

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:** SOOHOO, George v SCIF, Attn: Robert Bull  
(employee name) (claims administrator name, or if none employer)

**Claim No.:** 06380832; 06626694 **EAMS or WCAB Case No. (if any):** \_\_\_\_\_

I, Donald Phan, declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1524 Melody Ln. #1, Fullerton, CA 92831
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

6/9/22

SCIF, Attn: Robert Bull  
P.O. Box 65005, Fresno, CA 93650

A

6/9/22

Natalia Foley, Esq.  
751 S. Weir Canyon Rd. #157-455, Anaheim, CA 92808

A

6/9/22

Philip Cohen, Esq.  
1550 Hotel Cir N. #170, San Diego, CA 92108

A

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 6/9/22

Donald Phan  
(signature of declarant)

Donald Phan  
(print name)

**Qualified Medical Evaluator**  
**Agreed Medical Evaluator**  
**Clinical Psychology**  
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## **Lawrence Ledesma, Ph.D.**

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### **PANEL QUALIFIED MEDICAL EXAMINER'S SUPPLEMENTAL REPORT IN PSYCHOLOGY**

May 31, 2022

RE: SOOHOO, George  
SS #: 562-78-4407  
DOB: November 28, 1953  
CLAIM #: 06380832; 06626694  
D/I: 08/01/2015 – 07/06/2018; 01/01/2015 – 06/10/2021  
D/E: May 31, 2022  
EMPLOYER: California Institution for Men

To Whom It May Concern:

This updated supplemental report is being conducted at the request of Mr. Robert E. Bull of the State Compensation Insurance Fund. This evaluator received a letter from Mr. Bull dated April 21, 2022, requesting a supplemental report be conducted based upon the attainment of additional records provided by the same. This supplemental evaluation is thus based on the review of the original records, this evaluator's QME report dated

October 11, 2021, the supplemental report dated March 3, 2022, and the additional records provided by Mr. Bull of the State Compensation Insurance Fund on April 26, 2022.

**This psychiatric report is confidential and privileged. Some applicants and family members may tend to misunderstand and distort the information enclosed in this report. This may result in significant psychological distress to the applicant or may interfere with the treatment and eventual recovery from illness.**

**For individuals with self-destructive or assaultive tendencies, the consequences of ill-considered disclosure of this report may be serious. This report is meant for the use of qualified professionals only, and those with the need to know by operation of law. Persons breaching the confidential nature of this report assume the risk and liability of doing so.**

**At the onset of the examination, it was explained to the applicant that this report was not confidential and that the information obtained and findings, as well as diagnosis and report completed by the examining physician would be shared with insurance company and all other parties involved in this matter. Applicant expressed understanding and agreed.**

## **BILLING STATEMENT:**

**ML-203-95-96**

### **Supplemental Medical-Legal Evaluation**

This report falls under the billing guidelines for Medical-Legal reporting as revised by the Administrative Director for implementation effective April 1, 2021, as specified in Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director - Administrative Rules Article 5.6. Medical-Legal Expenses and Comprehensive Medical-Legal Evaluations Sections 9793-9795.

Section 9795 amends the medical-legal fee schedule for Workers' Compensation and designates fees for billing medical-legal evaluations under code ML-203. "The fee includes services for writing a report after receiving a request for a supplemental report from a party to the action or receiving records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation. Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the

medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, a prior follow-up medical-legal evaluation, or a prior supplemental medical-legal evaluation. Failure to issue a supplemental report upon request because of an inability to bill for the report under this code would constitute grounds for discipline by the Administrative Director or his or her designee. The fee includes review of 50 pages of records. Review of records in excess of 50 pages that were received as part of the request for the supplemental report shall be reimbursed at the rate of \$3.00 per page. When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal evaluation and preparation of the report.”

ML-203 -95-96 Supplemental Medical-Legal Evaluation (2.0 modifier of \$650 base rate)	\$1,300.00
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ML-PRR - Record Review of <b>526 pages</b> (\$3.00 per page in excess of the 50 pages included in the ML-203 code)	\$1,428.00
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I verify under penalty of perjury the total number of pages of records reviewed as part of the medical-legal evaluation and preparation of the report is **526 pages.**

## **REVIEW OF RECORDS:**

The records were sorted, organized, and excerpted by Ms. April Ann Panis, a trained clerical word processor at eData Services.

### **10/09/99, Employee Action Request.**

The applicant's address was changed to 82 Lakeside Drive, Buena Park.

### **08/20/02, Performance Appraisal for Managers and Supervisors.**

Employee Performance Rating: Outstanding: This category was reserved for the applicant who not only significantly exceed the fully successful level, but who were also at the very highest end of the Department's performance spectrum.

### **03/03/10, by Theresa Dickinson, Email.**

This email was addressed to Teresa Cruz, Jennifer Haight, Pam Bettencourt, and Jewell Stewart.

"Good Afternoon,

Dr .Soofoo DDS, was with DJJ Southern Youth Reception Center as Chief Dentist. His start date with PST/QMAT was March 2, 2010. The problem is his pay was not correct on his last check from the DJJ. I understand that his personnel file was transferred from DJJ so DJJ could not correct the error; I have his 998 for February 2010 from DJJ. Please advise as to a resolution."

### **03/03/10, by Jewell Stewart, Email.**

This email was addressed to Jeff Lissy, Teresa Cruz, Jennifer Haight, and Pam Bettencourt.

"I have a Start date of February 5, 2009 and he was going to a class that has a lower pay if this is not the corrected start date let me know thanks Jewell."

### **03/04/10, Memorandum.**

Subjective: Salary determination for an employee demoted in lieu of Layoff.

The following situation came to light as a result of a recent inquiry from the Department of Corrections and Rehabilitation.

Problem Issue: CDCR had a Chief Dentist, CF (class code 9344) that was demoting to Dentist CF (class code 9268) in lieu of layoff, and he had been with CDCR for 5 years. The applicant believed per Government Code 19997.9 he should go to the maximum of the range closest to his current salary as a Chief Dentist. The issue was that he did not meet the alternate range criteria of the range closest to his current salary, which

required completion of 10 years of full-time experience working as a Dentist in CDCR. Must the applicant meet the alternate range criteria when demoting in lieu of layoff or could salary alone provide the employee the range closest to his current salary?

Background: Government Code 19997.9 states, in part, any employee demoted pursuant to this article shall receive the maximum of the salary range of the class to which he was demoted; provided, that such salary was not greater than the salary he received at the time of demotion.

On July 27, 1990, DPA received a memo from the State Personnel Board regarding transfers. The memorandum provided an example of a "mandatory action" being a nondeep to deep class - list appointment. It stated in part that for this "mandatory action," compare the maximum salary of the current non-deep class to the highest range of the deep class to determine the appropriate salary rule. Placement in an alternate range would be made based on salary alone without reference to the alternate range criteria.

Recommendation: For the following reasons, it was recommended that he should receive the maximum of the salary range of the class to which demoted, and placement in an alternate range closest to his current salary should be made based on salary alone without reference to the alternate range criteria.

\* Government Code 19997.9 provided the employee the maximum of the salary range of the class to which he or she was demoted.

\* SPB determined that for what was considered a "mandatory action" placement in an alternate range would be made on the basis of salary alone without reference to the alternate range criteria.

\* DPA considered a demotion in lieu of layoff a "mandatory action."

Decision: All employees demoting into deep classes within a series as a result of the mandatory action of a "demotion in lieu of layoff" should receive the maximum of the salary range of the class to which demoted, and placement in an alternate range closest to his current salary should be made on the basis of salary alone without reference to the alternate range criteria.

**03/18/10, by the Applicant, Email.**

This email was addressed to Jewell Stewart, Teresa Cruz, Jennifer Haight, and Pam Bettencourt.

"Dear Ms. Stewart: Thank you for being pro-active in following up my pay issue. After March 2, 2010, my classification changes to the Dentist Classification, Range U, and I should be at the maximum of that range at 21,816.00 due to my time in State service. If

you have questions, please do not hesitate to contact me.”

**03/18/10, by Teresa Cruz, Email.**

This email was addressed to Jewell Stewart.

“Hi Jewell, Can you please tell me where to send Dr. SooHoo file PAR and 612 please.”

**03/18/10, by Jewell Stewart, Email.**

This email was addressed to Teresa Cruz.

“1515 S Street Room 556-n Sacramento, ca 94283.”

**03/26/10, Susan Wong, Memorandum.**

Subject: Cancellation of Basic Group Term Life Insurance for Non-represented Employees.

An audit of their records indicated that the applicant was no longer eligible for coverage in the Basic Life Insurance Plan. This ineligibility may have resulted from a recent change in his status (from excluded to represented) or in his time base (from halftime or greater to less than halftime). His Basic coverage would be automatically cancelled effective April 1, 2010. If he believed he was eligible for coverage; he was to contact his personnel office as soon as possible for re-evaluation of his eligibility.

