



Qualified Medical Evaluator Complaint Form

Department of Industrial Relations
Division of Workers' Compensation - Medical Unit
P. O. Box 71010
Oakland, CA 94612

Instructions for Completing this Complaint Form

1. Legibly print or type all information.
2. Provide the name of the Qualified Medical Evaluator and the date of the evaluation.
3. Provide the address where the evaluation was performed.
4. If you are complaining about the contents of the report or the way the evaluation was conducted, please include the medical report of the QME, if available.
5. Please sign and date the complaint form.

NOTICE: Except for the name of the physician, the remainder of the information requested is voluntary; however, the failure to provide the requested information may delay or prevent the investigation of your complaint. Please provide as much information as possible in your complaint. The Division of Workers' Compensation will use the information in your complaint in part to determine whether a violation of state law has occurred. If a violation is substantiated, the information may be transmitted to other government agencies.



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(For DWC use only)

COMPLAINT AGAINST

TODD Physician's First Name KATZMAN Physician's Last Name

1211 W LA PALMA AVE SUITE 508 Address where the Evaluation took place

ANAHEIM CA City 92801 Zip Code 714-491-36 Phone Number

Sep 12, 2016 Date of Evaluation QME Panel Number

Panel Qualified Medical Evaluation [checked] Agreed Medical Evaluation [unchecked]

COMPLAINANT

ALAN First Name EGER Last Name

1423 W HOLGATE DR Mailing Address

ANAHEIM City CA State 92802 Zip Code

714-343-0003 Daytime Phone Number Fax Number egeralan@aol.com E-mail Address

If you are making a complaint and you are not the injured worker, please list the name of the injured worker.

Name of Injured Worker: ALAN EGER

INFORMATON ABOUT THE CLAIM

If you are the injured worker, please list the name of the insurance company/employer and the name and telephone number of your claims adjuster.

LISA ARMENDAREZ Name of Claims Adjuster 866-401-9222 Phone Number of Claims Adjuster

THE HARTFORD Insurance Company or Employer YMQ43423C Claim Number

If your complaint involves an examination performed by a Qualified Medical Examiner in a case pending before the Workers' Compensation Appeals Board, please list the case and the case number. If the WCAB has held a hearing or issued any orders about this examination, please attach the minutes of hearing or the Board order to this complaint.

ALAN EGER vs. TRIACE BICYCLE/ BRIDGE WAY Case Name

ADJ9876653 Case Number(s)

GIVE US THE DETAILS LOF YOUR COMPLAINT

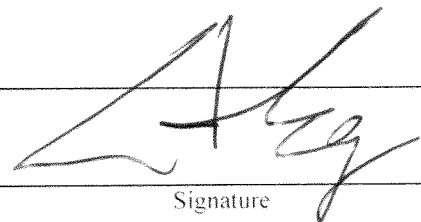
Please list the details of your complaint and attach any documents that you believe would be useful for the investigation. Use as many additional sheets paper as necessary to tell us about your complaint.

I am an applicant in WC case #ADJ9876653. On or about September 12, 2016 I visited Dr .Todd Katzman known to me to be orthopedic qualified medical evaluator, for the purposes of re-evaluation related to my worker's compensation case. On or about end of October I received a copy of his report that was full is fabricated statements, material misrepresentations and other false allegations. I believe this medical professional is in violation of all applicable ethical rules, and specifically Cal. Ins. Code § 1871.4(a)(1)(2). I also believe that there was some ex-prate communication between this doctor and the insurance company representing my employer. Throughout the entire process of my workers compensation case I was constantly complaining about the pain in my left foot, yet the insurance company was adamantly denying any treatment to this body part and even medical evaluation. It is very strange the Dr.,Katzman in his report specifically misrepresent the condition of my feet which might have no other purpose but to deny my coverage for this body part. I don't see any other motivations for doctor to lie about it, unless this was somehow illegal promises of some benefits by the insurance company. Please find attached my statement with details of material misrepresentations of the report, copy of the report, copy of my PTP report, and copy of my photos. Should you have any questions, please do not hesitate to contact me at your convenience

Date:

Nov. 8, 2016.

Signature

A handwritten signature in black ink, appearing to read 'Aleg', written over a horizontal line.

**DECLARATION BY ALAN EGER
IN OBJECTION TO THE MEDICAL EVALUATION
BY DOCTOR TODD KATZMAN DATED SEPTEMBER 12, 2016**

I, Alan Eger, hereby declare as follow:

1) On or about September 12, 2016 I visited Dr. Todd Katzman known to me to be orthopedic qualified medical evaluator, for the purposes of re-evaluation related to my worker's compensation case.

2) Doctor Katzman was very kind and polite to me, he said that I have a serious condition, that I need a lot of physical therapy and a lot of treatment to assure that I can go back to my normal job.

3) The entire evaluation was about 10 minutes long.

4) On or about beginning of October, 2016, I received a copy of the medical evaluation (hereinafter – report) in writing that was executed by Dr. Katzman.

