WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

CHRISTIANA EWING, *Applicant*

vs.

LOS ANGELES COUNTY METROPOLITAN TRANSIT AUTHORITY, permissibly self-insured, *Defendants*

Adjudication Number: ADJ9666592
Van Nuys District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Applicant seeks reconsideration of the Supplemental Findings and Award (F&A), issued by the workers' compensation administrative law judge (WCJ) on August 13, 2026, wherein the WCJ found in relevant part that the injury was the result of a violent act under Labor Code section[1] 4661.1(c)(2)(A), that applicant cannot claim psychiatric disability that was not claimed at the time of the original Findings and Award dated November 9, 2017, and that applicant did sustain new and further psychiatric disability since the Findings and the injury caused permanent disability of 48%.

Applicant contends that the WCJ erred in citing section 4661.1(c)(2)(A) in his analysis instead of citing section 4660.1(c)(2)(A) and that finding 26% psychiatric permanent disability was previously awarded on November 9, 2017 is an invalid apportionment analysis.

We have not received an answer from defendant.

The WCJ issued a Report and Recommendation on Petition for Reconsideration (Report) recommending that the Petition be denied.

We have considered the allegations in the Petition, and the contents of the Report with respect thereto.

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

Based on our review of the record, and as discussed below, we will grant the Petition for Reconsideration, rescind the F&A and substitute a new F&A that reflects that applicant's injury was the result of a violent act under section 4660.1(c)(2)(A) and finds that the injury caused permanent disability of 67%, equating to 407.25 weeks of indemnity, payable forthwith, at the rate of $290.00 per week, for a total of $118,102.50, less credit for permanent disability previously paid.

BACKGROUND

We will review the relevant facts.

On October 9, 2014, applicant filed an Application for Adjudication of Claim alleging injury to right arm, right ankle, nose, head, face, back and neck while employed by defendant as a bus driver on September 14, 2014.

Panel Qualified Medical Evaluator (QME) Alexis Link, M.D., reviewed and summarized applicant's psychiatric treatment records through November 9, 2017, as follows:

> Psychologist Bal Grewal, Ph.D., evaluated the applicant on 12/15/2014 from a pain management perspective. He documented that the applicant denied any history of psychological treatment or that any family member had psychiatric difficulties; this conflicts with my understanding of her history, but because her early mental health history was not comprehensive, I do not necessarily think she was withholding information from Dr. Grewal. He administered some of the same measures as I did in conjunction with my psychiatric PQME meeting, including the Beck Depression Inventory (28/64, moderate depression) and Beck Anxiety Inventory (30/63, moderate anxiety). Dr. Grewal diagnosed Depressive Disorder (not otherwise specified) and Adjustment Disorder with Mixed Emotional Features. He assigned a GAF score of 55. He suggested trials of sleep and antidepressant medications, as well as individual psychotherapy and neurofeedback.
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> …
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> On 12/17/2014, in response to the denial of the psychiatric aspects of the injury claim, Dr. Mooney sensitively characterized the applicant's facial scarring and the degree of emotional turmoil predictably related to her changes in appearance. He reiterated his opinion that psychological care was warranted. Pain management physician Randy Rosen, M.D., agreed on 1/13/2015 and subsequently on 1/28/2015, Dr. Mooney specifically recommended evaluation by Meagan Coleman, Ph.D. for chronic pain, psychiatric difficulties, and sleep disturbance.
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> The applicant underwent an initial evaluation with Dr. Coleman on 3/31/2015. The applicant denied any psychiatric history to Dr. Coleman and did not share a variety of nonindustrial stressors she has since disclosed to me. Dr. Coleman administered the Beck Inventories, revealing persistently moderate anxiety and depression on

self-report. Dr. Coleman diagnosed "moderate depression" and "sleep disorder mixed type." She assigned a GAF of 53 with 100% causation to industrial factors.
…