He may convert his basic group term life insurance coverage to an individual life insurance policy within 31 days of the cancellation date. He may request a conversion application from the carrier at (800) 252-8524.

If he were enrolled in the Supplemental Group Term Life Insurance, his payroll deduction and coverage would continue. If he wished to cancel his supplemental coverage, he must submit a written request to Metropolitan life insurance company, 425 Market Street, Suite 970, San Francisco, CA 94105, Attention: State of California Administration (policy No. 74503). The request should include his name, social security number, and the deduction code 075-107. Once MetLife processed the request, a form would be sent to the State Controller's Office (SCO) authorizing the cancellation of his monthly premium deduction. If the form was received by the SCO by the 15th of the month, the cancellation would be effective the first of the following month.

**04/27/10, Susan Wong, Memorandum.**

Subject: Long-Term Disability (LTD) insurance plan cancellation.

An audit of their records indicated that the applicant was no longer eligible for coverage in the Long-Term Disability. This ineligibility may have resulted from a recent change in his status (from excluded to represented) or in his time base (from halftime or greater to less than halftime). His Long-Term Disability would be automatically cancelled effective

May 1, 2010. If he believed he was eligible for coverage; he was to contact his personnel office as soon as possible for re-evaluation of his eligibility.

If he changed in status and retained an eligible time base, he may continue the LTD coverage on a 24 month direct pay basis by completing the online Request for Long Term Disability 24 month Direct Pay Coverage card (SI 13898-643146) at [www.standard.com/mybenefits/california](http://www.standard.com/mybenefits/california). He was to complete the form online, then print, sign and return it within 60 days, to Standard Insurance Company, 920 SW Sixth Avenue (PSB9A), Portland, OR 97204. He may want to keep a copy for his files.

**07/21/10, Employee Transfer Data.**

The applicant's new separation date was July 19, 2010. His new class code was 9371. His class title was now supervising dentist.

**03/13/12, by the Applicant, Email.**

This email was addressed to Trini Mora.

"Dear Trini: Have you heard from State personnel concerning my dental coverage for my spouse. I am still trying to follow up to get the bills paid."

**03/13/12, by Trini Mora, Email.**

This email was addressed to Linda McCarthy.

"Hi Linda, I faxed you the dental form and also left you a message on this employee, any update? I appreciate your time, thanks."

**03/20/12, by Linda McCarthy, Email.**

This email was addressed to Trini Mora.

"This was updated with the carrier on 3/9/2012. Any more problems let me know."

**02/03/14, by the Applicant, Email.**

This email was addressed to Trini Mora.

"Hi Trini: Please take time ASAP and try to resolve the double payment every month for the Regular VSP and the Premier VSP that the State is deducting from my check. I called VSP and they indicated that they had nothing to do with the deductions. VSP is claiming that the state is double charging for both programs, which is not allowed. Please check into this for me. I left a copy of the date and the enrollment form I sent to VSP for the Premier Plan on your desk today. I sent the form off in September of 2012, and the state have been double charging me for over a year. Thanks."

**02/04/14, by Mora Trini, Email.**

This email was addressed to the applicant.



SOOHOO, George  
May 31, 2022  
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"I called VSP and was informed that per the State Of California, a supervisory employee who receives COBEN (cash to pay their health, dental and vision) needs to pay the \$8.64 fee in order to be enrolled in the Premier Plan. This is not a double payment.

Attached, the 1st page is from the Benefits Administration Manual (BAM), the second pages is from CalHR's Vision Care Program. The second page clearly specifies on COBEN employees.

I hope this information clarifies your concern.

Thank you."

**02/04/14, by the Applicant, Email.**

This email was dressed to Trini Mora.

"Thank you Trini. You are so good at what you do. I appreciate your follow up and many thanks."

**08/25/14, by the Applicant, Email.**

This email was addressed to Ilene Reveles.

"Dear Ms, Reveles: I e-mailed you several months back about the OC time and CTO time. Are the; going to pay me off for the time? I never heard from you or Theresa Cruz? Thanks."

**08/25/14, by Ilene Reveles, Email.**

This email was addressed to the applicant.

"All on call/CTO hours were forwarded to Christina Davis two weeks ago. To date, I haven't been given the okay to key. She is working on it. I will process when given the approval."

**08/26/14, by the Applicant, Email.**

This email was addressed to Ilene Reveles.

"Thank you."

**09/02/14, by Ilene Reveles, Email.**

This email was addressed to the applicant.

"Hi Dr. SooHoo,

According to the memo I received, it states the cash out is for the Medical staff only and the authorization does not apply to Mental Health or Dental Program employees. I will have to check with my manager to see if I am able to pay your overage as you are supervisory. Your rank & file employees are not eligible currently."

**09/02/14, by the Applicant, Email.**

This email was addressed to Ilene Reveles.

“Dear Ms. Reveles: Dental is part of Medical. BU 16 covers Medical and Dental. Not all of the time was Supervisory when I was at DJJ, some of it was when I was rank and file. CTO and On-Call is for Medical and Dental. Management might have provisions that they do not want to cash out the Supervisory staff because they do not have funds and also they have the options to leave the time on the books till I retire. They should have paid my time off when I left DJJ and was rank and file as well. You are welcome to check with Dr. Farooq, the CME, who can explain the details of the CTO and On-call time.”

**09/05/14, by Ilene Reveles, Email.**

This email was addressed to the applicant.

“Hi Dr. SooHoo,

I referred your request to my manager, Debra Ruiz, and she contacted CCHCS and CDCR Headquarters. According to both CCHCS and Headquarters, you are not eligible for a cash out since you are supervisory and Dental.

Unfortunately, I do not have the authority to cash out any time that was earned while you were rank & file at DJJ.”

**01/04/16, by the Applicant, Email.**

This email was addressed to Ilene Reveles.

“Dear Ms. Reveles: I noticed on my pay check, the Call back time is still listed as Call back, and it has not been converted. Is this still going to take place? Thanks.”

**01/05/16, by Ilene Reveles, Email.**

This email was addressed to the applicant.

“Good morning Dr. Soohoo,

Yes. The other dentist were already done by a staff member here. I thought yours was done as well. I'll process.”

**02/19/16, Individual Development Plan.**

The applicant made tremendous strides in taking recommendations from his last IDP to improve in this short time, which gave a sense of confidence that he would only improve on his management presentation, his decision making and his commitment to building a tea, approach.

**06/13/16, by the Applicant, Email.**

This email was addressed to Teresa Cruz.

"Dear Theresa: I am following up at your request on the hours you were going to research regarding my On/Call time at DJJ which was removed back in 1998-99. It was written in pencil on one of those Personnel ledgers. I hope you find it so I can restore my hours before retirement. You are the only one that can verify or vouch for those hours because you were head of personnel at SYCRCC. Thanks."

**06/13/16, by Teresa Cruz, Email.**

This email was addressed to the applicant.

"Dr. SooHoo, I have gone all through your OPF. I did find where both Ilene Reveles and myself have looked at your leave balances to resolve your questions about missing balances. There was nothing removed. I looked back over your leave cards for 98, 99, 00, 01 and On Call was not even a balance on the card. I ran across PALS screen from when you were at Ironwood, No On Call documented. On 12/08/2009, I printed the B10 screen showing all your leave balances at that time, attached to that was the On Call screens from Jan 2005 to Sep 2008, I did notice on the copies of old LAS screen prints, that in July 2006, 200 hours were transferred from CYA to CDCR but the time remained on the books. It is also documented in your OPF when I previously requested LAS records for you at the expense of SYCRCC in 2009. At that time I was told by SCO that your records only go back to Feb 2003, they gave me Feb 2003 to Nov 2004 I had 2005 to 2009. no large sums of On Call were removed. I do not remember removing any hours from your leave card. I would have had to do significant erasures to eradicate an entire leave balance history. I do not make any alterations to a leave history without first copying the existing history and full documentation of why I took whatever action I took. I can see that I need to organize your OPF so it is in better chronological order. I will also print your PIMS Employment History. You are welcome to examine your OPF and the records within if it will help dispel this accusation."

**07/05/16, Annual Leave Sick Leave/Vacation Election Form.**

The applicant elected to participate in sick leave/vacation program effective the first day of the pay period this election was received by his personal office.

**11/18/16, Individual Development Plan.**

The applicant continued to manage the Dental Department and his evaluation matrix's were all within exceptional compliance. Interpersonal skills could use some improvement beginning with maintaining confidential comments and statements.

**01/05/17, by the Applicant, Email.**

This email was addressed to Ilene Reveles.

“Dear Ilene: Here is the memo you were looking for and you sent it to me. Luckily, I went into the archives and found it.”

**02/13/17, by the Applicant, Email.**

This email was addressed to Laura Harvick.

