WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

CHRISTINA BORDAS, *Applicant*

vs.

SEIU 121 RN; BENCHMARK INSURANCE COMPANY, administered by BENCHMARK ADMINISTRATORS, *Defendants*

Adjudication Number: ADJ14972494
Van Nuys District Office

OPINION AND ORDER DENYING PETITION FOR RECONSIDERATION

Defendant seeks reconsideration of the February 3, 2026 Findings of Fact, Award and Order (F&A) issued by the workers' compensation administrative law judge (WCJ), wherein the WCJ found that while employed by defendant as a chief negotiator for the nurses' union, from February 4, 2005 to July 13, 2021, applicant sustained injury arising out of and occurring in the course of employment to her "internal" and eyes/vision, and claimed injury to various parts.

Defendant contends that the WCJ erred in finding industrial injury to the eyes/vison, arguing that (1) the WCJ's opinion did not comply with Labor Code section 5313, (2) internal medicine Agreed Medical Evaluator (AME) Paul Grodan, M.D., opined that hypertension cannot cause venous occlusion, and (3) ophthalmology Qualified Medical Evaluator (QME) David Sami, M.D., did not provide substantial medical evidence of injury arising out of and in the course of employment to applicant's eyes/vision.

Applicant has filed an Answer, and the WCJ has prepared a Report and Recommendation on Petition for Reconsideration (Report) recommending that we deny reconsideration.

We have considered the allegations of the Petition for Reconsideration, the Answer thereto, and the contents of the WCJ's Report. Based on our review of the record, and for the reasons stated in the WCJ's Report, which we adopt and incorporate, and for the reasons stated below, we will deny reconsideration.

I.

Former Labor Code section 5909[1] 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 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 April 24, 2026, and 60 days from the date of transmission is Tuesday, June 23, 2026. This decision is issued by or on June 23, 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 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 April 24, 2026, and the case was transmitted to the Appeals Board on April 24, 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

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

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 April 24, 2026.

II.

We note by way of clarification that although the opinions of an AME are ordinarily followed (*Power v. Workers' Comp. Appeals Bd.* (1986) 179 Cal.App.3d 775, 782 [51 Cal.Comp.Cases 114]), in this case following AME Dr. Grodan's opinions necessarily means relying upon his express deferral to an ophthalmologist, and specifically Dr. Sami, on the issue of whether there was injury arising out of and in the course of employment to the eyes and vision. Dr. Grodan did not retract or withdraw his deferral, even when he expressed opinions about the effect of hypertension on arteries as opposed to veins.

We also note that while Dr. Sami in turn based his opinion on Dr. Grodan's opinion on the issue of whether applicant had industrial hypertension, Dr. Sami did not defer to Dr. Grodan on the issue of how that condition in turn affected applicant's eye condition. Dr. Sami, as the expert in ophthalmology to whom Dr. Grodan had deferred, did not recognize any significant distinction between veins and arteries in causing retinal occlusion.

Indeed, as pointed out by Dr. Grodan in his deposition, the terms "retinal artery occlusion" and "retinal vein occlusion" both appear in applicant's medical records. It is reasonable to infer that applicant had either or both of these conditions, and Dr. Sami does not rule out retinal arterial occlusion. On the contrary, Dr. Sami includes in his first report the diagnosis of treating physician Christopher Dobson, M.D., in his telemedicine consult of September 23, 2021, who succinctly explains the mechanism of eye injury as follows: "She was diagnosed with a **central retinal artery occlusion** due to her increasing blood pressure, she is receiving injections in her eye to reduce the pressure in her eyes." (Applicant's Exhibit 1, Report of Qualified Medical Evaluator Dr. David Sami dated November 9, 2021, page 3, emphasis added.) However, it is equally true that Dr. Sami's own causation analysis indicates a "retinal **vein** occlusion." (*Id*. page 6, emphasis added.) As an expert in ophthalmology, Dr. Sami is presumed to know the difference between these two conditions.

