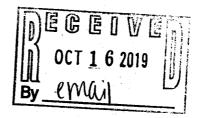


U.S. Department of Veterans Affairs

VA Long Beach Healthcare System

5901 East 7th Street Long Beach, CA 90822 www.longbeach.va.gov

October 9, 2019



In Reply Refer To:

To Whom it May Concern,

George Soohoo is a veteran under my care for treatment at the Long Beach VA Medical Center. As a component of his recovery, I am recommending that he no longer report to his prior chain of command supervisor whom he currently has an active EO claim against. It is seemingly best practice that he be assigned to another supervisor given the reported history of assault against Mr. Soohoo and pending investigation.

Sincerely,

Shaun Chung MD

Attending Physician

VA Long Beach Healthcare System

5901 E 7th Street, Long Beach, CA 90822

(562)826-8000

Shaun.Chung@VA.gov

LA JOLLA • CARLSBAD • SAN DIEGO • LOS ANGELES



1207 CARLSBAD VILLAGE DR. SUITE R CARLSBAD, CA 92008 (760) 434-2242 Fax: (760) 434-3557

OCT 1 6 2019

Ey _ {WW}

7/26/19

To Whom It May Concern:

Re: Leorge Doo Hoo

This letter will release Mr. Aoo (for to return to work full time with the following restrictions:

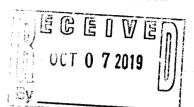
- 1) To prevent anxiety, Ar soo Hoo Hoo Hould report to someone other than Louis Excobell until further evaluation
- 25 Rowera Adm should report to sovelone other that Dr. Loo Hoo

Faurence 7- Wodbon, 745 PS-14312



October 2, 2019

06380832



Philip M. Cohen, Esq. Law Offices of Philip M. Cohen 1550 Hotel Circle North, Suite 170 San Diego, CA 92108-2907

Re: GEORGE SOOHOO v. DEPT CORRS-INST MEN

Case No. ADJ11815610

Dear Mr. Cohen:

It was a pleasure meeting you on Monday, September 30, 2019 at the Santa Ana District Office of the Workers Compensation Appeals Board. I was in error when indicated to you that we had two reports from Lynn Debroskey, PhD. Upon return to my office, I reviewed my file and only see the report dated 08/27/2018. We do not have a report dated 09/12/2018. I apologize for any confusion.

As for the date 09/12/2018, we did send a letter to Lynn Debroskey, PhD. responding to her request for medical treatment. I have enclosed a copy of that letter.

During our discussions, you said you thought you had received an email copy of the EEOC report which exonerated your client of any wrong doing. I asked that you please provide that to us upon your return to your office. Please consider this my written request that you please forward a copy of the EEOC report to State Fund. Thank you.

Very truly yours,

John C. Dunk

Attorney

jcd

Enclosure



September 12, 2018

Lynne Deboskey, Ph.D 1503 N Imperial Ave #103 El Centro CA 92243

Claim Number: 06380832 Employee: George Soohoo Tracking#: E000012242774 Date of Injury: 07/06/2018 Adjuster Name: Taylor Sutherland

Dear Medical Provider

Your request for medical treatment dated September 7, 2018 for George Soohoo was received on September 7, 2018 and has been reviewed in accordance with State Fund's Utilization Review Program:

| Medical Treatment | <u>Treatment</u> <u>ID</u> | Req Oty. | Auth Oty. | Interval Per (Freq.) Period | <u>Decision</u> | <u>Decision</u> <u>Date</u> |
|--------------------------------|-------------------------------|-------------|--------------|--------------------------------|-----------------|--------------------------------|
| CBT, 6 sessions, Rx 8/27/18 | E000010643143 | 6 | 6 | | Approved | 09/12/2018 |
| Re-Evaluation, Rx 8/27/18 | E000010643144 | 1 | 1 | | Approved | 09/12/2018 |

Please note: If the treatment decision is "Referred", we are still evaluating the request and you will be notified when a decision has been made. "Interval" in the above column describes number of treatments authorized per period.

For dates of injury occurring on or after January 1, 2018: Emergency treatment services and medical treatment services for accepted body parts or conditions within 30 days following the initial date of injury are authorized without prospective utilization review, with exceptions as outlined in the Labor Code and/or Regulations. The treatment must be provided by: (1) a member of the medical provider network (MPN), (2) a predesignated physician, or (3) by a physician selected by the employer. The requested treatment must be consistent with the medical treatment utilization schedule (MTUS). This is in accordance with Labor Code § 4610 (b).