“Dear Ms. Harvick: When I was at ISP in 1994, they would not pay me for the On-Cal or CTO because I was a Chief Dentist. When I was at DJJ, Ms. Theresa Cruz had me document the CTO time as O/C as On Call, so she can better track the type of usage. When she got transferred from DJJ to CIM, she also wanted CIM staff to continue with the O/C and CB (Call back), versus the CTO. You will find that I have accumulation of CTO as well as OC time as well. Ms. Ilene Reveles was going to try and change it form O/C to CTO, so all the time would be on CTO but she did not have the time to do it. When I was at DJJ, The Chief of Health Care Services- Dr. Gwendolyn Dennard, M.D., indicated since I was a Chief Dentist, I was not eligible for CTb or On-Call time and she had close to 280 hours removed from my Personnel Records. Later she found out she was incorrect and she passed away before she was able to make the necessary changes with my Personnel Record. When Theresa Cruz was here she tried to locate those records and she was not successful. I remember her writing them on a personnel record in Pencil and somehow it was erased. Those hours were lost and I was never able to retrieve them back. Sometime this week I will send you the number of hours for CTO and O/C. Many thanks.”

**12/26/17, Individual Development Plan.**

As the supervising dentist, the applicant was reminded to maintain a positive working relationship within the Dental Department.

**05/18/20, Notice of Personnel Action Filed.**

Upon the effective date of this Notice, the applicant was officially reprimanded in his position as a correctional supervising dentist.

This notice would serve as the Official Reprimand and should be placed in his Official Personnel File, effective at the start of business on May 18, 2020, and end at the close of business on May 17, 2023, for a total of three years.

**05/18/20, Notice of Personnel Action Filed.**

Upon the effective date of this Notice, the applicant was officially reprimanded in his position as a supervising dentist.

This notice would serve as the Official Reprimand and should be placed in his Official Personnel File, effective at the start of business on May 18, 2020, and end at the close of business on May 11, 2023, for a total of three years.

**Undated, Duty Statement.**

The applicant was employed as a supervising dentist.

Under the general direction of the Chief Executive Officer, Correctional Facility, the Supervising Dentist, CF, was responsible for overseeing the work of the Dentist, CF in the correctional facility. The Supervising Dentist, CF was responsible for ensuring that each Dentist complies with the Inmate Dental Services Program Policies and Procedures (P&Ps), and provided leadership, chart reviews, training, and clinical instructions for the Dentist, CF.

He ensured that all Dentist, CF were in compliance with the IDSP P&Ps in the performance of their duties. He oversaw the dental appeal process to ensure that all appeals were answered by the dentists within required timeframes. The Supervising Dentist should have the final signature on all first level inmate appeals and shall review all dentist responses to ensure compliance with existing rules and regulations.

He maintained the daily work schedules for all dentists and ensured that the dentist schedules inmates in need of dental services for treatment within IDSP P&P established timeframes. Trained and evaluated the performance of all dentists, completing all Individual Performance Evaluations, and initiating progressive disciplinary actions when appropriate. Coordinated the dental clinic operations with other institutional departments to ensure continuity of care. Serves as a dental consultant to staff dentist on unusual or difficult dental cases. Arranged for special care and/or outside consultant for difficult dental cases.

He monitored dental clinical procedures to ensure that infection control, hazardous waste, and radiation safety protocols were implemented and complied with. Served as the Tool Control Officer for the dental areas, ensuring all dentists were trained and comply with all security protocols such as daily tool; needle scalpel, and sharps control counts. Monitored dental equipment and supplied to ensure that all equipment was in proper operating condition, and dental supplies were adequate. Oversaw the timely ordering of dental supplies. Utilized Dental clinic audit tool to ensure compliance with IDSP P&Ps.

He provided clinical records review of patients to assure their adequacy, proper documentation, and adherence to established clinical policies and procedures. He coordinated peer reviews of all dentists on staff. Performed the role of clinical case manager for dental patient referred to medical or an outside specialist. He performed Dentist duties as needed in the clinic. He acted as acting Chief Dentist, CF during absences.

He maintained California dental license, Drug Enforcement Administration certificate and cardiopulmonary certificate. He attended continuing education classes and In-

Service training classes.

Knowledge and Abilities: He was to have knowledge of principles and priorities of personnel management and effective supervision; a manager's/supervisor's responsibility for promoting equal opportunity in hiring and employee development and promotion, and for maintaining a work environment that was free of discrimination and harassment; and Inmate Appeals (CDC 602) Program.

He was to have ability to provide adequate clinical records review of patients' treatments; ensure adherence to established clinical policies and procedures; provide clinical instruction; plan organize, and direct the work of a group of professional and ancillary dental personnel; estimate future requirements for dental equipment and supplies; coordinate the dental program with other institutional programs; keep records and prepare reports; and effectively promote equal opportunity in employment and maintain a work environment that was free of discrimination and harassment.

Special Personal Characteristics: Empathetic understanding of patients of a state correctional facility; tact; patience; emotional stability; alertness; and keenness of observation.

Special Physical Characteristics: Persons appointed to this position must reasonably expected to have and maintained sufficient strength, agility, and endurance to perform during stressful (physical, mental, and emotional) situations encountered on the job without compromising their health and well-being or that of their fellow employees or that of inmates or youthful offenders.

**Undated, Position Statement.**

The applicant was employed as a chief dental officer.

Summary Statement: Under general administrative direction from the institution superintendent and from the Chief of Services, a chief dentist planned, organized, and directed the dental program for an institution and a region. He coordinated the work of the entire dental clinic staff and assured that each member performed his or her individual stress. He cooperated fully with other Section Heads in carrying out the total program of the institution. The chief dentist met with the Superintendent, whenever necessary, for the transmission of information and for planning purposes. The chief dental office, from time to time, received general direction from the Chief of Health Care Services Division and was responsible for the performance of Dental Programs in institutions in his/her region. The chief dentist of a region was responsible for providing the superintendents of institutions dental programs under his/her supervision with a professional performance evaluation. The chief dentist acted as liaison between YA Medical and Dental Sections and at times between YA and other state departments, when requested. The chief dentist sat on Qualification Appraisal Panels in the

evaluation of candidates for Dentist and Dental Assistant Classifications.

Staffing: When vacancies or new positions were pending or occurred in the dental section, the Chief Dental Officer would request the current list of qualified applicants from the Personnel Manager and would hold interview to select applicants to fill vacancies.

Evaluation: The Chief Dental Officer would evaluate dental employees in his region for professional performance.

Quality and Quality of Care: The Chief Dental Officer was responsible for observing the technical skills of dental personnel in his region and would alert an individual found to have deficiencies to upgrade their quality of care. Continued education should be recommended for skill improvement.

Merit Salary Adjustments: The Chief Dental Officer would determine whether an earned a merit salary adjustment in his region and would inform the Personnel Office within the date established by that office.

Total Dental Operation: The Chief Dental Officer would review and evaluate total dental clinic operations in his region in relation to their stated goal and was responsible for recommending and monitoring the implementation of any required change.

Resolve Conflicts: The Chief Dental Officer would keep informed concerning grievance procedures for employees in his region as stated in the YA Manual Section 7469-7470. The Chief Dental Officer would respond to employee grievance as stated in the YA Manual, Section 7460-7470.

Resolving Employee Grievance: The Chief Dental Officer would identify ward-staff problems in his region and facilitate resolution in a timely manner. He should be responsible for keeping a cumulative file of grievance copies to include their resolution.

Time Keeping: The Chief Dental Officer would review and approve employee Flex Time Sheets and would assure that such sheets were in the Personnel Office in time for the distribution of employee paychecks. This may be delegated to a supervisor at another institution in his region.

Absence Requests: Prior to the end of each day, the Chief Dentist reviewed and signed each employee absence request form and forwarded it to the Personnel Office. This may be delegated to a supervisor in another institution in his region.

Scheduling: The Chief Dental Officer shall assign to each dental employee his work hours at the time he was initially employed. He may delegate this function to a dentist at an institution in his region.

Work Shift Change: The Chief Dental Officer would review the total performance of all

dental staff in his region would make changes when necessary for the efficient and productive operation of the section.

**Vacation Schedule:** The Chief Dental Officer would issue a dental section vacation schedule by January 31. This may be delegated to a supervisor at another institution in the region. The chief dentist was responsible for approval of the schedule and for ensuring that single dentist locations were covered by contract when the assigned dentist was absent for any reason.

**Clothing: Work Attire:** The Chief Dental Officer would inform each dental employee in his region of the proper work attire at the time the employee was initially employed.

**Uniform Fund:** The Chief Dental Officer would annually allow each employee in his region a share of the Dental Uniform Fund to replace tattered uniform attire.

**Training: New employee:** The Chief Dental Officer would make certain that new employees receive appropriate orientation. A) He arranged for YA and institution new employee orientation a new employee to job specific needs and requirements immediately upon reporting to work. B) Orient a new employee to job specific needs and requirements immediately upon reporting to work. C) Chief dentist were responsible for the orientation of all new dentists in their region.