Although the interrelationship between arteries and veins in applicant's eye was not discussed by Dr. Sami as the medical expert in ophthalmology, the mechanism of injury endorsed

by Dr. Sami is sufficiently evident from the record. Even a layperson has some elementary concept of anatomy and physics, which includes the understanding that the circulatory system has both arteries that bring blood from the heart to every organ in the body, and veins that return blood to the heart. Both are obviously present in the eye. Even fully accepting Dr. Grodan's explanation that hypertension increases pressure in arteries but not in veins, the point in question is not the effect of blood pressure on the circulatory system, but its effect on the eye. It is quite reasonable and logical that a venous occlusion in the eye would affect the eye itself, perhaps even more than an arterial blockage. If a vein is blocked, pressurized blood that is delivered to the eye cannot freely flow out. One does not have to be a plumber to understand that an occluded drainpipe will have some effect on the sink to which it is connected. In its zealous argument over the distinction between veins and arteries, petitioner ignores reasonable inferences regarding the mechanism of injury, which are clearly supported by both Dr. Sami and common sense.

We are likewise unpersuaded by petitioner's argument that Dr. Sami's use of the words "may" and "risk factor" mean that his report does not support the finding that applicant has sustained a compensable eye injury. On the contrary, Dr. Sami clearly indicates a connection between industrial hypertension and applicant's eye condition. Understood in context, he uses the word "may" to mean "should be allowed as a reasonable inference" and not "might or might not be." He uses the term "risk factor" to express a recognized causal connection, and not to cast doubt on the causal connection in applicant's particular case. We agree with the WCJ that Dr. Sami's inartful use of such terms does not negate his clear intent to make causal connections that are fully supported by the rest of the evidentiary record.

We are persuaded that the opinions of Dr. Sami, to whom AME Dr. Grodan deferred, when considered with the credible testimony of applicant and medical records in evidence, sufficiently support the finding of the WCJ that applicant sustained injury arising out of and in the course of employment to her eyes/vision, and that no further development of the record is necessary on this issue.

Accordingly, we deny the Petition for Reconsideration.

For the foregoing reasons,

IT IS ORDERED that the Petition for Reconsideration is **DENIED**.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

I CONCUR,

/s/ JOSÉ H. RAZO, COMMISSIONER

/s/ CRAIG L. SNELLINGS, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

JUNE 23, 2026

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

CHRISTINA BORDAS
ROSSI LAW GROUP
REEVES LAW FIRM, PC

CWF/*cs*

I certify that I affixed the official seal of the Workers' Compensation Appeals Board to this original decision on this date.
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REPORT AND RECOMMENDATION ON PETITION FOR RECONSIDERATION

I. INTRODUCTION

1.	Findings and Order	2/3/2026
2.	Identity of Petitioner	DEFENDANT
3.	Verification	Yes
4.	Timeliness	Petition is timely
5.	Petition for Reconsideration Filed	2/27/2026
6.	Proof of Service	Yes
7.	Submitted to Recon Unit	4/24/2026

Defendant Benchmark Insurance Company, administered by Benchmark Administrators, has filed a timely, verified Petition for Reconsideration of the Findings of Fact and Order issued on February 3, 2026, and served on February 4, 2026 (the "F&O"). Defendant challenges the finding that Applicant Christina Bordas sustained injury arising out of and in the course of her employment to her eyes/vision. Defendant raises three interrelated grounds: (1) that the Opinion on Decision fails to satisfy the reasoning requirement of Labor Code section 5313; (2) that the evidence does not justify the finding because Agreed Medical Evaluator Paul Grodan, M.D. opined that systemic hypertension cannot cause retinal vein occlusion; and (3) that Qualified Medical Evaluator David Sami, M.D. did not render a substantial medical opinion on causation.

The undersigned respectfully recommends that the Petition be DENIED. The F&O is supported by substantial medical evidence, including the reporting of the ophthalmology specialist on whom the internal medicine AME expressly deferred. Although the original Opinion on Decision stated the ultimate conclusion in summary fashion, this Report supplies the reasoning Defendant seeks, which, under well-established practice, cures any claimed deficiency under Labor Code section 5313. The contested finding, that Applicant sustained industrial injury to her eyes/vision, remains supported on the record as a whole and should be affirmed.

