WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

THOMAS PENDERGEST, *Applicant*

vs.

WILMINGTON PROPELLER SERVICE, INC.; HARBOR SPECIALTY INSURANCE c/o AMERICAN PROPERTY INSURANCE CO. c/o CLARENDON NATIONAL INSURANCE CO., ADMIN. BY INTERCARE INSURANCE; WESCO INSURANCE, ADMIN. BY AMTRUST; EMPLOYERS COMPENSATION INSURANCE COMPANY, *Defendants*

Adjudication Numbers: ADJ10390527 (MF); ADJ10256080; ADJ10256081
Anaheim District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Defendant Employers Compensation Insurance Company (ECIC) seeks reconsideration of the January 7, 2022 Joint Findings and Orders (F&O), wherein the workers' compensation administrative law judge (WCJ) found, in relevant part, that applicant's claims in Case Nos. ADJ10390527 (MF), ADJ10256080 and ADJ10256081 were not barred by any statutes of limitations. The WCJ further determined that applicant's claims of injury in ADJ10256080 and ADJ10256081 were not presumptively compensable.

ECIC contends that the F&O did not address whether compensation was barred under Labor Code sections 5400 and section 5405.[1]

We have received an Answer from applicant. The WCJ prepared a Report and Recommendation on Petition for Reconsideration (Report), recommending that the Petition be denied.

We have considered the Petition for Reconsideration (Petition), the Answer, and the contents of the Report, and we have reviewed the record in this matter. For the reasons discussed

[1] All further statutory references are to the Labor Code unless otherwise stated.

below, we will grant the Petition, rescind the F&O, and return the matter to trial level for further proceedings.

FACTS

In Case No. ADJ10390527, applicant claimed injury to the lumbar spine while employed as a working shop foreman by Wilmington Propeller Service, Inc., from January 1, 1984 to June 29, 2002. The employer was then insured by Harbor Specialty Insurance Company, and is now administered by Intercare Insurance Services. Applicant filed the Application for Adjudication on April 15, 2016.

In ADJ10256080, applicant claimed injury to the left shoulder, bilateral thumbs, bilateral hips, left knee, hearing/ear, the back and phlebitis, while employed as a working shop foreman by Wilmington Propeller Service, Inc., from September 15, 2010 to December 18, 2014. The employer was then insured by Wesco Insurance Company, now administered by Amtrust from July 11, 2014 to December 18, 2014, and by Employer Compensation Insurance Company from December 18, 2013 to July 10, 2014. Applicant filed the Application for Adjudication on January 8, 2016.

In ADJ10256081, applicant claimed injury to the bilateral knees while employed as a working shop foreman by Wilmington Propeller Service, Inc., from October 1, 2002 to April 22, 2010. The employer was insured by ECIC from July 1, 2004 to April 22, 2010. Applicant filed the Application for Adjudication on January 8, 2016.

The parties proceeded to trial on August 17, 2020, and placed in issue, in relevant part, injury arising out of and in the course of employment in all three matters. (August 17, 2020 Minutes of Hearing (Minutes), at pp.2-6.) Regarding ADJ10390527 (CT ending June 29, 2002), defendants raised, *inter alia*, the affirmative defense of the "Statute of Limitations," and also raised the "application of Labor Code Section 5500.5." (August 17, 2020 Minutes, at 3:20.) In ADJ10256080 (CT ending December 18, 2014), defendants raised, *inter alia*, the affirmative defense of the statute of limitations generally, and section 5405 specifically, as well as the applicability of section 5500.5, and the date of injury per section 5412. (August 17, 2020 Minutes, at 5:2.) Finally, in ADJ10256081 (CT ending April 22, 2010), defendants raised various issues including the statute of limitations and section 5405, as well as liability under section 5500.5, and

the date of injury under section 5412. Trial was continued to November 2, 2020, at which time additional exhibits were identified, and the matter continued.