The next set of records underscores the degree of pain and emotional discomfort the applicant was experiencing as a result of her injuries. She underwent eyelid repair and hypertrophic scar treatment. She complained that her nose was crooked yet Dr. Heller found it to appear straight. This period of time would have concretized to the applicant that her appearance was likely to be forever changed as a result of the 2014 car accident. She returned to Dr. Coleman and indeed discussed the embarrassment of facial scars and "disfigurement." She was concerned that she would not return to any kind of "normal" life and anxious that she would be denied medical treatment to heal her conditions. The applicant continued to score in the moderate ranges of depression and anxiety on the Beck Inventories. Dr. Coleman adjusted the diagnoses to Adjustment Disorder with Depressed Mood and Posttraumatic Stress Disorder. She opined 100% attribution of the psychological injuries to the industrial accident.

Additional eye and ankle surgeries followed, as well skin treatments to improve facial appearance. Dr. Mooney documented that Xanax was added to her regimen on or around 3/23/2016, presumably for anxiety and / or sleep. Although I do not have a record of the hospital visit, apparently, she was taken to Antelope Valley Hospital and placed on a psychiatric hold on 5/20/2016 after overdosing on Xanax. Dr. Mooney asked again for authorization of psychological care and Dr. Rosen discontinued Xanax. On 10/25/2016, Dr. Mooney commented that the applicant's depression was worsening as she awaited plastic surgery authorization, but the applicant "did not wish to exercise her option of care" for psychiatric / psychological consultation. I gather this was related to the suspiciousness and skepticism she shared with me regarding mental health treatment. The applicant was becoming increasingly desperate for brow tattooing and skin needling, and looks to have agreed to pursuing mental health care at Hamlin Psyche Center (although she awaited an appointment).

Dr. Mooney next indicated that the applicant had a psychological consultation with Maegan Munro, Ph.D. in January of 2017 but was unable to attend her follow-up appointment. In early 2017, Dr. Mooney documented that the applicant was feeling overwhelmed and fatigued at work but by June of 2017, she was back to full-time. Thereafter, on 11/9/2017 was the Findings and Award.

(Joint Exhibit C, at pp. 22-24.)

On November 9, 2017, a Findings and Award issued determining that applicant sustained injury to her lumbar spine, right ankle, facial and nose lacerations, psyche, right knee and right shoulder.

On February 1, 2019, applicant filed a Petition to Reopen alleging a worsening of her condition, and new and further disability to her lumbar spine, right ankle, facial and nose lacerations, psyche, right knee and right shoulder.

On December 10, 2019, applicant was evaluated by Dr. Link who declared her to have reached maximal medical improvement (MMI) on a psychiatric basis. (Joint Exhibit C, at p. 30.)

On Axis 1, Dr. Link diagnosed applicant as follows: posttraumatic stress disorder and major depressive disorder, single episode, moderate, and assigned applicant a GAF of 51 with a corresponding whole person impairment (WPI) of 29%. (*Id*. at p. 18.)

Dr. Link determined predominant causation as follows:

> 1) 15% to *nonindustrial* factors, e.g., childhood trauma related to sexual abuse and family of origin, as well as maladaptive patterns in her choices of romantic partner with a vulnerability to emotional predators; these experiences created a vulnerability to psychiatric symptoms which have transiently manifested in the past (but never to a degree that impeded function in any significant way);
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> 2) 15% to the *nonindustrial* car accident in 2009 after which she experienced depressive symptoms but did not suffer a perceptible change in daily function;
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> 3) 15% to chronic pain which she attributes to the industrial car accident (and which orthopedic experts have parsed between *industrial / nonindustrial* injuries as detailed in *Discussion of Review of File* above);
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> 4) 25% to the emotional impact of the traumatic *industrial* car accident itself, including the horror of finding herself so severely injured that her life was potentially at risk;
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> 5) 30% to permanent facial malformations as a result of the *industrial* accident.
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> Therefore, at least 55% of the psychiatric injury was industrial in nature, surpassing the 51% compensability threshold for psychiatric injury.

(*Id*. at pp. 28-29.)