When it is necessary to refer an injured employee to another medical provider or facility, referrals shall only be made to medical providers and facilities that are participants in the State Fund MPN by Harbor Health and listed on the State Fund MPN by Harbor Health website at www.statefundca.com/mpn/ProviderFinder. Medical Access Assistants are available to help you locate MPN providers. They are available to assist you, in English and Spanish, from 7 a.m. to 8 p.m. Monday through Saturday. You may contact our Medical Access Assistants through our toll-free phone number (855) 521-7082, fax (571) 446-2070 or by e-mail at statefundMPNMAA@harborsys.com.

All authorized ancillary services listed below, should be requested through Healthesystems (877) 287-7728.

- * Durable Medical Equipment (DME)
- * Medically Necessary Transportation

- * Diagnostics Magnetic resonance imaging (MRI), computerized axial tomography (CT), and ultrasound
- Home Health Care Coordination of IV therapy, medical supplies, and
 respiratory services as well as coordination of services provided by Companions, Nurses, Home Health Aides, and Medical Social Workers
- Physical Therapy Physical therapy, occupational therapy, speech therapy, certified hand therapy, aquatic therapy, and massage therapy

Authorization of medication does not constitute approval to dispense medications from the physician's office. All medication should be filled by an Express Scripts Network pharmacy. Physicians or the injured employee can call (888) 201-5389 for assistance in locating an Express Scripts Network pharmacy.

State Fund's preferred method for receipt of requests for authorization is by fax. State Fund will not accept requests for authorization by e-mail.

Certifications are valid for 180 days from the date of this notice.

Any payments made will be reimbursed per the prevailing California Official Medical Fee Schedule (OMFS), or Contractual Agreement. Payment is subject to applicable statutes and regulations, including, but not limited to, Labor Code §139.3 and 139.31 and California Business and Professions codes.

For claims on *delayed status*, payment may also be limited to the criteria as mentioned in Labor Code §5402(c), subject to the \$10,000 cap.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE OR BILLING.

Sincerely

Rosanne A. Aranda-Kofmehl

Rosanne A. Aranda-Kofmehl For Taylor Sutherland, Claims Representative of this claim Claims Representative (951) 697-7330

cc: George Soohoo, 2506 Lighthouse Ln, Corona Del Mar, CA 92625

IMPORTANT INFORMATION FROM STATE FUND

Effective **November 1, 2015**, all authorized ancillary service requests for prescription drugs, durable medical equipment (DME) and supplies, interpretation, and transportation, must be supplied only through the following State Fund-approved ancillary networks:

Prescription Drugs:

Express Scripts, Inc. (ESI) Telephone: (888) 201-5389

DME, interpretation, and transportation:

Healthesystems

Telephone: (877) 287-7728

Authorization of medication does not constitute approval to dispense medications from the physician's office. All medication should be filled by an Express Scripts Network pharmacy. Physicians or injured employees can call (888) 201-5389 for assistance in locating an Express Scripts Network Pharmacy.

Medical bills with dates of service November 1, 2015 and after, that are submitted for the above services by non-State Fund approved ancillary providers will **not** be processed for payment.

Effective **September 1, 2016**, all authorized ancillary service requests for the following services must be supplied only through Healthesystems:

Diagnostics – Magnetic resonance imaging (MRI), computerized axial tomography (CT), and ultrasound

Home Health Care – Coordination of IV therapy, medical supplies, and respiratory services as well as coordination of services provided by Companions, Nurses, Home Health Aides, and Medical Social Workers

Physical Therapy – Physical therapy, occupational therapy, speech therapy, certified hand therapy, aquatic therapy, and massage therapy.

Medical bills with dates of service September 1, 2016 and after, that are submitted for these services by non-State Fund approved ancillary providers will **not** be processed for payment.

CCR Section 9767.3(d)(8)(I) allows an insurer, employer, or entity to include ancillary services in its medical provider network and contract with ancillary service providers to provide services and goods.

LC Section 4600.2(a) allows insurers and self-insured employers to contract with a pharmacy benefit network to provide medicines and medical supplies.