II. PROCEDURAL AND FACTUAL BACKGROUND

A. The Applicant's Claim and the Parties' Medical-Legal Framework

Applicant, born [], was employed by SEIU 121 RN as a chief negotiator for a nurses' union during the period February 14, 2005 through July 13, 2021. Defendant admitted injury arising out of and in the course of employment to Applicant's internal system. Applicant claimed additional injury to her eyes/vision, psyche, head, sleep, bilateral hips, bilateral hands, chest, heart, lumbar spine, and thoracic spine. (Minutes of Hearing, 11/6/2025, at p. 2.)

The parties agreed upon Paul Grodan, M.D., a Board-certified internist, as the Agreed Medical Evaluator in internal medicine. (Ex. Jt. 1, Report of AME Grodan, 4/11/2022; Ex. Jt. 2, Report of AME Grodan, 3/11/2024; Ex. Jt. 3, Report of AME Grodan, 4/1/2024; Ex. Jt. 5, Report of AME Grodan, 6/30/2025.) The parties proceeded through the qualified medical evaluator process in ophthalmology and obtained the reporting of David A. Sami, M.D., a Diplomate of the American Board of Ophthalmology and a Fellow of the American Academy of Ophthalmology. (Ex. Appl. 1, Report of QME Sami, 11/9/2021; Ex. Appl. 2, Report of QME Sami, 4/15/2023; Ex. Appl. 3, Report of QME Sami, 11/11/2023.) Dr. Grodan's deposition transcript, dated April 3, 2025, was also jointly submitted. (Ex. Jt. 4.) Both physicians addressed the issues pertinent to the claimed eye/vision injury, and the parties jointly submitted their reports and Dr. Grodan's deposition transcript into evidence at trial without objection. (Minutes of Hearing, 11/6/2025, at pp. 3–4.)

B. The Ophthalmology QME Reporting of Dr. Sami

Dr. Sami personally evaluated Applicant and rendered three substantive reports (dated November 9, 2021; April 15, 2023; and November 11, 2023), each admitted at trial as Applicant's Exhibits 1, 2, and 3 respectively. Upon examination, Dr. Sami documented objective ophthalmologic findings in the right eye including temporal pallor of the optic nerve, increased tortuosity of the vasculature, macular edema, pan-retinal photocoagulation (PRP), a 1+ relative afferent pupillary defect (RAPD), and severely diminished visual acuity (VA) (counting fingers at one to two feet, compared to 20/20 in the left eye). (Ex. Appl. 3, at p. 3.) Based upon these findings, Dr. Sami diagnosed central retinal vein occlusion of the right eye with chronic sequelae, including severe loss of visual acuity. (*Id*. at pp. 3, 5.)

Critically, Dr. Sami expressly addressed the causal relationship between Applicant's hypertension and her ophthalmologic condition. In his November 11, 2023 report, Dr. Sami stated unambiguously:

> "Any percentage of industrial apportionment for hypertension would also be applicable to the whole person Ophthalmic Impairment due to severe loss of visual acuity Right eye, due to central retinal vein occlusion."

(Ex. Appl. 3, at p. 5.)

This is not a passing reference or a hypothetical. It is a direct, affirmative opinion by the ophthalmology specialist that whatever industrial component is found in Applicant's hypertension flows through to the ophthalmologic impairment. Dr. Sami made this statement on his own specialty examination, on his own review of 760 pages of medical records, and in a signed declaration under penalty of perjury. (Ex. Appl. 3, at pp. 3, 9, 15.)

C. The Internal Medicine AME Reporting of Dr. Grodan

Dr. Grodan evaluated Applicant on April 11, 2022 and April 1, 2024, was deposed on April 3, 2025, and issued a supplemental report dated June 30, 2025 after reviewing 1,087 additional pages of records. (Ex. Jt. 1; Ex. Jt. 3; Ex. Jt. 4; Ex. Jt. 5, at p. 1.) At each stage, Dr. Grodan consistently found that Applicant's systemic hypertension was industrially aggravated by her employment stress and assigned 90% industrial causation to that hypertensive condition, with 10% apportioned to non-industrial factors. (Ex. Jt. 4, at 15:9–16:8; 19:15–20:2.) The basis for that apportionment, as Dr. Grodan explained both in his report and at deposition, was the objective echocardiographic evidence and the documented temporal link between Applicant's work-related stressors and the clinically significant worsening of her blood pressure. (Ex. Jt. 4, at 19:15–20:2; Ex. Jt. 5, at pp. 10–11.)

