

1 **WORKERS' COMPENSATION APPEALS BOARD**

2 **STATE OF CALIFORNIA**

3
4 **MARISSA GONZALEZ-ORNELAS,**

5 *Applicant,*

6 vs.

7 **COUNTY OF RIVERSIDE,**

8 *Defendant.*

Case Nos. **ADJ4 227596 (POM 0281890) MF**
ADJ3 720208 (POM 0281889)

**OPINION AND ORDER
GRANTING APPLICANT'S
PETITION FOR RECONSIDERATION
AND DECISION AFTER
RECONSIDERATION**

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11 Applicant seeks reconsideration of the January 20, 2016 Joint Findings And Order of the workers'
12 compensation administrative law judge (WCJ) who denied applicant's October 12, 2015 appeal of the
13 September 11, 2015 Independent Medical Review (IMR) determination denying authorization for
14 Synvisc knee injections as requested by applicant's treating physician Brent D'Arc, M.D. on July 23,
15 2015, and denied by defendant's utilization review (UR) on July 30, 2015, based upon the findings that
16 "[t]here is no clear and convincing evidence that the determination was procured by fraud," and "[t]here
17 is no clear and convincing evidence that the determination was the result of a plainly erroneous finding of
18 fact, which erroneous finding is a matter of ordinary knowledge, and not a matter subject to expert
19 opinion."

20 It is admitted that applicant sustained industrial injury to her knees and other body parts while
21 employed by defendant as a counselor on April 20, 2004.

22 Applicant contends that her appeal of the IMR decision should have been granted pursuant to
23 Labor Code section 4610.6(h) and a new IMR ordered pursuant to Labor Code section 4610.6(i) because
24 the September 11, 2015 IMR determination was the result of fraud or a mistake of fact and was in excess
25 of the powers of the Administrative Director (AD).¹

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27 ¹ Further statutory references are to the Labor Code.

1 An answer was not received from defendant.

2 The WCJ provided a Report And Recommendation On Petition For Reconsideration (Report)
3 recommending that applicant's petition be denied.

4 Reconsideration is granted. The WCJ's decision is rescinded and applicant's appeal of the
5 September 11, 2015 IMR determination is granted pursuant to section 4610.6(h)(1) and 4610.6(h)(5) as
6 the Decision After Reconsideration.² The IMR determination incorrectly denied authorization based
7 upon the mistaken conclusion that there is no documentation that applicant is suffering from
8 osteoarthritis in her knees that has not responded to conservative treatment, contrary to the medical
9 records in the case. The matter is returned to the AD for the conduct of a new IMR in accordance with
10 this decision and section 4610.6(i).³

11 BACKGROUND

12 It is admitted that applicant sustained industrial injury to both her knees. On July 23, 2015,
13 applicant's treating physician, Dr. D'Arc, submitted a request for authorization to provide applicant with
14 Synvisc injections in both knees.⁴ Defendant submitted the request to UR, and on July 30, 2015 a UR
15 decision issued denying authorization. Applicant appealed the UR denial to IMR. On September 11,
16

17 ² Section 4610.6(h) provides in pertinent part as follows: "A [IMR] determination of the administrative director pursuant to
18 this section may be reviewed only by a verified appeal...The determination of the administrative director shall be presumed to
19 be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the following grounds for
20 appeal: (1) The administrative director acted without or in excess of the administrative director's powers. (2) The
21 determination of the administrative director was procured by fraud. (3) The independent medical reviewer was subject to a
22 material conflict of interest that is in violation of Section 139.5. (4) The determination was the result of bias on the basis of
23 race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, or disability. (5) The
24 determination was the result of a plainly erroneous express or implied finding of fact, provided that the mistake of fact is a
25 matter of ordinary knowledge based on the information submitted for review pursuant to Section 4610.5 and not a matter that
26 is subject to expert opinion."

23 ³ Section 4610.6(i) provides in pertinent part as follows: "If the [IMR] determination of the administrative director is
24 reversed, the dispute shall be remanded to the administrative director to submit the dispute to independent medical review by a
25 different independent review organization. In the event that a different independent medical review organization is not
26 available after remand, the administrative director shall submit the dispute to the original medical review organization for
27 review by a different reviewer in the organization..."

