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December 26, 2020

Subsequent Injuries Benefits Trust Fund
SIBTF Sacramento
160 Promenade Circle, Suite 350
Sacramento, CA 95834-2962

Natalia Foley, Esq.
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RE:	**FLOREEN ROOKS**
Social Security:	XXX-XX-8510
DOB:	06/20/1949
Date of Injury:	12/30/2004 – 4/16/2016
Claim #:	SIF10825285
WCAB Case No.:	ADJ10825285
Date of Exam:	**December 22, 2020**

SUBSEQUENT INJURIES BENEFITS TRUST FUND EVALUATION

To Whom It May Concern:

As requested, Mrs. Floreen Rooks, was evaluated at my Glendale office located at 1104 East Colorado Street Glendale, California 91205 for a Subsequent Injuries Benefits Trust Fund Medical Evaluation in the field of Optometry on December 22, 2020.

This report is appropriately billed at the ML-104-95 level (4 + complexity factors). Time spent in face-to-face with the examinee was 2.75 hours and the time spent reviewing records was 4.50 hours. Time spent on research on legal precedence for visual impairment was 0.25 hours. The time spent for preparing this report, which included editing, was 11.50 hours. Total time spent on this case was 19.00 hours. Causation and Apportionment are discussed per written request.

I have received a cover letter dated October 6, 2020, from Natalia Foley, Esq., requesting a medical-legal report regarding the Ophthalmic aspects of Mrs. Rooks's case. The letter states that she had pre-existing conditions that rendered her permanently partially disabled and her

subsequent industrial injury is equal to or greater than a 35% standard rating before being adjusted for the occupation or age, and that industrial injury affected her left eye and its ratable disability is equal to or greater than a 5% standard rating and that the applicant had pre-existing disability in an equal and opposite right eye, and the degree of disability caused by the combination of both disabilities is greater than that which would have resulted from the subsequent injury alone, and the combined effect of the last injury and the previous disability or impairment is a permanent disability equal to 70 percent or more of total.

According to the letter, Mrs. Rooks has a worker's compensation case with a WPI that eclipses the 35% threshold for SIBTF qualification. As such, I am instructed to evaluate her current vision impairment and determine with reasonable medical probability any labor disabling ocular impairment that existed before the injury of 4/16/2016.

I have also reviewed the SIBTF Report of Gregory T. Heinen, M.D., Q.M.E., dated February 28, 2018. Dr. Heinen reported that Mrs. Rooks had permanent disability of 52% before apportionment from her prior injuries. Dr. Heinen identified visual complaints and has referred Mrs. Rooks for ophthalmic SIBTF evaluation.

Therefore, I am asked to address issues of causation, apportionment, labor disablement, and work restrictions, related to my specialty. Arrowhead Evaluation Services, Inc., Redlands, CA, facilitated this evaluation.

I had the opportunity to perform an evaluation for Mrs. Floreen Rooks in my Glendale office. The appointment on December 22, 2020 began at 10:30 a.m. and concluded at 1:15 p.m. This report will focus on the ocular and visual condition of the examinee.

Per the Official Medical-Legal Fee Schedule, this report has met the complexity factor standards for billing as ML-104 Comprehensive Medical Legal Evaluation Involving Extraordinary Circumstances. The evaluation included a detailed history, comprehensive eye examination, and extensive medical record review. Causation and Apportionment are discussed per written request. Diagnostic tests included panoramic fundus photography and automated visual field test.

The appointment began with the explanation that the purpose of the visit was solely to evaluate and report on her case, and that a doctor-patient relationship was not established. She understood this purpose and had no questions. The following report contains my professional opinion and conclusions concerning this case.

CURRENT OCULAR SYMPTOMS

The ocular complaints included blurry vision, difficulty seeing the periphery, unable to see well for freeway driving, judging distances, and driving in general at night.

She was born with a right lazy eye that is turned outward. She was bothered by the cosmetic appearance of her eyes and had a strabismus surgery in her adult life which did not help significantly. She remains with an obvious right exotropia, or right eye turned outward.

Mrs. Rooks complains of poor depth perception which affects her activities of daily living. For example, she has difficulty judging distances when trying to pour liquid from one container to another.

She has noticed her left eye becoming progressively blurry and has noticed black spots floating in front of her. She has had these symptoms for the past five years.

She has also complained of glare from car headlights and poor night vision for the past five years.

HISTORY OF INJURY

Mrs. Rooks was working at D'Veal Family and Youth Services as a therapist from 2004 to 4/16/2016. During this period, she had cumulative trauma resulting in pain accumulated due to repetitive movements to her upper and lower extremities, upper and lower back, and nervous system.

On one occasion, her parked car started rolling backward as she had parked on an incline on gravel. She had to jump back inside and pull up the emergency parking brake lever. She injured her legs in this attempt, causing a tear in the left knee meniscus, fracturing a left toe, and fracturing her right leg. She did not realize the extent of her injuries at first, especially the right leg which she did not know about for several years and continued her driving that day. However, by the end of the day, she was in pain and asked other people to drive her clients back to their homes. X-rays taken a few days later at Kaiser Medical Center in San Gabriel showed her injuries.

JOB HISTORY AND DESCRIPTION

Mrs. Rooks was not working at the time of the examination. In her last position as a therapist working for D'Veal Family and Youth Services, Pasadena, California, she mainly would pick up her youth clients from their homes and drive them to events or therapy sessions. She performed this activity several times per week. The events would often take several hours, and she would then drive her clients back to their homes. She worked for this company from 2004 to 4/16/2016.

She started working at D'Veal as a community health therapist, transitioned to a CalWORKs therapist, and finally become a Licensed Marriage Family Therapist (LMFT) during this period.

From 1994 to 2004, she was an assistant to a biology professor at California Institute of Technology (Caltech) in Pasadena, arranging for events, symposiums, and computer transcribing.

Prior to Caltech, she was an assistant to a professor in the Communications Department at University of Southern California (USC) and prior to that she worked at National Immigration Law Center (NILC), in Los Angeles. She does not recall the dates she worked at these positions.

Prior to NILC, she worked in publication industry, specifically in the advertising department of The Wave and LA Times.

She moved from New York City to California at age 18, but while enrolled in high school in New York, she worked at nights at the State Department in Social Services.

MEDICAL HISTORY

Mrs. Rooks suffers from hypertension, arthritis, and has a heart murmur. She also complains of headaches, dizziness, and insomnia. She has memory problems, anxiety, depression, and PTSD.

ALLERGIES

She reported being allergic to penicillin.

PRESENT MEDICATIONS

Systemic medications include:
Lisinopril 20 mg
Nabumetone 500 mg
Ibuprofen 200 mg

She does not use any ocular medications.