With respect to the eye condition, Dr. Grodan took two positions which, correctly understood, are complementary rather than contradictory. First, Dr. Grodan noted that the medical records contained some references to "retinal vein occlusion" and others to "retinal artery occlusion," and he candidly stated that resolution of that diagnostic question was beyond his internal-medicine specialty. (Ex. Jt. 4, at 12:24–13:6; 20:3–15.) He therefore expressly deferred to the ophthalmologist, that is, to Dr. Sami, on the ocular diagnosis and on the issue of ocular causation. (*Id*. at 12:22–13:6; 20:13–15.) This deferral appears in his written reporting and was

reaffirmed throughout his deposition testimony. (Ex. Jt. 1, at p. 22; Ex. Jt. 4, at 20:13–15, 33:1–13.)

Second, Dr. Grodan offered a general mechanical observation that, as a matter of cardiovascular physiology, systemic arterial hypertension does not directly increase venous pressure and therefore would not, by direct mechanical action, cause a venous occlusion. (Ex. Jt. 4, at 20:16–21:16.) He distinguished this from retinal *arterial* occlusion, which he acknowledged can be causally related to systemic hypertension. (*Id*. at 20:8–12.) Dr. Grodan did not, however, purport to exclude all medical pathways by which hypertension might contribute to the development of a retinal vein occlusion; he repeatedly said that question was for the ophthalmologist. (*Id*. at 12:22–13:6; 20:13–15.)

D. Applicant's Testimony

Applicant testified credibly at trial on November 6, 2025. (Minutes of Hearing, 11/6/2025, at pp. 4–6.) She described a significant and documented escalation of work stress beginning in 2020, including an increased workload with reduced staff, an oppressive management culture, and emotionally taxing duties during the COVID-19 pandemic. (*Id*. at pp. 4–5.) She testified that in May 2020 she experienced a sudden loss of vision in her right eye. (*Id*. at p. 5.)

The contemporaneous treating records are not medical-legal advocacy. They document, in real time, precisely the causal chain the undersigned accepted: escalating occupational stress produced clinically dangerous hypertension, which coincided with and was the recognized risk factor for a vision-destroying retinal vascular event in the right eye. (Ex. Appl. 5,6.)

E. The Findings of Fact and Order and the Present Petition

The matter was submitted on November 6, 2025 on two issues: (1) whether Applicant sustained injury arising out of and in the course of employment to her eyes/vision in the specialty of ophthalmology, and (2) whether good cause existed to order an additional orthopedic surgery panel. On February 3, 2026, the undersigned issued the F&O finding in the affirmative on both issues. The Opinion on Decision stated: "Based upon Applicant's credible testimony and the medical report(s) of Agreed Medical Evaluator (AME) Dr. Paul Grodan and Qualified Medical Evaluator (QME) Dr. David Sami, it is found that Applicant sustained injury arising out of and in the course of employment to her eyes/vision, implicating the specialty of ophthalmology."

Defendant timely filed its verified Petition for Reconsideration on February 27, 2026. Applicant filed a timely Answer on March 9, 2026. The undersigned now submits this Report and Recommendation.

III. DISCUSSION

A. The Petition Does Not Satisfy Labor Code Section 5903, and the Reasoning Supplied in This Report Cures Any Claimed Deficiency Under Section 5313.

Defendant invokes Labor Code section 5903(c), asserting that the evidence does not justify the finding. Defendant also complains that the Opinion on Decision was inadequately reasoned under Labor Code section 5313. The undersigned addresses the procedural point first, because its resolution frames the substantive analysis.