26 ⁴ Judicial notice is taken pursuant to Evidence Code section 452(h) that "Synvisc" is the brand name of a gel-like mixture
27 made from hyaluronan that is typically injected into the knee to treat osteoarthritis (website as of March 30, 2016:
<<http://www.synviscone.com/what-is-synvisc-one.aspx>>). The injections are also referred to in the IMR determination as
involving "hyaluronic acid" and "hyaluronate."

1 2015, an IMR determination issued denying authorization. On October 12, 2015, applicant appealed the
2 IMR determination pursuant to section 4610.6(h).

3 As part of her appeal of the September 11, 2015 IMR determination, applicant notes that the IMR
4 reviewer states in the determination that one of the documents "reviewed and considered" during the
5 IMR was a December 30, 2014 medical record by applicant's then primary treating physician, Thomas
6 Jackson, M.D.

7 Page four of the December 30, 2014 progress notes by Dr. Jackson states that applicant
8 complained of pain in both knees at that time and that x-rays of the knees showed "some medial
9 compartment arthritis and minimal patella-femoral arthritis." (Applicant's Exhibit 3.) On page five of
10 the notes, Dr. Jackson provides a diagnosis that includes "primary osteoarthritis of the right
11 knee...primary osteoarthritis of the left knee" and "unilateral post-traumatic osteoarthritis" of both knees.
12 (*Id.*) Dr. Jackson further documents in his notes that applicant had left knee surgery "with no real
13 decrease in her symptoms," but that she did have "definite benefit" with Synvisc injections in both knees
14 over the years, writing on page five that applicant "has undergone treatment on a very conservative basis
15 which has been complicated by her morbid exogenous obesity which also would have precluded any
16 significant intervention other than simple conservative measures as have been done." (*Id.*) Dr. Jackson
17 opined that applicant will eventually need bilateral total knee replacements, but that Synvisc injections
18 will help her symptoms until surgery and that Synvisc is recommended because applicant "does not do
19 well with cortisone." (*Id.*)

20 In her appeal of the September 11, 2015 IMR determination applicant further notes that the IMR
21 reviewer wrote that denial of authorization was because, "[t]here is no documentation that the patient
22 failed conservative therapies" and "[t]here is no documentation that the patient is suffering from
23 osteoarthritis or severe osteoarthritis that did not respond to conservative therapies." (Defendant's
24 Exhibit A.) These statements by the IMR reviewer are directly contradicted by what is set forth in
25 Dr. Jackson's December 30, 2014 notes as discussed above.

26 In her Report, the WCJ addresses applicant's contentions and explains why she did not grant the
27 appeal of the IMR in pertinent part as follows:

1 Petitioner argues, as she did at Trial, that the determination of the
2 Administrative Director was in excess of her powers as it was based on an
3 IMR determination that was 'procured by fraud' and was 'the result of a
4 mistake of fact'. (Petition, pg. 2, lines 10-13) Both of these allegations are
5 based on the same set of facts, specifically that the medical reviewer who
6 authored the IMR could not possibly have reached the conclusion that he
7 did if he had reviewed the medical reporting submitted. (Petition, pg. 4,
8 lines 8-15)

9 The allegation of fraud was not supported by any specific evidence.
10 Instead it was based on the above noted theory, that one could not possibly
11 have reviewed Dr. Jackson's reporting and still not have authorized the
12 requested treatment. Nothing else was offered to prove the conclusion that
13 the reviewer did not review the records as claimed. In support of this
14 argument Petitioner provides examples from the medical reports of Thomas
15 Jackson, M.D., pointing to his diagnosis of osteoarthritis. (Petition, pg. 2,
16 lines 23-25) Petitioner also cites examples of Dr. Jackson's discussion
17 regarding applicant's prior treatment. (Petition, pg. 3, lines 1-5) The fact
18 that this report was insufficient to persuade the reviewer that the treatment
19 was appropriate does not prove the report was never reviewed. The
20 undersigned was not persuaded that there was sufficient evidence that fraud
21 had occurred as alleged.