PRIOR INJURIES AND SURGERIES

Mrs. Rooks had an injury to her left ankle, when she tripped over a few steps in the backyard of a friend's house. She does not recall the date, but it was sometime between 2007 and 2009. She broke her left ankle in three places and was transported to the hospital via an ambulance. She underwent orthopedic surgery at the hospital, and it took about 9 months before she was able to walk normally again. This was not a work-related injury.

She slipped and fell at a 99 Cent Store about in 2010. She received physical therapy and her case was resolved with about $1,000 settlement.

She has had two auto accidents both more than ten years ago, and both rear-ended while she was parked. The first time, she did not report the accident and did not recall any significant injuries.

The second she had injuries and had to wear a neck brace. She could not recall the dates or the specifics of the accidents, but said they were not work-related.

As stated above, she had strabismus surgery on her right eye in her 20s to improve the cosmetic appearance of her right eye turn. She feels it was a waste of time and money as her eye turn has remained about the same.

She had surgery on her middle finger in 1962.

She had a c-section in 1971.

FAMILY HISTORY

There is history of high blood pressure and arthritis in her mother. There is history of cancer in her mother, grandparents, and aunts. There is no family history of ocular disease.

SOCIAL HISTORY

The examinee is married. She denies using tobacco products, does not drink alcohol, and does not use illegal drugs. She can drive, but has difficulty driving at night because of glare. Since her subsequent injury she no longer can engage in walking, lifting, climbing, or standing for a long period. She complains that many things have become difficult for her to do including cooking, cleaning, and laundry.

RECORD REVIEW:

12/ 13/06 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. Client presented with nausea and vomiting 2x days, aches, chills, neck pain, diarrhea and cramping. Assessment: Essential hypertension; obesity; smoker; gastroenteritis.

6/26/07 - Progress Note - Kaiser Permanente - Felisa Mamiit, LVN. The client was seen for placement of PPD test.

6/28/07 - Progress Note - Kaiser Permanente - Felisa Mamiit, LVN. PPD reading negative.

8/09/07 - Progress Note - Dreamweaver Medical Group - Handwritten notes indicated the client sustained work injury on this date after a slip and fall onto her left hip from ground level. Injury to left hip, left knee and left ankle. Ankle was the worst and pain in the right shoulder as well. Assessment: Left hip, knee and ankle pain. Plan: Rx Naprosyn, x-rays and off work.

8/09/07 - Doctor's First Report of Occupational Injury or Illness - Dan Le, D.O. The client slipped on a piece of cucumber and fell onto concrete ground. She fell onto her left hip from ground level. No pop or crack was noted. She complained of pain in the left hip, left knee and left ankle. The

ankle was the most painful. Diagnoses: Left hip, knee and ankle pain. Treatment Rendered: Naprosyn 500 mg for pain, and ice packs. Follow-up in three days. Work Status: Modified work. 8/09/07 - Initial Orthopedic Consultation - Kenneth Jung, M.D. Client sustained injury to left ankle on 8/09/07. Impression: 1) Left ankle post-traumatic arthritis, status post open reduction/ internal fixation ankle fracture. 2) Industrial injury secondary to fall. 3) Ankle pain after industrial fall. Plan: No acute injuries after recent fall. Likely exacerbation of pre-existing condition, post-traumatic arthritis. A lace-up ankle brace was recommended.

8/ 10/07 - X-rays of Left Ankle - Pacific Medical Imaging & Oncology Center - Richard Chao, M.D. Impression: 1) Old post-traumatic changes of the malleoli status post prior open reduction/ internal fixation. 2) Secondary deformity and secondary osteoarthritic changes at the distal tibia and talus.

8/ 10/07 - X-rays of Left Knee - Pacific Medical Imaging & Oncology Center - Richard Chao, M.D. Impression: 1) Generalized demineralization. 2) Suspect small loose body within the central joint. 3) No acute fracture nor subluxation demonstrated.

8/ 10/07 - X-rays of the AP Pelvis and Lateral Left Hip - Pacific Medical Imaging & Oncology Center - Richard Chao, M.D. Impression: No acute fracture, nor hip dislocation demonstrated. Joint spaces appeared preserved. No pelvic fracture identified.

8/ 14/07 - Progress Note - Dreamweaver Medical Group. Client felt moderately better. Continued left ankle swelling. Assessment: 1) Left ankle sprain. 2) Left knee (illegible). 3) Left hip pain

8/ 14/07 - Work Status Report - Dreamweaver Medical Group - Signature Illegible. The client was given work restrictions in relation to the left ankle sprain and left knee pain, as well as left hip pain. Client referred for physical therapy and MRI.

08/27/07 - Progress Note - Dreamweaver Medical Group - Signature Illegible. Handwritten notes are somewhat illegible. Left knee, ankle and hip injury. Pain and swelling in left knee.
Assessment: Left knee sprain with swelling. Plan: MRI of left knee to rule out meniscal tear, physical therapy and MRI.

8/27/07 - Work Status Report - Dreamweaver Medical Group - Signature Illegible - Client ED until 9/04/07 for diagnosis of left ankle sprain and left knee sprain. Client referred for physical therapy and MRI of the left knee.

9/04/07 - Medical Record Review - Kenneth Jung, M.D. Medical records were reviewed in relation to the 8/09/07 industrial injury.

9/10/07 Comprehensive Orthopedic Evaluation Kerlan Jobe Orthopedic Clinic - Ralph Gambardella, M.D. The client sustained injury to the left knee on 8/09/07. Impression: 1) Synovitis of the left knee with underlying early degenerative osteoarthritis of the left knee including

patellofemoral early arthrosis with mild patellofemoral malalignment, left and right knees. 2) Pes bursitis, left knee. Recommendations/ Discussion: Client had evidence of underlying pre-existing early degenerative osteoarthritis of the left knee and further sustained a work-related injury that resulted in a flare-up of her arthritis. She denied having symptoms prior to the work injury. Pre-existing disease was present on x-rays. Diagnostic testing was not recommended. Physical therapy was advised. Rx Voltaren. Work Restrictions: The client was restricted to sedentary work.

11/ 12/07 - ED Provider Notes - Kaiser Permanente - Kristen Duyck, M.D. The client complained of right foot pain and swelling, which was constant and aggravated by walking. Assessment: Foot fracture. Follow-up with orthopedics. Keep moonboot on as recommended. Client taken to ortho cast room. Client discharged in stable condition.

11/12/17 - X-rays of Right Foot - Kaiser Permanente - Matthew Tan, M.D Impression: Fracture at the right fourth and fifth metatarsal bone. Spiral fracture. No significant displacement. Moderate soft tissue swelling of right foot.

11/12/07 - X-rays of Left Ankle - Kaiser Permanente - Matthew Tan, M.D. Impression: 1) No osseous fracture. 2) Status post open reduction/ internal fixation of the left distal fibula and the tibia. 3) Severe degenerative joint disease of the left ankle.

