.

TRAVEL: denies any difficulties with travel.

SEXUAL FUNCTION: Reports difficulties with sexual function, specifically heart pounding and dizziness during intercourse and has to stop at times.

SLEEP: Reports being awoken once a night by racing heart.

REVIEW OF SYSTEMS:

CONSTITUTIONAL:	See History of the Injury. Constant fatigue. Sleep is disturbed by nocturia 3 to 4 times. No fever or chills.
HEAD:	Severe headaches. Chronic dizziness.
EYES:	Blurred vision with headaches.
EARS, NOSE AND THROAT:	Bilateral tinnitus. No change in hearing or ear pain.
NECK:	No neck pain or stiffness.
SKIN:	No itching, rashes, or sores.
HEME-LYMPHATIC:	No swollen glands, no unusual bruising or bleeding.
CARDIOVASCULAR:	See History of the Injury.
RESPIRATORY:	No chronic cough or wheezing.
GASTROINTESTINAL:	See History of the Injury. Alternating diarrhea and constipation. No vomiting, rectal bleeding, or black stools.
GENITOURINARY:	Erectile dysfunction. Capable of erection, penetration and ejaculation with more effort and less pleasure.
NEUROLOGIC:	Reports memory loss "all the time": for example, forgetting why he went into a room.
MUSCULOSKELETAL:	See History of the Injury.

PSYCHOLOGIC:

Depression and anxiety. Severe trouble with concentration due to fatigue.

PHYSICAL EXAMINATION:

GENERAL:

He was well developed, underweight and walked with the assistance of a cane.

VITAL SIGNS:

Pulse:	80, regular
Blood Pressure:	145/95
Respirations:	14
Height:	72 inches
Weight:	160 pounds
BMI:	21.7

HEAD:

There was no tenderness or deformity.

EYES:

The pupils were 3 mm, equal, round, and reactive to light and accommodation.

NECK:

The carotid pulses were tapping. There were no carotid bruits. There was a full range of motion.

BACK:

No CVA tenderness.

LUNGS:

There were no rales, wheezes, or rhonchi.

HEART:

The left ventricular impulse was in the fifth intercostal space, midclavicular line. The first heart tone was normal at the apex. The second heart tone was physiologically split. There were no murmurs.

ABDOMEN:

The abdomen was soft. There was no tenderness, masses or organ enlargement.

EXTREMITIES:

The extremities showed no cyanosis, clubbing, or edema.

NEUROLOGIC EXAM:

There was no focal weakness. The gait was normal.

FINDINGS AND DISCUSSION:

As you know, this evaluation is for claimed cardiovascular injury consequential to heat stroke that occurred on May 28, 2020. I obtained a complete history and performed a thorough physical examination. I reviewed the provided medical records. That file documents QME examinations by psychiatrist Sanjay Agarwal, MD, orthopedist William Winternitz, MD and Neurologist Mohamed Elsharif, MD. There is a Cardiology Consultation by Richard Hyman, MD. The file does not contain the previously requested medical record from Loma Linda University Hospital Medical Center or the records from the Veterans Administration Hospital, where Mr. Moore was treated for the acute injury after his initial post-injury evaluation at San Geronio Memorial Hospital on the date of the incident, I again must request those records as well as authorization for a Cardiac MRI with gadolinium and ZIO<sup>XT</sup> heart monitor to address all issues including diagnosis, causation, disability status, impairment, apportionment of causation of impairment or future medical care based on substantial medical evidence.

REVIEW OF RECORDS:

Schedule of Records:

Precision Psychiatric Evaluations

Sanjay Agarwal, M.D.

William Winternitz, M.D.

Los Angeles Cardiovascular Consultants Medical Group, Inc.

Mohamed Elsharif, M.D.

Record Summary:

A. Precision Psychiatric Evaluations

1. Initial Psychiatric Qualified Medical Evaluation, Sanjay Agarwal, M.D., January 12, 2022: The patient had an initial psychiatric evaluation on December 6, 2021. On May 28, 2020, while working for Abercrombie Pipeline, he suffered a heat stroke. This led to him experiencing a variety of physical symptoms that have continued up to the present time and have prevented him from returning to work since May 28, 2020. He experiences muscle weakness, mental fatigue, a



left-sided limp, numbness and tingling affecting all of his extremities, back pain, headaches, and increased sensitivity to sunlight, which causes nausea and profuse sweating. He also noticed decreased levels of memory and concentration, trouble with his coordination, dizziness, decreased sensation to touch, digestive changes, and sexual dysfunction. Upon mental status examination, he had a self-reported weight of 150 pounds. He scored 17 out of 24 on the Epworth Sleepiness Scale, which suggests that he has excessive daytime sleepiness and 26 on the Insomnia Severity Index, which suggests he has severe insomnia. ROS: Symptoms include: sweats, fatigue, recent unexpected weight loss, trouble sleeping, blurred or double vision, eye pain, sensitivity to light, ringing in ears, chest pain (not at the time of examination), palpitations, shortness of breath on exertion (not at the time of examination), chronic shortness of breath, persistent nausea or vomiting, diarrhea, constipation, change in appearance in stool, chronic abdominal pain, increased frequency of urination, urinating more than twice a night, difficulty getting or maintaining an erection, and decreased desire for sexual intercourse. Diagnoses: Axis I - Adjustment disorder with mixed anxiety and depressed mood, chronic. Axis II - Deferred. Axis III - See past medical history. Axis IV - Chronic pain, occupational impairment, and financial difficulties. Axis V - GAF 63, which translates to a WPI score of 11. Causation: The patient sustained a variety of physical injuries affecting various organ systems that are consistent with his complaints. On a preliminary basis, the current psychiatric injury is predominantly industrial in nature. Apportionment is deferred.