Dr. Link determined apportionment of psychiatric permanent disability as follows:

> a. 20% to *nonindustrial* factors, e.g., childhood trauma related to sexual abuse and family of origin, as well as maladaptive patterns in her choices of romantic partner with a vulnerability to emotional predators, now manifesting in a dangerous and abusive co-parenting relationship;
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> b. 10% to the *nonindustrial* car accident in 2009 after which she experienced depressive symptoms but did not suffer a perceptible change in daily function;

c. 15% to chronic pain which she attributes to the industrial car accident (and which orthopedic experts have parsed between *industrial / nonindustrial* injuries as detailed in *Discussion of Review of File* above); the relative impact of each physical injury is appropriately determined by pass-through of the orthopedic specialists opinions in this case (e.g., the relative disability of each body part, then parsed by industrial vs. nonindustrial aspects). This is because no one physical disability is more prevalent to the psychiatric disability than another; rather it is her chronic physical condition, much of which resulted from the 2014 accident, that maintains 15% of the psychiatric disability.

d. 25% to the emotional impact of the traumatic *industrial* car accident itself, including the horror of finding herself so severely injured that her life was potentially at risk;

e. 30% to permanent facial malformations as a result of the *industrial* accident.

[] Apportionment pursuant to Benson decision:

a. 30% of the psychiatric disability is solely nonindustrial (childhood / adult nonindustrial stress burden and the 2009 car accident).

b. 55% is attributable to the 2014 industrial car accident (the horror of the event itself and the facial malformations that have resulted).

c. 15% is parsed between the various injuries detailed by orthopedics, including the 2014 fall, the 2014 car accident, the 2009 nonindustrial car accident. These opinions should be used to inform Benson with regard to this aspect of the psychiatric injury.

(*Id*. at p. 38.)

On April 19, 2021, applicant was the pedestrian in an automobile versus pedestrian accident and she was transported to the hospital in an ambulance. (Joint Exhibit J, at p. 7.)

On May 22, 2024, applicant was reevaluated by Dr. Link. (Joint Exhibit M.) To Dr. Link, applicant denied any specific psychiatric sequelae related to the April 19, 2021 event. (*Id*. at p. 8.)

Dr. Link reviewed updated records and determined that her prior reporting on diagnoses, GAF, WPI, causation, and apportionment were unchanged. (*Id*. at pp. 24-26.)

On February 5, 2025, the matter proceeded to trial and the following issues were listed for trial:

1) Applicant requests additional compensation for psyche and facial laceration.

2) Temporary disability. Applicant has been paid 104 weeks. The new permanent and stationary date claimed by Applicant's attorney is May 22, 24, based on QME Dr. Alexis Link.

3) Permanent disability and apportionment.

4) Attorney fees.

5) Applicant['s] attorney is alleging a subsequent compensable consequence on September 15, 2014, and April 19, 2021.

6) The new and further disability alleged by Applicant is to psyche and facial lacerations, including the hairline, based on the reporting of QME Alexis Link and AME Dr. Andrew Berman.

7) Defendant contends that the compensability of psyche from the subsequent injuries is outside of the statute of limitations.

(Minutes of Hearing (MOH), February 5, 2025, at pp. 2-3.)

It is from the corresponding decision that applicant seeks reconsideration of issues concerning psychiatric permanent disability only.

DISCUSSION

I.

Preliminarily, we note that petitions for reconsideration filed on or after July 14, 2026 are subject to section 5909, which states 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.
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> (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 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 14, 2026, and 60 days from the date of transmission is November 13, 2026. This decision is issued by or on November 13, 2026, 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 shall be notice of transmission.

Here, according to the proof of service for the Report, the Report was served on September 14, 2026, and the case was transmitted to the Appeals Board on September 14, 2026. 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 14, 2026.

II.