22 The same facts underlie Petitioner's argument that the determination was
23 the result of a plainly erroneous finding of fact. The undersigned remains
24 unconvinced that the type of factual issue Petitioner raised here in both the
25 original Appeal and the Petition for Reconsideration is one that was
26 contemplated by the language of the statute. The statute describes a
27 mistake regarding "a matter of ordinary knowledge" and "not a matter that
28 is subject to expert opinion" [Labor Code §4610(h)(5)] It seems to the
29 undersigned that the question of whether a medical report contains
30 language to support a specific diagnosis or explain a patient's response to
31 previous treatment is not a matter of ordinary knowledge, but instead one
32 which requires expert opinion. If this characterization is accurate, the
33 undersigned is not authorized to address this issue.

34 Assuming that the mistake here is considered to be one of ordinary
35 knowledge, the undersigned was not able to determine, by clear and
36 convincing evidence, that a mistake had occurred. While Petitioner does
37 provide citations as noted above to Dr. Jackson's report that refer to the
38 diagnosis of arthritis, there is also language in the report where that
39 condition is described as minimal. (Ex. 3, pg. 4, final lines) The question
40 of what treatment has been rendered without improvement is addressed by
41 Dr. Jackson. He described a transfer of care from other doctors 'where she
42 has treated for many years with little actually done for treatment except for
43 the Synvisc injections . . . which have provided only temporary relief of her
44 symptoms' . . . (Ex. 3, pg. 5, Plan section) In light of these aspects of the
45 report, the undersigned was not persuaded by clear and convincing
46 evidence that a mistake had in fact occurred.

47 Finally, Petitioner argues that the IMR determination is faulty as a medical
48 report of Dr. D'Arc, dated 8/27/15 was not forwarded to be reviewed by
49 IMR. This report was apparently received after the original records were
50 sent on 8/21/15. (Petition, pg. 5, line 15) Petitioner argues there was time

1 for the report to have been sent as well. Petitioner does point out aspects of
2 the report which could support the request for treatment, however the same
3 information was provided by Dr. Jackson. There is no clear evidence that
4 this report would have affected the result of the IMR done here.

5 DISCUSSION

6 As shown by the Report, the WCJ concluded that there was insufficient evidence of fraud to
7 support an IMR appeal on that ground as set forth in section 4610.6(h)(2) and found that the record did
8 not include clear and convincing evidence that a mistake had occurred. We agree with the WCJ's view
9 concerning the claim of fraud.⁵ However, we reach a different decision concerning the mistake of fact
10 revealed by the IMR determination.

11 The IMR determination includes a clinical case summary on page two as follows:

12 The injured worker is a 55 year old female, who sustained an industrial
13 injury on 4-20-2004. The mechanism of injury was a fall. *The injured*
14 *worker was diagnosed as having arthritis of the knee. There is no record*
15 *of a recent diagnostic study. Treatment to date has included knee*
16 *injections, left knee surgery, therapy and medication management. In a*
17 *progress note dated 7- 23-2015, the injured worker complains of knee pain.*
18 *Physical examination showed knee tenderness and crepitus with range of*
19 *motion. The treating physician is requesting Bilateral Synvisc injections-3*
20 *in each knee. (Italics added.)*

21 The information identified by the IMR reviewer in the clinical case summary is consistent with
22 the December 30, 2014 progress notes of Dr. Jackson, which documents the presence of osteoarthritis in
23 both of applicant's knees, and which shows that her condition has not responded to conservative
24 therapies other than the earlier Synvisc injections. (Defendant's Exhibit A.) That information plainly
25 and directly contradicts the IMR reviewer's stated basis for denying authorization for the Synvisc
26 injections based upon his or her assertion there is "no documentation that the patient is suffering from
27 osteoarthritis...that did not respond to conservative therapies."

Denying authorization based upon a finding that there is "no documentation" when such
documentation is, in fact, in the possession of the IMR reviewer is "a plainly erroneous express or
implied finding of fact [as] a matter of ordinary knowledge based on the information submitted for

⁵ In that we grant the appeal on other grounds as discussed herein, we enter no finding on the claim of fraud.

1 review...and not a matter that is subject to expert opinion" as described in section 4610.6(h)(5). It is also
2 an action taken "without or in excess of the administrative director's powers" as described in section
3 4610.6(h)(1). The IMR appeal should have been granted by the WCJ on both those grounds.