11/ 12/07 - Orthopedic Consultation - Kaiser Permanente - Jennifer Graham, M.D. Client presented with ankle injury. She complained of right foot pain. Date of injury was 11/10/07. Pain rated 9/10. Assessment: Right foot fourth/ fifth fracture - metatarsal neck and bilateral ankle sprain. Plan: Postop shoe applied. Weightbearing as tolerated. Return one week.

11/ 16/07 - X-rays of Right Foot - Kaiser Permanente - Matthew Tan, M.D. Impression: Fracture of the right fourth and fifth metatarsal bone. Spiral fracture. No significant displacement. Moderate soft tissue swelling.

11/ 16/07 - X-rays of the Left Ankle - Kaiser Permanente - Matthew Tan M.D. Impression: 1) No osseous fracture. 2) Status post open reduction/ internal fixation of the left distal fibula and the tibia. 3) Severe degenerative joint disease at the left ankle. Severe joint space narrowing at the tibiotalar joint.

11/20/07 - Doctor's First Report of Occupational Injury or Illness - Michael Hadley, M.D. Date of injury 11/10/07. Diagnoses: Contusion, left knee. Fracture, right foot. Sprain, left knee. Treatment Rendered: Examination. X-rays. Walker boot/cam walker dispensed. Dispensed Motrin 800 mg and extra strength Tylenol. Referred to orthopedic surgeon. Work Status: Placed on modified duty.

11/20/07 - X-rays of the Right Foot / Left Ankle / Left Knee - Health Care Partners - Michael Vo, M.D. Right Foot Impression: 1) Fractures of the fourth and fifth metatarsals. 2) Abnormal report. Preliminary report sent to Dr. Hadley on 11/21/07. Left Ankle Impression: Postoperative findings

in the distal tibia and fibula. There is significant degenerative narrowing of the ankle mortise. Left Knee Impression: 1) Mild osteoarthritis in the left knee.

11/26/07 - Permanent and Stationary Report - Kerlan Jobe Orthopedic Clinic - Ralph Gambardella, M.D. Date of injury was 8/09/07. Final Impression: Underlying degenerative osteoarthritis including patellofemoral arthrosis and mild patellofemoral malalignment, left knee, status post post-traumatic synovitis and pes bursitis, left knee. Recommendations: The client was permanent and stationary for the left knee. Subjective Factors of Disability: Occasional minimal pain with activities of daily living increasing to occasional to intermittent, minimal to slight pain with heavier squatting, kneeling, or lifting activities. Apportionment: There was no apportionment indicated as there was no residual disability. There was definite evidence of pre-existing osteoarthritis. Impairment Rating: 70/ Lower Extremity Impairment for 1 mm joint space narrowing of the knee. Additional 10% Lower Extremity Impairment added for patellofemoral joint. There was 17% Lower Extremity Impairment which converted to 7% Whole Person Impairment for the left knee.

11/29/07 - Orthopedic Consultation - Tomas Saucedo, M.D. Date of injury 11/10/07. Impression: 1) Right foot fourth and fifth metatarsal fractures. 2) Left ankle post-traumatic degenerative osteoarthritis. 3) Left knee sprain. Discussion: Continue with use of cam walker for the right foot. Continue off work. Continue use of Motrin. X-rays requested to assess healing of the right foot.

12/20/07 - Orthopedic Supplemental Report (PR-2) - Tomas Saucedo, M.D. Client using cam walker for right foot fractures, with pain steadily improved. Complaints of pain and discomfort in the left knee and left ankle, which was subjectively improved since the last visit. Impression: 1) Health right fourth and fifth metatarsal fractures. 2) Left knee sprain, 2) Left ankle sprain. Discussion: Client to continue off work. Encouraged to continue with use of cam walker. A knee immobilizer was to be provided. Weightbearing as tolerated with assistive devices.

12/20/07 - X-rays of the Right Foot - Health Care Partners - Michael Vo, M.D. Impression: Healing fractures of the fourth and fifth metatarsals.

1/ 17/08 - Orthopedic Supplemental Report (PR-2) - Tomas Saucedo, M.D. Right foot pain was steadily improved. Client complained of pain in the left knee with swelling and effusion. She complained of left ankle soreness, Impression: 1) Health right fourth and fifth metatarsal fractures. 2) Left knee internal derangement. 3) Left ankle sprain. Discussion: Right foot fracture appeared to be healing well. Continue conservative measures and use of cam walker. An MRI of the left knee was requested. Client continued off work. For the left ankle, the client was to continue aggressive exercises, and use of Tylenol.

1/17/08 - X-rays of the Right Foot - Health Care Partners - Michael Vo, M.D. Impression: 1) No significant interval change. 2) Continued healing of fracture involving fourth and fifth metatarsals. 1/28/08 - Bilateral Screening Mammogram - Kaiser Permanente Christian Yi, M.D. Impression: Normal study.

2/21/08 – Orthopedic Supplemental Report (PR-2) - Tomas Saucedo, M.D. The client sustained a right foot fracture of the fourth and fifth metatarsals. She also sustained a left ankle sprain and left knee injury. Left knee pain had progressively worsened and appeared to be the result of favoring the right lower extremity and putting all of her weight on the contralateral extremity, which pain had steadily become worse as a result of the initial injury, as well as the underlying degenerative osteoarthritic changes from which the client already suffered. Impression: 1) Healing right fourth and fifth metatarsal fractures. P) Left knee internal derangement. Discussion: The client developed increased pain in the left knee as a result of favoring the right lower extremity. She did have a left knee injury but it was now more painful. An MRI of the left knee was recommended. The right foot appeared to be healing well. Continued healing of fractures involving the fourth and fifth metatarsals.

3/ 19/08 - MRI of the Left Knee - Health Care Partners - Anthony Bledin, M.D. MRI was indicated to rule out internal derangement. Impression: 1) Tear, posterior horn, medial meniscus (grade Ill). 2) Early osteoarthritic changes of the medial compartment of the knee joint. 3) Knee joint effusion. Findings: Minimal osteoarthritic changes in the knee joint predominantly involving the medial compartment. Fraying and irregularity of the apex of the posterior horn of the medial meniscus. Tear of the posterior horn of the medial meniscus. The body and anterior horn of the medial meniscus appeared normal and the lateral meniscus demonstrated no significant abnormality. Knee joint effusion was present with fluid in the suprapatellar bursa with the volume of the effusion less than 5 cc. No significant popliteal cyst.

