



**Audra Karim vs. Cal Ned, Inc.**

August 31, 2022

Gusta V. Salkinder, M.D.

ICR Job No. 240623

STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD

Audra Karim,  
Applicant,  
VS.  
Cal Ned Inc; Chubb Group Los Angeles,  
Defendants.

DEPOSITION VIA ZOOM OF GUSTAV SALKINDER, M.D.  
WEDNESDAY, AUGUST 31, 2022, 9:03 A.M.  
HESPERIA, CALIFORNIA

Remotely Reported by Rachel Richards, CSR No. 13951  
Job No. 240623

STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD

Audra Karim,  
Applicant,  
VS.  
Cal Ned Inc; Chubb Group Los Angeles,  
Defendants.

DEPOSITION VIA ZOOM OF GUSTAV SALKINDER, M.D.,  
taken at Hesperia, California, on Wednesday,  
August 31, 2022, at 9:03 a.m., before Rachel Richards,  
Certified Shorthand Reporter, in and for the State of  
California.

1 APPEARANCES:  
2 (PRESENT VIA ZOOM)

3 For the Applicant:

4 VISIONARY LAW GROUP LLP  
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10 For the Defendants:

11 HARRISON, EICHENBERG & MURPHY  
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WITNESS: Gustav Salkinder, M.D.

EXAMINATION

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By Mr. Pease

5

INFORMATION REQUESTED

( NONE )

DOCUMENTS REQUESTED

( NONE )

WITNESS INSTRUCTED NOT TO ANSWER

( NONE )

EXHIBITS

( NONE )

1 WEDNESDAY, AUGUST 31, 2022, 9:03 A.M.

2 HESPERIA, CALIFORNIA

3  
4 GUSTAV SALKINDER, M.D.,

5 having been first duly sworn, testifies as follows:

6  
7 EXAMINATION

8 BY MR. PEASE:

9 Q Good morning, Dr. Salkinder.

10 My name is Ethan Pease. I'm an attorney from  
11 Visionary Law Group. We represent Audra Karim.

12 You were the qualified medical evaluator in  
13 this case; is that correct?

14 A That's correct.

15 Q And have you had your cross-examination taken  
16 before, Doctor?

17 A Yes, on many occasions.

18 Q Are you comfortable waiving with the -- or  
19 dispensing with the normal admonitions at this time?

20 A Yes.

21 Q Thank you.

22 And I see a report from you with a date of  
23 evaluation July 13th of 2021, report date July 29th of  
24 2021.

25 Is that the only report you have authored in

1     this matter, sir?

2           A     Yes.

3           Q     So I have a few questions for you today, and I  
4     think Defendant and I have a request for you to add some  
5     clarification after review of some supplemental  
6     information.

7                     Let's start with my questions.

8                     If you can turn to page 7 of this report,  
9     Doctor.

10          A     Yes.

11          Q     Under chief complaints, the applicant at the  
12     time of your examination, would you agree that she  
13     represented with radiating pain from the lower back down  
14     the left leg with occasional tingling of the left foot?

15          A     Yes.

16          Q     Now, Doctor, when you chose to provide her a  
17     rating, although your report doesn't specifically state  
18     this, on page 31 it appears that you placed her under  
19     DRE Category 2, eight percent with a two percent add-on  
20     for pain; is that accurate?

21          A     That's correct.

22          Q     Now, can you explain to me why Category 2 was  
23     used in lieu of a Category 3 based on her presentation  
24     with radicular symptoms?

25          A     I mean, the rationale is described in the basic

1 report of impairment rating. I think you should have  
2 that too. This was attached to the report, basically  
3 report of impairment rating dated 7/29/2021.

4 And basically, the reason for selecting lumbar  
5 spine DRE Category 2 was selected using the following  
6 criteria: There was some asymmetric loss of range of  
7 motion and the positive MRI findings, but the patient  
8 did not really have any documented radiculopathy on  
9 physical examination. I don't think she had any  
10 findings -- neurological findings, yeah.

11 So basically, you know, she did have  
12 complaints -- non-verifiable radicular complaints, and  
13 taking into account her overall functioning and the  
14 activities of daily living, I felt -- I felt that DRE  
15 lumbar Category 2 most accurately -- most accurately  
16 represented the patient's impairment with regard to the  
17 lumbar spine.

18 Q So, Doctor, are you aware of the method by  
19 which the AMA Guides Fifth Edition allows or requires, I  
20 should say, radiculopathy to be verified?

21 A I mean, it's not required. If there is a  
22 clinical indication to verify it, then I order the  
23 appropriate tests. But if it's just the -- if there are  
24 no findings on physical examination indicating any  
25 neurological findings, I do not normally routinely order



1 diagnostic studies, which are expensive, and really do  
2 not add much information in this kind of scenario with a  
3 completely normal physical exam.

