

Jeffrey A. Berman, M.D.

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March 26, 2021

SUPPLEMENTAL REPORT

15
prior
cases

RE: Marvetta Johnson
EMPLOYER: County of Los Angeles/ Probation Department
CLAIM#: 19-01553-D; 19-02165-D; 20-00359-D
WCAB#: Unknown
EAMS#: ADJ12198746; 12198788; 12430393
D/I: 01/25/2019; 03/14/2019; 07/29/2019
ACCOUNT#: JOHNM20BW

To Whom It May Concern:

I am responding to an interrogatory. This lists 15 dates of injury. I was asked to further discuss apportionment.

This is a very difficult case. I am aware of the multiple claims, which occurred all within 6 months. At the time of the agreed medical evaluation, I had noted the areas of involvement. I had reviewed some records. I also had evaluated the applicant previously back in 2011 with some overlapping areas.

As discussed, that case went on to settle; however, I did not have any information. The letter had mentioned a compromise and release.

I had discussed a permanent and stationary/ MMI status. Residuals were noted as it concerns various areas.

The most complex and important issue concerned apportionment. I found this to be very difficult given the complexity.

With regards to the multiple claimed dates of injury for this current evaluation, I noted that there were 3 incidents within 6 months. I felt that the short duration of time between these incidents made it difficult to separate and parcel out

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contributory factors.

This history, however, is superimposed on an earlier history. I did have documentation which was contemporaneous to some of the earlier injuries with the County of Los Angeles. I was able to address apportionment.

She had a vague recollection of injuries from the late 1990s and early 2000s while working at Boeing. This included areas to include the neck, back and the right hand. She felt that she recovered. Unfortunately, I had no documentation at all.

The letter from the parties notes numerous injuries in the 1990s with overlap. I have only information from this interrogatory where there were various specific injuries as well as a cumulative trauma.

As I do not have any further information, I really do not see how I could address apportionment to those earlier injuries. Obviously, I cannot speculate, and I do not have any described recollection by the applicant, nor do I have any records. It would be my hope that the parties can provide some information as far as being able to address the significance of any earlier injuries and apportionment.

With regards to earlier injuries with the County of Los Angeles, I am aware of a settlement. The neck, back and left shoulder had settled.

With regards to apportionment, I did address this. The 2009 date of injury with County of Los Angeles did settle with an award of 42% to the cervical spine, lumbar spine and left shoulder.

I noted that I did not have information regarding the settlement. Per this interrogatory, there was a stipulated award.

For the lumbar spine, therefore, I would modify conclusions. For the lower back, there was an award. I have provided impairment for this current history. This can be converted to disability and compared with the award. Any disability beyond the award would be attributed to this current history, which involves multiple injuries within a short period of time.

For the cervical spine, there were underlying factors. With regards to the cervical spine, there was an award. The current level of disability can be compared with the previous award as

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it relates to the cervical spine. Of the disability beyond the award, 15% would be completely nonindustrial as discussed with 85% attributed to this subsequent history of injury.

The left shoulder was part of the settlement. I found some impairment but did not believe there was any further injury. Now that I have information that the previous case settled with an award, the level of impairment and ultimately disability for the left shoulder can be compared to previous with the award. If the impairment/ disability is less than the previous award, then obviously there is no further injury. If there is, then the amount beyond the award per Labor Code Section 4664 would relate to the subsequent histories.

I pointed out that the left hip was industrial and related to the current subject history. The hip was not involved previously.

I did not apportion to the earlier history. The hip relates to this current history.

This is a very complicated, and I have tried to sort this out as best I can. I appreciate the additional information that the parties have provided. If there is anything else to be addressed, then please advise. Certainly, if the parties have additional documentation to be considered related to earlier injuries with Boeing, then I can address this further. This is very complicated.

I hope this is clear. If the parties need me to address anything else, then please advise.

This supplemental report is lengthy, as I have gone through various reports and documentation in readdressing and clarifying issues of apportionment. This has required a 1 hour timeframe and billed at the ML106 level with AME modifier.

DISCLOSURE:

Any and all impressions and conclusions described in the discussion are strictly by the undersigned. Transcription was provided by Athreon Corporation.

In compliance with recent Workers' Compensation legislation

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(Labor Code Section 4628 (j): "I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information 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."

In compliance with Labor Code 4906(g), "I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other considerations, whether in the form of money or otherwise, as compensation or inducement for any referral examination or evaluation."

In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "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."

If there are any further questions regarding this, please do not hesitate to contact my office.

This report and declaration were signed in the County of Los Angeles on 3/31/2021.