**Annual Training Plan:** The Chief Dental Officer would review dental staff training needs in communication with the Training Officer teach institution in his region in relation to demonstrated skills.

**Continuing Education:** In conformity with Section 118 of the Institutions and Camps Manual and in conformity with the Board of Dental Examiners' licensing requirements, the Chief Dental Officer would continually evaluate the Continuing Education requirements of each licensed staff member in his region.

**New Procedures:** The Chief Dental Officer provided training to dental staff in the utilization of new dental procedure or new dental products.

**CYA Dentists Meeting:** The Chief Dentist elected as the Clinical Health Service; Staff Deputy Chief of Staff for Dentistry planned, organized, and implemented the Annual CYA Dentists Meeting and training,

**Evaluate Requests:** The Chief Dental Officer would continually evaluate and approve or disapprove employee requests for specialized training.

**Authorize Payment:** The Chief Dental Officer would approve authorizations for payment of employee travel expense vouchers for approved specialized training in his region.

**Information Flow: Sharing Information:** The Chief Dental Officer was responsible for sharing information in a timely manner that was important to the functioning of the



Dental Sections in his region with the staff Dentists and Dental Assistants.

Dental Equipment: Maintenance: The Chief Dental Officer ensured that all dental equipment functions properly in his/her region and that there was a correct inventory.

Repairs: As the need arose, the Chief Dental Officer arranged with local dental supply companies for repair and maintenance of equipment at institutions in his region.

Evaluate Staff Familiarity: The Chief Dental Officer ascertained that staff was familiar with the proper utilization and care of dental equipment at all times.

Dental Supplies and Materials: The Chief Dental Officer ensured Dental Sections maintained adequate supplies and materials to properly function and to meet its goals at all times.

Dental Supplies: Access to Community Specialists: The Chief Dental Officer ensured that wards in need of dental specialty care had access to such specialists and that Dental Utilization Review Procedures were utilized in his region for decisions in unusual cases.

Dental Treatment: Personal Chair Side Treatment: In order to maintain his manual dexterity and remain currently familiar with all dental materials and equipment, a Chief Dental Officer would spend as much time as possible in providing dental examinations and treatments for YA wards.

Communications: Answered Correspondence: The Chief Dental Officer responded in a timely manner to verbal or written communications from state employees or organizations, or from other public or private individuals or organizations.

Promotes open contact with all employees: The Chief Dental Officer maintained open contact with all other sections, in order to foster understanding of all sections and to promote "esprit de corps" among all employees. He was responsible for ensuring that this relationship occurred at other institutions in his region.

Administrative Knowledge and Abilities: The Chief Dental Officer was responsible for maintaining and improving his administrative knowledge and abilities by reading administrative manuals, attending management meetings and classes on budgeting and personnel management.

Professional Knowledge and Abilities: The Chief Dental Officer was responsible for maintaining and updating his professional knowledge and skills by reading dental journals, attending postgraduate courses, and attending scientific meetings.

Contracts: Upon request from the Business Office, the Chief Dental Officer would, in a timely manner, coordinate the preparation and acceptance of the dental laboratory contracts for dental sections in his region.

Hospital Patients: Dental Problems Needing Special Medical Care of Bedridden Care: The Chief Dental Officer would coordinate the care of wards who have had complicated dental procedures with medical and infirmary staff and would ensure that this was accomplished.

Special Diets: As the need arises, the Chief Dental Officer would coordinate the care of wards requiring special diets or specially osterized meals with medical and infirmary staff and ensure that this was accomplished by a dentist in all Dental Sections under his regional supervision.

Community Volunteers: Coordinate Volunteer Services: When an opportunity arises, the Chief Dental Officer would involve community volunteers in providing dental services and education to wards. He should encourage this at Dental Sections in his region.

Emergencies: The Chief Dental Officer of a region would cooperate with administrators and Security staff during general emergency situations in order to facilitate the protection of life and property. He may delegate this function to a supervisor.

Dental Emergency: The Chief Dental Officer was responsible for the timely treatment of dental emergencies.

Facilitate Communication and Education Among all Staff: Monthly Report of Dental Activities: At the end of each month, the Chief Dental Officer would receive from the dentist at the institutions in his region e report of dental activities and should include it in his report. The report should be sent to the institution superintendent with a copy to the Chief, Health Care Services Division.

Dental Records: The Chief Dental Officer ensured that ward dental records in his region should be current and that a dental record was forwarded to the Medical Department for inclusion in the Unified Health Record when the ward transfers out of the institution.

Meetings: Administrative Team Meeting: The Chief Dental Officer would attend institution Management meetings when scheduled and when visiting other institutions in his region.

Dental Section Meeting: The Chief Dental Officer should hold monthly, or more frequently if needed, dental section meetings to disseminate information and to allow dental staff to express individual of group concerns or suggestions. He should hold a Dental Section meeting when visiting institutions in the region.

Annual CYA Dentists Meeting: The Chief Dentist who was elected as the CHSS Deputy Chief of Staff for Dentistry should chair the annual CYA Dental meeting and should in a Haison capacity attend the Department of Corrections Annual Dental meeting.

Private Superintendent's Meetings: Whenever the need arisen, the chief Dental Officer would consult privately with the Superintendent concerning the operation of the Dental Section.

Institutions Administrator's Meetings: The Chief Dental Officer would meet with administrators concerning the current total institution operation.

QAP: Evaluate Candidates: The Chief Dental Officer would participate on QAP Panels for the classes of Dentist and Dental Assistant.

**Undated, Position Statement.**

The applicant was employed as a chief dental officer.

Summary Statement: Under general administrative direction from the institution superintendent and from the Chief of Services, a chief dentist planned, organized, and directed the dental program for an institution and a region. He coordinated the work of the entire dental clinic staff and assured that each member performed his or her individual stress. He cooperated fully with other Section Heads in carrying out the total program of the institution. The chief dentist met with the Superintendent, whenever necessary, for the transmission of information and for planning purposes. The chief dental office, from time to time, received general direction from the Chief of Health Care Services Division and was responsible for the performance of Dental Programs in institutions in his/her region. The chief dentist of a region was responsible for providing the superintendents of institutions dental programs under his/her supervision with a professional performance evaluation. The chief dentist acted as liaison between YA Medical and Dental Sections and at times between YA and other state departments, when requested. The chief dentist sat on Qualification Appraisal Panels in the evaluation of candidates for Dentist and Dental Assistant Classifications.

Staffing: When vacancies or new positions were pending or occur in the dental section, the Chief Dental Officer would request the current list of qualified applicants from the Personnel Manager and would hold interview to select applicants to fill vacancies.

Evaluation: The Chief Dentist would evaluate employee performance as designated by the State Personnel Board and the personnel office.

Quality and Quality of Care: On an ongoing basis, the Chief Dentist would observe the technical skills of dental personnel and would alert his staff to upgrade their quantity and/or quality of care if the need arises.

Merit Salary Adjustments: The Chief Dentist would determine the granting of an employee merit salary adjustment and inform personnel office within the date

established by that office.

**Total Dental Operation:** The Chief Dentist would continuously review and evaluate all dental clinic operations in relation to Dental Standards of Care and Dental Services for Wards and, if in his opinion, the clinic was off course, will redirect its efforts.

**Resolving Employee Grievance:** The Chief Dentist would keep abreast of employee grievance procedures as stated in the YA Manual Section 7469-7470. The Chief Dentist would respond to employee grievance as stated in the YA Manual, Section 7460-7470.

**Ward-Staff Problems:** The Chief Dentist would identify a ward-staff problem and facilitate resolution in a timely manner.

**Time Keeping:** The Chief Dentist would review and approve employee Flex Time Sheets and would assure that such sheets were in the Personnel Office in time for the distribution of employee paychecks.

**Absence Requests:** Prior to the end of each day, the Chief Dentist reviewed and signed each employee absence request form and forwarded it to the Personnel Office.

**Scheduling:** The Chief Dentist would assign to each dental employee his or her work hours at the time he or she was initially employed.

**Work Shift Change:** On an ongoing basis, the Chief Dentist would review the performance of staff in relation to the clinic's goal and will change work shifts when necessary for the efficient operation of the section.

**Vacation Schedule:** The Chief Dentist would issue the annual dental section vacation schedule by January 31.

**Clothing: Work Attire:** The Chief Dentist would inform each dental employee in his region of the proper work attire at the time the employee was initially employed.

**Uniform Fund:** The Chief Dentist would annually allow each employee in his region a share of the Dental Uniform Fund to replace tattered uniform attire.

**Training: New employee:** The Chief Dentist would make certain that new employees receive appropriate orientation. A) Department and Institution New Employee Orientation at the next scheduled session. B) To job specific needs and requirements immediately upon reporting to work.

