

Claimant : **Bhargav Shah**
Claim Number : **DLRW2018083560**
Date of Injury : **07/03/18**
Case No. : **ADJ**

PROOF OF SERVICE
1013a (3) CCP Revised 5/1/88

STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the county aforesaid, I am over the age of 18 and not a party to the within action; my business address is:

Walt Disney Parks and Resorts U.S., Inc.
Workers' Compensation Department
P.O. Box 3909
Anaheim, CA 92803

On **01/20/23** I served the foregoing document described as:

- **TD Start dated 10/19/22, PD Advice dated 7/09/21, Wage statement dated 10/17/22**
- **CD with all medicals**

- **Please Refer to Attachment A for listing of medicals**

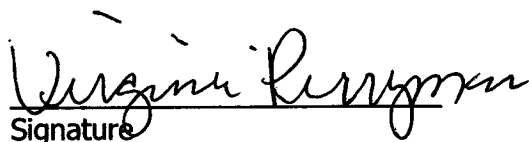
on the parties listed below in this action by placing a true copy thereof enclosed in a sealed envelope addressed as follows:

Natalia Foley Esq
Workers Defenders Law Group
751 S. weir Canyon Rd Ste 157-455
Anaheim, CA 92808

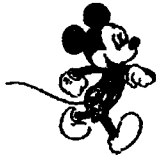
I am "readily familiar" with the Company's practice of collection and processing correspondence for mailing. Under the practice it would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid at Anaheim, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

Executed on **01/20/23** at Anaheim, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.


Signature

Virginia Perryman



Disneyland
RESORT

October 19, 2022

Bhargav K. Shah
8785 E. Cloudview Way
Anaheim, CA 92808

Employer : Disneyland Resort
Date of Injury : 07/03/18
Claim Number : DLRW2018083560

NOTICE REGARDING TEMPORARY DISABILITY BENEFITS

PAYMENT START

Walt Disney Parks and Resorts U.S., Inc. is handling your workers' compensation claim on behalf of Disneyland Resort. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

Payment for *temporary disability* is starting a check will be *sent separately* for the period starting 10/06/22 through 10/19/22, in the amount of \$1049.42, and will continue until you are able to return to work or your medical condition becomes permanent and stationary. Your weekly compensation rate is \$524.71 based on your earnings of \$787.06 a week. You may receive less if you are earning partial wages. *The waiting period is from 10/06/2022 through 10/08/2022 and is not paid unless you are off work for more than 14 days.* The waiting period was included in the check.

Payments will be sent to you every two weeks on Wednesday.

If you are represented by an attorney, you may contact your attorney with any questions.

Additional information may be found in the publication ***Workers' Compensation in California: A Guidebook for Injured Workers***. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see *URL* below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation. Temporary Disability is discussed in chapter 5 of the Guidebook.

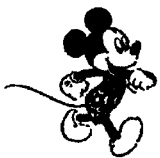
Guidebook for Injured Workers:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

Chapter 5: Temporary Disability:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter5.pdf>

The State of California requires that you be given the following information:



Disneyland

You have a right to disagree with decisions affecting your claim. If you have any questions about the information provided to you in this notice, please call, Daniel Monroy (714) 928-6676. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not the examiner.

For information about the workers' compensation claims process and your rights and obligations, go to www.dir.ca.gov or contact an information and assistance (I&A) officer of the State Division of Workers' Compensation. For recorded information and a list of offices, call (800)736-7401.

Keep this notice. It contains important information about your workers' compensation benefits.

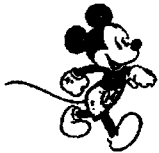
Sincerely,

A handwritten signature in black ink that reads "Daniel Monroy". The signature is written in a cursive, flowing style.

Daniel Monroy
Sr. Claims Examiner

DM/vp

BN TD



Disneyland

July 9, 2021

Bhargav K. Shah
8785 E. Cloudview Way
Anaheim, CA 92808

Employer : Disneyland Resort
Date of Injury : 07/03/18
Claim Number : DLRW2018083560

NOTICE REGARDING PERMANENT DISABILITY BENEFITS

PERMANENT DISABILITY ADVICE

Walt Disney Parks and Resorts US, INC is handling your workers' compensation claim on behalf of Disneyland Resort. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

Your doctor provided advice that you have permanent disability in the report dated 06/21/2021 from Navid Ghalambor, MD which is enclosed. Based on the information provided in the report, your permanent disability rating is 8%. This rating is equivalent to \$6,960.00, which is paid at the weekly permanent disability rate of \$290.00 for 24 weeks.

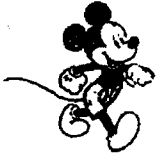
The report indicates that you *are* in need of future medical care.

Permanent disability payments are not due at this time because you have returned to work receiving 100 percent of your wages at the time of injury. When a settlement or award for benefits is made, your permanent disability payments shall be calculated from the last date of temporary disability payments, or the date you became permanent and stationary, whichever is earlier.