3/20/08 - Orthopedic Re-examination - Tomas Saucedo, M.D. The client had no pain or discomfort in the right foot. She had no significant pain in the left ankle. She complained of left knee pain. MRI of the left knee revealed a tear of the posterior aspect of the medial meniscus and evidence of mild early osteoarthritic degenerative changes of the left knee. Impression: 1) Left knee internal derangement with evidence of medial meniscus tear. 2) Right fourth and fifth metatarsal fracture, healed. 3) Left ankle sprain.

3/20/08 - X-rays of Right Foot - Health Care Partners - Michael Vo, M.D. Impression: Continued healing of fourth and fifth metatarsal fractures.

4/ 17/08 - Orthopedic Supplemental Report (PR-2) - Tomas Saucedo, M.D, The client was treated for a right foot fracture which had completely healed. She had no pain or discomfort. She continued to have left knee pain. She had minimal soreness of the left ankle. Left ankle pain was increasing with prolonged periods of standing. Impression: 1) Healed right foot fourth and fifth metatarsal fracture. 2) Left knee internal derangement with evidence of medial meniscus tear. 3) Left ankle postop degenerative osteoarthritic changes with limited range of motion. Discussion: An MRI of the left knee revealed a medial meniscus tear. Surgery was scheduled for 4/24/08. The right foot would continue to be treated conservatively. She was to remain off work.

4/24/08 - Operative Report - Plaza Surgical Center - Tomas Saucedo, M.D. Preoperative Diagnosis: Left knee internal derangement. Postoperative Diagnoses: 1) Evidence of left knee

complex tear of the medial and lateral meniscus. 2) Evidence of cartilage tears of the patellofemoral groove, tears of the medial femoral condyle cartilage, lateral femoral condyle cartilage, medial tibial plateau and lateral tibial plateau. Operation Performed: 1) Left knee diagnostic and surgical arthroscopy. 2) Left knee partial medial and partial lateral meniscectomy. 3) Left knee abrasive chondroplasty of the patellofemoral groove, medial femoral, medial tibial plateau, lateral femoral and tibial plateau cartilage.

6/06/08 Orthopedic Supplemental Report (PR-2) - Eastside Orthopedic Medical Associates - Tomas Saucedo, M.D. Significantly improved left knee pain following arthroscopic surgery. Now six weeks status post-surgery to the left knee. Physical therapy was of benefit. Impression: Status post left knee arthroscopy. Discussion: Continue physical therapy and aggressive home exercise program. Continue Vicodin for pain. Continued off work.

6/ 18/08; 07/ 16/08 - Physical Therapy Progress Report - Associated Sport Therapy - Signature Illegible. Handwritten notes are mostly illegible. Knee pain rated 2-3/10 as of 7/16/08.

7/30/08 - Progress Notes - Kaiser Permanente Kelly Ching, M.D. Client seen for blood pressure. Only eating once per day. Complained of hot flashes x 15 years.

8/28/08 - Orthopedic Supplemental Report Signature Illegible. Handwritten notes are mostly illegible. Severe electrical type pain LLE. No low back pains. Continue Motrin. Strengthening exercises.

9/05/08 - Orthopedic Supplemental Report - Eastside Orthopedic Medical Associates - Tomas Saucedo, M.D. Client underwent left knee arthroscopy surgery on 4/24/08 and was placed on aggressive physical therapy, as well as a home exercise program. The client indicated her pain had improved significantly. She complained of associated pain in the lower back and some radiculopathy of the left lower extremity. Impression: 1) Status post left knee arthroscopy. 2) Lumbosacral spine strain. 3) Left lower extremity radiculopathy. Discussion: Client was given work restrictions of no prolonged standing and walking, no squatting, climbing or pivoting activities. Continue strengthening program for the left lower extremity. Ibuprofen for pain.
Return in four weeks. A handwritten Orthopedic Supplemental Report from the same date is noted and is illegible.

10/ 10/08 - Orthopedic Supplemental Report. Modified work. Home exercise program.

11/07/08 - Orthopedic Supplemental Report - Signature Illegible. The client complained of left knee pain. Rx Motrin 800 mg, Vicodin, Prilosec. Home exercise program. Modified work.

11/10/07. The client was under the care of this physician for the left knee. She underwent left knee surgery on 4/24/07. The client's pain had improved but was not completely resolved. She had some continued mild discomfort in the left knee. Physical examination was performed. Impression: 1) Status post left knee arthroscopy with partial meniscectomy. 2) Status post left knee abrasive

chondroplasty. Discussion: The client was Permanent and Stationary. Subjective Factors of Disability: Intermittent minimal not exceeding that level. Objective Factors of Disability: Partial meniscectomy and abrasive chondroplasty with favorable response. Work Status: Usual and customary job duties with no restrictions. Future Medical Care: Physician care, medications, physical therapy and coverage should an aggravation or recurrence of the same similar symptoms as a result of the initial injury.

1/23/09 - Orthopedic Supplemental Report - Eastside Orthopedic Medical Associates - Tomas Saucedo, M.D. The client underwent arthroscopic surgery to the knee on 4/24/08 for partial medial and partial lateral meniscectomies with an abrasive chondroplasty of the patellofemoral groove, medial femoral condyle, medial tibial plateau, lateral femoral and lateral tibial plateau. She was considered Permanent and Stationary as of 12/05/08. Dr. Garnbardella awarded the client 7% Lower Extremity Impairment for the pain based on joint space narrowing of the knee and 10% Lower Extremity Impairment as a result of the patellofemoral joint space narrowing for a total of 17% Lower Extremity Impairment with converted to 7% Whole Person Impairment. It appeared the client did in fact have a preexisting underlying degenerative osteoarthritis of the knee with previous pain that had improved or resolved at the time she had a recurrence of the same problem.

3/06/09 - Progress Notes - Kaiser Permanente - Kelly Ching, M.D. Client seen for help with smoking cessation. Wanted Zyban. Had been disabled due to left knee surgery. Residual left lower extremity swelling. Rx Bupropion, ibuprofen and Lisinopril.

5/01/09 - Bilateral Screening Mammogram - Kaiser Permanente - Morley Slote, M.D.

9/04/09 - Orthopedic Re-examination - Eastside Orthopedic Medical Associates - Tomas Saucedo, M.D., Orthopedic Surgeon. Date of injury 11/10/07. Client last seen 12/05/08 and was considered Permanent and Stationary Impression: 1) Left knee re-injury. 2) Left knee evidence of mild degenerative osteoarthritis. Discussion: Rx Motrin for pain and inflammation. It appeared this injury was nothing more than a strain to the left knee. She was to continue working.

10/22/09 - Eye Examination - Kaiser Permanente - Anna Montenegro. Client seen for routine eye examination. History of strabismus.

10/22/09 - Stipulation with Request for Award. This is in relation to the date of injury of 8/09/07. Date of injury involved the left knee and left ankle. The injury caused temporary disability for the period 8/22/07 through 9/16/07.

