WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

DAMIEN SMITH, *Applicant*

vs.

GLOBAL NETWORK; EMPLOYERS PREFERRED INSURANCE COMPANY, *Defendants*

Adjudication Number: ADJ9808526
Pomona District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Applicant seeks reconsideration of the August 19, 2025 Findings of Fact and Award (F&A), wherein the workers' compensation administrative law judge (WCJ) found that applicant, while employed as a truck driver on January 7, 2015, sustained industrial injury to his psyche, left leg, hips, lumbar spine, right ankle, right foot, toes of the right foot, shoulders, skin of the left leg, hands, right knee, right knuckles, altered gait and internal-gastro [system]. The WCJ found in relevant part that medical evidence did not rebut the Permanent Disability Rating Schedule (PDRS) and that applicant sustained 80 percent permanent partial disability pursuant to the scheduled rating.

Applicant contends that his various disabilities should be added, rather than combined, and that insofar as the medical record did not fully address the issue of the proper method by which to combine his disabilities, the WCJ should have ordered development of the record.

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

We have considered the allegations of the Petition for Reconsideration and the contents of the report of the workers' compensation administrative law judge (WCJ) with respect thereto.

Based on our review of the record, and for the reasons discussed below, we will grant the petition, rescind the F&A, and return this matter to the trial level for further proceedings.

FACTS

Applicant sustained injury to his psyche, left leg, hips, lumbar spine, right ankle, right foot, toes of right foot, shoulders, skin of left leg, hands, right knee, right knuckles, altered gait, and internal-gastro [system] while employed as a truck driver by defendant Global Network on January 7, 2015. Applicant sustained original injury to his left knee and leg after stepping into a pothole and sustaining a comminuted left tibial fracture, requiring surgical reduction and installation of fixation hardware, later resulting in bone necrosis as a result of a MRSA infection, and ultimately requiring an above-the-knee amputation of the left leg. (Ex. 1, Report of Ralph Steiger, M.D., dated August 7, 2015, at p. 4.)

The parties have obtained reporting from Qualified Medical Evaluators (QMEs) Ralph Steiger, M.D., in orthopedic medicine, Stanley Goodman, M.D., in psychiatry, Zain Vally-Mahomed, M.D., in internal medicine, James Sherman, M.D., in internal medicine, and Stuart Shear, M.D., in dermatology.

On June 24, 2025, the parties proceeded to trial and framed for decision in relevant part the issue of permanent disability. The WCJ heard testimony from applicant and ordered the matter submitted for decision the same day.

On August 19, 2025, the WCJ issued the F&A. The WCJ observed that internal medicine QME Dr. Vally-Mahomed had opined that applicant's medical conditions are synergistic, and as such, the disability percentages arising therefrom should be added. (Opinion on Decision, at p. 3.) However, because the PDRS is presumed to be correct and the opinions of the QME offered only conclusions without underlying analysis, the WCJ determined that "[t]he medical evidence submitted at time of trial does not rebut the 2005 PDRS and it is concluded the combined values chart adequately calculates the level of permanent disability." (Finding of Fact No. 6.) Based on applicant's scheduled ratings, the WCJ awarded 80 percent permanent partial disability. (Finding of Fact No. 8; Award, No. a.)

Applicant's Petition contends "that if the court felt that further analysis was needed from [the] doctor, then the judge had a duty to develop the record…." (Petition, at p. 3:20.)

Defendant's Answer responds that applicant's Petition is skeletal and fails to cite to the evidentiary record. (Answer, at p. 4:19.) Defendant further asserts that applicant failed to act with diligence to remedy the evident deficiencies in the opinions expressed by Dr. Vally-Mahomed. (*Id.* at p. 4:9.)

The WCJ's Report observes that our en banc decision in *Vigil v. County of Kern* (2024) 89 Cal.Comp.Cases 686 [2024 Cal. Wrk. Comp. LEXIS 23] issued on June 10, 2024, and therein we set forth the required analysis with respect to rebuttal of the presumptively correct PDRS. The WCJ notes that "[t]he parties were in possession of that report more than a year and a half before proceeding to trial on June 24, 2025," that applicant requested the matter be set for hearing, and that applicant interposed no request for development of the record prior to submission from trial. (Report, at pp. 4-5.)