You and I both have the right to disagree with the physician's findings and request a comprehensive medical evaluation.

We are not requesting the report of your treating physician be rated for permanent disability by the Disability Evaluation Unit (DEU). If you are unrepresented, you may contact the Information and Assistance officer to have the report reviewed and rated by the DEU.

The determination of permanent disability is based on the evaluation of treating physician Navid Ghalambor, MD dated 06/21/2021. I **agree** with the results of the evaluation. If you disagree with the results of the evaluation of the treating physician, you may obtain an evaluation by a Qualified



Disneyland

Medical Evaluator (QME). You must notify me in writing of your objection to the determination of the treating physician within thirty (30) days of the date you received the treating physician's report.

To request a QME you must either contact Daniel Monroy at (714) 781-7988 to request the form to submit to the state Division of Workers' Compensation (DWC) to request a panel of three Qualified Medical Evaluators (QMEs), or you may download the form from the DWC website: <http://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm105.pdf>

Instructions for completion of the form are found here: <http://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm105-Instructions.pdf>

If you are represented by an attorney, you may contact your attorney with any questions.

Additional information may be found in the publication **Workers' Compensation in California: A Guidebook for Injured Workers**. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see URL below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation. Permanent Disability is discussed in chapter 7 of the Guidebook.

Guidebook for Injured Workers:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

Chapter 7: Permanent Disability:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter7.pdf>

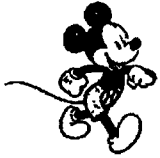
Chapter 4: Resolving Problems with Medical Care & Medical Reports

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter4.pdf>

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions about the information provided to you in this notice, please call, Daniel Monroy at (714) 781-7988. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, *not* the adjuster Daniel Monroy.

For information about the workers' compensation claims process and your rights and obligations, go to www.dir.ca.gov or contact an Information and Assistance (I&A) Officer of the State Division of Workers' Compensation. For recorded information and a list of offices, call (800)736-7401.



Disneyland

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely,

Daniel Monroy/vp
Sr. Claims Examiner

PD ADVICE CONDITION P&S – BN PD3

Enc.: Medical Reports dated 06/21/21 Dr. Ghalambor



GREG CARLSON, MD
 STEVE A. MORA, MD
 MICHAEL J. GILLMAN, MD
 ANDREW GERMANOVICH, DO
 S. SAMUEL BEDERMAN, MD
 ERIC Y. CHANG, MD
 NAVID GHALAMBOR, MD

June 21, 2021

Kristin Bents
 Bunch Care Solutions / Conduent WComp
 P O Box 1668
 Lakeland, FL 33802-1641
 Fax: 818-260-8239

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JUL 8 - 2021

WORKERS' COMP

RE: Shah, Bhargav 00726029
 DOB: 05/01/1956
 EMP: Disney
 DOI: 07/03/2018 ✓
 CLM: DLRW2018083560 ✓

PERMANENT AND STATIONARY REPORT

Dear Kristin Bents:

I evaluated Mr. Bhargav Shah on June 21, 2021 with respect to his right shoulder. This is a permanent and stationary/MMI report.

INTERIM HISTORY:

The patient has completed approximately 36 sessions of therapy. He has also undergone one steroid injection, which alleviated his symptoms approximately 25 percent. He continues to complain of right shoulder pain. He also complains of contralateral left shoulder pain.

At this time, he is declining surgical intervention but he would like to leave this option open as part of his future medical care. Therefore, his condition with respect to the right shoulder has reached a permanent and stationary status and maximum medical improvement.

He does not wish to have any work restrictions.

OBJECTIVE FINDINGS:

RIGHT SHOULDER: Examination of the right shoulder reveals the following.

Active Range of Motion of the Right Shoulder:

	Right
Forward Flexion	150 degrees
Abduction	150 degrees
External Rotation (in abduction)	90 degrees
Internal Rotation (in abduction)	45 degrees
Adduction	50 degrees

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RE: SHAH, BHARGAV
 June 21, 2021
 Page 2

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Extension	50 degrees
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Motor Strength:

	Right
Supraspinatus	5/5
Internal Rotation	5/5
External Rotation	5/5
Deltoids	5/5

Provocative testing of the right shoulder reveals a positive impingement sign and a positive Hawkins sign.

DIAGNOSTIC STUDIES:

The right shoulder MRI scan report by Dr. Foster dated February 2, 2021 indicates the following impression:

1. Abnormal glenoid labrum findings compatible with a SLAP tear.
2. Mild to moderate tendinopathy-related changes involving the supraspinatus and infraspinatus tendons. Findings most pronounced involving the distal supraspinatus tendon. No evidence of rotator cuff tear.
3. Biceps tenosynovitis.
4. Mild changes of chondral degeneration involving the glenohumeral articulation.
5. Subcoracoid bursitis superimposed on heterogeneity of the fluid compatible with regions of synovial hyperplasia. Suspect superimposed loose body.