Trial briefly resumed on November 2, 2020, before being continued to January 21, 2021, at which time additional exhibits were identified and moved into evidence. Applicant testified to his employment with defendant since June, 1984, and described his job duties. (January 21, 2021 Minutes, at 5:17.) Applicant testified to his medical history as relevant to the right knee, the low back, bilateral hips, shoulders, thumbs, and hearing loss. (*Id*. at pp.7-9.) Applicant further testified that he provided notice to the employer of his various injuries, but that he was not provided a claim form. (*Id*. at pp.10-12.) Applicant denied awareness of the time limitations for filing a workers' compensation claim. (*Id*. at 11:18.) Applicant acknowledged his deposition testimony to Dr. Beck that he injured his knee at work, and that his left shoulder injury was caused by work. (*Id*. at 12:11.) Applicant's supervisor was a close personal friend of applicant for more than 30 years. (*Id*. at 13:11.) Applicant further acknowledged his 2016 deposition testimony that he was aware of how to file a workers' compensation claim in 2010. (*Id*. at 13:14.) Applicant testified to his knowledge or belief that his left hip symptoms were work-related, but that he did not file a workers' compensation claim within one year. (*Id*. at 14:10.) Applicant also confirmed his deposition testimony that when his disc "ruptured" he was at home, putting on his socks. (*Id*. at 16:7.)

The WCJ issued the F&O on January 7, 2022, finding in pertinent part that "the statutes of limitations" were tolled until the applicant was advised of the statutory deadlines for filing a claim under *Reynolds v. Workmen's Comp. Appeals Bd.* (1974) 12 Cal.3d 726, 729 [39 Cal. Comp. Cases 768]. The opinion further determined that no claim form was ever provided to applicant by his employer. Accordingly, the WCJ determined that none of the three continuous trauma applications were barred by "any statute of limitations." (F&O, Joint Finding of Fact No. 1.)

On January 24, 2022, ECIC filed its Petition, asserting that the WCJ failed to address whether the employer had actual or constructive knowledge of applicant's injuries under sections 5400 and 5402. (Petition at 3:9.) ECIC also contended that applicant had received a claim form in 2014 and again in 2015, and that applicant knew how to file a workers' compensation claim as early as 2010, but failed to do so on a timely basis. (*Id. at 7:26.)*

The WCJ's Report observed that applicant testified that "none of the treating doctors before December 2014 discussed whether his injuries were work related," and that applicant's employer did not wish him to fill out a claim form in 2014. (Report at p.4.) The WCJ's report concluded that

the failure of appropriate notice to applicant tolled the statute of limitations, and as a result, the claims were timely. (*Ibid.*)

DISCUSSION

ECIC contends that the statute of limitations bars compensation herein. (Petition, at 2:5.) However, it is not clear from the record which statutory time limitations are at issue. The WCJ is required to issue a decision that complies with Labor Code section 5313. An adequate and complete record is necessary to understand the basis for the WCJ's decision, and the WCJ shall "…make and file findings upon all facts involved in the controversy[.]" (Lab. Code, § 5313; *Hamilton v. Lockheed Corporation* (2001) 66 Cal.Comp.Cases 473, 476 [2001 Cal.Wrk.Comp. LEXIS 4947] (Appeals Bd. en banc) (*Hamilton*).) As required by section 5313 and explained in *Hamilton*, "the WCJ is charged with the responsibility of referring to the evidence in the opinion on decision, and of clearly designating the evidence that forms the basis of the decision." (*Hamilton, supra*, at 475.) The purpose of this requirement is to enable "the parties, and the Board if reconsideration is sought, [to] ascertain the basis for the decision[.]" (*Hamilton, supra*, at 476, citing *Evans v. Workmen's Comp. Appeals Bd.* (1968) 68 Cal.2d 753, 755 [33 Cal.Comp.Cases 350].)

Here, in ADJ10390527 (CT ending June 29, 2002), the parties have placed in issue the "statute of limitations," generally, without making reference to a specific statute. (August 17, 2020 Minutes, at 3:20.) In ADJ10256080 (CT ending December 18, 2014) and ADJ10256081 (CT ending April 22, 2010), the parties have placed in issue the statute of limitations generally, with further notation that the court is asked to address sections 5412 and 5405. (*Id*. at 5:3; 6:8.) However, "[i]n California, the statutes of limitation consist of several provisions with varying limits of time depending on the particular situation." (*McDaniel v. Workers' Comp. Appeals Bd.* (1990) 218 Cal.App.3d 1011, 1016 [55 Cal. Comp. Cases 72].)

