

FELLMAN & ASSOCIATES
ATTORNEYS AT LAW

5777 W. Century Blvd.
Suite 1195
Los Angeles, CA 90045

PHONE: (310) 396-5220
FAX: (310) 396-5290

March 3, 2023

Natalia Foley
WORKERS DEFENDERS LAW GROUP
751 S. Weir Canyon Rd., Ste. 157-455
Anaheim, CA 91808

Fax and U.S. Mail

Re: Alena Khamenia vs. Bloomingdale's Inc.
EAMS No(s) : ADJ17287529, ADJ17287564
Claim No(s) : 4A2302G37SS- 0001, 4A2302G36RJ- 0001
Injury Date(s) : CT 01/15/2023, CT 01/02/2023
Our File No(s) : 8934

Dear Ms. Foley:

Please be advised that the undersigned has been retained to represent Bloomingdale's Inc. in the above-captioned workers' compensation litigation.

Please direct all future correspondence to the attention of the undersigned, including, but not limited to, any and all Notices of Application, Notices of Hearing, etc.

Pursuant to the Rules of Practice and Procedure of the WCAB, we will serve upon your office copies of all medical reports in our file once we are in receipt of same.

Demand is hereby made that you serve upon this office any and all medical reports in your possession pertaining to the above-captioned claim. Please allow this to serve as a continuing demand for service of all reports in reference to this matter.

We will be in contact with you in the near term for arriving at a mutually convenient date and time for the applicant's deposition, and we look forward to working with you toward a fair and expeditious resolution of this matter.

Very truly yours,
FELLMAN & ASSOCIATES


JILLELYNN RODERICK

JMR:eg

cc: Marsha Mathews, Sedgwick

**STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM**

Case Number:	ADJ17287564
(Choose only one)	
<input type="checkbox"/> a specific injury on	<input style="width: 600px; height: 20px;" type="text"/>
	<small>(MM/DD/YYYY)</small>
<input checked="" type="checkbox"/> a cumulative trauma injury which began on	<input style="width: 400px; height: 20px;" type="text" value="07/16/2022"/>
	<small>(START DATE: MM/DD/YYYY)</small>
	and ended on <input style="width: 400px; height: 20px;" type="text" value="01/02/2023"/>
	<small>(END DATE: MM/DD/YYYY)</small>
Name(s) of Answering Party(ies)	<input style="width: 500px; height: 20px;" type="text" value="BLOOMINGDALES, INC."/>
	<small>(Please leave blank spaces between names, numbers or words)</small>

Injured Worker	
First Name*	ALENA
MI	<input style="width: 400px; height: 20px;" type="text"/>
Last Name*	KHAMENIA

Employer Information	
<input type="radio"/> Insured <input checked="" type="radio"/> Self-Insured <input type="radio"/> Legally Uninsured <input type="radio"/> Uninsured	
Employer Name	BLOOMINGDALES INC
Employer Street Address/PO Box	14060 RIVERSIDE DRIVE
City	SHERMAN OAKS
State	CA
Zip Code (Numbers Only)	91423

Insurance Carrier Information (if applicable - include even if carrier is adjusted by claims administrator)	
Insurance Carrier Name	<input style="width: 600px; height: 20px;" type="text"/>
Insurance Carrier Street Addr/PO Box	<input style="width: 600px; height: 20px;" type="text"/>
City	<input style="width: 600px; height: 20px;" type="text"/>
State	<input style="width: 400px; height: 20px;" type="text"/>
Zip Code (Numbers Only)	<input style="width: 400px; height: 20px;" type="text"/>

Claims Administrator Information (If applicable)

Claims Admin Name	SEDGWICK 14450 LONG BEACH
Claims Admin Str Addr/PO Box	PO BOX 14450
City	LEXINGTON
State	KY
Zip Code (Numbers Only)	40512

ANSWERING DEFENDANTS deny the allegations of the application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS

(Mark X if allegation is denied)

EXPLAIN BELOW

Employment

Field size limited to 129 characters

Occupation

Field size limited to 129 characters

Injury

INJURY IS DENIED. THE APPLICATION WAS FILED WITHOUT PRIOR NOTICE OF ANY INJURY.