DIAGNOSES:

1. Right shoulder impingement syndrome/subacromial bursitis superimposed on rotator cuff tendinosis.
2. Probable right shoulder SLAP lesion.
3. Right shoulder proximal biceps tenosynovitis.
4. Probable right shoulder synovitis with possible loose body.

DISCUSSION:

To date, the patient has undergone approximately 36 sessions of therapy and a steroid injection. He continues to complain of right shoulder pain. He also complains of contralateral left shoulder pain. At this point, he is a candidate for right shoulder surgery. However, he declines surgery and he wishes to leave this option open as part of his future medical care. Therefore, his condition with respect to the right shoulder has reached a permanent and stationary status and maximum medical improvement.

He does not wish to have any work restrictions.

IMPAIRMENT RATING:

Using the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, the following impairment is calculated.

The patient complains of contralateral left shoulder pain. Therefore, the left shoulder cannot be used for comparison range of motion measurements. One must refer to the Guides to the Evaluation of Permanent Impairment, Fifth Edition for comparison range of motion measurements.

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WORKERS' COMP

RE: SHAH, BHARGAV
June 21, 2021
Page 3

With respect to the right shoulder, the patient was noted to have forward flexion of 150 degrees and according to Figure 16-40 on page 476, 150 degrees of forward flexion converts to two percent upper extremity impairment. He was noted to have abduction of 150 degrees and according to Figure 16-43 on page 477, 150 degrees of abduction converts to one percent upper extremity impairment. He was noted to have internal rotation of 45 degrees and according to Figure 16-46 on page 479, 45 degrees of internal rotation converts to two and a half percent upper extremity impairment, which rounds up to three percent upper extremity impairment.

He did not exhibit any loss of motor strength with respect to the right shoulder.

Using the combined value chart on page 604, combining the above equates to six percent upper extremity impairment for loss of range of motion of the right shoulder. According to Table 16-3 on page 439, six percent upper extremity impairment converts to four percent impairment of the whole person.

CAUSATION:

The patient's right shoulder condition has been accepted as being industrial in causation. Therefore, the issue of causation will not be formally discussed in this report.

DISABILITY STATUS:

With respect to the right shoulder, the patient does not require work restrictions. He may return to the open labor market without any restrictions:

APPORTIONMENT:

Not indicated.

FUTURE MEDICAL CARE:

In the event that the patient experiences a flare-up of his right shoulder symptoms in the future, he should be afforded evaluation by an orthopaedic surgeon. In that setting, he may require treatment consisting of nonsteroidal anti-inflammatory medications, short courses of therapy and/or a local anesthetic/steroid injection along the right shoulder subacromial space. Provisions for an MRI scan of the right shoulder should be included as part of his future medical care. Provisions for surgical treatment in the form of a right shoulder arthroscopic subacromial decompression/partial acromioplasty, loose body removal and proximal biceps tenodesis should also be included as part of his future medical care.

DISCLOSURE:

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated that I have received from others. As to that information, I declare under penalty of perjury that the information accurately described the information provided to me and, except as noted herein, that I believe it is to be true.

The purpose of this financial disclosure statement is to inform you that Navid Ghalambor, MD, has a financial interest in the La Veta Surgical Center located in Orange, California.

Further, I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Signed July 8, 2021, in the County of Orange, State of California.

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RE: SHAH, BHARGAV
June 21, 2021
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Navid Ghahambar, MD

DD: 07/01/2021 04:34:37 PST
DT: 07/07/2021 14:30:56 PST/MIS9299/24274661
JOB: 3331

cc: Kristin Bents (FAX)

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WORKERS' COMP

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Wage Statement Summary

Claimant Information

Claim Number	DLRW2018083560	Hire Date	Fri, 06/08/12
Claimant Name	Shah, Bhargav K	Date of Injury	Tue, 07/03/18
PERNR/Employee#	00726029	Occupation	General Food Prep (Reg)

*Complete Fields Above

Wage Statement Period

Week 1 (Ending)	Sat, 06/30/18
Week 52 (Ending)	Sat, 07/08/17
Employed Less Than 52 Weeks Prior To Date Of Injury?	No

Wage Statement Summary

Number of Actual Weeks/Pay Periods on Wage Statement	52
Highest Regular Rate	\$18.65

Wage Type	Total Hours	Hourly Rate	Calculated Earning Capacity
Regular Hours	1,922.75	\$18.65	\$35,859.29
Overtime Hours	43.21	\$27.98	\$1,208.80
Double-Time Hours	0.25	\$37.30	\$9.33
Other Hours (Vacation, Sick Time, etc.)	204.00	\$18.65	\$3,804.60
Premium Hours (No Holiday)	40.00	***	\$42.16
Holiday Hours (Paid at 50% of hourly rate)	0.00	\$9.33	\$0.00
Other Earnings	***	***	\$3.00
Tips and Gratuity	***	***	\$0.00
Total Hours	2,170.21	Total Earning Capacity (Based on Highest Regular Rate)	\$40,927.17

*Premium Hours count not included in Total Hours count.