10/22/09 - Stipulation with Request for Award. Case No. ADJ7024643 for the date of injury of 11/ 10/07. The injury caused permanent disability of 1%.

11/09/09 - Progress Note - Kaiser Permanente - Khine Win, M.D. The client presented with chest pain that began 1 1 / 09/09, as well as upper and lower back pain xl month. Also noted stress at work. Upper and lower back pain worse with going to work. Ankle and knee pain. Neck muscle

pain worse and ongoing for past few months. Review of Systems: Positive for myalgias, neck pain, back pain and joint pain. Assessment: Myofascial pain syndrome; counseling on smoking cessation; chest wall pain; muscle spasm.

8/30/10 - Progress Note - Kaiser Permanente - Sabrina Villalba, M.D. Client presented for annual physical and blood pressure check. Client was not taking BP medications and did not like taking meds. Blood pressure this visit was 166/91, weight 217 pounds. Review of Systems: Occasional left ankle pain, better with use of ibuprofen. Assessment/ Plan: Counseling on smoking cessation; essential HTN. Labs ordered. Rx Lisinopril.

1/06/11 - Order Suspending Action. Case No. ADJ7024643, ADJ7024645. Action suspended due to the stipulation not adequately addressing the two injuries, in particular apportionment claimed between the two events, in particular the left ankle and right foot. Dr. Saucedo did not perform an examination or report for all the parts of the body and issue adequate support to the proposed stipulated awards or be rated by the DEU. Abdominal pain was unsupported by the medical record.

3/ 17/ 11 - Orthopedic Agreed Panel QME Evaluation - Thomas W. Fell, Jr., M.D.

5/ 14/ 11 - Eye Exam - Kaiser Permanente - Kris Lum, O.D. The client was seen for a routine eye examination. Client did not fill prescription from last visit. Assessment: 1) presbyopia. 2) Strabismic amblyopia OD. 3) Anisometropia. 4) Cataracts

8/11/11 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. Client presented for routine Pap smear. The client was status post fall after tripping on pavement two days prior. No head trauma. Scrapes over bilateral anterior knees. Pain in knees. Mammogram and routine lab tests were ordered. Recommended rest, ice and NSAIDs for soft tissue trauma due to fall. Continue Lisinopril and Ibuprofen.

10/ 19/11 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. The client presented with left hand and forearm constant tingling x2 weeks involving all fingers. She was right-hand dominant. She admitted to leaning and sleeping on hands all the time. Assessment: Paresthesia's; osteoarthritis; essential HTN; obesity; smoker; menopausal symptoms. Plan: Routine vaccinations given. Rx ibuprofen 800 mg and Lisinopril.

9/27/13 - Eye Examination - Kaiser Permanente - Terre Watson, O.D.Client seen for routine eye exam. Felt like strabismus OD was increased.

12/16/13 - Call Documentation - Kaiser Permanente - On Call Nurse (RN). Client called regarding left arm tingling and back pain. Tingling in left arm from the wrist up more than one month. Pain to the left side of the back.

12/ 17/ 13 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. Client complained of constant left upper extremity tingling including all fingers x 1 month. Possibly related to how she slept. No

numbness. Full range of motion. No weakness indicated. Assessment: Left arm paresthesia. Plan: Routine labs ordered. Consider steroids if paresthesia persisted. Restart blood pressure medication.
10/29/14 - Call Documentation - Kaiser Permanente. Message to Dr. Watson. Client stated urgent appointment needed. Client had problems with lenses and a new vision exam was needed.
11/11/14 - Eye Examination - Kaiser Permanente - Terre Watson, O.D. Client seen for routine eye examination. Constantly had to remove glasses to see. New prescription given. Right exotropia and amblyopia (longstanding) and dilation discussed.

12/31/ 14 - Call Documentation - Kaiser Permanente - Elaine Ravare, LVN. Client called regarding work note for days missed from work, 12/29/ 14 and 12/30/14.
12/31/14 - Progress Note - Kaiser Permanente - Jamie McKinney, M.D. Client presented with work slip 12/29/ 14 to 12/30/14. Chills x 4 days, rhinorrhea x 4 days. Client not taking BP medications.

1/09/ 15 - Progress Note - Kaiser Permanente - Paul Reehal, M.D. Ms. Rooks presented with cough and URI symptoms x 1 week. Blood pressure noted to be low after starting new medication. Assessment/ Plan: Cough, URI. Cheratussin AC, saline nasal spray.

1/09/15 - X-ray of Chest - Kaiser Permanente - Fernando Torres, M.D. Negative chest x-ray.

10/02/ 15 - Eye Exam - Kaiser Permanente - Terre Watson, O.D. Client seen for routine eye exam.

3/01/16 - Progress Note - Kaiser Permanente - Daniel Lin, D.O. Client presented with cough x 4 days. Worsening URI symptoms. BP 134/72.

3/08/16 - Progress Note - Kaiser Permanente - Sandra Montes, M.D. Client presented with cough x2 weeks. Complained of myalgias and headache. Medications prescribed.

4/26/16 - Mammogram / Amendment - Kaiser Permanente - Paul Didomencio, M.D. Cluster of coarse heterogeneous calcifications in the right breast.

10/ 14/16 - Telephone Appointment Visit - Kaiser Permanente - Kelly Ching, M.D. Client needed refill of Motrin for ankle pain and swelling x2 weeks. Client declined meloxicam.

11/07/16 - Progress Note - Kaiser Permanente - Kevin Bromage, M.D. Client was sent by dentist for high blood pressure, which was 198/122. Client indicated she had smoked a cigarette before going into the dentist's office. She stated she was unsure if the BP cuff was the correct size. She was also very anxious regarding dental appointment. She had high blood pressure in the past but no longer needed medication after significant lifestyle changes.

12/09/16 - Telephone Appointment Visit - Kaiser Permanente - Kelly Ching, M.D. Client called to follow-up on smoking cessation. Smoked 1/4 pack per day.

1/25/17 - Telephone Appointment Visit - Kaiser Permanente - Kelly Ching, M.D. Client called and was adamant about needing Motrin refilled for her chronic ankle pain. She had not been seen by this physician in three years. She did not get lab work done as requested. Still smoking 3 cigarettes per day per client. Assessment: Left ankle joint pain; smoker; atherosclerosis of aorta. Plan: Client advised she needed to be seen for evaluation and for lab work. She was instructed to use Tylenol over-the-counter as needed.

1/30/17 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. Client seen for follow-up. Requested refill of Motrin. Using Motrin twice a week. Blood pressure 143/86. Assessment: Osteoarthritis; tobacco smoker; vitamin D deficiency; medication refill; elevated blood pressure reading without HTN diagnosis; smoking cessation counseling; atherosclerosis of aorta; menopausal symptoms; obesity. Plan: Routine screenings and vaccinations indicated. Rx Wellbutrin, vitamin D3, Calcium and ibuprofen 800 mg.

