

# **Lawrence M. Richman, M.D.**

**Mailing Address:  
1680 Plum Lane  
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May 20, 2021

DEPARTMENT OF INDUSTRIAL RELATIONS  
Subsequent Injury Benefit Trust Fund  
1750 Howe Avenue, Suite 370  
Sacramento, California 95825-3367

WORKERS DEFENDERS LAW GROUP  
8018 East Santa Ana Canyon, Suite 100-215  
Anaheim Hills, California 92808  
Attention: Natalia Foley, Esq.

EMPLOYEE	<b>DANIEL DORAN</b>
EMPLOYER	Benedict & Benedict Plumbing
WCAB NO.	ADJ8760713
SIBTF NO.	SIF8760713
DATE OF BIRTH	June 4, 1966
EXAM DATE	May 20, 2021

## **INITIAL COMPREHENSIVE INDEPENDENT MEDICAL NEUROLOGIC SIBTF EVALUATION REPORT:**

Gentlepersons:

This examination was performed in the county of Los Angeles at 2760 East Florence Avenue, Huntington Park, California 90255 on May 20, 2021.

ML201

Causation is addressed  
Apportionment is addressed  
Face-to-face time

1 hour

Thank you for asking me to perform an Independent Medical Evaluation on Mr. Daniel Doran in order to determine disability for the Subsequent Injury Benefits Trust Fund, pursuant to Labor Code 4751. I have personally evaluated this patient and prepared this report.

The focus of this report is to address the applicant's pre-existing impairment / disability of different body regions, other than the industrial injury and to note the effects of the following injuries. This evaluation was performed in my office in Huntington Park, California on May 20, 2021.

This report is billed as a ML201 with Regulation 9795.

Per Labor Code 4751: If an employee, who is permanently and partially disabled receives a subsequent compensable injury resulting in additional permanent / partial disability, so that the degree of disability caused by the combination of both disabilities is greater than that which would have resulted from the subsequent injury alone, on the combined effect of the last injury on the previous disability or impairment, is a permanent disability equal to 70% or more of the total, he/she shall be paid in addition to the compensation due under the code for the permanent disability caused by the last injury, compensation of the remainder of the combined permanent disability existing up to the last injury, as provided in this article: provided, that either (a) the previous disability or impairment affected a hand, an arm, a foot, a leg or an eye, on the permanent disability resulting from the subsequent injury affects the opposite and corresponding member, and such allowed permanent disability, when considered alone and without regard to, or adjustment for, the occupation or age of the employee, is equal to 5% or more of the total, or (b) the permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or the age of the employee, is equal to 35% or more of the total.

Mr. Daniel Doran is a 54-year-old right-hand dominant male, who was employed by Benedict & Benedict Plumbing. He is seen for evaluation of complaints that he reports occurred during the course of his employment. The following history, physical examination and review of records were performed by myself.

#### **INITIAL SIBTF SUMMARY:**

1. **Did the worker have an industrial injury?**  
Answer - Yes. The applicant was injured in 2012 when he was struck by a plaster well and sustained blunt trauma to the head, right hand and altered sensorium, consistent with a concussion. He developed headaches. He was subsequently diagnosed with Parkinson's Disease. He is unaware of any medical evaluation for tremor prior to the injury date in 2012.
2. **Did the industrial injury rate to a 35% disability without modification for age and occupation?**  
Answer – Not known.
3. **Did the worker have a pre-existing labor-disabling permanent disability?**  
Answer – Yes. The patient has a history of diabetes mellitus. He has a history of fibromyalgia. He has a history of two cerebral concussions in high school from sports, as well as being hit over the head with a blunt object during a fight and being hospitalized for forty-eight hours. The patient has some form of a movement disorder, which may or may not be neurogenic. In the event that this is neurogenic, it is likely that it has been

present for ten years or longer preceding his date of hire. It will be important to review the patient's medical records.

4. **Did the pre-existing disability affect an upper or lower extremity or eye?**  
Answer – Yes. The patient has some form of a movement disorder, which may or may not be neurogenic. In the event that this is neurogenic, it is likely that it has been present for ten years or longer preceding his date of hire. It will be important to review the patient's medical records. The patient shows a gait disturbance, which should be further addressed pending review of medical records.
5. **Did the industrial permanent disability affect the opposite or corresponding body part?**  
Answer – Not known, pending review of medical records.
6. **Is the total disability equal to or greater than 70% after modification?**  
Answer – Not known, pending review of medical records.
7. **Is the employee 100% disabled or unemployable from other pre-existing disability and work duties together?**  
Answer – Not known, pending review of the medical records as to the nature of the patient's movement disorder.
8. **Is the employee 100% disabled from the industrial injury?**  
Answer – Not known.
9. **Additional records reviewed?**  
Answer – The medical records were not reviewed, as they were not available at the time of my evaluation.
10. **Are evaluations or diagnostics needed?**  
Answer – Yes. The patient may require further metabolic brain imaging pending review of the patient's medical records.

#### **SUMMARY OF SURGICAL AND MEDICAL PROBLEMS:**

1. It is known that Mr. Doran sustained a cerebral concussion during his course of employment in 2012 associated with post-traumatic headaches.
2. It is known that the patient has a history of diabetes, which is longstanding and should be addressed by an internal medical specialist.
3. The patient shows form of movement disorder, which may represent a true neurogenic disorder or fictitious disorder, which will require review of the medical records.
4. The patient has a history of two concussions while in high school; one related to sports and the other related to an assault, from which he was rendered unconscious and

hospitalized for forty-eight hours. I am requesting reviewing the patient's prior medical records, if available.