2. Supplementary Psychiatric Report, Sanjay Agarwal, M.D., February 16, 2022: Additional medical records have been provided for review. Mental health records from VA medical center between 2012 and 2016, documented that the patient had difficulty with insomnia and his anxiety appeared to be related to fear of his heart problems, which could be triggered by palpitations or other similar symptoms. On June 4, 2021, he was diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder, with Panic, Chronic Sleep Deprivation, and Chronic Issues with his kidneys, bladder, intestines due to episodes following the events of "May 20, 2020". As per the notes from 2012 until 2017, he harbored a significant concern with his cardiac condition, Wolff-Parkinson-White syndrome. By 2018, he no longer fears sudden death from his cardiac condition. On May 28, 2020, he was diagnosed with rhabdomyolysis and acute kidney failure. On December 16, 2020, per an Internal Medicine PQME Report, it was determined that the patient was TTD and causation of his damage to his body muscles, kidneys, and other body parts were 100% industrial.

B. William Winternitz, M.D.

1. Panel Qualified Medical Evaluation, M.D., February 24, 2022: On May 28, 2020, while he was at work doing a very strenuous activity in a 115-degree weather, he felt his whole body completely locked up and heatstroke. He was taken to the emergency room at St. Gregorian Hospital, where he underwent surgical treatment and was referred to the Veterans Hospital afterwards. He has not been able to return to work. Present Complaints: He complains of generalized pain over his entire body, which includes his "kidneys, neck, arms, hands, legs, abdomen, and the muscles over his entire body." It has a sharp, burning, and stabbing sensation. His neck pain associated with spasm and walking has a spasmodic feeling, rated as 10. He has shoulder pain, which rated as 4/10 and radiates to the front of his chest. He also complains of left arm pain associated with the arm "locking up and fatiguing easily", with spasms and intermittent numbness in his hand. His low back pain is central and radiates to his groin and thigh. Lastly, left leg pain associated with burning, spasms, pins, needles, and pain radiating from the lateral thigh to the calf. He also experiences cramping in his foot. Activities of Daily Living: He rated sleep and fly as 3 on the ADL scale, which indicates unable to perform the activity. ROS: Relevant for chest pain, numbness and tingling, headaches, anxiety, nausea, vomiting, pain, sudden weight loss, change in bowel habits, loss of appetite and unusual stress, urinary frequency, urgency, and nocturia. Diagnoses: 1. Apparent panic disorder with preexisting component as a result of his heat stroke. 2. Musculoskeletal problems after heat stroke: neck strain, left arm paresthesias, low back pain, left leg pain, at risk for further cardiac disease. Causation: The issues are clearly related to the episode of heat stroke or exercise-induced heart stroke while over-exerting himself in 115 degree weather. Permanent and Stationary Status: He has not reached P&S status. Work Status: He can work with restrictions including no work outside in the sun, no lifting more than ten pounds, no climbing, no repeating bending or squatting, and no repetitive use of either hand. Plan: He has been recommended for cognitive behavioral therapy comprehensive evaluation and appropriate psychological treatment. He requires MRI scans of the cervical and lumbar spine, as well as electromyography nerve conduction velocity of the upper and lower extremities to evaluate muscle/nerve damage as a result of heatstroke. He has been recommended to see a cardiologist on an ongoing bases as he has an increased risk of acute myocardial infarction or acute ischemic stroke as a result from the heatstroke.

C. Los Angeles Cardiovascular Consultants Medical Group, Inc.

1. Consultation to Assume Treatment, Richard Hyman, M.D., June 15, 2022: The patient had a heat stroke on May 28, 2020. On May 20, in the heat, he experienced muscle cramps. That night, he was hospitalized for 3-4 days. He was told he have rhabdomyolysis and acute renal failure. He also claims that his brain is on fire. No heart problem mentioned and he has no chest pain. He claims that his left side locks up when he exercises. He sleeps on one pillow, does not wake up short of breath, and gets up 4-5 times to urinate. His WPW was treated when he was 22 years old. Family History: His family has a history of cancer. Social History: He does not drink coffee nor alcohol. He smoked occasionally when he was in the Marine Corps. ADL: He takes melatonin to help him sleep. It takes him four hours to fall asleep and he gets up once and is not able to go back to sleep. He gets 3-4 hours of sleep at night and does not nap, snore, or have apnea. His Epworth Score is 12. PE: BP: 130/80. PR: 80. WT: 150. Laboratory Studies: Kidney function was normal. ECG, chest x-ray and PFTs were normal. Diagnoses: 1. Heat stroke. 2. Posttraumatic stress disorder. 3. Wolff-Parkinson-White syndrome, status post radiofrequency ablation. Discussion: He described having a heat stroke with acute renal failure but his kidney function was normal. He may have to be evaluated psychologically, neurologically, and orthopedically. His symptoms are highly atypical and not consistent with an episode of heat stroke.