4 Moreover, the implication in the IMR determination that the provision of the Synvisc injections is
5 not supported by the standards set forth in section 4610.5(c)(2) is incorrect.⁶ To the contrary, the IMR
6 determination on page three cites the standard that apply to the proposed treatment as the "Non-MTUS
7 Official Disability Guidelines (ODG), Knee Chapter (Online Version), Hyaluronic acid injections." The
8 ODG standard is then described in the "Expert Reviewer's decision rationale" on page three with
9 reference to numerous studies that support the use of the proposed injections as follows:

10 According to ODG guidelines, Hyaluronic acid injections [are]
11 'Recommended as a possible option for severe osteoarthritis for patients
12 who have not responded adequately to recommended conservative
13 treatments (exercise, NSAIDs or acetaminophen), to potentially delay total
14 knee replacement...

15 [F]or management of moderate-to-severe pain in patients with knee
16 osteoarthritis...Patients with moderate to severe pain associated with knee
17 [osteoarthritis] that is not responding to oral therapy can be treated with
18 intra-articular injections. Intra-articular injections of hyaluronate are
19 associated with delayed onset of analgesia but a prolonged duration of
20 action vs injections of corticosteroids...

21 [B]eyond week 8, hyaluronic acid has greater efficacy...In patients who
22 are candidates for [total knee replacement] the need for [total knee
23 replacement] can be delayed with hyaluronic acid injections...

24 Contrary to the view expressed by the WCJ in her Report, expert opinion is not needed in order to
25 determine that the IMR decision in this case is defective. It is within the realm of ordinary knowledge to
26 conclude that it was error for the IMR reviewer to state that there is "no documentation" when such
27 documentation is part of the record, as in this case. It is also within the realm of ordinary knowledge to

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⁶ As set forth in section 4610.5(c)(2), the standards and the order they are to be applied are as follows: "(A) The guidelines adopted by the administrative director pursuant to Section 5307.27. (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service. (C) Nationally recognized professional standards. (D) Expert opinion. (E) Generally accepted standards of medical practice. (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious."

1 determine from the face of the IMR decision that the use of the injections is recommended by the ODG
2 for people who suffer from osteoarthritis in their knees, like applicant.

3 The authority of the Appeals Board to provide a remedy in this situation was recognized by the
4 Court of Appeal in *Stevens v. Workers' Comp. Appeals Bd.* (2015) 241 Cal.App.4th 1074 [80
5 Cal.Comp.Cases 1262] (*Stevens*), wherein the Court wrote as follows:

6 IMR determinations *are* subject to meaningful further review even though
7 the Board is unable to change medical-necessity determinations. The
8 Board's authority to review an IMR determination includes the authority to
9 determine whether it was adopted without authority or based on a plainly
10 erroneous fact that is not a matter of expert opinion. (§ 4610.6, subd.
11 (h)(1) & (5).) These grounds are considerable and include reviews of both
12 factual and legal questions. [F]or example... the Board could set aside the
13 determination as based on a plainly erroneous fact. Similarly, the denial of
14 a particular treatment request on the basis that the treatment is not
15 permitted by the [Medical Treatment Utilization Schedule] MTUS would
16 be reviewable on the ground that the treatment actually *is* permitted by the
17 MTUS. An IMR determination denying treatment on this basis would have
18 been adopted without authority and would thus be reviewable. (§ 4610.6,
19 subd. (h).) We therefore disagree with *Stevens* that the IMR process
20 provides 'no means to address conflicts about what constitutes medical
21 treatment' and no 'meaningful appeal to challenge an IMR decision based
22 on an erroneous interpretation of the law.' (*Stevens, supra*, 241
23 Cal.App.4th at pp. 1100-1101, italics in original.)

24 Timely provision of reasonable medical treatment is an essential element of workers'
25 compensation. (Cal. Const., Article XIV, § 4; *McCoy v. Industrial Acc. Com.* (1966) 64 Cal.2d 82, 87
26 [31 Cal.Comp.Cases 93]; *Zeeb v. Workmen's Comp. Appeals Bd.* (1967) 67 Cal.2d 496, 501 [32
27 Cal.Comp.Cases 441]; *Braewood Convalescent Hosp. v. Workers' Comp. Appeals Bd. (Bolton)* (1983) 34
Cal.3d 159, 165 [48 Cal.Comp.Cases 566]; see also, Lab. Code, § 4600.)