The lack of clear identification of the specific statutes at issue is reflected in an inconsistent record. The F&O addresses the tolling of section 5404 and 5405 under *Reynolds, supra*, 12 Cal.3d 726, for failure of provision of the required notice regarding applicant's rights to file a claim and associated time limits on filing. (F&O, Opinion on Decision, p.2.; *Galloway v. Workers' Comp. Appeals Bd.* (1998) 63 Cal.App.4th 880 [63 Cal.Comp.Cases 532].) ECIC's petition asserts that the WCJ failed to substantively address whether the employer had actual or constructive notice of

the alleged injury as required under sections 5400 and 5402. (Petition, at 3:14.) ECIC further asserts that in the absence of timely reporting of the injury, defendant had no notice obligations, and further asserts proceedings for the collection of benefits were not initiated within the time limitations set forth in section 5405. (*Id*. at 5:24.)

This multiplicity of issues flows from a lack of clarity in the original framing of the issues for decision. It is thus incumbent upon the parties and the WCJ to identify, on each case and with specificity, the statutory basis for the assertion that compensation is barred due to the running of various time limitations. This will allow the WCJ to issue a decision which "enables the parties, and the Board if reconsideration is sought, to ascertain the basis for the decision, and makes the right of seeking reconsideration more meaningful." (*Hamilton, supra,* at 476.)

Applicant is alleging three consecutive cumulative trauma injuries, spanning nearly 30 years of employment. The number and nature of the injuries sustained are questions of fact for the WCJ. (*Western Growers Ins. Co. v. Workers' Comp. Appeals Bd. (Austin)* (1993) 16 Cal.App.4th 227, 234 [58 Cal.Comp.Cases 323]; see also Lab. Code, § 3208.2.) "In any given situation, there can be more than one injury, either specific or cumulative or a combination of both, arising from the same event or from separate events." (*Austin, supra*, at p. 234.) The question of whether repetitive traumatic activities caused injury or a need for medical treatment can only be established with substantial medical evidence. It has long been recognized that evidence from a lay witness on an issue requiring expert opinion is not substantial evidence, and medical proof is required when issues of diagnosis, prognosis, and treatment are beyond the bounds of ordinary knowledge. (*City & County of San Francisco v. Industrial Acc. Com. (Murdock)* (1953) 117 Cal.App.2d 455 [18 Cal.Comp.Cases 103]; *Bstandig v. Workers' Comp. Appeals Bd.* (1977) 68 Cal.App.3d 988 [42 Cal.Comp.Cases 114].) As with any decision by a WCJ, a decision on the number and nature of injuries must be supported by substantial evidence in light of the entire record. (Lab. Code, § 5952(d); See *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274, 281 [39 Cal.Comp.Cases 310]; *Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 312, 317 [35 Cal.Comp.Cases 500]; *LeVesque v. Workmen's Comp. Appeals Bd.* (1970) 1 Cal.3d 627, 635 [35 Cal.Comp.Cases 16].) Moreover, the WCJ and the Board are not bound by the parties' pleadings and may conform them to the evidence presented in the record. (Cal. Code Regs., tit. 8, §10517.) Upon return to trial level, the WCJ will need to determine whether applicant sustained one or more injuries, based on the medical evidence in the record and the principles set forth in *Western*

Growers, supra. Once the "number and nature" of the injuries sustained has been established, the WCJ may then address the parties' various contentions with respect to the statute of limitations and any presumptive injury issues.

Applicant asserts his injuries are presumptively compensable because the defendants failed to reject liability within 90 days of the filing of the claim form. We observe that the following principles apply to the assertion of presumptive injury pursuant to section 5402.

Subdivision (c) of section 5402 provides:

> Within one working day after an employee files a claim form under Section 5401, the employer shall authorize the provision of all treatment, consistent with Section 5307.27, for the alleged injury and shall continue to provide the treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars ($10,000).

