# 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

LLELYNN 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:	ADJ17287	<b>'564</b>		
(Choose only one)	<del></del>			
a specific injury on				
		(MM/DD/YYYY	F	
	a injury whic	ch began or		
	_	and ended o	(START DATE: MM/DD/YYYY) n 01/02/2023	
	d	ina enaea (	(END DATE: MM/DD/YYYY)	
Name(s) of Answering	Party(ies)	BLOOMIN	GDALES, INC.	
		(Please	eave blank spaces between names,	numbers or words)
Injured Worker				
First Name*		A	ENA	
MI				
Last Name*		K	HAMENIA	
Employer Information				
<u> </u>	O		_	S
○Insured	Self-Ins	sured	Legally Uninsured	) Uninsured
	Self-Ins     OMINGDA		Legally Uninsured	) Uninsured
	OMINGDA	LES INC	Legally Uninsured  060 RIVERSIDE DRIVE	) Uninsured
Employer Name BLC	OMINGDA	LES INC		) Uninsured
Employer Name BLC Employer Street Addre	OMINGDA	LES INC	060 RIVERSIDE DRIVE HERMAN OAKS	) Uninsured
Employer Name BLC Employer Street Addre	OOMINGDA	LES INC	060 RIVERSIDE DRIVE HERMAN OAKS	) Uninsured
Employer Name BLC Employer Street Addre City State Zip Code (Numbers O	DOMINGDA ess/PO Box	LES INC	060 RIVERSIDE DRIVE HERMAN OAKS A 423	
Employer Name BLC  Employer Street Addre  City  State  Zip Code (Numbers O	DOMINGDA ess/PO Box	LES INC	060 RIVERSIDE DRIVE HERMAN OAKS	
Employer Name BLC Employer Street Addre City State Zip Code (Numbers O	DOMINGDA ess/PO Box	LES INC	060 RIVERSIDE DRIVE HERMAN OAKS A 423	
Employer Name BLC Employer Street Addre City State Zip Code (Numbers O	nly)	LES INC  14  S  C  9  pplicable - ir	060 RIVERSIDE DRIVE HERMAN OAKS A 423	
Employer Name BLC  Employer Street Addre  City  State  Zip Code (Numbers O  Insurance Carrier Infor  Insurance  Carrier Name	nly)	LES INC  14  S  C  9  pplicable - ir	060 RIVERSIDE DRIVE HERMAN OAKS A 423	
Employer Name BLC Employer Street Addre City State Zip Code (Numbers O Insurance Carrier Infor Insurance Carrier Name Insurance Carrier Stre	nly)	LES INC  14  S  C  9  pplicable - ir	060 RIVERSIDE DRIVE HERMAN OAKS A 423	

Claims Administrator Information	(If applicable)	
Claims Admin Name   SEDGWIC	K 14450 LONG BE	ACH
Claims Admin Str Addr/PO Box	PO BOX 14450	
City	LEXINGTON	
State	KY	
Zip Code (Numbers Only)	40512	
ANSWERING DEFENDANTS der explanations as expressly set fort DENIALS (Mark X if allegation is denied)		the application as indicated below with such material allegations.  EXPLAIN BELOW
Employment		
Occupation		Field size limited to 129 characters  Field size limited to 129 characters
<b>⊠Injury</b>	INJURY IS DENII	ED. THE APPLICATION WAS FILED WITHOUT OF ANY INJURY.
∏Insurance Coverage	(IF DENIAL IS BASED ON	Field size limited to 85 characters  DATE OR PART OF BODY INJURED, EXPLAIN FULLY)
	(STATE IF EMPLOYER HA	Field size limited to 84 characters AS 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.
<u>×</u> j∟arnings	
	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	DENY.
⊠displacement / return to work	
WOIK	
	Field size limited to 129 characters
⊠Permanent disability	APPORTIONMENT IS SPECIFICALLY RAISED.
	Field size limited to 126 characters

(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				
The Answer to this Application is being filed on behalf of ( Please check one only )  • Employer				
of law and the Rules of Practice and Procedure if other issues develop.				
Dated: 03/07/2023  Date (MM/DD/YY)	<u></u>			
S JILLELYNN M RODERICK Signature	Phone Number 3103965220			
Firm Name   FELLMAN ASSOCIA	TES LOS ANGELES			
Address/PO Box	5777 W. CENTURY BLVD SUITE 1195			
City	LOS ANGELES			
State	CA			
Zip Code (Numbers Only)	90045			

## FELLMAN ASSOCIATES LOS ANGELES 1 STEPHANIE LEE (310) 396-5220 ext. 111 2 SLEE@FELLMANASSOCIATES.COM 3 4 5 6 California 90045, phone 310-396-5220. 7 8 9 10 11 BY MAIL 12 13 14 15 16 17 contained in the affidavit. 18 [x] State 19

20

21

22

23

24

25

26

27

28

PROOF OF SERVICE

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

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

#### \*\*\*SEE ATTACHED SERVICE LIST\*\*\*

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

to CCP § 1013a(3), upon motion of a party served, shall be presumed invalid if the postal cancellation date or postage meter date on the envelope is more than one day after the date of deposit for mailing contained in the affidavit.