**Annual Training Plan:** The Chief Dentist would review dental staff training needs and, in consultation with the Training Officer, an annual training plan would be developed.

**Continuing Education:** In conformity with the Institutions and Camps Manual, and in

conformity with the Board of Dental Examiners' licensing requirements, the Chief Dentist will evaluate the Continuing Education requirements of each licensed staff member, on an ongoing basis.

**New Procedures:** The Chief Dentist provided training to dental staff in the utilization of new dental procedure or new dental products.

**CYA Dentists Meeting:** The Chief Dentist of the YA would plan, organize, and implement an Annual CYA Dentist Meeting to include training.

**Evaluate Requests:** The Chief Dentist should evaluate, approve or disapprove employee requests for specialized training.

**Authorize Payment:** The Chief Dentist should approve authorization for payment of employee travel expense vouchers.

**Information Flow: Sharing Information:** In a timely manner, the Chief Dentist was responsible for sharing information that was important to the functioning of the Dental Section with his staff Dentists and Dental Assistants.

**Dental Equipment: Maintenance:** The Chief Dentist ensured that all dental equipment was maintained properly and functions correctly.

**Repairs:** The Chief Dentist was responsible for negotiating with local dental supply companies for the repair and maintenance of equipment.

**Evaluate Staff Familiarity:** The Chief Dentist shall ascertain that staff was familiar with the proper utilization and care of all dental equipment.

**Dental Supplies and Materials:** The Chief Dental Officer ensured Dental Sections maintained adequate supplies and materials to properly function and to meet its goals.

**Dental Supplies: Access to Community Specialists:** The Chief Dentist should ensure that wards in Specialists need of dental specialty care have access to such specialists.

**Dental Treatment: Chair Side Treatment:** In order to maintain manual dexterity and remain currently familiar with all dental materials and equipment, a Chief Dentist should spend as much time as possible in the direct provision of dental examinations and treatments.

**Communications: Answered Correspondence:** The Chief Dentist shall provide timely responses to verbal or written communications from state employees or organizations, or from other public or private individuals or organizations.

**Promotes open contact with all employees:** The Chief Dentist maintained open contact with all with other sections other sections, in order to foster understanding of all sections and to promote "esprit de corps" among all employees.

**Administrative Knowledge and Abilities:** The Chief Dentist should maintain and improve administrative knowledge and abilities through the reading of administrative manuals, attendance at management meetings, and attendance in classes on budgeting and personnel management.

**Professional Knowledge and Abilities:** The Chief Dentist should maintain and update his professional knowledge and skills through reading dental journals, attendance at post-graduate courses, and attendance at scientific meetings.

**Contracts:** Upon request from the Business Office, the Chief Dentist would, in a timely manner, coordinate the preparation and acceptance of the dental laboratory contracts.

**Hospital Patients: Dental Problems Needing Special Medical Care of Bedridden Care:** As the need arises, the Chief Dentist should coordinate the care of complicated dental procedures with medical and infirmary staff.

**Special Diets:** As the need arose, the Chief Dentist should coordinate the care of wards requiring special diets or specially prepared meals with medical and infirmary staff.

**Consultant Responsibility:** The Chief Dentist provided advice to the Chief of the Health Care Services Division on matters concerning dentistry.

**Community Volunteers: Coordinate Volunteer Services:** When an opportunity arises, the Chief Dentist would involve community volunteers in providing dental services and education to wards.

**General Emergencies:** The Chief Dentist should cooperate with Security staff and Administrators of other sections during general emergencies, in order to facilitate the protection of life and property.

**Dental Emergency:** The Chief Dentist should ensure that dental emergencies were treated in a timely manner.

**Facilitate Communication and Education Among all Staff: Monthly Report of Dental Activities:** At the end of each month, the Chief Dentist should submit to the Superintendent and HCSD a Report of Dental Department Activities.

**Dental Records:** The Chief Dentist ensured that ward dental records were current and that records were forwarded to the Medical Department for inclusion in the UHR when the ward transfers, left the institution on parole or completed confinement time.

**Meetings: Administrative Team Meeting:** The Chief Dentist would attend scheduled management meetings.

**Dental Section Meeting:** The Chief Dentist would sponsor monthly, or more frequently if needed, dental section meetings to disseminate information and to allow dental staff to express individual or group concerns or suggestions.

Annual CYA Dentists Meeting: The Chief Dentists shall co-chair the Annual YA Dentists Meeting.

Department of Corrections Chief Dentists Meeting: A delegated Chief Dentist would attend the Annual Chief Dentists Meeting of the Department of Corrections in a liaison capacity.

Private Superintendent's Meetings: The Chief Dentist would consult privately with the Superintendent concerning Dental Section operation.

Institutions Administrator's Meetings: The Chief Dentist should be a permanent member of the administrative team that considered current institution operations.

QAP: Evaluate Candidates: The Chief Dentist should evaluate QAP candidates for the classes of Dentist and Dental Assistant.

**Miscellaneous Report, Undated.**

Miscellaneous reports were received such as employee attendance record, certificate of achievement, certificate of appreciation, certificate of professional achievement, certificate of training, training certificate, and curriculum vitae.

**---END OF REVIEW OF RECORDS---**

## **INTRODUCTION:**

The original QME report was conducted on 10/11/2021, to determine if the applicant has work-related psychiatric injuries. On that date I conducted a face-to-face examination with the applicant and was able to review medical and nonmedical records provided. This supplemental evaluation was conducted at the request of Mr. Bull to address the additional records provided. Mr. Bull is requesting a supplemental report addressing causation and apportionment.

## **DISCUSSION:**

I have carefully reviewed all the records at my disposal including the additional records provided by Robert E. Bull from the State Compensation Insurance Fund.

With respect to the information provided by Mr. Robert E. Bull on April 26, 2022, it appears that Mr. Soohoo and the State were in constant communication regarding his benefits, pay level etc., as a State employed Dentist. The following are a few of the summary of the records provided to this evaluator that appear to be significant in showing that the State was working with Mr. Soohoo regarding his state employment. These records begin on 10/09/99 and end on 05/18/2020.

### **10/09/99, Employee Action Request.**

The applicant's address was changed to 82 Lakeside Drive, Buena Park.

### **08/20/02, Performance Appraisal for Managers and Supervisors.**

Employee Performance Rating: Outstanding: This category was reserved for the applicant who not only significantly exceed the fully successful level, but who were also at the very highest end of the Department's performance spectrum.

### **03/03/10, by Theresa Dickinson, Email.**

This email was addressed to Teresa Cruz, Jennifer Haight, Pam Bettencourt, and Jewell Stewart.

"Good Afternoon,

Dr .Soohoo DDS, was with DJJ Southern Youth Reception Center as Chief Dentist. His start date with PST/QMAT was March 2, 2010. The problem is his pay was not correct on his last check from the DJJ. I understand that his personnel file was transferred from DJJ so DJJ could not correct the error; I have his 998 for February 2010 from DJJ. Please advise as to a resolution."

### **03/03/10, by Jewell Stewart, Email.**



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This email was addressed to Jeff Lissy, Teresa Cruz, Jennifer Haight, and Pam Bettencourt.

"I have a Start date of February 5, 2009 and he was going to a class that has a lower pay if this is not the corrected start date let me know thanks Jewell."

**03/04/10, Memorandum.**

Subjective: Salary determination for an employee demoted in lieu of Layoff.

The following situation came to light as a result of a recent inquiry from the Department of Corrections and Rehabilitation.

Problem Issue: CDCR had a Chief Dentist, CF (class code 9344) that was demoting to Dentist CF (class code 9268) in lieu of layoff, and he had been with CDCR for 5 years. The applicant believed per Government Code 19997.9 he should go to the maximum of the range closest to his current salary as a Chief Dentist. The issue was that he did not meet the alternate range criteria of the range closest to his current salary, which required completion of 10 years of full-time experience working as a Dentist in CDCR.

Must the applicant meet the alternate range criteria when demoting in lieu of layoff or could salary alone provide the employee the range closest to his current salary?

Background: Government Code 19997.9 states, in part, any employee demoted pursuant to this article shall receive the maximum of the salary range of the class to which he was demoted; provided, that such salary was not greater than the salary he received at the time of demotion.

On July 27, 1990, DPA received a memo from the State Personnel Board regarding transfers. The memorandum provided an example of a "mandatory action" being a nondeep to deep class - list appointment. It stated in part that for this "mandatory action," compare the maximum salary of the current non-deep class to the highest range of the deep class to determine the appropriate salary rule. Placement in an alternate range would be made based on salary alone without reference to the alternate range criteria.

Recommendation: For the following reasons, it was recommended that he should receive the maximum of the salary range of the class to which demoted, and placement in an alternate range closest to his current salary should be made based on salary alone without reference to the alternate range criteria.

\* Government Code 19997.9 provided the employee the maximum of the salary range of the class to which he or she was demoted.