2/09/ 17 - Eye Examination - Kaiser Permanente - Richard Gin, O.D. The client was seen for a routine eye examination.

10/05/17 - Nurse Visit - Kaiser Permanente - Lizette Cespeds, LVN. The client was seen for a routine blood pressure check. Blood pressure 197/89. Weight 203 pounds. Pulse 84.

10/11/17 - Progress Note - Kaiser Permanente - David Shaw, M.D. Client presented with complaint of dizziness intermittently for the past 2 weeks. She was worried she had a left facial droop and may have had a stroke. Assessment: Vertigo. Plan: Rx meclizine.

10/23/ 17 - Progress Note - Kaiser Permanente - David Morris, M.D. The client was seen for a blood pressure check. Asymptomatic. Blood pressure was 92/57. Started blood pressure medication 10/05/17. Client advised to hold off on medication for the night and follow-up with titration nurse the following day.

10/23/ 17 - Nurse Note - Kaiser Permanente - Leilani Rebancos Macaseib, RN. Client indicated she had upper left shoulder pain since the prior night with pain rated 3-4/10. She was able to speak clearly. No shortness of breath, chest pain, nausea, vomiting or any symptoms. Nurse and M.D. consult.

10/24/ 17 - Progress Note - Kaiser Permanente - Mi Pham, LVN. Client was seen for a blood pressure check. Blood pressure was 88/57.

11/01/ 17 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. Patient not feeling well. Intermittent vertigo x3 weeks. Blood pressure 134/69. Assessment: Benign paroxysmal positional vertigo; smoker; obesity; atherosclerosis of aorta; vitamin D deficiency; left ankle joint pain. Plan: Diclofenac topical gel prescribed to be applied to affected areas.

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PHYSICAL EXAMINATION

Examination revealed a 5 feet 3 inches female, who appeared her stated age of 71. She was oriented to time, place, and person.

Uncorrected vision:

FAR:	Right eye COUNT FINGERS (CF)	Left eye 20/25	Both eyes 20/25
NEAR:	Right eye CF Left eye RS60	Both eyes RS60	

Corrected vision: Mrs. Rooks had brought a pair of glasses with progressive Transitions® lenses with her with the following powers.

Rt lens	+0.25 -1.25 x 155
Left lens	-3.00 -1.25 x 037
PAL Add	+2.50 both lenses

Visual acuity with these glasses were:

FAR:	Right eye CF	Left eye 20/25	Both eyes 20/25
NEAR:	Right eye CF	Left eye RS25	Both eyes RS25

Cover-uncover test showed constant right exotropia of greater than 20 prism diopters. Extraocular muscles were smooth and unrestricted. Confrontation fields was restricted in the right eye and full in the left eye.

Refractive findings were as follows:

OD	-0.50 -1.50 x 155 (auto-refractor)	20/CF @ 3 feet (No improvement with pinhole)
OS	-2.50 -1.50 x 050	20/25
		OU 20/25

Near add of +2.50 OU resulted in near acuity of RS 25 at 40 cm.

External exam: Eyelids were well positioned in primary gaze. Lashes and lid margins were healthy. The tear film meniscus appeared normal in both eyes and the tear breakup time were greater than 15 seconds in both eyes. Conjunctiva and cornea were clear in both eyes. The irises were flat and brown in both eyes. The crystalline lens in the right eye showed mild peripheral cortical spokes and in the left eye was clear. The anterior chambers were deep with open angles without cells or flare in both eyes.

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Pupils in both eyes were 5 mm in dim lighting and 2 mm in bright lighting. There were brisk reactions to direct and consensual light. They were regular in appearance and there was no afferent pupillary defect using the APD Tester™.

Intraocular pressure (IOP) were measured by Goldmann Applanation Tonometry. Right eye measured 14 mmHg; left eye measured 18 mmHg at 12:25 p.m. The pupils were dilated with Tropicamide 1.0% followed by Phenylephrine 2.5% eyedrops.

Binocular indirect ophthalmoscopy and slit lamp Biomicroscopy with Volk Superfield lens were performed after full dilation. The vitreous humor was clear in both eyes. There was normal vasculature in both eyes. There were no hemorrhages or exudates in both eyes. Macula was homogenous and avascular without macular edema in both eyes. The cup-to-disc ratios was 0.5 round in both eyes. There was peripapillary atrophy in the left eye. The peripheral retina was attached 360 degrees, and no retinal tears or holes were detected in both eyes.

DIAGNOSTIC TESTS

- Fundus photography was performed by Optos instrument. This technology allows detailed panoramic 200-degree views of the retina. Wide field images of both retinas were obtained. Peripapillary atrophy was documented in the left eye. No other abnormalities were found.

- Visual Field Study was performed using a kinetic strategy from non-seeing to seeing along 16 meridians for each eye. This method is used to quantify defects in the visual fields in accordance with the disability rating system of the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition. Various threshold static visual fields strategies are generally used for ocular disease evaluations and monitoring; however, they do not correspond as well as suprathreshold kinetic strategy for disability rating purposes. The results are plotted in the figures below. The kinetic visual field plots for Mrs. Rooks were interpreted as mildly restricted in the right eye as shown below. The reliability for both eyes was excellent.

Figure 1 Left Eye Kinetic Visual Field

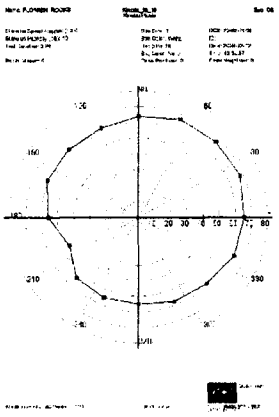
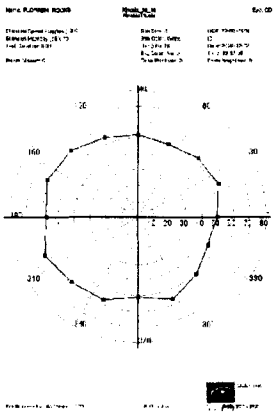


Figure 2 Right Eye Kinetic Visual Field



The impairment related to field restrictions in this case are considered in the Impairment section further in this report.

DIAGNOSES

1. Glare sensitivity, ICD-10 code: H53.71
2. History of amblyopia, associated with exotropia, right eye, ICD-10 code: H53.001
3. Exotropia, right eye, ICD-10 code: H50.111
4. Regular Astigmatism both eyes, ICD-10 code: H52.223
5. Myopia, bilateral, ICD-10 code: H52.13
6. Presbyopia both eyes, ICD-10 code H52.4

DISCUSSION

In my evaluation of Mrs. Rooks, I found that she has moderate sensitivity to glare, decreased visual acuity in the right eye associated with a constant eye turn, mildly restricted visual fields, and aging changes that have affected her refractive error. These symptoms affect her work and are labor disabling. However, they are due to pre-existing natural causes, and the conditions have not been intensified by the subsequent industrial injury.