The undersigned acknowledges that the Opinion on Decision stated the conclusion in summary form. However, well-established Appeals Board practice contemplates that a Report and Recommendation on reconsideration is the appropriate vehicle to elaborate the trial judge's reasoning where the original opinion was concise. *Haywood v. WCAB* (1996) 61 CCC 509 (writ denied); *City of Maywood v. WCAB (Smith)* (1991) 56 CCC 704 (writ denied); *Boomsliter v. Continental Ins. Co.* (1999) 27 CWCR 192 (panel decision); *Smales v. WCAB* (1980) 45 CCC 1026 (writ denied); *Hoag Memorial Hospital Presbyterian v. WCAB (Giannini)* (1997) 62 CCC 1720 (writ denied); *Paula Insurance Co. v. WCAB (Parham, Bracamontes)* (1993) 58 CCC 273 (writ denied).

Neither section 5313 nor *Hamilton v. Lockheed Corp.* (2001) 66 Cal.Comp.Cases 473 (Appeals Board en banc) requires rescission where the WCJ can and does articulate the rationale in a Report on reconsideration, so long as the parties and the reviewing body are able to "ascertain the basis for the decision." (*Id*. at p. 476.) The present Report discusses with specificity the testimony, the reports, and the deposition transcript, and explains in a reasoned manner how this evidence supports the conclusion reached. That is exactly what *Hamilton* and the cases on which Defendant relies contemplate.

Defendant also observes that the F&O issued on February 3, 2026, more than 30 days after submission on November 6, 2025. The 30-day provision of Labor Code section 5313 is directory rather than jurisdictional, and delay in issuance, standing alone, does not invalidate a decision or constitute a ground for reconsideration. (See *Liberty Mutual Insurance Co. v. IAC (Walden) (1964)*

29 CCC 293; Janet v. IAC (1965) 30 CCC 411. See Cuate v. Metro Pads, Inc., 2015 Cal. Wrk. Comp. P.D. LEXIS 459; Carillo v. HP Hood, LLC, 2021 Cal. Wrk. Comp. P.D. LEXIS 249.) Defendant identifies no prejudice arising from the timing, and the undersigned discerns none.

B. The Evidence Justifies the Finding of Industrial Injury to the Eyes/Vision.

The substantive question is whether, on the whole record, substantial medical evidence supports the conclusion that Applicant's eye/vision condition arose out of and occurred in the course of her employment. It does, for the following reasons.

1. The ophthalmology specialist, to whom the internal medicine AME expressly deferred, affirmatively opined that the industrial apportionment for hypertension applies to the eye impairment.

Dr. Sami is the ophthalmologist. He examined the eye. He diagnosed central retinal vein occlusion based on objective findings. (Ex. Appl. 3, at p. 3.) And he expressly stated, in his November 11, 2023 report, that "any percentage of industrial apportionment for hypertension would also be applicable to the whole person Ophthalmic Impairment due to severe loss of visual acuity Right eye, due to central retinal vein occlusion." (*Id*. at p. 5.) That opinion, considered in light of the entire record (including Dr. Sami's earlier reports identifying hypertension as a recognized risk factor for retinal vascular occlusion, and his comprehensive record review (Ex. Appl. 1; Ex. Appl. 2; Ex. Appl. 3, at pp. 9)), supplies substantial medical evidence of industrial causation of the eye injury.

Defendant argues that this statement is "conclusory" and that Dr. Sami's earlier use of the phrase "risk factor" renders his reporting insubstantial. That argument misreads the reports and misapplies the substantial-evidence standard. A medical opinion constitutes substantial evidence when it is based upon an adequate history and examination, sets forth reasoning in support of its conclusions, and is framed in terms of reasonable medical probability. (*McAllister v. WCAB (1968) 33 CCC 660; Rosas v. WCAB (1993) 58 CCC 313; E.L. Yeager Construction v. WCAB (Gatten) (2006) 71 CCC 1687, 1691.; Place v. Workers' Comp. Appeals Bd.* (1970) 3 Cal.3d 372, 378.) Dr. Sami's reporting satisfies each of these requirements. He personally examined Applicant. (Ex. Appl. 3, at p. 3.) He reviewed 760 pages of records. (*Id*. at p. 9.) He identified objective findings. (*Id*. at p. 3.) He diagnosed a specific condition. (*Id*. at pp. 3, 5.) He identified hypertension as a medically recognized risk factor for the development of that condition (Ex. Appl. 1, at p. 6), a proposition that is well-established in the ophthalmologic literature and is not seriously disputed

even by Dr. Grodan, who merely emphasized that he is not an ophthalmologist. (Ex. Jt. 4, at 12:17–24.) And Dr. Sami ultimately concluded that industrial apportionment of the hypertension carries through to the eye impairment. (Ex. Appl. 3, at p. 5.)