A grant of reconsideration has the effect of causing "the whole subject matter [to be] reopened for further consideration and determination" (*Great Western Power Co. v. Industrial Acc. Com*. (*Savercool*) (1923) 191 Cal. 724, 729 [10 I.A.C. 322]) and of "[throwing] the entire record open for review." (*State Comp. Ins. Fund v. Industrial Acc. Com*. (*George*) (1954) 125 Cal.App.2d 201, 203 [19 Cal.Comp.Cases 98].) Thus, once reconsideration has been granted, the Appeals Board has the full power to make new and different findings on issues presented for determination at the trial level, even with respect to issues not raised in the petition for reconsideration before it.

Here, although the WCJ made multiple determinations about new and further disability, applicant is challenging only the WCJ's determinations about her psyche injury. At time of trial, applicant claimed she was not permanent and stationary or reached MMI until Dr. Link evaluated her on May 22, 2024 whereas defendant asserted that applicant's psyche claim was barred by the statute of limitations. (MOH, February 5, 2025, at pp. 2-3.) Then the WCJ determined that applicant cannot claim psychiatric disability not claimed in the first, November 9, 2017 Findings

and Award, but the applicant did sustain new and further psyche permanent disability since November 9, 2017 of 7% after deduction to the prior, non-existent Award of psyche permanent disability.

We disagree with the WCJ's analysis concerning any psyche permanent disability at the time of the November 9, 2017 Award. Specifically, on November 9, 2017, applicant was found to have sustained injury to her psyche, however no permanent disability for psyche was awarded. This record lacks any psyche MMI report before that of Dr. Link on December 10, 2019, which is after the first Findings and Award dated November 9, 2017. Accordingly, as she is now permanent and stationary or has reached MMI for her accepted psyche injury, applicant is entitled to permanent disability subject to valid apportionment.

III.

We first address the issue of apportionment pursuant to section 4663. As explained in the Appeals Board's en banc decision in *Nunes I*:

> The California worker's compensation system requires that, "[e]mployers must compensate injured workers only for that portion of their permanent disability attributable to a current industrial injury, not for that portion attributable to previous injuries or to nonindustrial factors. 'Apportionment is the process employed by the Board to segregate the residuals of an industrial injury from those attributable to other industrial injuries, or to nonindustrial factors, in order to fairly allocate the legal responsibility.'" (*Brodie v. Workers' Comp. Appeals Bd*. (2007) 40 Cal.4th 1313, 1321 [57 Cal. Rptr. 3d 644, 156 P.3d 1100, 72 Cal.Comp.Cases 565], quoting *Ashley v. Workers' Comp. Appeals Bd*. (1995) 37 Cal.App.4th 320, 326 [43 Cal.Rptr. 2d 589, 60 Cal.Comp.Cases 683].)
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> Section 4663(c) provides, in relevant part:
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> (c) In order for a physician's report to be considered complete on the issue of permanent disability, the report must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries.
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> (Lab. Code, § 4663(c).)
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> In *Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604 [2005 Cal. Wrk. Comp. LEXIS 71] (Appeals Board en banc) (*Escobedo*), we explained:

> Section 4663(c) not only prescribes what determinations a reporting physician must make with respect to apportionment, it also prescribes what standards the WCAB must use in deciding apportionment; that is, both a reporting physician and the WCAB must make determinations of what percentage of the permanent disability was directly caused by the industrial injury and what percentage was caused by other factors. (*Id*. at p. 607.) Accordingly, section 4663(c) authorizes and requires the reporting physician to make an apportionment determination, and further prescribes the standards the physician must use. (Lab. Code, § 4663(c); *Escobedo*, *supra*, at pp. 607, 611–612.) Apportionment must account for "other factors both before and subsequent to the industrial injury," and may include disability that formerly could not have been apportioned, including apportionment to pathology, asymptomatic prior conditions, and retroactive prophylactic work restrictions. (*Ibid*.) In addition, when a physician considers all appropriate factors of apportionment but nevertheless determines that it is not possible to approximate the percentages of each factor contributing to the employee's overall permanent disability to a reasonable medical probability, the physician has made the apportionment determination required under section 4663(c). (*Benson v. Workers' Comp. Appeals Bd*. (2009) 170 Cal. App. 4th 1535 [89 Cal. Rptr. 3d 166, 74 Cal.Comp.Cases 113, 133]; see also *James v. Pacific Bell Tel. Co*. (May 10, 2010, ADJ1357786) [2010 Cal. Wrk. Comp. P.D. LEXIS 188].)