Field size limited to 85 characters

(IF DENIAL IS BASED ON DATE OR PART OF BODY INJURED, EXPLAIN FULLY)

Insurance Coverage

Field size limited to 84 characters

(STATE IF EMPLOYER HAS BEEN NOTIFIED TO APPEAR AND DEFEND)

Liability for self-procured treatment

THE DEFENDANT HAS A CERTIFIED MPN. THE APPLICANT FAILED TO DESIGNATE TO A PTP PRIOR TO DENIAL OF CLAIM.

Field size limited to 129 characters

Liability for future medical treatment

DENY.

Field size limited to 129 characters

Medical Legal Costs

Field size limited to 129 characters

Earnings

SUBJECT TO PROOF.

Field size limited to 129 characters

Periods of Disability

DENY.

Field size limited to 84 characters

(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK).

Rehabilitation

DENY.

Field size limited to 129 characters

Supplemental Job displacement / return to work

DENY.

Field size limited to 129 characters

Permanent disability

APPORTIONMENT IS SPECIFICALLY RAISED.

Field size limited to 126 characters

(IF APPORTIONMENT IS CLAIMED, SO STATE)

1 **FELLMAN ASSOCIATES LOS ANGELES**

2 STEPHANIE LEE

3 (310) 396-5220 ext. 111

4 SLEE@FELLMANASSOCIATES.COM

5 **PROOF OF SERVICE**

6 I am employed in the County of Los Angeles, State of California. I am over the age of 18 and
7 not a party to the within action; my business address is 5777 W. Century Blvd., Suite 1195, Los Angeles,
8 California 90045, phone 310-396-5220.

9 On March 7, 2023, I served the foregoing document described as: *Answer to Application for*
10 *Adjudication of Claim, ADJ17287564*, on all other parties and/or their attorney(s) of record to this action
11 by placing a true copy thereof in a sealed envelope as follows:

12 *****SEE ATTACHED SERVICE LIST*****

13 **BY MAIL** I am a resident of, or employed in, the county where the mailing occurs; I am over
14 the age of 18 years and am not a party to the cause. I am readily familiar with the business' practice for
15 collection and processing of correspondence for mailing with the United States Postal Service. The
16 correspondence will be deposited with the United States Postal Service this same day in the ordinary
17 course of business. The address(es) shown above is(are) the same as shown on the envelope. The
18 envelope was placed for deposit in the United States Postal Service at Fellman & Associates in Los
19 Angeles, California on March 7, 2023. The envelope was sealed and placed for collection and mailing
20 with first-class prepaid postage on that date following ordinary business practices. Service made pursuant
21 to CCP § 1013a(3), upon motion of a party served, shall be presumed invalid if the postal cancellation
22 date or postage meter date on the envelope is more than one day after the date of deposit for mailing
23 contained in the affidavit.

24 **State** I declare under penalty of perjury under the laws of the State of California that the
25 foregoing is true and correct to the best of my knowledge.

26 Executed on March 7, 2023, at Los Angeles, California.

27 Eileen Galindo

28 (Print Name)


(Signature)

1 ALENA KHAMENIA VS. MACYS INC DBA BLOOMINGDALES LLC.

2 **EAMS CASE NBR(s):** ADJ17287529, ADJ17287564

3 **SERVICE LIST**

4 **WORKERS' COMPENSATION APPEALS BOARD** (*Electronically Filed*)

5 1065 N Link Suite 170

6 Anaheim, CA 92806

7 *Original Held in File*

8 **COPIES TO:**

9 Natalia Foley, Esq.

(*Facsimile & U.S. Mail Transmission*)

10 Workers Defenders Law Group

11 751 S. Weir Canyon Rd. Suite 157-455

12 Anaheim, CA 92808

13 Fax: 310-626-9632

14 Alena Khamenia

15 18444 Collins St., #3

16 Tarzana, CA 91356

17 Ms. Marsha Mathews

(*Facsimile and Email Transmission*)

18 Sedgwick Lexington

19 PO Box 14450

20 Lexington, KY 40512

21 Fax: 562-981-1760

22 Email: Marsha.Mathews@sedgwick.com

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

Companion Cases Exist Location*:

More than 15 Companion Cases Walk Thru Yes No

Date: (MM/DD/YYYY)

Case Number*: SSN(Numbers Only)

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) * (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

ADJ DEU SIF UEF SAU INT RSU

Companion Cases

Case 1:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 2:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

**STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM**

Case Number: ADJ17287529

(Choose only one)

a specific injury on

(MM/DD/YYYY)

a cumulative trauma injury which began on

03/16/2022

(START DATE MM/DD/YYYY)

and ended on

01/15/2023

(END DATE: MM/DD/YYYY)

Name(s) of Answering Party(ies)

BLOOMINGDALES, INC

(Please leave blank spaces between names, numbers or words)

Injured Worker

First Name*

ALENA

MI

Last Name*

KHAMENIA

Employer Information

Insured

Self-Insured

Legally Uninsured

Uninsured

Employer Name

BLOOMINGDALES INC

Employer Street Address/PO Box

14060 RIVERSIDE DRIVE

City

SHERMAN OAKS

State

CA

Zip Code (Numbers Only)

91423

Insurance Carrier Information (if applicable - include even if carrier is adjusted by claims administrator)

Insurance
Carrier Name

Insurance Carrier Street Addr/PO Box

City

State

Zip Code (Numbers Only)

Claims Administrator Information (if applicable)

Claims Admin Name SEDGWICK 14450 LONG BEACH

Claims Admin Str Addr/PO Box PO BOX 14450

City LEXINGTON

State KY

Zip Code (Numbers Only) 40512

ANSWERING DEFENDANTS deny the allegations of the application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS

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(IF APPORTIONMENT IS CLAIMED, SO STATE)

IT IS FURTHER ALLEGED

1. Defendants have paid disability indemnity in the total amount of \$
at the rate of \$
a week beginning through
MM/DD/YYYY MM/DD/YYYY
plus

2. Affirmative defenses and other matters : (Field size limited to 448 characters)

ALL AFFIRMATIVE DEFENSES ARE ALLEGED AND RESERVED, SPECIFICALLY
PSYCHIATRIC PREPONDERANCE STANDARD AND GOOD FAITH PERSONNEL ACTIONS
DEFENSE.

The Answer to this Application is being filed on behalf of (Please check one only)

- Employer
- Insurance Carrier
- Both

Defendant(s) do(es) not waive the right to raise additional issues in accordance with the provisions of law and the Rules of Practice and Procedure if other issues develop.

Dated:
Date (MM/DD/YYYY)

Phone Number
Signature

Firm Name	FELLMAN ASSOCIATES LOS ANGELES
Address/PO Box	5777 W. CENTURY BLVD SUITE 1195
City	LOS ANGELES
State	CA
Zip Code (Numbers Only)	90045

1 **FELLMAN ASSOCIATES LOS ANGELES**
2 STEPHANIE LEE
3 (310) 396-5220 ext. 111
4 SLEE@FELLMANASSOCIATES.COM

5 **PROOF OF SERVICE**

6 I am employed in the County of Los Angeles, State of California. I am over the age of 18 and
7 not a party to the within action; my business address is 5777 W. Century Blvd., Suite 1195, Los Angeles,
8 California 90045, phone 310-396-5220.

9 On March 9, 2023, I served the foregoing document described as: *Answer to Application for*
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22 date or postage meter date on the envelope is more than one day after the date of deposit for mailing
23 contained in the affidavit.

24 [x] **State** I declare under penalty of perjury under the laws of the State of California that the
25 foregoing is true and correct to the best of my knowledge.

26 Executed on March 9, 2023, at Los Angeles, California.

27 Eileen Galindo
28 (Print Name)

Eileen Galindo
(Signature)

1 ALENA KHAMENIA VS. MACYS INC DBA BLOOMINGDALES LLC.
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16 Tarzana, CA 91356

17 Ms. Marsha Mathews (Facsimile and Email Transmission)
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19 PO Box 14450
20 Lexington, KY 40512
21 Fax: 562-981-1760
22 Email: Marsha.Mathews@sedgwick.com