Yours truly,



Jeffrey A. Berman, M.D.
Diplomate, American Board of
Orthopaedic Surgery
Electronically Signed

Tid: 230644889:JAB:MWG/MJS

cc: Christina Oshinuga
Attorney at Law
Law Office of Bolen & Associates
133 North Altadena Drive, Suite 420
Pasadena, CA 91107

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Wayne Black
Attorney at Law
Law Offices of David H. Black
3201 Pico Boulevard
Santa Monica, CA 90405

Christine Rowney
Claims Examiner
Sedgwick CMS
P.O. Box 51350
Ontario, CA 91761

Marvetta Johnson
1022 West 138th Street
Compton, CA 90222



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SEDGWICK CMS (AIMS ACCT)
P.O. BOX 51350
GEN. FAX 909-942-8918 ALL ADJ.
ONTARIO, CA 91761

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	16. INSURED'S I.D. NUMBER (For program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) JOHNSON, MARVETTA						3. PATIENT'S BIRTH DATE MM DD YY 12 11 1967	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F
5. PATIENT'S ADDRESS (No., Street) 1022 W. 138TH STREET						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) ON DEPT., COLA/PROBA I.
CITY COMPTON			STATE CA			8. RESERVED FOR NUCC USE X	7. INSURED'S ADDRESS (No., Street) 7885 QUILL DR.
ZIP CODE 90222		TELEPHONE (Include Area Code) (562) 361-3048				9. RESERVED FOR NUCC USE X	CITY DOWNEY
STATE CA		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC) X	11. INSURED'S POLICY GROUP OR FECA NUMBER CN:19-01553-D	11. INSURED'S POLICY GROUP OR FECA NUMBER CN:19-01553-D	a. INSURED'S DATE OF BIRTH MM DD YY 12 11 1967	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) N.A.						10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC) X	b. OTHER CLAIM ID (Designated by NUCC) COLA/PROBATION DEPT.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SEDGWICK CMS (AIMS ACCT)	c. INSURANCE PLAN NAME OR PROGRAM NAME SEDGWICK CMS (AIMS ACCT)
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 01 25 2019						15. OTHER DATE QUAL. MM DD YY	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 6d.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE AME ORTHOPAEDIC						17a. ICD-9-CM	17b. NPI
21. DIAGNOSIS OR INJURY (Relate A-L to service line below (24E)) A. S134XXASTRAIN CERVICAL SPI M75 42 impingement E. S335XXASTRAIN LUMBAR SPINE M71 052BURSITIS, L						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY						B. PLACE OF SERVICE	C. ICD-9-CM
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER						E. DIAGNOSIS POINTER	F. \$ CHARGES
G. DAYS OR UNITS						H. ICD-9-CM	I. ID. QUAL.
J. RENDERING PROVIDER ID #						K. ORIGINAL REF. NO.	L. PRIOR AUTHORIZATION NUMBER
25. FEDERAL TAX I.D. NUMBER 953986591						26. PATIENT'S ACCOUNT NO. JOHNM20-085750	27. ACCEPT ASSIGNMENT? (For prev. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
28. TOTAL CHARGE 312 50						29. AMOUNT PAID 00	30. Resd for NUCC Use 312 50
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JEFFREY A. BERMAN MD						32. SERVICE FACILITY LOCATION INFORMATION JEFFREY A. BERMAN MD	33. BILLING PROVIDER INFO & PH # JEFFREY A. BERMAN MD INC
34. COMPUTER GENERATED Computer generated						35. SIGNATURE 03 30 2021	36. NPI 1619191517

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

State of California
DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

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

Case Name: MARVETTA JOHNSON v SEDGWICK CMS
(employee name) (claims administrator name, or if none employer)

Claim No.: 19-01553-D;19-02165-D **EAMS or WCAB Case No. (if any):** ADJ12198746;12198788

I, HELENE HANADA, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 2080 CENTURY PARK EAST #1006 LA CA 90067
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:
 - A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
 - B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
 - C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
 - D placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
 - E personally delivering the sealed envelope to the person or firm named below at the address shown below.

<u>Means of service:</u> <small>(For each addressee, enter A - E as appropriate)</small>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
B <u>email</u>	<u>4/2/2021</u>	<u>WAYNE BLACK ESQ 3201 PICO BLVD SANTA MONICA CA 90405</u>
B <u>email</u>		<u>CHRISTINA OSHINUGA ESQ 133 N ALTADENA DR #420 PASADENA CA 91107</u>
B <u>email</u>		<u>CHRISTINE ROWNEY SEDGWICK CMS P.O. BOX 51350 ONTARIO CA 91761</u>
B		<u>MARVETTA JOHNSON 1022 W. 138TH ST COMPTON CA 90222</u>

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 4/2/2021
Helene Hanada Helene Hanada
(signature of declarant) (print name)