(*Nunes v. State of California, Dept. of Motor Vehicles* (*Nunes I*), (2023) 88 Cal.Comp.Cases 741, 748-749 (Appeals Board en banc).)

Therefore, defendant carries the burden of proof on apportionment. (Lab. Code, § 5705.) Apportionment of permanent disability must address causation of disability and must constitute substantial evidence. (*Escobedo*, *supra* at pp. 611, 620-621.) 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." (*Id*. at 621.) Causation of disability is not to be confused with causation of injury. (*Id*. at 611.)

Dr. Link's section 4663 apportionment opinions do not constitute substantial evidence because she did not address the causation of applicant's moderate symptoms and disability. Specifically, Dr. Link diagnosed applicant with posttraumatic stress disorder and major depressive disorder, single episode, moderate, this is the applicant's injury. Here, the applicant's rated disability is her GAF of 51 which corresponds to moderate symptoms as follows:

> Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g.. few friends, conflicts with peers or co-workers).

(2005 Scheduled Rating for Permanent Disabilities, at p. 1-14; Joint Exhibit C, at p. 19.)
Dr. Link apportioned 30% of the psychiatric disability as "solely nonindustrial (childhood/adult nonindustrial stress burden and the 2009 car accident)," and another 15% parsed between the 2009 motor vehicle accident and the industrial event. (Joint Exhibit C, at p. 36.) However, Dr. Link failed to explain how and why the moderate symptoms were caused by the childhood/adult nonindustrial stress burden and the 2009 car accident. Accordingly, Dr. Link's apportionment analysis is invalid.

Dr. Link also considered the foregoing apportionment summary pursuant to *Benson* as well. When two industrial injuries combine to cause permanent disability, the permanent disability caused by each must be separately awarded, unless the evaluating physician cannot parcel out, with reasonable medical probability, the approximate percentages to which each distinct industrial injury causally contributed to the employee's overall permanent disability. (*Benson, supra,* at p. 1535, 1560.) Here, Dr. Link repeatedly describes the applicant's June 14, 2009, motor vehicle accident as "nonindustrial." At age 17, applicant was a rear seat passenger (behind the driver) in a motor vehicle accident. (Joint Exhibit C, at pp. 55-58.) There is no evidence in the record that this prior, 2009 motor vehicle accident was industrial. Accordingly, *Benson* apportionment is also invalid.

IV.

Section 4664(b) provides:

> If the applicant has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury. This presumption is a presumption affecting the burden of proof.

(Lab. Code, § 4664(b).)

The employer must make the following showing in order to prove apportionment for a prior permanent disability award is warranted under section 4664:

> First, the employer must prove the existence of the prior permanent disability award. Then, having established by this proof that the permanent disability on which that award was based still exists, the employer must prove the extent of the overlap, if any, between the prior disability and the current disability. Under these circumstances, the employer is entitled to avoid liability for the claimant's current permanent disability only to the extent the employer carries its burden of proving that some or all of that disability overlaps with the prior disability and is therefore attributable to the prior industrial injury, for which the employer is not liable.

(*Kopping v. Workers' Comp. Appeals Bd.* (2006) 142 Cal.App.4th 1099, 1115; see also *Pasquotto v. Hayward Lumber* (2006) 71 Cal.Comp.Cases 223 (Appeals Board en banc).)

Here, the applicant had no prior Award for her accepted psyche permanent disability. As there is no MMI report for psyche in evidence until after the November 9, 2017 Award, applicant did not have permanent disability before that Award issued.