**CHIEF COMPLAINTS:**

As relates to Mr. Doran's nonindustrial injury, he has a movement disorder of the upper limbs and an unstable gait. It is unclear whether this represents a neurogenic movement disorder or a fictitious movement disorder.

**ACTIVITIES OF DAILY LIVING:**

The patient reports difficulty with urinary dribbling and incontinence. He has difficulty with constipation, brushing his teeth, combing his hair, bathing, dressing, eating, grasping and lifting. He reports impaired sleep, averaging five to six hours of sleep per night. He scores 0 out of 24 on the Epworth Sleepiness Scale. He reports difficulty with walking and writing.

**NEUROLOGICAL EXAMINATION:**

**CRANIAL NERVE EXAMINATION:**

Cranial nerves II-XII are serially tested and are within normal limits.

**MOTOR EXAMINATION:**

The patient shows a coarse tremor in the bilateral upper limbs, right greater than left. The lower limbs show no tremor.

**SENSORY EXAMINATION:**

The patient shows symmetrical sensation of both upper limbs. It is noteworthy that the patient shows no increasing tremor with the Jendrassik maneuver. He shows no mask faces.

The medical records will have to be carefully reviewed to determine whether, in fact, the patient has Parkinson's Disease versus another form of tremor versus a fictitious medical disorder.

**DEEP TENDON REFLEXES:**

All reflexes are 1+ and symmetrical.

**COORDINATION:**

There is impairment of coordination with finger-to-nose testing with both upper limbs.

**PATHOLOGIC REFLEXES:**

Babinskis are absent.

**GAIT AND STATION:**

The patient ambulates with a broad-based and unstable gait.

**REVIEW OF MEDICAL RECORDS:**

Medical records totaling 1,636 pages were received prior to my evaluation of the applicant but I am unable to review and consider these records pending receipt of an attestation and declaration. I will be glad to review these records and provide a supplemental report upon request of the parties and attestation and declaration from the document provider.

*Per the recently enacted fee schedule "Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician. The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider. Any documents or records that are sent to the physician without the required declaration and attestation shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing." [Labor code 9793 (n)]*

**CLINICAL IMPRESSIONS:**

1. Movement disorder and gait disturbance, to be further assessed, pending review of medical records.
2. History of a cerebral concussion occurring in 2012, industrial causation.
3. Post-traumatic headaches due to a head injury sustained in 2012, industrial causation.
4. Diabetes mellitus, longstanding and nonindustrial.
5. History of two concussions; one from a high school sports injury and the other from an assault, nonindustrial.

**DISCUSSION AND RECOMMENDATIONS:**

Mr. Doran presents with a movement disorder the etiology of which is indeterminate. It will be important to review the patient's medical records assuming that the patient's movement disorder is related to a true neurogenic process. In my opinion, the patient qualifies for a Class III rating for both upper limbs with 35% on the right and 25% on the left with 100% apportionment to nonindustrial factors.

In the event that the patient has a true gait disturbance, in my opinion, he qualifies for a Class II rating from Table 13-15 with a 19% whole person impairment apportioned 100% to nonindustrial factors.

Thirty-five percent combines with 25% to equal 50%. Fifty percent combines with 19% to equal 58%. Mr. Doran's final whole person impairment is 58% assuming that the patient's movement disorder is actually related to an underlying neurogenic disorder.

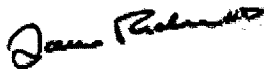
If I can be of further assistance regarding this case, please do not hesitate to contact this office.

**SOURCE OF ALL FACTS AND DISCLOSURE:**

The source of all facts was the history given by the examinee and review of the previous examiner's medical reports. I personally interviewed the examinee, performed the physical examination, reviewed the history with the examinee, reviewed the medical records provided, dictated this report and it reflects my professional observations, conclusions and recommendations. Face-to-face time conformed with DWC Guidelines. I declare under penalty of perjury that the information contained in this report and its attachments, if any, are true and correct to the best of my knowledge and belief, except as to the information that I have indicated and received from others. As to this information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Alexis Townsend, Assistant, who was trained by Arrowhead Evaluation Services, Incorporated.

Date of Report: May 20, 2021. Signed this 24<sup>th</sup> day of June, 2021 at San Bernardino County, California.

Yours truly,



Lawrence M. Richman, M.D., Diplomate (Neurology),  
American Board of Psychiatry and Neurology,  
Diplomate, American Board of Electrodiagnostic Medicine,  
Fellow, American Association of Neuromuscular and Electrodiagnostic Medicine,  
NIH Fellowship, Neurovestibular Disorders and Neuro-Ophthalmology

LMR/kdp

State of California  
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: DANIEL DORAN v Benedict & Benedict Plumbing  
(employee name) (claims administrator name, or if none employer)

Claim No.: SIF8760713 EAMS or WCAB Case No. (if any): ADJ8760713

I, RAYLENE TENORIO, declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LANE, REDLANDS CA 92374
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:
  - A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
  - B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
  - C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
  - D placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
  - E personally delivering the sealed envelope to the person or firm named below at the address shown below.

<u>Means of service:</u> <small>(For each addressee, enter A - E as appropriate)</small>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<u>A</u>	<u>06/25/21</u>	<u>Subsequent Injury Benefit Trust Fund - SENT ELECTRONICALLY</u>
<u>A</u>	<u>06/25/21</u>	<u>WORKERS DEFENDERS LAW GROUP 9019 East Santa Ana Canyon, Suite 100-215 Anaheim Hills, California 92808</u>
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 06/25/2021

*Raylene Tenorio* RAYLENE TENORIO  
(signature of declarant) (print name)