Mrs. Rooks complained about her changing vision to her eye doctor at Kaiser while in employment of D'Veal Family and Youth Services. Her doctor confirmed her concerns and, in a letter, stated she has reduced visual acuity and limitation in peripheral vision. He recommended that Mrs. Rooks self-restrict her driving to no freeways and no nighttime. Mrs. Rooks also had difficulty seeing the computer screen and had to adjust her glasses to use the correct part of her progressive addition lenses. She is near sighted and could read paperwork without glasses, but for computer screen and other distances she had to use her glasses that have multifocal lens prescription, adjusting her head position to see the desired distance. This is a common problem with presbyopic patients working

in front of computers. The work did not cause her reduced vision and glare sensitivity but was negatively affected by these challenges.

For SIBTF reporting purposes, we need 1) to establish, with reasonable medical probability, the level of visual and ocular impairment prior to subsequent industrial injury of April 16, 2016 and how they were labor disabling, 2) to establish the current level of visual and ocular impairment and to what extent the impairments are apportioned to the industrial injury or any subsequent injury, and 3) to investigate work preclusions based on the current ongoing ocular disabilities.

1. Glare sensitivity and poor depth perception

Mrs. Rooks has moderate glare sensitivity and poor depth perception. She avoids driving on freeways and at nights. She began complaining about symptoms of glare during her 12-year employment at D'Veal Family and Youth Services. She had poor depth perception all her life since she has had amblyopia (lazy eye) and exotropia (eye turn) from birth. She continues to have these symptoms.

Glare sensitivity and poor depth perception are labor disabling factors in considerations of visual impairment. The AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, allows for individual adjustment for conditions such as glare sensitivity and poor depth perception. The Guides allow up to the maximum of 15% for individual adjustment. Specifically, on page 297, it states:

> "Although visual acuity loss and visual field loss represent significant aspects of visual impairment, they are not the only factors that can lead to a loss of functional vision. This edition of the Guides does not provide detailed scales for other functions, such as: ...Glare sensitivity (veiling glare), delayed glare recovery, photophobia (light sensitivity), and reduced or delayed light and dark adaptation... Binocularity, stereopsis, suppression, and diplopia.
>
> If significant factors remain that affect functional vision and that are not accounted for through visual acuity or visual field loss, a further adjustment of the impairment rating of the visual system may be in order. The need for the adjustment, however, must be well documented. The adjustment should be limited to an increase in the impairment rating of the visual system (reduction of the FVS) by, at most, 15 points."

In the precedence case of Michele Tousley vs. Dept of Interior, State of Utah, the individual adjustment for glare and decrease in contrast sensitivity was determined as 15%. In the case of Pisaturo v. Logistec, USA, Inc., dated September 23, 2015, intermittent diplopia (double vision that comes and goes) was awarded 7.5% impairment. With these cases in mind, I see reasonable medical justification of allowing **15%** individual adjustment for Mrs. Rook's glare sensitivity and poor binocularity. This opinion is based on the moderate amount of glare sensitivity and the extent of her symptoms due to her congenital eye turn. It is further based on my clinical experience of over 30 years. These symptoms are in addition to reduced visual acuity and limitations in her visual fields.

2. Reduced visual acuity due to amblyopia

There is history of amblyopia or lazy eye in her right eye, associated with a large degree of exotropia (eye turn) from birth. She attempted strabismus surgery in her 20s. She knew it would not improve her vision but was bothered by people's reactions to her eye turn. Unfortunately, the procedure did not improve her cosmetic appearance. The reduced visual acuity is calculated by specific formulas in the AMA Guides, 5th edition, beginning on page 284.

Her right eye visual acuity of CF at 3 feet is interpreted as 20/1250 and is assigned a Visual Acuity Score (VAS) of 10 (Visual Acuity Impairment Rating of 90%). The left eye visual acuity is measured as 20/25 and is assigned a Visual Acuity Score (VAS) of 95 (Visual Acuity Impairment Rating of 5%). Both eyes are also 20/25 with VAS of 95.

Using Table 12-3 of AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, on Page 284, FAS is calculated as follows:

VASOU : 95 x 3 = 285
VASOD : 10 x 1 = 10
VASOS : 95 x 1 = 95

ADD OU, OD, and OS: 285+10+95 = 390

Divide by 5: 435/5 = 78 This is Functional Acuity Score (FAS)

Acuity-related Impairment Rating is 22.0% (calculated as 100 – FAS).

3. Limitations of visual fields

Additionally, there are limitations in her peripheral vision. She has complained about this symptom to her eye doctor at Kaiser during the period she was employed at D'Veal Family and Youth Services. The automated kinetic test showed mild decrease in her peripheral vision. Visual fields restrictions are labor disabling. These limitations to her visual fields are likely not caused by the subsequent industrial injury and are likely preexisting and due to natural causes.

The AMA Guides, 5th Edition, has specific instructions on how to score the visual fields, starting on page 287. The guidelines dictate plotting the fields in 10 meridians, 2 in each upper quadrant and 3 in each lower quadrant. The following meridians were used to divide the 360-degree field: 25°, 65°, 115°,155°, 195°, 225°, 255°, 285°, 315°, and 345°. The visual fields in this case are plotted and the missed points in each meridian is calculated as follows.

Right Eye
25° Meridian → 9 points are seen = 9
65° Meridian → 9 points are seen = 9
115° Meridian → 9 points are seen = 9
155° Meridian → 10 points are seen = 10
195° Meridian → 10 points are seen = 10
225° Meridian → 9 points are seen = 9
255° Meridian → 9 points are seen = 9
285° Meridian → 9 points are seen = 9
315° Meridian → 9 points are seen = 9
345° Meridian → 8 points are seen = 8

Adding all the values, the visual field score for right eye (VFS_{OD}) is 91.

Left Eye
25° Meridian → 10 points are seen = 10
65° Meridian → 10 points are seen = 10
115° Meridian → 10 points are seen = 10
155° Meridian → 10 points are seen = 10
195° Meridian → 8 points are seen = 8
225° Meridian → 9 points are seen = 9
255° Meridian → 9 points are seen = 9
285° Meridian → 9 points are seen = 9
315° Meridian → 9 points are seen = 9
345° Meridian → 10 points are seen = 10

Adding all the values, the visual field score for left eye (VFS_{OS}) is 94.