\* SPB determined that for what was considered a "mandatory action" placement in an alternate range would be made on the basis of salary alone without reference to the alternate range criteria.

\* DPA considered a demotion in lieu of layoff a "mandatory action."

Decision: All employees demoting into deep classes within a series as a result of the mandatory action of a "demotion in lieu of layoff" should receive the maximum of the salary range of the class to which demoted, and placement in an alternate range closest to his current salary should be made on the basis of salary alone without reference to the alternate range criteria.

**03/18/10, by the Applicant, Email.**

This email was addressed to Jewell Stewart, Teresa Cruz, Jennifer Haight, and Pam Bettencourt.

"Dear Ms. Stewart: Thank you for being pro-active in following up my pay issue. After March 2, 2010, my classification changes to the Dentist Classification, Range U, and I should be at the maximum of that range at 21,816.00 due to my time in State service. If you have questions, please do not hesitate to contact me."

**03/18/10, by Teresa Cruz, Email.**

This email was addressed to Jewell Stewart.

"Hi Jewell, Can you please tell me where to send Dr. SooHoo file PAR and 612 please."

**03/18/10, by Jewell Stewart, Email.**

This email was addressed to Teresa Cruz.

"1515 S Street Room 556-n Sacramento, ca 94283."

**03/26/10, Susan Wong, Memorandum.**

Subject: Cancellation of Basic Group Term Life Insurance for Non-represented Employees.

An audit of their records indicated that the applicant was no longer eligible for coverage in the Basic Life Insurance Plan. This ineligibility may have resulted from a recent change in his status (from excluded to represented) or in his time base (from halftime or greater to less than halftime). His Basic coverage would be automatically cancelled effective April 1, 2010. If he believed he was eligible for coverage; he was to contact his personnel office as soon as possible for re-evaluation of his eligibility.

He may convert his basic group term life insurance coverage to an individual life insurance policy within 31 days of the cancellation date. He may request a conversion application from the carrier at (800) 252-8524.

If he were enrolled in the Supplemental Group Term Life Insurance, his payroll deduction and coverage would continue. If he wished to cancel his supplemental coverage, he must

submit a written request to Metropolitan life insurance company, 425 Market Street, Suite 970, San Francisco, CA 94105, Attention: State of California Administration (policy No. 74503). The request should include his name, social security number, and the deduction code 075-107. Once MetLife processed the request, a form would be sent to the State Controller's Office (SCO) authorizing the cancellation of his monthly premium deduction. If the form was received by the SCO by the 15th of the month, the cancellation would be effective the first of the following month.

**04/27/10, Susan Wong, Memorandum.**

Subject: Long-Term Disability (LTD) insurance plan cancellation.

An audit of their records indicated that the applicant was no longer eligible for coverage in the Long-Term Disability. This ineligibility may have resulted from a recent change in his status (from excluded to represented) or in his time base (from halftime or greater to less than halftime). His Long-Term Disability would be automatically cancelled effective May 1, 2010. If he believed he was eligible for coverage; he was to contact his personnel office as soon as possible for re-evaluation of his eligibility.

If he changed in status and retained an eligible time base, he may continue the LTD coverage on a 24 month direct pay basis by completing the online Request for Long Term Disability 24 month Direct Pay Coverage card (SI 13898-643146) at [www.standard.com/mybenefits/california](http://www.standard.com/mybenefits/california). He was to complete the form online, then print, sign and return it within 60 days, to Standard Insurance Company, 920 SW Sixth Avenue (PSB9A), Portland, OR 97204. He may want to keep a copy for his files.

This last record indicates that Mr. Soohoo was informed of the decision regarding his position with the State:

**05/18/20, Notice of Personnel Action Filed.**

Upon the effective date of this Notice, the applicant was officially reprimanded in his position as a supervising dentist.

This notice would serve as the Official Reprimand and should be placed in his Official Personnel File, effective at the start of business on May 18, 2020, and end at the close of business on May 11, 2023, for a total of three years.

This last record is within the time frame that Mr. Soohoo states that he was treated unfairly on the job and, according to the applicant, harassed causing the second DOI. As stated above, Mr. George Soohoo originally presented to my office on October 11, 2021 for a Psychological Qualified Medical Evaluation. There are two DOI's being alleged while employed at CIM. The first DOI is from 08/01/2015 to 07/06/2018. The second DOI is from 01/01/2015 to 06/10/2021. On that date, October 11, 2022, the applicant stated that the alleged assault and harassment suffered on those dates have resulted in psychiatric

injuries. At the time of the initial QME evaluation, the applicant was unable to clarify the differences between the two DOI's.

The diagnoses for this claimant for the original QME was Posttraumatic Stress Disorder and Major Depressive disorder, single episode, severe, without psychotic features. He reported at that time being depressed, with nightmares, anxiety, bouts of crying, headaches, and intrusive thoughts regarding his time at CIM. He stated that during the last three years he has had nightmares related to his boss, Mr. Escobell. However, he also stated that he had nightmares in the past regarding being assaulted while in the military and his seeing injured and/or dead soldiers while in the military. As of this time, there is no additional data to in any way change or modify the original diagnoses given. Therefore, the diagnoses of Posttraumatic Stress Disorder and Major Depressive Disorder remain.

The information provided by Mr. Bull in his December 20, 2021 letter to this evaluator indicated that the applicants major point of being assaulted by Mr. Escobell and not being supported by his supervisor, Mr. Farooq, continues to be in question. According to the letter provided, Mr. Escobell flatly denied that he ever assaulted Mr. Soohoo. The assault in question is the alleged assault by Mr. Escobell on Mr. Soohoo on April 21, 2017 at Mariscos Las Brisas Restaurant in Chino, California. Mr. Farooq also denied that an assault took place on that day. As of this time there has not been any evidence provided to this evaluator as to the veracity of Mr. Soohoo's statements regarding this alleged assault.

Mr. Bull has also requested that an attempt be made by this evaluator at clarifying what events constitute the second DOI dated 01/01/2015 to 06/10/2021. That is a request that is very difficult, if not impossible, at this time to clarify. During the QME of 10/11/2021, Mr. Soohoo was specifically asked if he could differentiate the two DOI's. He could not. Mr. Soohoo was very much focused on the events of April 27, 2017, the alleged assault. He also described, during the previous QME, that over the years he experienced various cumulative trauma that he attributed to his work as a dentist at CIM. The following is the summary of the medical report dated 01/24/2019 by Alexander Caliguiri, D.C.:

**1/24/19, signed by Alexander Caliguiri, D.C., Requested Comprehensive Medical Legal Report.**

History of Injury – AOE/COE: The applicant had been employed with the California Department of Corrections as a dentist for approximately 25 years. During this long tenure of employment with this employer, he worked at multiple locations and facilities. He worked at the California Institute for Men (CIM) Facility for approximately the last 10-11 years. His usual and customary work activities required him to perform dentistry a

minimum of 45% of the time, but in actuality, he spent 60-70% of the time at work practicing dentistry. Along those lines, his practice of dentistry included prolonged standing and prolonged stooping while performing dental procedures. He stood 5-6 hours per day while doing dental procedures. He was sit approximately 2 hours per day while performing dental procedures. He performed dental procedures 5 days per week through July 6, 2018. He last performed dentistry with this employer on July 6, 2018. He remained employed with the Department of Corrections but he was currently doing audits and peer reviews for 6-7 different Department of Corrections facilities. The development and progressive intensification of musculoskeletal complaints relative to his neck, spine and bilateral upper extremities as a result of his practice of dentistry with the California Department of Corrections through July 6, 2018.

He was also reporting additional complaints in relation to the claimed industrial injury, which arose out of and through the course of his employment with the California Department of Corrections. Many of these complaints were beyond Dr. Caliguiri's scope of expertise as a doctor of chiropractic. The additional complaints, which he was claiming in relation to this industrial injury included injuries to the psyche, cardiovascular system, and ears (hearing loss). Dr. Caliguiri would not be addressing these other complaints, which were beyond Dr. Caliguiri's scope of expertise other than to request specialty evaluation with appropriate medical specialists as related to these complaints.

He was also reporting a disruption of his normal sleep cycle because of chronic musculoskeletal pain. Dr. Caliguiri would be addressing causation of this complaint as his primary treating physician to the extent of Dr. Caliguiri's expertise, familiarity and experience with respect to derivative sleep disturbance conditions resulting from chronic musculoskeletal pain.

Chief Complaints: He complained of neck pain', headaches, pain and tingling throughout the bilateral upper extremities, tingling within both bands, low back pain, pain throughout the right lower extremity (sciatica), sleep disturbance resulting from chronic musculoskeletal pain.

Current illness included diabetes mellitus, kidney disease, hypertension, hypercholesterolemia, and sleep apnea.