DISCUSSION

I.

Former Labor Code[1] section 5909 provided that a petition for reconsideration was deemed denied unless the Appeals Board acted on the petition within 60 days from the date of filing. (Lab. Code, § 5909.) Effective July 2, 2024, section 5909 was amended to state in relevant part that:

> (a) A petition for reconsideration is deemed to have been denied by the appeals board unless it is acted upon within 60 days from the date a trial judge transmits a case to the appeals board.
>
> (b)
>
> (1) When a trial judge transmits a case to the appeals board, the trial judge shall provide notice to the parties of the case and the appeals board.
>
> (2) For purposes of paragraph (1), service of the accompanying report, pursuant to subdivision (b) of Section 5900, shall constitute providing notice.

Under section 5909(a), the Appeals Board must act on a petition for reconsideration within 60 days of transmission of the case to the Appeals Board. Transmission is reflected in Events in the Electronic Adjudication Management System (EAMS). Specifically, in Case Events, under

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

Event Description is the phrase "Sent to Recon" and under Additional Information is the phrase "The case is sent to the Recon board."

Here, according to Events, the case was transmitted to the Appeals Board on September 24, 2025, and 60 days from the date of transmission is Sunday, November 23, 2025. The next business day that is 60 days from the date of transmission is Monday, November 24, 2025. (See Cal. Code Regs., tit. 8, § 10600(b).)[2] This decision is issued by or on November 24, 2025, so that we have timely acted on the petition as required by section 5909(a).

Section 5909(b)(1) requires that the parties and the Appeals Board be provided with notice of transmission of the case. Transmission of the case to the Appeals Board in EAMS provides notice to the Appeals Board. Thus, the requirement in subdivision (1) ensures that the parties are notified of the accurate date for the commencement of the 60-day period for the Appeals Board to act on a petition. Section 5909(b)(2) provides that service of the Report and Recommendation shall be notice of transmission.

Here, according to the proof of service for the Report and Recommendation by the workers' compensation administrative law judge, the Report was served on September 24, 2025, and the case was transmitted to the Appeals Board on September 24, 2025. Service of the Report and transmission of the case to the Appeals Board occurred on the same day. Thus, we conclude that the parties were provided with the notice of transmission required by section 5909(b)(1) because service of the Report in compliance with section 5909(b)(2) provided them with actual notice as to the commencement of the 60-day period on September 24, 2025.

II.

The parties dispute the correct methodology by which applicant's percentages of disability corresponding to various body parts/systems should be combined. Pursuant to section 4660.1, the Permanent Disability Rating Schedule (PDRS) is prima facie evidence of an injured employee's permanent disability. (Lab. Code, § 4660; cf. *Ogilvie v. Workers' Comp. Appeals Bd.* (2011) 197 Cal.App.4th 1262, 1274–1277 [76 Cal.Comp.Cases 624] (*Ogilvie*).) The PDRS provides that the ratings for multiple body parts arising out of the same injury are "generally" combined using the

[2] WCAB Rule 10600(b) (Cal. Code Regs., tit. 8, § 10600(b)) states that:

> Unless otherwise provided by law, if the last day for exercising or performing any right or duty to act or respond falls on a weekend, or on a holiday for which the offices of the Workers' Compensation Appeals Board are closed, the act or response may be performed or exercised upon the next business day.

Combined Values Chart (CVC), which is appended to the PDRS. (2005 PDRS, at p. 1-10.) Yet, because it is part of the PDRS, the CVC is rebuttable and a reporting physician is not precluded from utilizing a method other than the CVC to determine an employee's whole person impairment so long as the physician's opinion remains within the four comers of the AMA Guides. (Lab. Code, § 4660; *Milpitas Unified School Dist. v. Workers' Comp. Appeals Bd.* (*Guzman*) (2010) 187 Cal.App.4th 808, 818–829 [75 Cal.Comp.Cases 837].)