TTD Payment Calculation

Total Earning Capacity (Based on Highest Regular Rate)	\$40,927.17		
AWW (Average Weekly Wage)	\$787.06	<u>Minimum TTD Rate</u>	<u>Maximum TTD Rate</u>
TTD Payment Calculation (Total Temporary Disability)	\$524.71	\$182.29	\$1,215.27

Notes

Recalculated wages based on current hourly rate of \$18.65 which was effective on 09-01-22.

Completed By: Kathy MacDonald

CARS Updated By: Kathy MacDonald

Date: October 17, 2022

Date: October 17, 2022

Wage Statement from Payroll

Refresh View Summary

Payroll Period	Employee Name	Job Title	Rate	Reg Hrs	Overtime Hrs	Oth Hrs	Premium Hrs	Regular Rate	Overtime Rate	Avg Oth Rate	Premium Rate	Regular Earnings	Overtime Earnings	Oth Earnings	Top and Gracuity Earnings	Premium Earnings	Total Hrs	Total Earnings
7/8/2017	Shah	0100	11.66	40.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	466.40	0.00	0.00	93.28	0.00	40.00	466.40
7/15/2017	Shah	0100	11.66	38.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	443.08	0.00	0.00	93.28	0.00	38.00	443.08
7/22/2017	Shah	0100	11.66	40.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	466.40	0.00	0.00	93.28	0.00	40.00	466.40
7/29/2017	Shah	0128	17.49	0.00	1.37	0.00	40.00	17.49	23.95	11.66	0.00	0.00	23.95	466.40	0.00	1.37	40.00	466.40
8/5/2017	Shah	0311	11.66	32.00	0.75	0.00	8.00	11.66	13.11	11.66	0.00	373.12	9.83	0.00	93.28	0.00	32.00	373.12
8/12/2017	Shah	0311	11.66	40.00	1.00	0.00	8.00	11.66	17.48	11.66	0.00	466.40	17.48	0.00	93.28	0.00	40.00	466.40
8/19/2017	Shah	0100	11.66	40.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	466.40	0.00	0.00	93.28	0.00	40.00	466.40
8/26/2017	Shah	0128	17.49	0.00	1.00	0.00	8.00	17.49	17.48	11.66	0.00	0.00	17.48	466.40	0.00	1.00	8.00	466.40
9/2/2017	Shah	0100	11.66	40.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	466.40	0.00	0.00	93.28	0.00	40.00	466.40
9/9/2017	Shah	0100	11.66	30.00	0.25	0.00	8.00	11.66	4.37	11.66	0.00	349.80	4.37	0.00	93.28	0.00	30.00	349.80
9/16/2017	Shah	0311	11.66	40.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	466.40	0.00	0.00	93.28	0.00	40.00	466.40
9/23/2017	Shah	0313	12.16	40.00	0.00	0.00	8.00	12.16	0.00	12.16	0.00	486.40	0.00	0.00	97.28	0.00	40.00	486.40
9/30/2017	Shah	0100	11.66	40.00	0.52	0.00	8.00	11.66	9.48	11.66	0.00	466.40	9.48	0.00	93.28	0.00	40.00	466.40
10/7/2017	Shah	0100	11.66	38.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	443.08	4.56	0.00	93.28	0.00	38.00	443.08
10/14/2017	Shah	0100	11.66	40.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	466.40	0.00	0.00	93.28	0.00	40.00	466.40
10/21/2017	Shah	009R	8.00	38.25	0.00	0.00	8.00	8.00	147.43	11.66	0.00	306.00	147.43	0.00	97.28	0.00	38.25	453.43
10/28/2017	Shah	0313	12.16	40.00	0.00	0.00	8.00	12.16	0.00	12.16	0.00	486.40	0.00	0.00	97.28	0.00	40.00	486.40
11/4/2017	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
11/11/2017	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
11/18/2017	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
11/25/2017	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
12/2/2017	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
12/9/2017	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
12/16/2017	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
12/23/2017	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
12/30/2017	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
1/6/2018	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
1/13/2018	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
1/20/2018	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
1/27/2018	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
2/3/2018	Shah	0022	0.00	40.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00	0.00
2/10/2018	Shah	0100	11.66	40.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	466.40	0.00	0.00	93.28	0.00	40.00	466.40
2/17/2018	Shah	0100	11.66	40.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	466.40	0.00	0.00	93.28	0.00	40.00	466.40
2/24/2018	Shah	0100	11.66	40.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	466.40	0.00	0.00	93.28	0.00	40.00	466.40
3/3/2018	Shah	0128	17.49	0.00	1.58	0.00	8.00	17.49	28.82	11.66	0.00	0.00	28.82	466.40	0.00	1.58	8.00	466.40
3/10/2018	Shah	0100	11.66	40.00	0.00	0.00	8.00	11.66	0.00	11.66	0.00	466.40	0.00	0.00	93.28	0.00	40.00	466.40
3/17/2018	Shah	0311	12.16	32.00	0.00	0.00	8.00	12.16	0.00	12.16	0.00	389.12	0.00	0.00	24.33	0.00	32.00	389.12
3/24/2018	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
3/31/2018	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40
4/7/2018	Shah	0100	11.66	40.00	0.25	0.00	8.00	11.66	4.56	11.66	0.00	466.40	4.56	0.00	93.28	0.00	40.00	466.40