Previous Injuries: He was a brigade commander and that he experienced prior episodes of transient low back pain between 2000 and 2013. These transient episodes of low back pain resulted from lifting soldiers, and from lifting/carrying large, heavy crates of dental equipment on a simulated battlefield weighing 75-100 pounds. These prior episodes of

low back pain, which resulted from different military exercises, were transient. These transient episodes of low back pain subsided within days of the military exercises. He never received treatment for any of these transient episodes of low back pain, nor did he file any claims for any of these transient episodes of low back pain.

He received injections performed to his left hand at Kaiser about 15 years ago, as well as received injections to his left hand performed at Grossmont approximately 15 years ago.

He lost his hearing in his left ear about 8 to 10 years ago. This was actually very common in dentists due to the high frequency pitch of the dental drills, which were utilized. He wore hearing aids within both ears. His left ear hearing loss was settled previously with an award of 10% permanent disability.

Surgeries: He had lipoma removed from his low back about 25 years ago. He had a benign cyst removed from his neck approximately 2 months ago.

Allergy: He is allergic to Lisinopril, Aspirin, and Lipitor.

Work History: He was employed as a dentist at State of California Department of Corrections at the time of the industrial injury, which had been designated to have occurred on July 6, 2018.

Diagnoses: 1) Cervical strain. 2) Cervical radiculitis. 3) Lumbar strain. 4) Sciatica-right lower extremity. 5) Probable bilateral carpal tunnel syndrome. 6) Headaches.

Sleep disturbance resulting from chronic musculoskeletal pain, superimposed upon preexisting sleep apnea, with a possible psychological/emotional contribution as well.

Discussion of Contested Issue Relative to Causation of Applicant's Musculoskeletal Complaints: Forensic analysis of this interesting claim results in a supported conclusion that his musculoskeletal complaints were causally related to his long tenure of practice of dentistry with the California Department of Corrections. He practiced dentistry with the California Department of Corrections for approximately 25 years at multiple locations and multiple facilities. For approximately the last 10-11 years, he practiced dentistry at the California Institute for Men (CIM) facility. The 60-70% of his time was spent practicing dentistry. As relates to this time spent practicing dentistry, he stood 5-6 hours per day and sat approximately 2 hours per day. He performed dentistry with this employer 5 days a week, through July 6, 2018.

Obvious, he could not have performed dentistry while standing with an erect posture. He would have had to bend forward at the waist in order to adopt a forward flexed, stooping posture, which would be necessary to facilitate dentistry to a patient seated in a dental chair. This type of flexed forward posture would have subjected the viscoelastic structures of the neck and spine to prolonged static loading, resulting in fatigue and creep deformation, resulting in muscular straining and myofascial irritation.

Evident, the dental profession was a physically arduous profession, which subjected the body to a multitude of neuromusculoskeletal injuries relative to the neck, spine, shoulders and upper extremities. Considering the consistency between the biomechanics of his usual and customary work activities with his subjective complaints and objective findings, and also recognizing the association documented within the medical literature relative to these types of work activities inherent within the practice of dentistry in relation to his musculoskeletal symptoms and conditions, and being aware of the threshold and parameters relative to compensability/causation within the California Workers Compensation System, the undersigned examiner puts forth a supported conclusion to state with reasonable medical probability that his diagnosed conditions relative to his neck, low back and bilateral upper extremities were causally related to the subject industrial injury, which had been designated to occur on July 6, 2018. Once again, there was no evidence of a specific industrial injury occurring on or about July 6, 2018. He sustained a cumulative trauma industrial injury through his practice of dentistry, which he performed with the California Department of Corrections through July 6, 2018.

Discussion of Contested Issue Relative to the Applicant's Headache Complaints: By way of a Neck Disability Index: (NDI) of January 4, 2019, he indicated - "I have moderate headaches which come frequently." This reporting from him stood in sharp contrast to the December 14, 2018 reporting from panel QME physician Dr. Lonky, who at page 8 of his December 14, 2018 report, stated that he denied frequent headaches, dizziness, syncope or seizure.

His headache complaint was at a minimum, at least partially cervicogenic in its etiology. That being the case, his headache complaint represents a derivate injury in Dr. Caliguri's opinion since the proximate causation relative to this headache complaint was his cervical spine disorder.

There may be additional contributing factors/caused, which also contributed towards his headache complaint. There was no rule, which stated that a headache could only result from one cause. There could be additional factors (e.g., hypertension, stress), which contribute to his headaches, but if these additional factors were present, that still did not

serve to undermine a cervicogenic basis to at least account for some contribution of his headache complaint.

He had a painful condition of the neck. He demonstrated an asymmetric loss of cervical spine range of motion resulting from cervical subluxation (misalignment) and muscular imbalance. He additionally had objective findings, which included muscular guarding, hypertonicity and trigger points within the cervical spine. The cervical spinal nerve roots innervated the head. His headache complaint was cervicogenic in its etiology, at least in part.

Discussion of Contested Issue Relative to Causation of the Applicant's Sleep Disturbance Complaints: He has a long history of sleep apnea, dating back to 2000, for which he used a BiPAP sleep apnea machine while sleeping. Notwithstanding this preexisting, nonindustrial sleep apnea, his applicant reports, and the medical literature also supported, that his chronic musculoskeletal pain complaints within his neck, low back and wrists adversely impacted upon his normal sleep cycle.

The fact that he had a preexisting history of sleep apnea only serves to raise the specter of apportionment with respect to his current sleep disturbance complaint. In this particular case, the specter of apportionment relative to his sleep disturbance complaint was essentially moot.

Permanent and Stationary: He was not permanent and stationary at present. He required additional treatment to cure and relieve from the effects of the subject industrial injury of July 6, 2018.

Current Treatment Needed: He needed to be under the care of cardiologist. He required electrodiagnostic studies for the upper extremities. Updated evaluation with a sleep medicine specialist and orthopedic evaluation were recommended.

Apportionment: Apportionment related to causation of permanent disability. In as much he was not presently permanent and stationary, Dr. Caliguiri was currently unable to opine on the causation of his permanent disability. Apportionment would be comprehensively addressed upon him attaining a permanent and stationary status.

Another medical report by Dr. Song is also relevant in examining what factors may constitute the two DOI's. The summary report is as follows:



**10/7/19, signed by Danny Song, D.C., Primary Treating Physician's Initial Evaluation.**

Chief Complaints: The applicant complained of constant piercing, shooting, achy, throbbing neck pain rated 7-9/10 radiating into both shoulders. He had intermittent numbness and tingling into both hands. He had constant, achy, throbbing bilateral hand pain rated 7-9/10. He had constant sharp, shooting, achy, throbbing lower back pain rated as 7-9/10 radiating into right hip area. He also had constant sharp, shooting, achy, throbbing right hip pain rated as 7-9/10.

He had difficulty with overhead activity, lifting, repetitive arm use, bending, twisting, and prolonged gripping.

He had hearing loss and increased in hypertension due to industrial causes. He complained of difficulty sleeping with nightmares and increased posttraumatic stress disorder.

History of Present Illness: While working as a dentist for the California Mens Institute, there were substantial physical and mental stressors. He worked as a dentist and supervised 15 dental assistants. One particular assistant did not want to do her work and constantly would be insubordinate. Mentally, he had stress from his CEO, which also included battery from the CEO hitting him in the face at one incident.

He was seen by internal medicine panel QME and was diagnosed with aggravated hypertension 15% related to his industrial stressors. He was last seen September 6, 2019 by Dr. Alexander Calguiri, requesting neurology consultation, ENT consultation, orthopedic consultation for right hip, sleep specialist, and orthopedic consultation for bilateral wrist. He also was seen by Dr. Debosky, psychologist one time and was recommended for cognitive behavioral therapy. Dr. Debosky was retired. He was referred to psychiatry at the Veterans Affairs and prescribed medications due to this stress. He had been paying out of pocket to see psychologist Dr. Lawrence Woodburn.

The pain in his back started about 10 years ago. When asked why he did not claim a workers compensation claim, he replied he was administrative and did not feel it would be appropriate. He just went with his general insurance Kaiser. He was referred for MRI of lumbar spine at Kaiser and recommended for lumbar epidural injection. He did not want to pursue cortisone injections at this time. He complained of bilateral hand pain, which started about 10 years prior. His hand pain, numbness and tingling occurred do to repetitive hand piece use. Again when asked why he did not claim a workers compensation claim, he replied he was administrative and not feel it would be appropriate. Dr. Birdie gave him injections to his hands, which did not help. He

received an EMG/NCV of the upper extremities with Dr. Caliguiti. His right hip started about 2-to 3 years ago. Again when asked why he did not claim a worker's compensation claim, he replied he was administrative and did not feel it would be appropriate. He just went with his general insurance Kaiser for treatment and was given an x-ray.