D. Mohamed Elsharif, M.D.

1. Panel Qualified Medical Evaluation in the Specialty of Neurology, July 1, 2022: On May 28, 2020, the patient experienced cramps all over his body and started sweating profusely, then suddenly collapsed while at work. He was brought to the hospital and reports that he felt delirious at the time. Diagnostic tests were conducted and he was told he was having kidney failure and was kept overnight in the hospital for observation. He was transferred to a different facility and was hospitalized for another day and a half. He was prescribed gabapentin and naproxen and discharged home. Since his injury, he has experienced sensitivity to heat, excessive sweating, high blood pressure, headaches, numbness and tingling in his bilateral hand, nausea, chest and abdomen pain, and nerve pain in his left leg when he gets spasms. On May 19, 2022, he was hospitalized due to elevated blood pressure and heart rate. He was given Ativan as medication. Current Complaints: He complains of headaches that are rated 3/10 on good days and 10/10 on bad days, associated with dizziness, nausea, and light and sound sensitivity. It is aggravated by loud noises and bright lights and alleviated with

CBD oil and medications. He also complains of intermittent pressure-like chest pain radiating to the abdomen. The pain is present 20% and rated 10/10 on most days. CBD oil and medications alleviate his pain. Moreover, he sleeps about three hours a night due to the pain and does not doze off during the day. He has a history of heart disease and had a heart ablation in 2014. Current Medications: Gabapentin 400 mg, naproxen 500 mg, and Ativan 1 mg. ROS: He reports nausea as well as headaches and dizziness. WT: 154.6. HR: 96. BP: 125/84. Diagnoses: 1. Heatstroke. 2. Rhabdomyolysis. 3. Migraine headaches. 4. Paresthesia. 5. Insomnia. Discussion: He complains of insomnia post injury. On review of medical records, the patient has 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. Cardiac, kidney, and excretory complaints will be deferred to cardiology and internal medicine, respectively. Psychiatric complaints will be deferred to psychiatry. Causation of Injury: His condition is attributed to the claimed industrial injury. Disability status: Not P&S at this time and has not reached maximal medical improvement. He is TPD from a neurological perspective as of the date of evaluation. Further treatment with amitriptyline/nortriptyline (tricyclic antidepressant) is recommended. The patient should return for re-evaluation after the treatment has been tried for at least two months. Work Restrictions: No work in the sun, prolonged walking, lifting more than 10 pounds (particularly in the left upper extremity), climbing, repetitive bending, squatting, crouching, and repetitive use of hands or feet. Frequent short 2–3-minute breaks every hour for hydration. Apportionment: Discussion of apportionment is premature since the patient is not yet P&S.

If I may be of any further assistance in the evaluation of this individual, please do not hesitate to contact me.

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RE: Branden Moore  
DATE: March 31, 2023

Sincerely,



Jeffrey F. Caren, M.D., F.A.C.C.

Attending Cardiologist,  
Cedars-Sinai Smidt Heart Institute

JFC

cc:

Branden Moore  
292 Finnhorse Street  
Hemet, CA 92545

**DISCLOSURE:**

*I declare under penalty of perjury that the names and qualifications of each person who performed any services in connection with this report, including diagnostic studies, other than clerical preparation, are as follows: EDATA assists in excerpting from the medical records, with the records being reviewed by me personally. Laboratory services are performed by Cedars-Sinai Clinical Laboratory and/or Quest Diagnostics. EKG, pulmonary function testing and EKG stress testing are performed by Erika Aguirre, Kahlia Bundle, Nancy Hernandez, and/or Arusyak Sahakyan under my supervision. Arusyak Sahakyan, RDSC at COR Medical Group, an IAC accredited echocardiography laboratory, records the echocardiogram and or vascular sonar studies, which I interpret. I wrote this report. By my signature, I certify that all findings, opinions and conclusions expressed in this report are mine and were derived by me from my personal examination of the patient.*

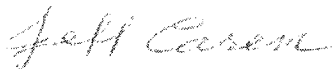
*The evaluation performed and the time spent performing such evaluation was in compliance with the guidelines established by the Division of Workers' Compensation Medical Unit or the Administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2.*

*Pursuant to Labor Code Section 4628 (k), it is to be known that I devote at least one-third of my total practice time to providing direct medical treatment and I have served as an Agreed Medical Evaluator (AME) on eight (8) or more occasions in the last 12 months.*

*Pursuant to Labor Code 5703 (a) (2), I declare under penalty of perjury that there has been no violation of Labor Code 139.3.*

*Further, 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 I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, except as noted herein, and that I believe it to be true.*

Signed in the County of Los Angeles,



Jeffrey F. Caren, M.D., F.A.C.C.

4/25/2023

Date