Accordingly, the use of the multiple disabilities table is discretionary depending upon whether it produces a rating that fully compensates an applicant for the effects of his or her injury. (*Mihesuah v. Workers' Comp. Appeals Bd.* (1976) 55 Cal.App.3d 720, 728 [41 Cal.Comp.Cases 81, 87] (*Mihesuah*).)

In *Kite v. East Bay Municipality Util. Dist.* (December 5, 2012, ADJ6719136) [2012 Cal. Wrk. Comp. P.D. LEXIS 640) (writ den. sub nom. *Athens Administrators v. Workers' Comp. Appeals Bd.* (*Kite*) (2013) 78 Cal.Comp.Cases 213 [2013 Cal. Wrk. Comp. LEXIS 34] (*Kite*), applicant underwent industrial bilateral hip replacement surgeries. The evaluating orthopedic QME opined that "there is a synergistic effect of the injury to the same body parts bilaterally versus body parts from different regions of the body," and that "the best way to combine the impairments to the right and left hips would be to add them versus using the combined values chart, which would result in a lower whole person impairment." (*Id.* at p. 5.) Accordingly, the WCJ determined that the most accurate rating of applicant's permanent disability would be achieved by adding the impairment for each hip, rather than by combining the respective impairment percentages under the CVC. Following defendant's petition for reconsideration, we affirmed the WCJ's decision that the "QME has appropriately determined that the impairment resulting from applicant's left and right hip injuries is most accurately combined using simple addition than by use of the combined-values formula." (*Id.* at p. 10.)

In *Vigil v. County of Kern* (2024) 89 Cal.Comp.Cases 686 [2024 Cal. Wrk. Comp. LEXIS 23] (Appeals Board en banc), we discussed the two primary ways in which the *Kite* analysis had been applied to permanent disability disputes:

> In the first approach, the CVC has been rebutted where there was evidence showing no actual overlap between the effects on ADLs as between the body parts rated. In the second approach, the CVC has also been rebutted where there is overlap, but the overlap creates a synergistic effect upon the ADLs.

a. No overlap of ADLs.

The first method for rebuttal of the CVC is to show that the multiple impairments, in fact, have no overlap upon the effects of the ADLs. (See e.g., *Devereux v. State Comp. Ins. Fund*, 2018 Cal.Wrk.Comp. P.D. LEXIS 592; *Guandique v. State of California*, 2019 Cal.Wrk.Comp. P.D. LEXIS 53.) We believe that one significant point of confusion on the issue of overlap is that the
analysis should focus on overlapping ADLs, not body parts. Although the formula for the CVC is from the AMA Guides, the chart used to calculate the CVC is from the PDRS.

In determining whether the application of the CVC table has been rebutted in a case, an applicant must present evidence explaining what impact applicant's impairments have had upon their ADLs. Where the medical evidence demonstrates that the impact upon the ADLs overlaps, without more, an applicant has not rebutted the CVC table. Where the medical evidence demonstrates that there is effectively an absence of overlap, the CVC table is rebutted, and it need not be used.

…

b. Overlapping ADLs with a Synergistic Effect

The next method for rebutting the CVC was first discussed in *Kite*, where applicant was awarded permanent disability by adding the impairment to each hip and not by combining the impairments as ordinarily required by the PDRS under the CVC. (*Kite, supra*, 78 Cal.Comp.Cases 213.) In *Kite*, the CVC was rebutted by substantial medical evidence showing the synergistic effect of the two impairments on applicant.

'Synergy' is "(1) the interaction of two or more agents or forces so that their combined effect is greater than the sum of their individual effects; or (2) Cooperative interaction among groups. . . that creates an enhanced combined effect." (American Heritage Dict. (Fifth Edition, 2022).) In some cases, two impairments overlap with one another in their effect on ADLs to the extent that they amplify one another to cause further impairment than what is anticipated in the AMA Guides. Thus, it is permissible to add impairments where a synergistic amplification of ADLs is shown. For example, if applicant had an impairment in the dominant hand, an evaluator might find that the impairment impacts the ADL of non-specialized hand activities, such as being able to button a shirt. If applicant's impairment was to both hands, one might expect the ability to button a shirt to be even more difficult. The purpose of the CVC, avoiding duplication, does not apply in such cases as the impairments are not duplicative, because the two impairments together are worse than having a single impairment.