4 Q So show me in the report, page number, please,  
5 where this was a completely normal physical exam.

6 I'm looking at page 11 of your physical  
7 examination, which seems to be quite a bit of bold and  
8 quite a bit of positive findings.

9 Can you explain to me how it would in your  
10 opinion indicate a completely normal evaluation?

11 A I didn't say completely normal. Maybe I  
12 misspoke, but this is normal in terms of neurological  
13 findings. She did not have any neurological sensory or  
14 motor findings on physical examination.

15 In this kind of test --

16 Q What tests -- what tests did you do to check  
17 for that?

18 A There's, you know, the tests listed on page --  
19 on page -- okay. So basically you could do a sensory  
20 evaluation using the, you know, light touch, the brush,  
21 and Wartenberg wheel testing and then you do the -- all  
22 the muscle group testing. This is for muscle strength  
23 and any deficits and muscle strength recorded so this is  
24 all on page 13.

25 She did not have any abnormal sensation in any

1 dermatomes in the legs, or she did not have any deficit  
2 in muscle strength.

3 Q And you're comfortable with these findings as  
4 we sit here -- what's today's date -- the end of August  
5 of 2022?

6 You're basing your opinions, essentially, on a  
7 physical examination in 2021 and a MRI from 2019; is  
8 that accurate?

9 A I mean, I saw her in 2021. It was already two  
10 years after the injury so I'm comfortable -- I was very  
11 comfortable providing the rating that I did.

12 Taking into account that she continued working  
13 for multiple employers and all that, I think I was more  
14 than generous and reasonable in giving her ten percent  
15 based on --

16 Q Sir, I'm not asking -- I'm not asking for your  
17 opinion on how generous you are. You're not answering  
18 the question. If you can please stick to the task.

19 Your evaluation -- let me restate the question  
20 because apparently it was confusing.

21 Your findings were based in part on your  
22 physical examination, which is in July of 2021, and a  
23 MRI, which was March of 2019; is that accurate, yes or  
24 no?

25 A No, it's not -- I mean, in part, yes, but it's

1 not just --

2 Q Okay. A yes or no is all I need, sir.

3 Thank you.

4 A In part, like you said, yes, but much more goes  
5 into the -- into the, you know, evaluation and providing  
6 the rating than just those two factors that you  
7 mentioned.

8 Q Sir, I believe you based your findings on  
9 exactly those two things.

10 So if there was something other than your  
11 physical examination and a MRI in 2019, please clarify  
12 what you're referring to that you relied upon for this  
13 evaluation.

14 A I relied upon the, you know, history obtained  
15 by the patient. I mean, this is very important. You  
16 know, I spent significant amount of time taking history  
17 from the patient.

18 And obviously she was quite functional after  
19 all these injuries. I mean, she was working and  
20 performing her regular job duties for multiple employers  
21 for short periods of times and not that limited with  
22 activities of daily living.

23 So this all goes into consideration, not just  
24 the MRI and the physical exam. All this goes into  
25 consideration when I select the appropriate rating for a

1 particular body part or body function.

2 Q So let's talk about your causation analysis.  
3 You believe this to be a cumulative trauma  
4 injury and not a specific incident; correct?

5 A That's correct.

6 Q Now, you have not been provided with all her  
7 employment records immediately preceding and also  
8 subsequent to the alleged 2019 injury; is that also  
9 accurate?

10 A That's accurate.

11 Q Now, would you agree, though, that all  
12 employers during that period should be included in this  
13 alleged CT that we're talking about?

14 A I mean, I mentioned that in the apportionment  
15 section that there is a contribution from --

16 Q Sir. Sir, focus on my question.

17 A Yes.

18 Q It's a yes-or-no question.

19 A The yes-or-no question is ambiguous.

20 Q Now, you've already admitted you don't have all  
21 the records from the various employers; correct?

22 A That's correct.

23 Q So instead of making a finding and pointing the  
24 finger at the only employers that you're aware of,  
25 wouldn't you agree that it would be appropriate to

1 review all employment records during that time frame  
2 before you make this determination?

3 A I think that's an accurate statement. I would  
4 agree with that.

5 Q Now, as to this CT, you are taking it a step  
6 further. Not only are you saying it's a CT involving  
7 multiple employers but you are saying you can clearly  
8 articulate to which employer the PD is apportioned  
9 within that CT; is that accurate?

10 A I mean, yes, that's accurate. That's what I  
11 put on page 32.

12 Q Now, would you -- perhaps to oversimplify it  
13 here, your findings as of now and notwithstanding any  
14 change in your opinion is 90 percent industrial, ten  
15 percent nonindustrial, and of the 90 percent, there's  
16 further apportionment between various employers as far  
17 as the information you received?