The claim form is deemed filed when the employee personally delivered it to the employer or when the employer *received* it in the mail (Lab. Code, § 5401, subd. (c).) Filing the claim form "allows the injured worker to begin receiving certain payments and to request a medical evaluation, and tolls the limitations period of section 5405." (*Honeywell v. Workers' Comp. Appeals Bd. (Wagner)* (2005) 35 Cal.4th 24, 33 [70 Cal.Comp.Cases 97, 102].) The filing of the claim form commences a 90-day period after which, if the employer has not rejected liability, the claim is presumed compensable pursuant to subdivision (b) of section 5402. The California Supreme Court has held:

> Under these provisions, (1) the employee bears the initial burden of notifying the employer of an injury, unless such notice is unnecessary because the employer already knows of the injury or claimed injury from other sources. (2) The employer then bears the burden of informing the worker of his or her possible compensation rights and providing a claim form, but (3) it is up to the *employee* whether and when to initiate a claim for compensation by filing the prescribed form with the employer. Only when the form has been filed is (4) the employer (or its insurer) put to the additional burden of promptly investigating the claim and determining whether to contest liability, an investigation that must be completed within 90 days. (Emphasis in original.) (*Honeywell v. Workers' Comp. Appeals Bd., supra*, 35 Cal.4th 24, 33.)

The 90-day period of section 5402(b) thus begins when the employee actually files the claim form with the employer, "absent circumstances creating an equitable estoppel." (*Honeywell v. Workers' Comp. Appeals Bd., supra*, 35 Cal.4th 24, 33.) The calculation of the 90-day period must originate

with applicant personally delivering a claim form to the employer, or the date of the employer's *actual receipt* of the claim form. On the present record there is no evidence of when the actual notice as required by section 5401(c) was effectuated, and consequently no date has been established upon which to commence the 90-day period described in section 5402(b). Accordingly, applicant has not met the burden of establishing the claims to be presumptively compensable under section 5402.

ECIC further contends that compensation is barred by section 5405, for failure to timely commence proceedings for the collection of benefits. (Petition at 6:9.) Proceedings before the Workers' Compensation Appeals Board are commenced by the filing of an application. (Cal. Labor Code § 5500; Title 8, Cal. Code Regs. §10450.) The time limitations for commencing proceedings are set forth in California Labor Code section 5405:

> The period within which proceedings may be commenced for the collection of the benefits provided by Article 2 (commencing with Section 4600) or Article 3 (commencing with Section 4650), or both, of Chapter 2 of Part 2 is one year from any of the following:
>
> (a) The date of injury.
>
> (b) The expiration of any period covered by payment under Article 3 (commencing with Section 4650) of Chapter 2 of Part 2.
>
> (c) The last date on which any benefits provided for in Article 2 (commencing with Section 4600) of Chapter 2 of Part 2 were furnished.

Thus, an applicant must commence proceedings with the WCAB within one year of (1) the date of injury or (2) the expiration of the period covered by the employer's last payment of disability indemnity or (3) the date of the last furnishing by the employer of medical, surgical or hospital treatment. (*J.T. Thorp, Inc. v. Workers' Comp. Appeals Bd.* (1984) 153 Cal. App.3d 327 [49 Cal. Comp.Cases 224, 229].)

In cases involving an alleged cumulative trauma injury, the date of injury is governed by Labor Code section 5412, which holds:

> The date of injury in cases of occupational diseases or cumulative injuries is that date upon which the employee first suffered disability therefrom and either knew, or in the exercise of reasonable diligence should have known, that such disability was caused by his present or prior employment.

"The 'date of injury' is a statutory construct which has no bearing on the fundamental issue of whether a worker has, in fact, suffered an industrial injury…the 'date of injury' in latent disease

cases ‘must refer to a period of time rather than to a point in time.’ (citation.) The employee is, in fact, being injured prior to the manifestation of disability…[T]he purpose of section 5412 was to prevent a premature commencement of the statute of limitations, so that it would not expire before the employee was reasonably aware of his or her injury.” (*J. T. Thorp, supra,* 153 Cal.App.3d 327*,* 341.)

The court of appeal has defined “disability” per section 5412 as “either compensable temporary disability or permanent disability,” noting that “medical treatment alone is not disability, but it may be evidence of compensable permanent disability, as may a need for splints and modified work. These are questions for the trier of fact to determine and may require expert medical opinion.” (*State Comp. Ins. Fund v. Workers' Comp. Appeals Bd. (Rodarte)* (2004) 119 Cal.App.4th 998, 1005 [59 Cal.Comp.Cases 579].)