> We cannot emphasize enough that to constitute substantial evidence "…a medical opinion must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, **and it must set forth reasoning in support of its conclusions**." (*Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 621 (Appeals Board en banc), (emphasis added).) The term 'synergy' is not a "magic word" that immediately rebuts the use of the CVC. Instead, a physician must set forth a reasoned analysis explaining how and why synergistic ADL overlap exists. If parties are searching for a magic word to use during a doctor's deposition, that word is "Why?". Rather than focusing on whether a specific term, including the term synergy, was used, it is imperative that parties focus on an analysis that applies critical thinking based on the principles articulated in Escobedo to support a conclusion based on the facts of the case. Such an analysis must include a detailed description of the impact of ADLs and how those ADLs interact.
>
> (*Vigil, supra*, at pp. 691-693.)

We thus held in *Vigil* that where an applicant seeks to rebut the CVC, they must establish the following:

1. The ADLs impacted by each impairment to be added, and
2. Either:
    a. The ADLs do not overlap, or
    b. The ADLs overlap in a way that increases or amplifies the impact on the overlapping ADLs.

(*Id.* at pp. 688-689.)

Our en banc decision in *Vigil* issued on June 10, 2024, and is mandatory authority on all WCJ's and WCAB panels. (Cal. Code Regs., tit. 8, § 10325(a); *City of Long Beach v. Workers' Comp. Appeals Bd.* (*Garcia*) (2005) 126 Cal.App.4th 298, 313, fn. 5 [70 Cal.Comp.Cases 109]; *Gee v. Workers' Comp. Appeals Board* (2002) 96 Cal.App.4th 1418, 1425, fn. 6 [67 Cal.Comp.Cases 236]; see also Govt. Code, § 11425.60(b).)

Here, the parties dispute the most appropriate way in which to combine applicant's various disabilities for an injury that has caused orthopedic, psychiatric and internal disability. In a July 7, 2023 letter directed to QME Dr. Vally-Mahomed, applicant's counsel submitted various medical records and offered a discussion of the analysis in *Kite, supra*, 78 Cal.Comp.Cases 213, inquiring whether applicant's "impairment should be added as opposed to using the CVC," and further asking the physician to "kindly explain your reasoning for your conclusion." (Ex. 4, Report of Zain Vally-Mahomed, M.D., dated August 4, 2023, at p. 3.) In response, Dr. Vally-Mahomed issued a

report of August 4, 2023, opining that "I absolutely agree that the applicant's medical conditions are synergistic. I also agree that the applicant's impairment ratings should be added rather than use the combined value chart to reflect disability appropriately." (*Id.* at p. 6.) No additional analysis is offered.

On this record, we concur with the WCJ's determination that the opinions expressed by the QME do not adequately discuss the issue of the most accurate methodology by which to combine applicant's various disability percentages. (Report, at p. 4.)

However, we also observe that following the issuance of Dr. Vally-Mahomed's response as set forth in his report of August 4, 2023, we issued our en banc decision in *Vigil, supra*, on June 10, 2024. As the WCJ's Report ably discusses, our decision in *Vigil* set forth the nature of the appropriate inquiry into combining permanent disability rating percentages by analyzing the issue of overlap as it relates to ADLs.

It is well established that any decision of the Workers' Compensation Appeals Board (WCAB) must be supported by substantial evidence. (Lab. Code, § 5952(d); *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274, 281 [39 Cal.Comp.Cases 310]; *LeVesque v. Workmen's Comp. Appeals Bd.* (1970) 1 Cal.3d 627, 635 [35 Cal.Comp.Cases 16].) Section 5701 provides the appeals board with the authority to, "with or without notice to either party, cause testimony to be taken, or inspection of the premises where the injury occurred to be made, or the timebooks and payroll of the employer to be examined by any member of the board or a workers' compensation judge appointed by the appeals board … The appeals board may also from time to time direct any employee claiming compensation to be examined by a regular physician … The testimony so taken and the results of any inspection or examination shall be reported to the appeals board for its consideration." (Lab. Code, § 5701.)