According to the 5th Edition of the AMA Guidelines, to calculate the visual field score for both eyes, an overlay grid is placed over the combination of the right and left visual fields. This grid contains points at the following radial locations: 1°, 3°, 5°, 7°, 9°, 15°, 25°, 35°, 45°, 55°, and 65°. Each meridian is then assessed to see if the point at that radial position is theoretically seen by the subject. The seeing locations are added together to find the visual field score for both eyes (VFS_{OU}).

25° Meridian → 10 points are seen = 10
65° Meridian → 10 points are seen = 10

115° Meridian → 10 points are seen = 10
155° Meridian → 10 points are seen = 10
195° Meridian → 10 points are seen = 10
225° Meridian → 10 points are seen = 10
255° Meridian → 10 points are seen = 10
285° Meridian → 10 points are seen = 10
315° Meridian → 10 points are seen = 10
345° Meridian → 10 points are seen = 10

Adding all the values, the visual field score for both eyes (VFS_{OU}) is 100.

Subsequently, FFS is calculated as follows:

VFSOU	:	100 x 3 = 300
VFSOD	:	91 x 1 = 91
VFSOS	:	94 x 1 = 94

ADD OU, OD, and OS = 485

Then divide by 5 = 97 This is Functional Field Score (FFS)

Field Related Impairment Rating is 3.0% (calculated as 100 – FFS).

MAXIMUM MEDICAL IMPROVEMENT

From an ocular disability standpoint, it is my opinion that the examinee's ocular condition has reached maximum medical improvement.

SUBJECTIVE FACTORS

Subjective factors of examinee's ocular conditions include poor vision in her right eye, poor sense of peripheral vision, poor depth perception, and glare sensitivity.

OBJECTIVE FACTORS

1) Glare sensitivity
2) Reduced visual acuity
3) Reduced visual fields

CAUSATION:

The subsequent industrial injury did not cause any ocular impairment in this case. The cause of visual impairment is likely 100% natural.

Date of Exam: December 22, 2020

APPORTIONMENT:

The visual impairment is 100% apportioned to natural causes.

IMPAIRMENT

The level of "Visual Impairment" of "Whole Person" is related to Functional Vision Score (FVS), and is calculated by the following formula:

Visual Impairment Rating = 100 - FVS

FVS is calculated by:

FVS = (FAS x FFS)/100

"FAS" stands for Functional Acuity Score and "FFS" stands for Functional Field Score. We have calculated these values in the Discussion Section above. FAS was calculated as 78, and FFS was calculated as 97. Therefore, FVS equals:

(78 x 97) /100 = 75.66% Functional Vision Score (FVS)

Subtracting the FVS from 100 provides the Visual Impairment Rating for the visual system. In this case, the Visual Impairment Rating is 24.34%. It is 100% apportioned to the natural causes.

Next, we must add Individual Adjustment related to glare sensitivity and poor binocularity. These were considered in detail in the Discussion Section above, and the value of 15 points are added to FVS.

Therefore, the total impairment becomes 39.34%, and is apportioned 100% to natural causes.

Table 12-10, The Classification of Impairment of the Visual System (expanded) of AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, is shown on page 298 of the Guides. With the impairment rating of 39.34%, the table categorizes Claimant's visual impairment as Class 3, Moderate Vision Loss. From an ocular standpoint, Whole Person Impairment Rating (WPI), with an estimate of overall Activities of Daily Living ability loss, is also 39.34%. This value should be added to the WPI score of any non-ocular conditions, because there is no overlap, and such visual impairments would increase the difficulty in performing physical tasks.

WORK PRECLUSIONS

Mrs. Rooks suffers from glare sensitivity. Work preclusions include working under bright artificial lights, such as stadiums and concert halls. Due to her disabling glare at night, any occupation that involves driving at night can be hazardous to her and others. Examples include delivery services,

bus and transportation jobs, emergency vehicle jobs, police or security jobs, ride sharing jobs, chauffeur, etc.

Her limited visual acuity and history of eye turn disqualifies her from numerous positions that require normal or near normal visual acuity in both eyes. Examples include police, military, sports referee, and positions where visual inspections are required. In addition, she has limited depth perception due to poor binocular vision. Jobs where detailed depth perception is necessary are precluded, such as dental assistants, hairdressers, dressmakers, cutlery, glass blowing, carpentry, etc.

FUTURE MEDICAL TREATMENT

Mrs. Rooks needs annual eye examinations to manage her refractive and age-related ocular conditions.

REASONS FOR OPINIONS

1. Review of available medical records.
2. Physical examination findings, which support the examinee's condition.
3. Correlation of the examinee's oral history compared to the records.
4. Credibility of the examinee.
5. Clinical experience and research.

Thank you for the opportunity to evaluate Mrs. Rooks. Please contact me if I can be of further assistance.

COMPLIANCE DISCLOSURE STATEMENT

I certify that I took the complete history from the patient, conducted the examination, reviewed all available medical records, and composed and drafted the conclusions of this report. If others have performed any services in connection to this report, outside of clerical preparation, their names and qualifications are noted herein. Partial compilation and excerpting of the medical records were completed by trained staff at Arrowhead Evaluation Services, Inc. In combination with the examination, the excerpts and records were reviewed to define the relevant medical issues. The conclusions and opinions within this report are solely mine. 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 I received from others. As to that 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. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Pursuant to 8 Cal. Code Regs. Section 49.2-49.9, I have complied with the requirement for face-to-face time with the patient in this evaluation. If necessary, I have discussed apportionment in the body of this report. If I have assigned disability caused by factors other than the industrial injury, that level of disability constitutes the apportionment. The ratio of nonindustrial disability, if any, to all described disability represents my best medical judgment of the percentage of disability caused by the industrial injury and the percentage of disability caused by other factors, as defined in Labor Code Section 4663 and 4664.

Date of Exam: December 22, 2020

Date of Report: December 26, 2020. Signed this 26th day of December 2020 in Orange County, California.

Sincerely,

Babak Kamkar, OD, QME

Babak Kamkar, OD, QME
Optometry

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: **FLOREEN ROOKS** *(employee name)* v **City of Encinitas Fire Department** *(claims administrator name, or if none employer)*

Claim No.: **SIF10825285**

EAMS or WCAB Case No. *(if any)*: **ADJ10825285**

I, **Simon C. Thompson** *(Print Name)*, declare:

1. I am over the age of 18 and not a party to this action.
2. My business address is: **1680 Plum Ln 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.

Means of service: *(For each addressee, enter A – E as appropriate)*	Date Served:	Addressee and Address Shown on Envelope:
A	01/06/21	Natalia Foley, Esq. 8018 E Santa Ana Canyon, Suite 100-215 Anaheim Hills, CA 92808
A	01/06/21	Subsequent Injuries- Sent Electronically

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 01/06/21

(signature of declarant)

Simon C. Thompson *(print name)*

QME Form 122
Rev. February 2009