Day	Period	Last Name	First Name	SS Name	Wkly Typ	3-yr typ 2	Reg Hrs	Overtime Hrs	Oth Hrs	Premium Hrs	Regular Rate	Overtime Rate	Avg Other Rate	Premium Rate	Replac Earnings	Overtime Earnings	Oth Earnings	Time and Crd Earnings	Premium Earnings	Total Earnings	Total Hrs
		Shah	Bhargav		0100	Reg Time	24.00				12.16				291.84			97.28		24.00	291.84
		Shah	Bhargav		0109	Holiday			8.00				12.16					97.28		8.00	97.28
		Shah	Bhargav		0311	SickLeav			4.00				12.17					48.68		4.00	48.68
		Shah	Bhargav		0313	Vacation			12.00				12.16					145.92		12.00	145.92
		Shah	Bhargav		0100	Reg Time	40.00				12.16				486.40					40.00	486.40
		Shah	Bhargav		0100	Reg Time	40.00				12.16				486.40					40.00	486.40
		Shah	Bhargav		0100	Reg Time	40.00				12.16				486.40					40.00	486.40
		Shah	Bhargav		0100	Reg Time	40.00				12.16				486.40					40.00	486.40
		Shah	Bhargav		0100	Reg Time	40.00				12.16				486.40					40.00	486.40
		Shah	Bhargav		0100	Reg Time	40.00				12.16				486.40					40.00	486.40
		Shah	Bhargav		0100	Reg Time	40.00				12.16				486.40					40.00	486.40
		Shah	Bhargav		0109	Holiday	24.00			8.00			12.16		291.84			97.28		8.00	291.84
		Shah	Bhargav		0311	SickLeav			4.00				12.16					48.64		4.00	48.64
		Shah	Bhargav		0313	Vacation			6.00				12.16					72.96		6.00	72.96
		Shah	Bhargav		0100	Reg Time	40.00				12.16				486.40					40.00	486.40
		Shah	Bhargav		0126	Overtime		0.12				18.24								0.12	2.19
		Shah	Bhargav		0100	Reg Time	28.50				12.16				346.96					28.50	346.96
		Shah	Bhargav		0126	Overtime		3.85				18.24								3.85	70.22
		Shah	Bhargav		0100	Reg Time	40.00				12.16				486.40					40.00	486.40



Wage Type Summary

Claim Number	DLRW2018083560
Claimant Name	Shah, Bhargav K
PERNR/Employee#	00726029
Week 1 (Ending)	Sat, 06/30/18
Week 52 (Ending)	Sat, 07/08/17
# of Weeks	52
Lowest Regular Rate	\$11.66
Highest Regular Rate	\$18.65

Wage Type 2	Sum of Reg Hrs	Sum of Overtime Hrs	Sum of Oth Hrs	Sum of Premium Hrs	Sum of Total Earnings
3rd Shft				8.00	\$6.00
Dbvertime		0.25			\$6.08
Holiday			80.00		\$968.80
Overtime		43.21			\$785.67
Reg Time	1,922.75				\$23,230.64
SF3 OT				32.00	\$36.16
(blank)					
PDiemPrk			0.00		\$3.00
SickLeav			60.00		\$705.63
Vacation			64.00		\$778.24
Grand Total	1,922.75	43.46	204.00	40.00	\$26,520.22

Completed by: Kathy MacDonald

Date: October 17, 2022

BHARGAV SHAH CLAIM # DLRW2018083560 - ATTACHMENT A LISTING

Document Name	Document Date
Kamran Aflatoon DO RFA	1/13/2023
Request_for_utilization_review_has_been_assigned_to_clinical_staff_Claims_Administrator_January_13_2023_aa8f5c5b-2753-41a4-8ed6-77946e702427	1/13/2023
Request_for_utilization_review_has_been_assigned_to_clinical_staff_Claims_Administrator_January_13_2023_128f4d7c-c86d-4689-b09c-f7fc4e514704	1/13/2023
Determination_letter_(Certified)_Claims_Administrator_January_13_2023	1/13/2023
Determination_letter_(Certified)_Claims_Administrator_January_13_2023	1/13/2023
Notification_of_client_requested_withdrawal_of_review_Claims_Administrator_January_12_2023_75e0c89b-29ae-4f10-8c01-0434b84df310	1/12/2023
Request_for_utilization_review_has_been_assigned_to_clinical_staff_Claims_Administrator_January_11_2023_e3df6564-0486-405a-a0c5-c736e8091416	1/11/2023
Kamran Aflatoon DO	1/11/2023
Kamran Aflatoon DO RFA	1/11/2023
Kamran Aflatoon DO restrictions	12/14/2022
Kamran Aflatoon DO Post Op eval narrative	12/14/2022
SOCALSPINE ORTHOPEDIC INC	12/14/2022
Notification_of_client_requested_withdrawal_of_review_Claims_Administrator_November_21_2022_082f96ed-b66d-4295-9a91-de75fd2daa65.pdf	11/21/2022
Request_for_utilization_review_has_been_assigned_to_clinical_staff_Claims_Administrator_November_18_2022_c3e2c813-6790-4a0b-a1a2-aebc66433157.pdf	11/18/2022
Determination_letter_(Certified)_Claims_Administrator_November_18_2022_4a1ee77d-ce6d-4573-ab84-a11287955170.pdf	11/18/2022
Kamran Aflatoon DO RFA	11/17/2022
Kamran Aflatoon DO RFA	11/17/2022
Kamran Aflatoon DO	11/16/2022
SOCALSPINE ORTHOPEDIC INC	11/16/2022