Moreover, Dr. Sami's opinion on eye causation is reinforced, not undermined, by Dr. Grodan's own testimony. At his deposition, Dr. Grodan stated more than once that he "defer[s] to Dr. Sami" on the ophthalmologic diagnosis and on whether Applicant's condition was arterial or venous. (Ex. Jt. 4, at 12:22–13:6; 20:13–15; 33:1–13.) The Appeals Board has long recognized that when an AME defers to another specialty on a question within that specialty's competence, the opinion of the deferred-to physician may appropriately carry the day. *Gentry International v. WCAB (Saucedo)* (1980) 45 CCC 1176 (writ denied). To credit Dr. Grodan's deferral is not to "reject" his opinion; it is to follow it.

2. Under *South Coast Framing*, industrial causation requires only that employment be a contributing cause.

Even accepting Defendant's narrowest reading of Dr. Grodan's deposition, i.e., that systemic arterial hypertension does not, by direct mechanical increase of venous pressure, cause a retinal vein occlusion, that reading does not defeat industrial causation. The governing standard is set forth in *South Coast Framing, Inc. v. Workers' Comp. Appeals Bd.* (2015) 61 Cal.4th 291, which holds that industrial causation in workers' compensation is established when employment is a contributing cause of the injury; the employment need not be the sole cause, the predominant cause, or even a major cause. (*Id*. at pp. 298–302.) The workers' compensation causation standard is intentionally broader than common-law proximate causation, and a claimant need only show that industrial exposure contributed to the injury to some reasonable extent.

Here, Dr. Sami identified hypertension as a recognized risk factor contributing to the development of central retinal vein occlusion (Ex. Appl. 1, at p. 6), and confirmed that Applicant's industrial apportionment of hypertension carries through to the ophthalmologic impairment. (Ex. Appl. 3, at p. 5.) That is precisely the contributing-cause showing that *South Coast Framing* recognizes as sufficient. Defendant's argument, which would require a direct, exclusive, mechanical pathway from industrial hypertension to the specific ocular lesion, imposes a causation standard that California law has expressly rejected.

3. Dr. Grodan's report and deposition do not contradict industrial eye causation when read as a whole.

Defendant's Petition relies heavily on two isolated excerpts of Dr. Grodan's deposition (Ex. Jt. 4, at 20:16–23 and 21:13–16) for the proposition that retinal vein occlusion cannot be caused by systemic hypertension. When the deposition is read in context, however, Dr. Grodan's opinion is far more nuanced. He testified:

- That he "deferred assessment of her retinal [condition] . . . to Dr. [Sami]" (Ex. Jt. 4, at 12:24–13:6);
- That "some reports indicated artery" and "some indicated vein," and that he therefore could not resolve the diagnostic question himself (Ex. Jt. 4, at 13:4–6);
- That "if it's arterial, then the hypertension may have an impact" (Ex. Jt. 4, at 33:3– 4);
- That he "defer[s] to Dr. Sami" on the venous-versus-arterial question (Ex. Jt. 4, at 20:13–15).

Dr. Grodan's June 30, 2025 supplemental report, issued after his deposition and after review of more than 1,000 pages of records, did not retract, modify, or narrow these deferrals. (Ex. Jt. 5, at pp. 1, 12.) To the contrary, Dr. Grodan wrote: "I have reviewed my prior reports and my deposition and it is evident that the additional information confirms my conclusions. I do not have anything to add." (Ex. Jt. 5, at p. 12.) A fair reading of the AME's reporting as a whole is that Dr. Grodan (i) found industrial aggravation of systemic hypertension at 90% (Ex. Jt. 1, at p. 22; Ex. Jt. 4, at 15:9–16:8), (ii) declined to render an ophthalmologic causation opinion (Ex. Jt. 4, at 12:22–13:6; 20:13–15), and (iii) deferred the ocular question to the ophthalmology specialist. (*Ibid*.) That is not evidence against industrial eye causation; it is a structured deferral that leaves the eye question to the specialist who, in turn, answered it in the affirmative. (Ex. Appl. 3, at p. 5.)