Section 5906 provides that "[u]pon the filing of a petition for reconsideration, or having granted reconsideration upon its own motion, the appeals board may, with or without further proceedings and with or without notice affirm, rescind, alter, or amend the order, decision, or award made and filed by the appeals board or the workers' compensation judge on the basis of the evidence previously submitted in the case, or may grant reconsideration and direct the taking of additional evidence … Notice of the time and place of any hearing on reconsideration shall be given to the petitioner and adverse parties and to other persons as the appeals board orders." (Cal. Lab. Code § 5906.)

The California Workers' Compensation system was intended by the legislature to be a complete system, as described in Divisions 4 and 5 of the Labor Code. These divisions represent an expression of the police power and are intended to make effective and apply to a complete system of workers' compensation the provisions of Section 4 of Article XIV of the California Constitution. Article XIV provides in relevant part that "administration of such legislation shall accomplish substantial justice in all cases expeditiously, inexpensively, and without incumbrance of any character. . ." (Cal.Const., art XIV, § 4.) Thus, under the grant of authority in the California Constitution, the Appeals Board operates as an appellate court of limited jurisdiction that reviews and decides appeals from decisions issued by workers' compensation administrative law judges. (Cal. Const., art. XIV, § 4; §§ 111-116, 133-134, 3201, 5300-5302, 5900 et seq.; *Bankers Indemnity Ins. Co. v. Industrial Acc. Com.* (1935) 4 Cal.2d 89; *Fremont Indemnity v. Workers' Comp. Appeals Bd.* (1984) 153 Cal.App.3d 965 [49 Cal.Comp.Cases 288]; *Azadigian v. Workers' Comp. Appeals Bd.* (1992) 7 Cal.App.4th 372, 376 [57 Cal.Comp.Cases 391] ["[t]he WCAB . . . is a constitutional court"].)

Pursuant to the Appeals Board's constitutional mandate to accomplish substantial justice, and the authority described in sections 5701 and 5906, "it is well established that the WCJ or the Board may not leave undeveloped matters which its acquired specialized knowledge should identify as requiring further evidence." (*Kuykendall v. Workers' Comp. Appeals Bd.* (2000) 79 Cal.App.4th 396, 404 [65 Cal.Comp.Cases 264]; see also *Lundberg v. Workmen's Comp. Appeals Bd.* (1968) 69 Cal.2d 436, 440 [33 Cal.Comp.Cases 656, 659]; *King v. Workers' Comp. Appeals Bd.* (1991) 231 Cal.App.3d 1640, 1649 [56 Cal.Comp.Cases 408, 414]; *Raymond Plastering v. Workmen's Comp. Appeals Bd.* (*King*) (1967) 252 Cal.App.2d 748, 753 [32 Cal.Comp.Cases 287, 291]; *Tyler v. Workers' Comp. Appeals Bd.* (1997) 56 Cal.App.4th 389, 392 [62 Cal.Comp.Cases 924, 926-927]; *McClune v. Workers' Comp. Appeals Bd.* (1998) 62 Cal.App.4th 1117, 1120-1121 [63 Cal.Comp.Cases 261, 265]; *M/A Com-Phi v. Workers' Comp. Appeals Bd.* (*Sevadjian*) (1998) 65 Cal.App.4th 1020, 1022-1023 [63 Cal.Comp.Cases 821, 825].)

In addition, "the WCJ has a *duty* to develop an adequate record." (*Kuykendall, supra*, 79 Cal.App.4th at p. 403, italics added; *McClune, supra*, 62 Cal.App.4th at p. 1120.) The duty arises out of the Board's obligation to completely adjudicate the issues submitted for decision by the parties, consistent with principles of due process. (*Telles Transport v. Workers' Comp. Appeals Bd.* (*Zuniga*) (2001) 92 Cal.App.4th 1159, 1165 [66 Cal. Comp. Cases 1290].)

We also observe that "[t]he overarching goal of rating permanent impairment is to achieve accuracy." (*Milpitas Unified School Dist. v. Workers' Comp. Appeals Bd.* (*Almaraz-Guzman*) (2010) 187 Cal.App.4th 808, 822 [115 Cal. Rptr. 3d 112, 75 Cal.Comp.Cases 837].) A permanent disability finding must be supported by substantial medical evidence, which requires that "a medical opinion must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and it must set forth reasoning in support of its conclusions." (*Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 621 (Appeals Board en banc).)