[x] State

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

Eileen Galindo	Elean Galindo
(Print Name)	(Signature)

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

-1-

Our File No.: 8934

Claim No.: \*4A2302G37SS-0001, 4A2302G36RJ-0001

### ALENA KHAMENIA VS. MACYS INC DBA BLOOMINGDALES LLC. EAMS CASE NBR(s): ADJ17287529, ADJ17287564

WORKERS' COMPENSATION APPEALS BOARD

1 2

3

4 5

1065 N Link Suite 170 Anaheim, CA 92806

Original Held in File

**COPIES TO:** 

Natalia Foley, Esq.

Anaheim, CA 92808

18444 Collins St., #3 Tarzana, CA 91356

Ms. Marsha Mathews

Sedgwick Lexington

Lexington, KY 40512

Email: Marsha.Mathews@sedgwick.com

Fax: 562-981-1760

PO Box 14450

Fax:310-626-9632

Alena Khamenia

6

7

8

Workers Defenders Law Group 9 751 S. Weir Canyon Rd. Suite 157-455

10

11

12

13 14

15

16

17

18 19

20

21 22

23

24

25 26

27

28

**SERVICE LIST** 

(Electronically Filed)

(Facsimile & U.S. Mail Transmission)

(Facsimile and Email Transmission)

-2-

Our File No.: 8934

Claim No.: \*4A2302G37SS-0001, 4A2302G36RJ-0001

## STATE OF CALIFORNIA DWC DISTRICT OFFICE E-COVER SHEET

Companion Cases Ex	ist	Location*: CTL
More than 15 Compar	nion Cases 🗌	Walk Thru Yes ○ No ●
Date: ( MM/DD/YYYY)	03/09/2023	
Case Number*:	ADJ17287529	SSN(Numbers Only)
◯ Specific Injury	(If Specific Injury, use the start da	te 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 bo	x )*
ADJ      DEU	○ SIF ○ U	EF SAU INT RSU
Companion Cases		
Case 1:		
○Specific Injury	(If Specific Injury, use the start da	te 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 da	te 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 bega	an on	03/16/2022
		(START DATE MM/DD/YYYY)
and end	ded on	01/15/2023 (END DATE: MM/DD/YYYY)
Name(s) of Answering Party(ies) BLOC	OMINGE	DALES, INC
		ve blank spaces between names, numbers or words)
Injured Worker		
First Name*	ALEN	ENA
MI		
Last Name*	KHAN	AMENIA
Employer Information  Insured  Self-Insured  Employer Name  BLOOMINGDALES IN	1C	Legally Uninsured Uninsured
Insured • Self-Insured  Employer Name BLOOMINGDALES IN  Employer Street Address/PO Box	IC 14060	60 RIVERSIDE DRIVE
Insured • Self-Insured  Employer Name BLOOMINGDALES IN	IC 14060	
Insured • Self-Insured  Employer Name BLOOMINGDALES IN  Employer Street Address/PO Box	IC 14060	60 RIVERSIDE DRIVE
Insured • Self-Insured  Employer Name BLOOMINGDALES IN  Employer Street Address/PO Box  City	14060 SHEF	60 RIVERSIDE DRIVE ERMAN OAKS
Insured  Self-Insured  Employer Name BLOOMINGDALES IN  Employer Street Address/PO Box  City  State  Zip Code (Numbers Only)	14060 SHEF CA 91423	60 RIVERSIDE DRIVE ERMAN OAKS
Insured  Self-Insured  Employer Name BLOOMINGDALES IN  Employer Street Address/PO Box  City  State  Zip Code (Numbers Only)  Insurance Carrier Information (if applicable Insurance Carrier Name  Insurance Carrier Street Addr/PO Box	14060 SHEF CA 91423	60 RIVERSIDE DRIVE ERMAN OAKS

Claims Administrator Information	(if applicable)	
Claims Admin Name   SEDGWIC	CK 14450 LONG BE	EACH
Claims Admin Str Addr/PO Box	PO BOX 14450	
City	LEXINGTON	
State	KY	
Zip Code (Numbers Only)	40512	
ANSWERING DEFENDANTS deception as expressly set forting DENIALS (Mark X if allegation is denied)	ny the allegations o h and admit all othe	f the application as indicated below with such er material allegations.  EXPLAIN BELOW
Employment		
Occupation		Field size limited to 129 characters  Field size limited to 129 characters
⊠lnjury		ED. THE APPLICATION WAS FILED WITHOUT OF ANY INJURY.  Field size limited to 85 characters
☐Insurance Coverage		Field size limited to 84 characters AS BEEN NOTIFIED TO APPEAR AND DEFEND)