BHARGAV SHAH CLAIM # DLRW2018083560 - ATTACHMENT A LISTING

Document Name	Document Date
Determination_letter_(Non-certified)_Claims_Administrator_November_14_2022_d44840d5-d91a-4365-8732-eec2aa721fcc.pdf	11/14/2022
Notification_of_client_requested_withdrawal_of_review_Claims_Administrator_November_10_2022_ed96e42d-9d50-49ce-ac47-e40d450dd497.pdf	11/10/2022
Request_for_utilization_review_has_been_assigned_to_clinical_staff_Claims_Administrator_November_10_2022_eb7527c6-4c35-4999-933d-baf366edeccc.pdf	11/10/2022
Alex V Zand MD	11/2/2022
Kamran Aflatoon DO	10/21/2022
Kamran Aflatoon DO Post Op Ortho Eval narrative	10/21/2022
SOCAL SPINE AND ORTHOPEDIC ONCOLOGY INC	10/21/2022
Kamran Aflatoon DO	10/12/2022
Kamran Aflatoon DO Post Op Ortho Eval narrative	10/12/2022
SOCAL SPINE AND ORTHOPEDIC ONCOLOGY INC	10/12/2022
Notification_of_client_requested_withdrawal_of_review_Claims_Administrator_October_10_2022_7f83b959-c28f-4900-ab88-47b403de0c00.pdf	10/10/2022
Kamran Aflatoon DO Operative	10/6/2022
SOCAL SPINE AND ORTHOPEDIC ONCOLOGY INC	10/6/2022
OCEAN ONE SURGERY CENTER INC	10/6/2022
RIZKALLA INC	10/6/2022
Operative report 10/06/2022	10/6/2022
SOCAL SPINE AND ORTHOPEDIC ONCOLOGY INC	10/6/2022
SOCALSPINE ORTHOPEDIC INC	10/6/2022
SOCALSPINE ORTHOPEDIC INC	10/6/2022
ConservCare Inc	10/4/2022
Kamran Aflatoon DO RFA (THIS RFA HAS BEEN PROCESSED) RFA AND MEDICAL REPORT - DLRW2018083560 TR5934001	9/27/2022
Kamran Aflatoon DO RFA	9/27/2022
Kamran Aflatoon DO RFA (THIS RFA HAS BEEN PROCESSED) RFA - TR5934001	9/27/2022

BHARGAV SHAH CLAIM # DLRW2018083560 - ATTACHMENT A LISTING

Document Name	Document Date
Kamran Aflatoon DO RFA	9/27/2022
Kamran Aflatoon DO RFA	9/27/2022
ShahBhargavURDeterminationLetterTR5934001.pdf	9/27/2022
ShahBhargavURDeterminationLetterTR5934001.pdf	9/27/2022
MRD IMAGING	9/26/2022
PROVIDENCE ST JOSEPH HOSPITAL	9/26/2022
PROVIDENCE ST JOSEPH HOSPITAL	9/26/2022
ALEX ZAND MD A PROF CORPORATION 09/26/2022	9/26/2022
Kamran Aflatoon DO	9/21/2022
Kamran Aflatoon DO	9/21/2022
ShahBhargavURDeterminationLetterTR5732201.pdf	8/16/2022
Kamran Aflatoon DO RFA	8/11/2022
Shah	8/11/2022
Navid Ghalambor MD PR2	8/2/2022
Navid Ghalambor MD MMI narrative	8/2/2022
SPINE AND SPORTS SPECIALITIES	8/2/2022
MRI Lt Shoulder	7/18/2022
MRI Lt Shoulder	7/11/2022
NAVIGERE SERVICES INC	7/11/2022
Navid Ghalambor MD	7/8/2022
ShahBhargavURDeterminationLetterTR5768501.pdf	7/1/2022
Kamran Aflatoon DO Restrictions	6/29/2022
Kamran Aflatoon DO Ortho Follow Up narrative	6/29/2022
SOCAL SPINE AND ORTHOPEDIC ONCOLOGY INC	6/29/2022
Navid Ghalambor MD PR2	6/28/2022
SPINE AND SPORTS SPECIALITIES	6/28/2022
ShahBhargavURDeterminationLetterTR5732201.pdf	6/8/2022
IRFAKamran Aflatoon DO RFA	6/3/2022
Kamran Aflatoon DO Restrictions	6/1/2022
SOCAL SPINE AND ORTHOPEDIC ONCOLOGY INC	6/1/2022