Here, applicant has sustained an original injury to the left knee and left leg resulting in an above the knee amputation and concomitant orthopedic, psychiatric, and internal medicine-related permanent disability. (Findings of Fact No. 8; Opinion on Decision, at pp. 3-4.) Applicant has raised the issue of the most accurate method by which to combine the various disabilities and sought analysis of the issue from an evaluating medical-legal physician. The record does not, however, adequately address the issue of the most appropriate method by which applicant's permanent disability ratings should be combined to produce an accurate reflection of the nature and scope of his underlying injury.

Accordingly, and following our review of the entire evidentiary record, we are persuaded that the WCJ and the Appeals Board have an affirmative duty to develop the record to appropriately and fully address the analysis set forth in *Vigil, supra*. Because the required analysis may ultimately impact the determination of applicant's residual percentages of permanent disability, we will rescind the F&A and return this matter to the trial level for development of the record.

For the foregoing reasons,

IT IS ORDERED that reconsideration of the decision of August 19, 2025 is **GRANTED**.

IT IS FURTHER ORDERED, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the August 19, 2025 Findings of Fact and Award is **RESCINDED** and that this matter is **RETURNED** to the trial level for such further proceedings and decisions by the WCJ as may be required, consistent with this opinion.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

I CONCUR,

/s/ CRAIG L. SNELLINGS, COMMISSIONER

I DISSENT (See Dissenting Opinion),

/s/ JOSÉ H. RAZO, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

November 24, 2025

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

DAMIEN SMITH
FIORE LEGAL
PEARLMAN, BORSKA & WAX

SAR/abs

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

DISSENTING OPINION OF COMMISSIONER RAZO

I concur with my colleagues that the current record does not offer the analysis necessary under *Vigil, supra*, 89 Cal.Comp.Cases 686, to effectively rebut the PDRS. However, because the PDRS represents prima facie evidence of the levels of permanent disability under Labor Code section 4660(c) and 4660.1(d), I conclude that applicant's failure to carry his burden of rebutting such prima facie evidence obviates the need to develop the record. (Lab. Code, § 5705.) I dissent, accordingly.

Our decision in *Vigil* made it clear that a physician seeking to address rebuttal of the PDRS must set forth a reasoned analysis explaining how and why synergistic ADL overlap exists. We observed:

> If parties are searching for a magic word to use during a doctor's deposition, that word is "Why?". Rather than focusing on whether a specific term, including the term synergy, was used, it is imperative that parties focus on an analysis that applies critical thinking based on the principles articulated in *Escobedo* to support a conclusion based on the facts of the case. Such an analysis must include a detailed description of the impact of ADLs and how those ADLs interact.

(*Vigil, supra*, 89 Cal.Comp.Cases at p. 693.)

Here, the QME's one-sentence opinion on the issue falls short of the detailed and fact-specific discussion of applicant's ADLs required to rebut the PDRS. Moreover, our decision in *Vigil* issued approximately one year prior to trial proceedings in this matter. I therefore agree with the WCJ that despite the clear set of standards announced in *Vigil*, applicant failed to take appropriate and timely action to have those standards addressed by the evaluating QMEs.

The WCJ has appropriately analyzed the record to determine applicant's scheduled ratings. The resulting ratings, as determined under the PDRS, are prima facie evidence of applicant's levels of permanent disability. In the absence of persuasive medical-legal opinion addressing the analysis set forth in *Vigil*, the record contains legally sufficient evidence of applicant's levels of permanent disability as described in the PDRS and upon which the WCJ properly relied.

Based on my review of the record, I would affirm the WCJ's award of 80 percent permanent partial disability, accordingly.

WORKERS' COMPENSATION APPEALS BOARD

/s/ JOSÉ H. RAZO, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

November 24, 2025

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

DAMIEN SMITH
FIORE LEGAL
PEARLMAN, BORSKA & WAX

SAR/abs

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