5) The entire report was full of inaccuracies, discrepancies, direct fabrications and other false statements about my person.

6) In addition the entire report was full of descriptions of the tests that were never administered on me at the time of my visit on September 12, 2016, descriptions of the results that were never achieved by me and that could not be physically achieved by me at the time of my visit. I will provide below my detailed comments on the false statements in the report:

(a) On page 3 of the report, in the section entitled "Review of Systems", in chapter entitled "Constitutional", Dr. Katzman (hereinafter – doctor) indicates that "...the patient denied a fever, weakness, fatigue or appetite loss". In fact I was never asked these questions and I never neither denied nor accepted these statements.

(b) On page 3 of the report, in the section entitled "Review of Systems", in chapters entitled "Skin", "Head", "Eye/Vision", "Ears, Nose, Throat and Mouth", and "Respiratory", doctor indicates that I denied certain symptoms. This is false. The truth is that I was never asked these questions and I was never given an opportunity to either deny or approve any of these statements.

(c) On page 3 of the report, in the section entitled "Review of Systems", in chapter entitled "Cardiovascular", doctor indicates that I denied swelling of the feet. This is lie. First I was never asked any of the questions that I allegedly denied in this chapter, second, swelling of the feet was my main chief complaint. I am waking up every day with the terrible pain in my feet that are swollen.

(d) In regard to the page 4 of the report I was never asked questions and therefore never denied any of the symptoms described as denied by me in the chapters "Gastrointestinal"

“Genitourinary”, “Musculoskeletal”, “Neurologic” “Psychiatric” “Endocrine and “Hematologic”. In fact, if I would be asked gastrointestinal questions, I would respond that I have some symptoms of nausea and heartburn. If I would be asked some psychiatric questions, I would respond that I have depression, nervousness, mood swings and some problem with my sleep. If I would be asked endocrine questions I would respond that I have hair loss, which is apparent if anyone is observing me.

(e) In the Section of physical examination the doctor made the following false statements about me:

(i) In section Cervical spine he wrote about me “he can touch his chin to his chest” , in fact I was never asked to perform that test.

(ii) In section Bilateral Shoulders the doctor wrote about my shoulders “they are symmetrical in appearance” which is a blatant lie. I had a shoulder injury that resulted in deformity of my skeleton and therefore my shoulders are not symmetrical which can be clearly noticeable in simple observation

(iii) In the same section of Bilateral Shoulders the doctor stated that there is no evidence of atrophy while due to my prior shoulder injury I developed atrophy on my left side.

(iv) In the same chapter of Bilateral Shoulder the doctor is indicating that the range of motion of my shoulders is normal, while there was no tests performed on me to detect my range of motion, and on my left side the range of motion is extremely limited due to prior injury.

(v) On the page 6 of the report the doctor describes certain tests that were never performed on me, including but not limited to the Tinel’s test on my elbows, and Laseque’s test on my lumbar spine.

(vi) Furthermore in the section Lumbar spine doctor writes about me – He can flex with his fingertips touching the floor. In fact I cannot do that. Further I only can reach my knee caps with my fingertips.

(vii) Page 7 of the report the doctor is also stating other tests that were not performed on me.

(viii) Page 7 further indicates that in the area of my bilateral knees there is mild tenderness. In fact it is a false statement. In the areas of my knees there is a severe tenderness that is causing extremely sharp pain on the level of 9 on the scale from 0 to 10.

(ix) On page 8 of the report doctor indicated that he examined my feet and that he discovered that there is no warmth or crepitus and that the range of motion is normal. These are false statements. I never took off my shoes in the doctor’s office, his hand never touched my feet and his eyes never observed my feet. All

his conclusions are fabricated and are untruthful. The truth is that I have swollen left foot and I have tremendous pain in my left foot, ankle and Achilles tenders that is part of my chief complaint.

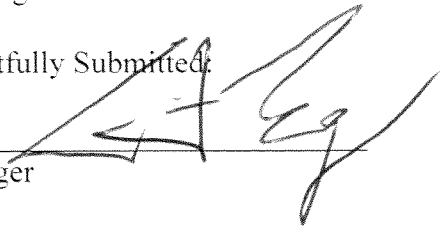
7) On the page 12 of the report doctor is concluding that my future medical care should consist of continued home exercises. This is false statement. First I was never recommended any home exercises and second, during my visit the doctor said that I need physical therapy and that he will prescribe the best course necessary for me.

8) Finally Doctor concluded that I can comeback o my regular work duty without restriction while during our conversation he asked me if I can squad , and I said that I absolutely canto do it, I cannot even cross my legs, I cannot bend my knees, and I definitely canton ride the bike. Riding the bike is essential part of my customary duty. I stated that very clearly to the doctor during my visit and it was my impression that he agreed with me.

9) I declare under penalty of perjury under the laws of the United States, that the foregoing is true and correct to the best of my knowledge.

Respectfully Submitted:

Alan Eger

A handwritten signature in black ink, appearing to read 'Alan Eger', is written over a horizontal line. The signature is stylized and cursive.