BHARGAV SHAH CLAIM # DLRW2018083560 - ATTACHMENT A LISTING

Document Name	Document Date
Kamran Aflatoon Do	5/25/2022
SOCAL SPINE AND ORTHOPEDIC ONCOLOGY INC	5/25/2022
OCEAN ONE SURGERY CENTER INC	5/25/2022
ShahBhargavURDeterminationLetterTR5674201.pdf	5/3/2022
ShahBhargavURDeterminationLetterTR5676301.pdf	5/2/2022
BHARGAV, SHAH - DLR - (THIS RFA HAS BEEN PROCESSED) RFA, MEDICAL REPORT, MRI AND OP REPORTS - DLRW2018083560 TR5674201.pdf	4/28/2022
RFA Kamran Aflatoon DO	4/28/2022
Incomplete Medication	4/27/2022
RFA Kamran Aflatoon DO	4/26/2022
ONE CALL CARE TRANSPORT AND TRANSLATE	4/25/2022
MedicalReport.pdf	4/20/2022
Kamran Aflatoon Do	4/20/2022
SOCAL SPINE AND ORTHOPEDIC ONCOLOGY INC	4/20/2022
MRI Cervical Spine	4/18/2022
NAVIGERE SERVICES INC	4/18/2022
ShahBhargavURDeterminationLetterTR5631901.pdf	3/30/2022
Kamran Aflatoon DO RFA	3/24/2022
Kamran Aflatoon DO Restrictions	3/23/2022
Kamran Aflatoon DO Restrictions	3/23/2022
SOCAL SPINE AND ORTHOPEDIC ONCOLOGY INC	3/23/2022
Kamran Aflatoon DO MMI CERVICAL SPINE	9/15/2021
SO CAL SPINE & ORTHO ONC INC	9/15/2021
MMI TRANS	7/9/2021
Navid Ghalambor MD PR2	6/21/2021
Navid Ghalambor MD MMI	6/21/2021
SPINE AND SPORTS SPECIALITIES MEDICAL GROUP	6/21/2021
SPINE AND SPORTS SPECIALITIES MEDICAL GROUP	6/21/2021
SPINE AND SPORTS SPECIALTIES	6/21/2021

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Document Name	Document Date
SPINE AND SPORTS SPECIALITIES MEDICAL GROUP	6/21/2021
PR2 N Ghalambor MD	3/18/2021
Navid Ghalambor MD Progress Note	3/18/2021
ShahBhargavURDeterminationLetterTR5204601	2/23/2021
Navid Ghalambor, MD	2/19/2021
Navid Ghalambor, MD/Healthcare Prov. Rest. Form	2/19/2021
SHAH, BHARGAV - DLR - DLRW2018083560 - RX TR5204601.pdf	2/19/2021
N Ghalambor MD PR-2	2/19/2021
ShahBhargavURDeterminationLetterTR5192502	2/12/2021
ShahBhargavURDeterminationLetterTR5192501	2/10/2021
Navid Ghalambor MD	2/9/2021
SPINE AND SPORTS SPECIALTIES	2/9/2021
SPINE AND SPORTS SPECIALITIES MEDICAL GROUP	2/9/2021
Navigere/Medical Report	2/8/2021
ShahBhargavURDeterminationLetterTR5183401.pdf	2/2/2021
ShahBhargavURDeterminationLetterTR5152401	12/29/2020
Navid Ghalambor MD	12/28/2020
Navid Ghalambor, MD	12/28/2020
ShahBhargavURDeterminationLetterTR5141901	12/14/2020
Hamid Mir, MD	11/25/2020
ShahBhargavURDeterminationLetterTR5051001	10/8/2020
RFA Kamran Aflatoon DO	10/8/2020
Compalliance/Approval Letter	10/8/2020
IRFA Kamran Aflatoon DO	9/24/2020
RFA Kamran Aflatoon DO	9/24/2020
Kamran Aflaton, MD/Healthcare Provider Rest. Form	9/16/2020
ShahBhargavURDeterminationLetterTR4743101.pdf	2/12/2020
Kamran Aflatoon, DO Req for RFA	2/6/2020
SOCALSPINE ORTHOONCINC	1/29/2020
Kamran Aflatoon DO Restriction	1/22/2020