18 A That's correct.

19 Q So I believe there was at least a proposal to  
20 send a comprehensive list of all employers with dates of  
21 employment.

22 Once you receive that, the parties will  
23 endeavor to write a cover letter so you can compare that  
24 with Applicant's testimony at her depo and your physical  
25 examination to add further clarification as to which

1 employers would be, quote unquote, responsible for this  
2 injury; okay?

3 A Okay. That's I think -- I think that's a fair  
4 statement.

5 Q Now, my client has not been able to undergo  
6 much treatment based on her financial situation over the  
7 past couple of years and in her words is still  
8 significantly symptomatic.

9 Is there any updated testing -- I understand  
10 you don't feel the need for a nerve study. Even though  
11 I didn't ask that question, I can tell that's where you  
12 were headed.

13 Let me ask it now. Do you feel the need to  
14 conduct a nerve study EMG/NCV of the lower extremities  
15 at this time?

16 A I mean, without seeing the patient, I would not  
17 order that. I have to reevaluate the patient and  
18 determine what is required in, you know, September of --  
19 September of 2022 or later.

20 So I don't know what her current condition is,  
21 what is going on, so I don't randomly order tests.

22 Q So would you agree that based on the  
23 information that you have, it may be a good idea to  
24 conduct a reexamination of the applicant at this time,  
25 or you would defer that until you review the employment

1 records?

2 A I think with the -- because I still have to  
3 generate a report, so I think it would be better to  
4 review the employment records first so that would be  
5 included in the report.

6 Or if there is any kind of urgency, then the  
7 parties can request -- request my office for, you know,  
8 reevaluation date, and I can see her without the records  
9 and just based on the evaluation, order the appropriate  
10 tests, if needed.

11 So it depends on the urgency of the situation  
12 so, you know, we can proceed either way. It would be  
13 better --

14 Q Go ahead.

15 A For completeness sake, it would be better to  
16 evaluate first the employment records and then see the  
17 applicant.

18 Q So the records, I believe Defendant and I have  
19 an agreement that you need to see them.

20 We may or may not agree on whether reeval is  
21 needed.

22 So let me say it this way: In our cover  
23 letter, I'll pose a question that if you feel a reeval  
24 of the applicant would be the most accurate way to  
25 assess her current level of disability, just answer that

1 yes or no in your supplemental after reviewing the  
2 employment records; is that fair?

3 A Yes.

4 MR. PEASE: Okay. Counsel, do you want to ask  
5 some questions?

6 MR. FUNK: No questions, Counsel.

7 I would just like to reserve our right to  
8 schedule the deposition of this doctor should that be  
9 necessary in the future.

10 MR. PEASE: Of course.

11 Okay. So, Doctor, do you want to sign the  
12 transcript from today?

13 THE WITNESS: No. I can waive the signature,  
14 but I would like the complete copy -- full copy to be  
15 mailed to my mailing address, which is 16250 Ventura  
16 Boulevard, Suite 255, Encino, California 91436.

17 MR. PEASE: Okay. Fair enough.

18 So at this point, I will propose that we  
19 relieve the court reporter of her duties under the Code  
20 of Civil Procedure.

21 Original transcript to my office with certified  
22 copies to defense counsel and a full-size copy to the  
23 doctor who has waived signature.

24 And if I lose my original, we can use a  
25 certified copy in its place for any purpose.



1                   So stipulated?

2                   MR. FUNK:   So stipulated.

3                   (Deposition concluded at 9:17 a.m.)

DECLARATION UNDER PENALTY OF PERJURY

I, Gustav Salkinder, M.D., do hereby certify under penalty of perjury that I have reviewed the foregoing transcript of my deposition taken on August 31, 2022; that I have made such corrections as appear noted herein in ink; that my testimony as contained herein, as corrected, is true and correct.

DATED this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, at \_\_\_\_\_, California.

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Gustav Salkinder, M.D.

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Signature \_\_\_\_\_

[illegible]

REPORTER'S CERTIFICATION

I, Rachel Richards, Certified Shorthand Reporter in and for the State of California, do hereby certify:

That the foregoing witness was by me duly sworn; that the deposition was then taken before me at the time and place herein set forth; that the testimony and proceedings were reported stenographically by me and later transcribed into typewriting under my direction; that the foregoing is a true record of the testimony and proceedings taken at that time.

IN WITNESS WHEREOF, I have subscribed my name on this date: 6th day of September, 2022



---

Rachel Richards, CSR No. 13951

**DEPONENT'S CHANGES/CORRECTIONS**

Note: If you are adding to your testimony, print the exact words you want to add. If you are deleting from your testimony, print the exact words you want to delete. Specify with "Add" or "Delete" and sign this form.

[illegible]

**Deponent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_