This matter went to trial on the issue of whether applicant had sustained new and further disability for the September 14, 2014 injury per section 5410. (Lab. Code, § 5410.) The phrase "new and further disability" is not defined in the Labor Code, but has been interpreted by case law to mean some demonstrable change in the employee's condition, including a new period of temporary disability, a change to permanent disability or a need for additional medical treatment. (*Nicky Blair's Restaurant v. Workers' Comp. Appeals Bd.* (*Macias*) (1980) 109 Cal.App.3d 941, 955 [45 Cal.Comp.Cases 876].) An award after a petition to reopen may find an increased level of permanent disability due to the industrial injury. If the WCJ awards increased permanent disability, "it is the total [permanent disability] award which is due, not the subtraction of the percent of permanent disability…On a reopening, it is as if a new award had issued." (*Sierra Vista Hospital v. Workers' Comp. Appeals Bd. (Shedelbower) (1997) 62 Cal.Comp.Cases 1465, 1466 (writ den.).)*

Here, there has been a change to permanent disability. Specifically, for the first time, on December 10, 2019, applicant's psyche condition was declared MMI and permanent disability was established. Accordingly, applicant is entitled to an unapportioned Award of psyche permanent disability.

The WCJ provided rating strings in his Report. (Report, at pp. 4-5.) The ratings reflect increased WPI to 13% for applicant's right ankle, new WPI for applicant's facial scars, and new WPI for applicant's psyche. These impairments rate as follows:

Scars-Right Ankle	08.02.00.00-12[1.4]17-250H-21-18;
Right ankle	17.04.00.00-13-[1.4]18-250F-18-15;
Lumbar spine	15.03.01.00-5-[1.4]7-250F-7-6;
Scars-Face	08.02.00.00-10-[1.4]14-250H-18-15;
Psyche	14.01.00.00-29-[1.4]41-250H-47-41;
	41 c 18 c 15 c 15 c 6 = 67% Permanent Disability

Accordingly, we grant applicant's Petition for Reconsideration, rescind the F&A and substitute a new F&A that reflects that applicant's injury was the result of a violent act under section 4660.1(c)(2)(A) and finds that the injury caused permanent disability of 67%, equating to 407.25 weeks of indemnity, payable forthwith, at the rate of $290.00 per week, for total of $118,102.50, less credit for permanent disability previously paid.

For the foregoing reasons,

IT IS ORDERED that applicant's Petition for Reconsideration is **GRANTED**.

IT IS FURTHER ORDERED, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the Supplemental Findings and Award issued by the WCJ on August 13, 2026 is **RESCINDED** and the following is **SUBSTITUED** therefor:

FINDINGS OF FACT

1. Good cause exists to grant applicant new and further disability under Labor Code section 5410.

2. The injury did not cause any additional temporary disability.

3. The injury was the result of a violent act under Labor Code section 4660.1(c)(2)(A).

4. Applicant did sustain new and further disability in the form of facial scarring and injury to psyche that was not permanent and stationary at the time of the original trial.

5. The injury caused permanent disability of 67%, equating to 407.25 weeks of indemnity, payable forthwith, at the rate of $290.00 per week, for total of $118,102.50, less credit for previous permanent disability previously paid.

6. The value of applicant's attorney's services is assessed at 15% of the additional permanent disability set forth above.

AWARD

AWARD IS MADE in favor of CHRISTIANA EWING, against **LOS ANGELES COUNTY METROPOLITAN TRANSIT AUTHORITY** as follows:

Permanent disability of 67%, entitling applicant to 407.26 weeks of disability indemnity at the rate of $290.00, in the total sum of $118,102.50, less credit to defendant for all sums heretofore paid on account thereof, if any, and less attorney fees to be commuted from the far end of the award.

WORKERS' COMPENSATION APPEALS BOARD

/s/ PAUL F. KELLY, COMMISSIONER

I CONCUR,

/s/ KATHERINE A. ZALEWSKI, CHAIR

/s/ LISA A. SUSSMAN, DEPUTY COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

November 13, 2026

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

CHRISTIANA EWING
TERRELL FIRM
LEWIS, BRISBOIS, BISGAARD & SMITH

SL/abs

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