Regarding the “knowledge” component of section 5412, whether an employee knew or should have known his disability was industrially caused is a question of fact. (*City of Fresno v. Workers' Comp. Appeals Bd. (Johnson)* (1985) 163 Cal.App.3d 467, 471 [50 Cal.Comp.Cases 53].) An employee is not charged with knowledge that his or her disability is job-related without medical advice to that effect, unless the nature of the disability and the applicant's training, intelligence and qualifications are such that he should have recognized the relationship between the known adverse factors involved in his employment and his disability. (*Johnson, supra,* at 473; *Newton v. Workers' Co. Appeals Bd.* (1993) 17 Cal.App.4th 147 [58 Cal.Comp.Cases 395].)

In many cases applying section 5412, knowledge of industrial causation is not found until the applicant receives medical opinion expressly stating so, even where the applicant has indicated his or her belief that the disability is due to employment. (E.g. *Johnson, supra*, 163 Cal.App.3d 467, 471 (applicant believed heart problems were work related, but doctor said they were not); *Chambers v. Workmen' s Comp. Appeals Bd.* (1968) 69 Cal.2d 556 [33 Cal.Comp.Cases 722] (despite applicant's testimony that work tired him, the Court reversed Appeals Board's determination that applicant failed to exercise reason able diligence to ascertain that disability originated with work); *Gleason v. Workers' Comp. Appeals Bd.* (2002) 67 Cal.Comp.Cases 1049 (writ den.) (no evidence that applicant, a nurse who believed she contracted cirrhosis of the liver from needle stick, knew about latency period of hepatitis C, so she was not charged with knowledge); *Modesto City Schools v. Workers' Comp. Appeals Bd. (Finch)* (2002) 67 Cal.Comp.Cases 1647 (writ den.) (doctor's report represents earliest knowledge, even though

application was filed before the report). See also *Hughes Aircraft Co. v. Workers' Comp. Appeals Bd. (Zimmerman)* (1993) 58 Cal.Comp.Cases (writ den.) (statement by doctor that stress at work was depleting her immune system insufficient to find that applicant should have recognized the relationship between employment and disability), and Kaiser Foundation Health Plan v. Workers' Comp. Appeals Bd. (Bradford) (1986) 51 Cal.Comp.Cases 355 (writ den.) (statement by doctor that back condition was aggravated by work not sufficient to charge applicant with knowledge). Additionally, in *Kaiser Found. Hosps. v. Workers' Comp. Appeals Bd. (Ochs)* (2000) 65 Cal.Comp.Cases 933 (writ denied), we held that a nurse was not charged with knowledge under section 5412 until her attorney explained to her the concept of a cumulative trauma. (See also *Bassett-Mcgregor v. Workers' Comp. Appeals Bd.* (1988) 205 Cal.App.3d 1102 [53 Cal.Comp. Cases 502].)

Further, "[t]he burden of proving that the employee knew or should have known rests with the employer. This burden is not sustained merely by a showing that the employee knew he had some symptoms." (*Johnson, supra*, 163 Cal.App.3d 467, 471.) This is because "the medical cause of an ailment is usually a scientific question, requiring a judgment based upon scientific knowledge and inaccessible to the unguided rudimentary capacities of lay arbiters." (*Peter Kiewit Sons v. Industrial Acci. Com.* (1965) 234 Cal.App.2d 831, 839 [30 Cal.Comp.Cases 188].)

Here, ECIC avers that the January 8, 2016 application was filed more than one year from the "terminal date for alleged cumulative trauma in ADJ10256080 [of] December 18, 2014." (Petition, at 6:9.) Similarly, the petition contends the January 8, 2016 application was filed more than one year from the "terminal date for the alleged cumulative trauma period on ADJ10256081 [of] April 22, 2010." (*Id*., at 6:12.) However, as is described above, the date of injury for a cumulative trauma claim is not the "terminal date" of the claimed period of injurious exposure, but rather the date of injury as defined by section 5412. Here, the F&O does not address the section 5412 date of injury. Accordingly, the record must be developed to determine the section 5412 date of injury, and by extension, whether compensation is barred under section 5405(a) because proceedings for the collection of benefits were instituted more than one year from the date of injury, i.e. the concurrence of compensable disability and knowledge of its work-relatedness. (*J.T. Thorp, supra,* 153 Cal.App.3d 327, 336.)