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Document Name	Document Date
Kamran Aflatoon DO PR2	1/22/2020
DG MEDICAL IMAGING	1/8/2020
Fax to Dr. Aflatoon	1/7/2020
IRFA Kamran Aflatoon, D.O.	12/18/2019
ShahBhargavURDeterminationLetterTR4659301.pdf	12/18/2019
RFA Kamran Aflatoon, DO	12/16/2019
Kamran Aflatoon, M.D.,	12/11/2019
Kamran Aflatoon DO	12/11/2019
Kamran Aflatoon, DO	11/13/2019
HEALTHPOINTE MEDICAL GROUP, INC.	11/7/2019
Doctors Surgery Center - Op Rpt	10/30/2019
Doctors Surgery Center - OP report	10/30/2019
Approval Letter - ShahBhargavURDeterminationLetterTR4572201.pdf	10/24/2019
Kamran Aflatoon, DO	10/18/2019
RFA Kamran Aflatoon DO	10/18/2019
Kamran Aflatoon MD	10/16/2019
Kamran Aflatoon, MD	10/16/2019
Kamran Aflatoon, DO - Operative Rpt	10/7/2019
Dr's Surgery Center - Operative Rpt	10/1/2019
Doctors Surgery Center	10/1/2019
Kamran Aflatoon DO	9/25/2019
Kamran Aflatoon, DO	9/25/2019
Kamran Aflatoon, MD	9/25/2019
CompAlliance Approval	9/24/2019
CompAlliance Approval Dr. Katz	9/18/2019
IRFA Kamran Aflatoon MD	9/16/2019
IRFA Kamran Aflatoon MD	9/16/2019
ShahBhargavURDeterminationLetterTR4475301.pdf	8/29/2019
Kamran Aflatoon MD	8/28/2019
Dr. Kamran Aflatoon	8/24/2019

BHARGAV SHAH CLAIM # DLRW2018083560 - ATTACHMENT A LISTING

Document Name	Document Date
RFA Stanley Katz MD	8/23/2019
RFA Dr. Stanley Katz	8/23/2019
RFA from Jose Serralo, PA	8/23/2019
Stanley Katz, M.D.	8/23/2019
Jose Serrato, PA	8/22/2019
Soheila Ghaziaskar, DC	8/16/2019
Soheila Ghaziaskar, DC	8/15/2019
Mark Nario DC	8/9/2019
Mark Nario DC	8/8/2019
Ricardo Castro DC	8/1/2019
Chiro therapy	7/30/2019
Mark Nario, DC	7/26/2019
Mark Nario DC	7/25/2019
Ferdinand Lopez, DC	7/19/2019
Stanley Katz, MD Approval Letter	7/11/2019
Stanley Katz, M.D. Approval Letter	7/10/2019
Neil Katz MD	7/3/2019
RFA Stanley Katz MD Chiro C spine 2x6	6/28/2019
Duplicate RFA for chiro 2x6 C spine	6/28/2019
RFA Stanley Katz MD, RFA 6/28/19, Referral to spinal surgeon	6/28/2019
Stanley Katz, MD	6/27/2019
RFA Stanley G Katz MD, RFA 6/26/19 - C-spine Chiro	6/26/2019
Chiro therapy	5/30/2019
Chiro therapy	5/28/2019
ShahBhargavURDeterminationLetterTR4305401.pdf	5/24/2019
Chiro therapy	5/24/2019
Chiro therapy	5/23/2019
Chiro therapy	5/16/2019
Chiro therapy	5/14/2019
URDetermination CompAlliance Approval Stanley Katz MD TR4305401	5/7/2019

BHARGAV SHAH CLAIM # DLRW2018083560 - ATTACHMENT A LISTING

Document Name	Document Date
RFA 5/3/19, Stanley Katz MD	5/3/2019
Chiro therapy	5/3/2019
Jose Serrato PA	5/2/2019
Sohelia Ghaziaskar DC	4/25/2019
Soheila Ghaziaskar DC	4/18/2019
Soheila Ghaziaskar DC	4/16/2019
PT/chiro	4/11/2019
PT/chiro	4/9/2019
PR-2, 4/4/19	4/4/2019
RFA Stanley G. Katz, MD	2/18/2019
EPN Prior Autho Confirmation	2/18/2019
Stanley Katz, M.D.	2/14/2019
CompAlliance ShahBhargavURDeterminationLetterTR4136101.pdf	1/17/2019
CompAlliance ShahBhargavURDeterminationLetterTR4136101.pdf	1/14/2019
SHAH, BHARGAV - DLR - RESPONSE TO RIN TR4136101.pdf	1/14/2019
RFA Stanley G. Katz, MD	1/10/2019
Katz MD	1/10/2019
Stanley Katz, MD	11/29/2018
Healthpointe Medical 11/29/2018	11/29/2018
Stanley Katz, M.D.	11/29/2018
Caithness Rodriguez MD	10/26/2018
CHC refer Dr Stanley Katz	10/15/2018
CHC refer any ortho	10/12/2018
CHC Referral to Stanley Katz MD	10/12/2018
Roger Hinkson MD	10/12/2018
Select PT	10/11/2018
Roger S Hinkson MD	9/28/2018
Roger Hinkson MD	9/7/2018
Caithness Rodriguez MD	8/20/2018
Caithness Rodriguez MD	8/20/2018