28 In order to assure that the treatment dispute in this case is expeditiously addressed, we order the
29 AD to provide a new IMR of the treatment forthwith in accordance with section 4610.6(i) and this
30 decision. As part of the new IMR, the ODG should be applied based upon the documentation in the
31 record, which as discussed above, appears to support the provision of the Synvisc injections.

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1 For the foregoing reasons,

2 **IT IS ORDERED** that applicant's petition for reconsideration of the January 20, 2016 Joint
3 Findings And Order of the workers' compensation administrative law judge is **GRANTED**.

4 **IT IS FURTHER ORDERED** as the Decision After Reconsideration of the Workers'
5 Compensation Appeals Board that the January 20, 2016 Joint Findings And Order of the workers'
6 compensation administrative law judge is **RESCINDED**, and the following is **SUBSTITUTED** in its
7 place:

8 **FINDINGS OF FACT**

9 1. There is clear and convincing evidence that the September 11, 2015 Independent Medical
10 Review determination of the administrative director was the result of a plainly erroneous finding of fact,
11 which erroneous finding is a matter of ordinary knowledge and not a matter subject to expert opinion as
12 described in Labor Code section 4610.6(h)(5), in that it is stated in the Independent Medical Review
13 determination that there is, "no documentation that the patient is suffering from osteoarthritis...that did
14 not respond to conservative therapies," when such documentation is, in fact, part of the record provided
15 to the reviewer.

16 2. Based on Finding 1, it is further found that the September 11, 2015 Independent Medical
17 Review determination is an action in excess of the administrative director's powers as described in Labor
18 Code section 4610.6(h)(1).

19 **IT IS FURTHER ORDERED** as the Decision After Reconsideration of the Workers'
20 Compensation Appeals Board that applicant's appeal of the September 11, 2015 Independent Medical
21 Review determination is **GRANTED** pursuant to Labor Code sections 4610.6(h)(1) and Labor Code
22 section 4610.6(h)(5).

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1 IT IS FURTHER ORDERED as the Decision After Reconsideration of the Workers'
2 Compensation Appeals Board that applicant's dispute with defendant's July 30, 2015 Utilization Review
3 Determination denying Synvisc knee injections is hereby remanded to the Administrative Director
4 pursuant to Labor Code section 4610.6(i) for Independent Medical Review by a different reviewer in
5 accordance with this decision.

6 WORKERS' COMPENSATION APPEALS BOARD

7
8
9 Frank M. Brass

10 I CONCUR,

11 FRANK M. BRASS

12
13 [Signature]
14 DEPUTY RICHARD L. NEWMAN

15
16 [Signature]
17 MARGUERITE SWEENEY



19 DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

20
21 APR 06 2016

22 SERVICE MADE ON THE ABOVE DATE ON THE PERSONS LISTED BELOW AT THEIR
23 ADDRESSES SHOWN ON THE CURRENT OFFICIAL ADDRESS RECORD.

24 MARISSA GONZALEZ-ORNELAS
25 ROSE KLEIN & MARIAS
26 HANNA BROPHY ET AL.
27 ADMINISTRATIVE DIRECTOR

27 JFS/abs [Signature]

STATE OF CALIFORNIA
Division of Workers' Compensation
Workers' Compensation Appeals Board

CASE NUMBER: ADJ4227596; ADJ3720208
POMONA DISTRICT OFFICE

MARISSA GONZALEZ

-vs.-

RIVERSIDE COUNTY
DEPARTMENT OF SOCIAL
SERVICES;

Permissibly self-insured;

WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE: Catherine J. Coutts

DATE: February 18, 2016

REPORT AND RECOMMENDATION
ON PETITION FOR RECONSIDERATION

Applicant, born _____ while employed by County of Riverside sustained injury arising out of, and occurring in the course of employment on April 20, 2004 to her left knee, right elbow and right knee and on October 21, 2004 to her left knee, right elbow, right ankle and right knee.

Decision issued herein on January 20, 2016.

Applicant has filed a timely Petition for Reconsideration, objecting to said decision in the following particular:

1. Petitioner contends that the undersigned erred by not granting applicant's Appeal from an Independent Medical Review (IMR) Determination.