We note further ECIC's contention that "[t]here is no evidence of any benefits being provided or any indication that Labor Code § 5405(b) or (c) are applicable." (Petition, at 6:7.)

However, "medical treatment provided by an employer for an earlier injury that also provides treatment for a subsequent injury, may toll the statute of limitations for the subsequent injury under section 5405(c). (*Plotnick v. Workers' Comp. Appeals Bd. (Plotnick)* (1970) 1 Cal.3d 622, 623-626 [35 Cal.Comp.Cases 13].) Additionally, the employer's provision of healthcare benefits in the form of group health insurance may also serve to toll the running of section 5405(c). (*Mihesuah v. Workmen's Comp. Appeals Bd.* (1972) 29 Cal.App.3d 337 [37 Cal.Comp.Cases 790].) Upon return to the trial level the parties and the WCJ should identify the specific assertions being advanced by the defendants regarding the statute of limitations. The WCJ may then determine whether any of the various time limitations of section 5405, including subsections (b) and (c) would apply to the three cases at bar.

If it is determined that the commencement of proceedings for the collection of benefits occurred after the limitations periods set forth in section 5405, only then does the analysis turn to the issue of estoppel. "When an employer breaches its duty to notify, "the remedy…is a tolling of the statute of limitation if the employee, without that tolling, is prejudiced by that breach." (*Kaiser Found. Hosps. Permanente Medical Group v. Workers' Comp. Appeals Bd. (Martin)* (1985) 39 Cal.3d 57, 64 [50 Cal.Comp.Cases 411].) "An employee would be prejudiced without the tolling if he has no knowledge that his injury might be covered by workers' compensation before he receives notice from the employer." (*Ibid*.) The employer may not assert the statute of limitations even if there is evidence that the injured worker had actual knowledge of his or her right to file a claim, "...where there was no evidence the employee had been advised of the time limits for filing a claim." (*California Ins. Guarantee Assn. v. Workers' Comp. Appeals Bd. (Carls)* (2008) 163 Cal.App.4th 853, 861, fn. 7 [77 Cal.Rptr.3d 868] citing *Galloway, supra,* 63 Cal.App.4th 880, 887.) We do not reach the issue of whether section 5405 was tolled for lack of notice, given that there has been no finding regarding the section 5412 date of injury.

In summary, we conclude that the record must reflect the specific statutory basis for defendants' assertion that applicant's claims are time-barred in order to allow the WCJ to fully analyze the issues and to provide the parties with a meaningful right of appeal. We further conclude that a determination of the nature and number of injuries sustained, as well as the identification of the date of injury pursuant to Labor Code section 5412, are necessary prerequisites to the analysis of whether section 5405 bars benefits herein. Finally, if the WCJ determines that the applications herein were not timely filed under section 5405, the WCJ must then address the question of

whether the statutes were tolled. Accordingly, we will grant reconsideration, rescind the January 7, 2022 F&O, and return the matter to the trial level for further proceedings consistent with this opinion. When the WCJ issues a new decision, any aggrieved party may seek reconsideration.

For the foregoing reasons,

IT IS ORDERED that ECIC's Petition for Reconsideration of the January 7, 2022 Joint Findings & Orders is **GRANTED**.

IT IS FURTHER ORDERED, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the January 7, 2022 Joint Findings & Orders is **RESCINDED** and the matter **RETURNED** to the trial level for further proceedings consistent with this opinion.

WORKERS' COMPENSATION APPEALS BOARD

/s/ DEIDRA E. LOWE, COMMISSIONER

I CONCUR,

/s/ ANNE SCHMITZ, DEPUTY COMMISSIONER

/s/ JOSÉ H. RAZO, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

March 22, 2022

SERVICE MADE ON THE ABOVE DATE ON THE PERSONS LISTED BELOW AT THEIR ADDRESSES SHOWN ON THE CURRENT OFFICIAL ADDRESS RECORD.

TOM PENDERGEST
LAW OFFICES OF JIM RADEMACHER
BOBER PETERSON & KOBY
HANNA BROPHY
BLACK & ROSE

SAR/abs

I certify that I affixed the official seal of the Workers' Compensation Appeals Board to this original decision on this date. *abs*