Liability for self-procured	THE DEFENDANT HAS A CERTIFIED MPN. THE APPLICANT			
<sup>i⊠</sup> treatment	FAILED TO DESIGNATE TO A PTP PRIOR TO DENIAL OF CLAIM			
	Field size limited to 129 character			
Liability for future medical	DENY.			
treatment				
	Field size limited to 129 character			
⊠Medical Legal Costs				
	Field size limited to 129 character			
⊠Earnings	SUBJECT TO PROOF.			
<del></del>				
	Field size limited to 129 character			
⊠ Periods of Disability	DENY.			
	Field size limited to 84 character			
	(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK).			
<b>∑</b> Pahahilitation	DENY.			
Rehabilitation				
	Field size limited to 129 character			
Supplemental Job	DENY.			
⊠ displacement / return to				
work				
	Field size limited to 400 absentes			
	Field size limited to 129 character			
⊠ Permanent disability	APPORTIONMENT IS SPECIFICALLY RAISED.			

Field size limited to 126 characters

IT IS FURTHER ALLEGED	
Defendants have paid disability indemnity in the total amount of \$	
at the rate of \$	
a week beginning through MM/DD/YYYY	
plus MM/DD/YYYY	
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 ACTI DEFENSE.	ONS
The Answer to this Application is being filed on behalf of ( Diocea shock are only)	
The Answer to this Application is being filed on behalf of ( Please check one only )  • Employer	
Semployer Insurance Carrier Both	
Defendant(s) do(es) not waive the right to raise additional issues in accordance with the provof law and the Rules of Practice and Procedure if other issues develop.	isions
Dated: 03/09/2023	
Date (MM/DD/YYYY)	
S JILLELYNN M RODERICK Phone Number 31039652	220
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	

#### FELLMAN ASSOCIATES LOS ANGELES 1 STEPHANIE LEE 2 (310) 396-5220 ext. 111 SLEE@FELLMANASSOCIATES.COM 3 4 PROOF OF SERVICE 5 I am employed in the County of Los Angeles, State of California. I am over the age of 18 and 6 not a party to the within action; my business address is 5777 W. Century Blvd., Suite 1195, Los Angeles, California 90045, phone 310-396-5220. 7 8 On March 9, 2023, I served the foregoing document described as: Answer to Application for Adjudication of Claim, ADJ17287529, on all other parties and/or their attorney(s) of record to this action 9 by placing a true copy thereof in a sealed envelope as follows: 10 \*\*\*SEE ATTACHED SERVICE LIST\*\*\* 11 **BY MAIL** I am a resident of, or employed in, the county where the mailing occurs; I am over 12 the age of 18 years and am not a party to the cause. I am readily familiar with the business' practice for collection and processing of correspondence for mailing with the United States Postal Service. The 13 correspondence will be deposited with the United States Postal Service this same day in the ordinary 14 course of business. The address(es) shown above is(are) the same as shown on the envelope. The envelope was placed for deposit in the United States Postal Service at Fellman & Associates in Los 15 Angeles, California on March 9, 2023. The envelope was sealed and placed for collection and mailing with first-class prepaid postage on that date following ordinary business practices. Service made pursuant 16 to CCP § 1013a(3), upon motion of a party served, shall be presumed invalid if the postal cancellation 17 date or postage meter date on the envelope is more than one day after the date of deposit for mailing contained in the affidavit. 18 [x] I declare under penalty of perjury under the laws of the State of California that the State 19 foregoing is true and correct to the best of my knowledge. 20 Executed on March 9, 2023, at Los Angeles, California. 21 Cleen Galindo (Signature) Eileen Galindo 22 (Print Name) 23 24 25 26

-1-

27

28

Our File No.: 8934

#### ALENA KHAMENIA VS. MACYS INC DBA BLOOMINGDALES LLC. 1 EAMS CASE NBR(s): ADJ17287529, ADJ17287564 2 **SERVICE LIST** 3 WORKERS' COMPENSATION APPEALS BOARD (Electronically Filed) 4 1065 N Link Suite 170 Anaheim, CA 92806 5 Original Held in File 6 **COPIES TO:** 7 (Facsimile & U.S. Mail Transmission) Natalia Foley, Esq. 8 Workers Defenders Law Group 751 S. Weir Canyon Rd. Suite 157-455 Anaheim, CA 92808 10 Fax:310-626-9632 11 Alena Khamenia 12 18444 Collins St., #3 Tarzana, CA 91356 13 (Facsimile and Email Transmission) Ms. Marsha Mathews 14 Sedgwick Lexington 15 PO Box 14450 Lexington, KY 40512 16 Fax:562-981-1760 Email: Marsha.Mathews@sedgwick.com 17 18 19 20 21 22 23 24 25 26

-2-

27

28

Our File No.: 8934

Claim No.: \*4A2302G37SS-0001, 4A2302G36RJ-0001