FACTS ON DISPUTED ISSUE(S)

Applicant's treating physician recommended a specific type of treatment for applicant's bilateral knee complaints, described as Synvisc injections. The request for treatment was submitted to Utilization Review (UR), which denied authorization for the treatment. Applicant appealed and requested Independent Medical Review (IMR). Decision was issued by IMR upholding the UR denial. Applicant then filed an IMR Appeal, raising issues concerning the review of medical records

by the IMR. Trial was held on the limited issue of the IMR Appeal. A decision was issued finding that applicant had not met the burden of proof for any of the grounds on which the IMR Appeal was based.

DISCUSSION

Petitioner argues, as she did at Trial, that the determination of the Administrative Director was in excess of her powers as it was based on an IMR determination that was “procured by fraud” and was “the result of a mistake of fact”. (Petition, pg. 2, lines 10-13) Both of these allegations are based on the same set of facts, specifically that the medical reviewer who authored the IMR could not possibly have reached the conclusion that he did if he had reviewed the medical reporting submitted. (Petition, pg. 4, lines 8-15)

The allegation of fraud was not supported by any specific evidence. Instead it was based on the above noted theory, that one could not possibly have reviewed Dr. Jackson’s reporting and still not have authorized the requested treatment. Nothing else was offered to prove the conclusion that the reviewer did not review the records as claimed. In support of this argument Petitioner provides examples from the medical reports of Thomas Jackson, M.D., pointing to his diagnosis of osteoarthritis. (Petition, pg. 2, lines 23-25) Petitioner also cites examples of Dr. Jackson’s discussion regarding applicant’s prior treatment. (Petition, pg. 3, lines 1-5) The fact that this report was insufficient to persuade the reviewer that the treatment was appropriate does not prove the report was never reviewed. The undersigned was not persuaded that there was sufficient evidence that fraud had occurred as alleged.

The same facts underlie Petitioner’s argument that the determination was the result of a plainly erroneous finding of fact. The undersigned remains unconvinced that the type of factual issue Petitioner raised here in both the original Appeal and the Petition for Reconsideration is one that was contemplated by the language of the statute. The statute describes a mistake regarding “a matter of ordinary knowledge” and “not a matter that is subject to expert opinion” [Labor Code §4610(h)(5)] It seems to the undersigned that the question of whether a medical report contains language to support a specific diagnosis or explain a patient’s response to previous treatment is not a matter of ordinary knowledge, but instead one which requires expert opinion. If this characterization is accurate, the undersigned is not authorized to address this issue.

Assuming that the mistake here is considered to be one of ordinary knowledge, the undersigned was not able to determine, by clear and convincing evidence, that a mistake had occurred. While Petitioner does provide citations as noted above to Dr. Jackson's report that refer to the diagnosis of arthritis, there is also language in the report where that condition is described as minimal. (Ex. 3, pg. 4, final lines) The question of what treatment has been rendered without improvement is addressed by Dr. Jackson. He described a transfer of care from other doctors "where she has treated for many years with little actually done for treatment except for the Synvisc injections . . . which have provided only temporary relief of her symptoms" . . . (Ex. 3, pg. 5, Plan section) In light of these aspects of the report, the undersigned was not persuaded by clear and convincing evidence that a mistake had in fact occurred.

Finally, Petitioner argues that the IMR determination is faulty as a medical report of Dr. D'Arc, dated 8/27/15 was not forwarded to be reviewed by IMR. This report was apparently received after the original records were sent on 8/21/15. (Petition, pg. 5, line 15) Petitioner argues there was time for the report to have been sent as well. Petitioner does point out aspects of the report which could support the request for treatment, however the same information was provided by Dr. Jackson. There is no clear evidence that this report would have affected the result of the IMR done here.

CONCLUSION

It is respectfully recommended that the Petition for Reconsideration be denied.

DATE: February 18, 2016




Catherine J. Coutts
WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE

I am over age 18, not a party to this proceeding, and am employed by the State of California, DWC, Pomona District Office of the WCAB, located at 732 Corporate Center Drive, Pomona, CA 91768.

On February 22, 2016 I deposited in the United States mail at 732 Corporate Center Drive, Pomona, CA 91768, a sealed envelope containing a copy of REPORT & RECOMMENDATION ON PETITION FOR RECONSIDERATION, with postage fully paid addressed to the party or parties listed below by US Mail and/or Email service. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

By:


HANNA BROPHY, PO BOX 12488 OAKLAND CA 94604
ROSE KLEIN, PO BOX 51464 ONTARIO CA 91761