He complained of hearing loss, which occurred 15 years prior. The band pieces used for dentistry were high pitched. When asked why he did not claim a workers compensation claim, he replied he was administrative and did not feel it would be appropriate. He just went with his general insurance Kaiser for treatment and the Veterans Affairs. He had a hearing test sometime a year ago.

He had hearing issues prior due to being in the military but over the last 15 years, his hearing became worse due to working in a high pitched hand piece machinery.

Medical History: He has a history of depression, hypercholesterolemia, diabetes, hypertension, rheumatoid arthritis, kidney disease, anxiety, sleep apnea, migraine, and adenocarcinoma. In 2019, he had right kidney removal due to cancer.

Occupational History: He had been employed as a dentist for the last 25 years.

On the job activities included standing, walking, bending, twisting, overhead work, and pushing, pulling and lifting up to 25 pounds.

Social History: He did not use alcohol. He denied tobacco used. He denied the use of recreational drugs.

Diagnostic Impression: 1) Cervical strain. 2) Bilateral carpal tunnel syndrome. 3) Lumbar spondylosis. 4) Congenital lumbar stenosis. 5) Right hip strain. 6) Hypertension. 7) Hearing loss.

Disability Status: He was to be placed on modified duty with no lifting/pushing/pull over 10 pounds, no prolonged overhead work, no repetitive bending twisting, no prolonged sitting/standing more than 30 minutes without breaks, and no forceful grasping. He was limited to excessive noise.

Prognosis: Guarded at this time.

Recommendations: Authorization was requested for orthopedic spine consultation, consultation with orthopedic hand specialist, MRI of the right hip, internal medicine consultation and follow-up, and ENT consultation.

These two summaries are clear examples of the lack of specificity related to these two DOI's. This evaluator has no reports that assist in clarifying this situation. The applicant himself, while being articulate and detailed about the alleged assault and the alleged cumulative trauma's while on the job, could not clarify the differences between the two DOI's. Also, if the alleged assault at the restaurant has caused so much stress and anxiety for the applicant, then why wasn't a legal claim related to this single event DOI entered? One of the physicians that have already evaluated him may be better able to answer the question of "What are the differences between the two DOI's" than this evaluator. It would also seem reasonable to request that Mr. Soohoo himself clarify these two DOI's and provide the necessary evidence to support the two DOI's.

This evaluator would be open to meeting with Mr. Soohoo in an attempt to clarify the difference between the two DOI's as well as to how the alleged assault plays into the total picture of his time at CIM.

## **CONCLUSION:**

Mr. Bull, in his April 21 letter, requested that this evaluator address ten specific areas in this report. The following conclusions address these areas as thoroughly and succinctly as possible.

Due to the additional information provided and that no additional information has been provided regarding whether or not Mr. Soohoo was assaulted by his supervisor, this evaluator is continuing to defer to the trier of fact for final determination of causation. The information provided by Mr. Bull in a previous letter continues to call in to question the credibility of Mr. Soohoo. Additionally, Mr. Soohoo did not mention during the QME evaluation that he had some hearing loss from a hand grenade exploding close to him at some time while he was in military service. This is an important bit of information that was not relayed to me by Mr. Soohoo during the QME evaluation. The hostile work environment as described by Mr. Soohoo in his initial QME evaluation continues to be, for this evaluator, questionable. With respect to the alleged assault in the restaurant, Mr. Soohoo's primary witness, Mr. Farooq, appears to contradict the version of the incident in the restaurant as told by Mr. Soohoo. Additional witnesses to the alleged assault would appear to be needed.

The position that I stated in my previous report regarding causation and apportionment remain the same. The information provided by Mr. Bull, that both Mr. Escobell and Mr. Farooq deny the assault makes it difficult for me to ascertain the veracity of the other statements made to me during the initial evaluation regarding how Mr. Soohoo was

treated by his fellow employees and supervisors. If the assault did indeed happen, then the description of the work environment follows as credible and his case is strengthened. If the assault did not happen, then it calls in to question the other information provided by Mr. Soohoo to this evaluator. This evaluator has not, as of yet, had access to any personnel action that may have taken place. Mr. Soohoo contends that the personnel actions were unjust and part of the overall harassment that he says he experienced. The information provided in the April 2022 records indicate that the State was in constant communication with Mr. Soohoo regarding his position with the State, seemingly keeping him informed of his status. So, given the rationale stated, at this time I cannot determine if there was indeed a work-related psychiatric injury and that is why this evaluator has deferred to the trier of fact.

The lack of clarity between the two DOI's clouds the picture in relation to any disability, partial or total, when it started, or even if it ended. Therefore, the question of Temporary Total Disability also remains the same. This evaluator finds it impossible to decide as to what led to his time off work. Since I cannot ascertain if there truly was a psychiatric injury due to work related factors, I cannot state if his TTD was due to a work-related psychiatric injury, cumulative work-related trauma, low back injury, or a combination of all or none of the previous. With respect to any Rolda analysis that can be made, this evaluator now has some records related to his employment with the State. It appears that the State was working closely with Mr. Soohoo in communicating his ongoing and changing status with the State. However, they are not specific enough to the two DOI's and so a Rolda analysis still cannot be stated.

## **PSYCHIATRIC HISTORY:**

At the initial QME evaluation Mr. Soohoo stated that in 1998 he saw a psychologist after he was attacked while off duty in the military. That incident was in Hawaii while he was on leave. He says that several other soldiers thought he was a tourist and attacked him and robbed him. While the assault was in Hawaii, his psychological treatment was in San Diego. He saw the psychologist for about a dozen times and says he had some improvement. This was in 1998 or 1999. He says that he was given a diagnosis of Posttraumatic Stress Disorder at the time of his treatment. According to Mr. Soohoo, the nightmares of the assault continue to this day.

Since the DOI occurred, he reported various interactions with psychologists and psychiatrists. He stated that he saw a Lawrence Woodburn, Ph.D. from 2017 until 2019. His psychiatrist was a Shawn Chung, MD. These records, if they exist, would be extremely helpful in ascribing the cause or causes of Mr. Soohoo's PTSD and MDD.

## **PAST MEDICAL HISTORY:**

The applicant stated in the original QME evaluation that he has kidney cancer. He stated that his kidney cancer has metastasized to his lungs. He would be starting therapy for these medical issues in the next few weeks. He has had right kidney surgery in which his right kidney was removed due to cancer. This surgery was in 2019.

He also reported in the previous evaluation an 80% loss of hearing in left ear and 30% in his right due "to his profession". He reported that the equipment he uses is loud and over many years has left him with this hearing loss. However, records also indicate that the applicant stated that he has some hearing loss in his left ear due to a grenade being set off close to him while he was in the military. He did not offer this information during the original QME evaluation.

Additional medical records may be helpful in this case.

## **PRE-EXISTING DISABILITY AND NON-INDUSTRIAL FACTORS**

The following is a list of the pre-existing and non-industrial factors:

- Assault while in the military resulting in psychological treatment and a diagnosis of PTSD – 1989
- Loss of hearing in one ear due to hand grenade exploding in close proximity to him during his time in military service – date unknown
- Exposure to soldier's traumatic injuries during applicant's time in the service – 1986 - 2013
- Loss of sister from cancer - 1992
- Loss of mother – 2016
- Kidney cancer diagnosis and surgery - 2019
- Cancer metathesizing to lung - 2020

This report is being made on the basis of the information provided and described above. If additional information becomes available which affects either the veracity or the accuracy of the data provided, all of the conclusions contained herein may be subject to revision. This concludes the supplemental report in psychology of Mr. George Soohoo. Please contact me if you have any questions regarding this report.

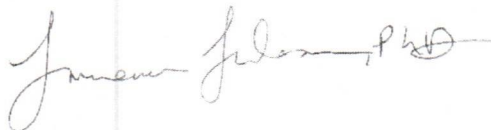
**DISCLOSURE:**

Report was prepared and edited by me, Dr. Ledesma. I, Dr. Ledesma, am an independent contractor of a medical group, Veritas Med-Legal. Veritas Med-Legal incurs expenses associated with QME office locations as well as other expenses on my behalf. As a result, part of reimbursement is being shared with Veritas Med-Legal. No amount has been charged in excess of the professional services and the reasonable cost of diagnostic testing, if any. I, Dr. Ledesma, do not have any financial interest in any diagnostic facility, laboratory, health facility or other physician to which this applicant has been or might be referred. The opinions herein stated are my own. I have attempted to address all the issues which normally arise in the course of Medical-Legal examination pursuant to the California Labor Code, and consistent with the time allowed in this report classification.

I declare under penalty of perjury that I have not violated Labor Code Section 139.3, and that the information contained in this report and its attachments, including billing, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have 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. 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.

**Date of Report: May 31, 2022**

**Dated the 31<sup>st</sup> day of May 2022 in Orange County, California.**



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**Signature of Physician**  
**Lawrence Ledesma, Ph.D. PSY12355**  
**Qualified Medical Evaluator**  
**Clinical Psychology**