The Appeals Board has cautioned that a decision-maker may not "isolate a fragmentary portion of the physician's report or testimony and disregard other portions that contradict or nullify the portion relied on." *(Bracken v. Workers' Comp. Appeals Bd.* (1989) 214 Cal.App.3d 246, 255.) That admonition cuts against Defendant's Petition, not in favor of it. Defendant asks this Board to isolate a two-page exchange concerning venous physiology and to disregard Dr. Grodan's repeated, unambiguous deferral to Dr. Sami on the very question Defendant now seeks to have answered by Dr. Grodan's generalized remarks.

4. Applicant's credible testimony and the contemporaneous treating records independently support the finding.

Applicant testified credibly regarding the onset of her vision symptoms, their temporal relationship to escalating work stress, and their persistence. (Minutes of Hearing, 11/6/2025, at pp. 4–6.) The undersigned observed Applicant's testimony and evaluated her demeanor. That credibility determination is entitled to great weight. (See *Garza v. Workers' Comp. Appeals Bd.* (1970) 3 Cal.3d 312, 318–319.) Applicant's account is corroborated by the treating records of Dr. Bahadori and Providence (Ex. Appl. 4; Ex. Appl. 5), which document, in real time, the convergence of uncontrolled hypertension, documented work stress, and right-eye central retinal vein occlusion with ongoing vision loss requiring intravitreal injections and specialty retina care. This contemporaneous documentation, coupled with the medical-legal opinions of Drs. Sami and Grodan, places the finding of industrial injury to the eyes/vision squarely within the substantial evidence standard.

C. Defendant's Remaining Arguments Are Unpersuasive.

Defendant argues that Dr. Sami's use of the word "may" in describing hypertension as a "risk factor" renders his opinion conjectural under *Travelers Ins. Co. v. Industrial Acc. Com.* (1949) 33 Cal.2d 685. That argument confuses two distinct propositions. The causation standard requires that the physician's ultimate opinion on causation be framed in terms of reasonable medical probability. It does not require that every sentence in every report eliminate the words "may" or "can." A physician may legitimately describe the general medical literature in terms of risk factors and mechanisms (where the word "may" is scientifically accurate) while still arriving at an ultimate causation opinion in terms of reasonable medical probability as to the particular patient. Dr. Sami's November 11, 2023 statement, namely that the industrial apportionment of hypertension "would . . . be applicable" to the ophthalmic impairment (Ex. Appl. 3, at p. 5), is framed as an affirmative, not a speculative, opinion. Read in context with his diagnostic findings and his record review (Ex. Appl. 3, at pp. 3, 9,11), it satisfies the substantial-evidence standard.

Defendant further argues that the F&O "fails to discuss" Dr. Grodan's deposition testimony and therefore improperly relied on a "fragmentary portion" of his reporting. As discussed above, this Report now sets forth the undersigned's detailed consideration of Dr. Grodan's deposition, and explains why that testimony does not disturb the finding of industrial injury to the eyes/vision. Defendant's objection that the Opinion on Decision was insufficiently specific under *Hamilton* is accordingly remedied.

Finally, Defendant asks the Appeals Board not merely to return the matter for further explanation, but to amend the F&O to find that no industrial eye/vision injury occurred. That extraordinary relief is not warranted. Even if the Board were to conclude that the original Opinion on Decision was insufficiently detailed, the appropriate remedy would be precisely what has now occurred, namely a detailed Report from the WCJ, not reversal on the merits in Defendant's favor. The record contains affirmative ophthalmology-specialty evidence of industrial causation, an internal medicine AME opinion that defers to that specialty, credible applicant testimony, and contemporaneous treating records. These materials, taken together, amply support the finding.

IV. RECOMMENDATION

For the reasons set forth above, the undersigned respectfully recommends that Defendant's Petition for Reconsideration be **DENIED**, and that the Findings of Fact and Order dated February 3, 2026 be affirmed, with the reasoning supplied in this Report and Recommendation supplementing the Opinion on Decision.

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DATE: **April 24, 2026**

HON. TROY SLATEN
WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE