

**WORKERS' COMPENSATION APPEALS BOARD**  
**STATE OF CALIFORNIA**

**CHRISTOPHER PAULSON, *Applicant***

**vs.**

**SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON, legally uninsured; administered by STATE COMPENSATION INSURANCE FUND, *Defendants***

**Adjudication Numbers: ADJ14697055; ADJ21259813**  
**Fresno District Office**

**OPINION AND ORDER  
GRANTING PETITION FOR  
RECONSIDERATION  
AND DECISION AFTER  
RECONSIDERATION**

Defendant seeks reconsideration of the Findings and Award (F&A) issued on October 17, 2025, wherein the workers' compensation administrative law judge (WCJ) held, in relevant part, that applicant, while employed by defendant as a material and store supervisor on September 29, 2020 and during the period ending on November 15, 2022, sustained injury arising out of and in the course of employment (AOE/COE) to the bilateral knees and lumbar spine, but did not sustain injury AOE/COE to the bilateral hips. The WCJ further found that the medical reporting of panel Qualified Medical Evaluator (PQME), Marshall Lewis, M.D., constituted substantial medical evidence on the issue of permanent disability, and that the opinions of primary treating physician, Victor Silva, M.D., did not constitute substantial evidence on the issue of apportionment. Additionally, the WCJ found that applicant sustained a 35% permanent disability, and awarded reasonable attorney fees, as well as future medical care, for the back, bilateral knees and bilateral hips.

Defendant contends that the F&A should be set aside due to several contradictory and inconsistent findings, including an award of future medical treatment for the bilateral hips notwithstanding the WCJ's finding that applicant did not sustain injury AOE/COE to the hips. (Petition for Reconsideration (Petition), p. 3.; F&A, p. 3.) Defendant further argues that the WCJ

relied upon the impairment findings of Dr. Silva in determining the level of permanent disability, notwithstanding the fact that it was Dr. Lewis's reporting which was found to constitute substantial medical evidence on the issue of permanent disability. (Petition, p. 8; F&A, p. 3.) Lastly, although the WCJ did not find Dr. Silva's apportionment findings to be substantial medical evidence, there was no discussion whatsoever on the issue of Dr. Lewis's apportionment findings. (F&A, p. 5.)

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, the Answer, and the contents of the Report, and we have reviewed the record in this matter. For the reasons discussed below, we will grant the Petition, rescind the F&A, substitute it with a new Joint Stipulated Facts which affirms the parties' stipulations as to injury AOE/COE and body parts dismissed, and return this matter to the trial level for further proceedings and decision by the WCJ consistent with this opinion.

## FACTS

Applicant filed an Application for Adjudication of Claim (Application) on May 7, 2021, alleging that, while employed by defendant as material and store supervisor on September 29, 2020, he sustained injury AOE/COE to the left knee (ADJ14697055). The claim was subsequently amended to include the right knee, sciatic nerve, neurology, sleep problems, loss of activities of daily living (ADLs), and hips.

The parties proceeded with discovery and Dr. Lewis was selected as the PQME for the September 29, 2020 injury. Dr. Lewis evaluated applicant on at least two occasions and issued corresponding reports dated October 14, 2021, and July 17, 2023, as well as supplemental reports dated October 15, 2022, October 15, 2023, and February 15, 2024. (Exhibits A-E.) The parties also deposed Dr. Lewis on December 18, 2024. (Exhibit F.)

In his report dated July 17, 2023, Dr. Lewis found injury AOE/COE to the lumbar spine and left knee as a result of the September 29, 2020 incident as well as compensable consequence injuries to the right knee and bilateral hips. (Exhibit C, p. 55.) He found a 10% whole person impairment (WPI) to the lumbar spine under DRE category III due to applicant's clinical history and exam findings, including complaints of atrophy and an EMG/NCS which verified applicant's radiculopathy. (*Id.* at p. 56.) For the bilateral knees, Dr. Lewis allocated 7% WPI to each knee due

to mild gait derangement. (*Id.* at pp. 57-58.) He found no significant impairment for the bilateral hips but nonetheless provided a 1% WPI for pain. (*Id.* at p. 58.) With respect to apportionment, he noted that he “would remove 5% impairment [from applicant’s overall impairment] due to [the] natural progression [of age-related degeneration.]” (*Id.* at p. 59.) Future medical treatment was recommended for the lumbar spine, bilateral knees, and bilateral hips.

In his report dated October 15, 2023, Dr. Lewis clarified that for the lumbar spine and bilateral knees, 25% of the impairment should be allocated to the natural progression of age-related degeneration, 50% to the cumulative injury, and 25% to the September 29, 2020 specific injury. (Exhibit D, pp. 6-9.) In light of applicant’s improvements, he reduced impairment for the bilateral knees to reflect a 1% WPI to the left knee for atrophy and a 1% WPI to the right knee for pain secondary to the left knee injury. (*Id.* at pp. 4-5.)

On July 21, 2025, applicant filed an additional Application, alleging that while employed by defendant during the period from November 15, 2021, through November 15, 2022, he sustained injury AOE/COE to the head, back, hips, knees, and other unclassified body parts (ADJ21259813).

Applicant received treatment for his injuries, and Dr. Silva issued a permanent and stationary (P&S) report dated October 9, 2023, addressing the September 29, 2020 specific injury. (Exhibit 1.) Dr. Silva diagnosed applicant with a right knee medial meniscus tear, left knee popliteal cyst, left knee chondromalacia, lumbar disc herniation with radiculopathy, a labrum tear in the bilateral hips, and a history of orthopedic surgery. (Exhibit 1, p. 7.) He found a 3% WPI to each knee due to mild arthritis, with an extra 1% WPI to the right knee from a meniscectomy. (*Id.* at p. 8.) For the lumbar spine, he found a 12% WPI under DRE category III based upon applicant’s clinical history and exam findings, including a disc herniation with radiculopathy as well as dermatomal paresthesia, diminished reflexes, and muscle atrophy. (*Ibid.*) He opined that applicant sustained a 2% WPI to the left hip due to decreased range of motion. (*Ibid.*) With respect to apportionment, he indicated that applicant’s impairment was “90% attributable to the industrial injury and 10% attributable to pre-existing and/or natural degenerative process.” (*Id.* at p. 9.) Future medical was recommended for the bilateral knees, lumbar spine, and bilateral hips. (*Ibid.*)

Thereafter, Dr. Lewis was provided with a copy of Dr. Silva’s report for review, and issued a report dated February 15, 2024, wherein he disputed Dr. Silva’s methodology and conclusions relating to applicant’s permanent impairment and continued to stand by his findings. (Exhibit E.)

On December 18, 2024, Dr. Lewis was deposed. He was questioned regarding how he would combine the applicant's knee and lumbar spine impairments and how he came to his conclusions regarding apportionment. He responded as follows:

Q. Okay. And so for the—the left knee based on atrophy in the right knee based on pain, would you add those numbers to the lumbar spine impairment, or would you use the combined values chart?

A. I think I used the combined values chart. I do that routinely because the pain has been built into the—the pain is built into the ratings that are in the—the Fifth Edition Guide. Only in certain extraordinary circumstances would you, you know, add them together rather than use the combined values chart, and I didn't think those circumstance[s] existed.

The patient had some pre-existing osteoarthritis in a knee which was diagnosed in the right knee and also in the left knee by Dr. Simonian, but that was pre-existing. That was present on X-rays that were taken I think a couple weeks after the injury, and that takes a long time to develop.

Q. Okay.

A. I think based on that though, I did give him some CT injury for that.

Q. So you think part of the, part of those problems are due to his work over time at the—at the prison.

A. I think I stated that, you know. I think it was 50 percent that I stated.

Q. Yes, I see that now. 50 percent is due to cumulative trauma from the job.

A. Yes. His job, his job required a lot of lifting, a lot of bending, kneeling, squatting, pushing, pulling, climbing ladders up and down, lifting 50 pound boxes back and forth as a material supervisor, so he had a type of job that could predispose you to that.

...

Q. And actually I just came up with some additional questions. In regards to I know you mentioned about apportionment to a cumulative trauma at 50 percent is that correct?

A. Well, you have to show me where; you know, there's a lot of pages here.

Q. Okay, no problem, let me—

A. I mean show me where. If I said 50 percent cumulative trauma, I tried to explain, this man was in a job for I believe close to 20 years. I think 2000 or 2001 through 2020 when he retired, or '22 when he retired, somewhere around there. I think it's

about 20 years. And he was doing frequent bending, stooping, kneeling, squatting, heavy lifting, all cumulative, all CT problem that develops when you're using your knees for all those different areas. You know what I mean?

So I thought he had substantial cumulative trauma injury from that, from the type of work he was doing.

Q. Okay. Well, it sort of sounds like you answered my question before I said the question. So my question was going to be, how and why is that cumulative trauma causing, you know, disability.

A. I know if I don't put in why, you guys are going to send me a letter, so I always try to put in why I felt that way, when I can. And that's the reason I felt that way, his--his work activities--and we have to always judge them based upon the type of work they do.

That's why we do a careful history on what type of work he did. Sometimes I'll look back on his prior work history also. But if you look on his prior work history, I think he had a prior work history for about 12 years, but he was a supervisor for 11 of those years, so it was repairing things on cars or something, if I remember correctly; I don't have it right in front of me, but he only did that for a year. The other 11 years he was a supervisor. He didn't have to I asked him, do you have to crawl under the cars or any of that. He did, he just supervised. So basically all the CT injury had to come from the type of work he was doing, you know, at the time of the industrial injury.

BY MS. PUZON:

Q. Okay. And then there was 25 percent to age and natural progression, and I found the page on page 8 of your October 15, 2023, report.

A. Let me get to it, page 8 of my October 14, which report?

Q. October 15, 2023.

A. All right. Page 8. Right, okay, page 8.

Q. Okay. And so then my question will be, how and why are the age and natural progression causing 25 percent of Mr. Paulson's disability?

A. When you get to 50 years old you don't have to be 53. When you get to 50 years old, all right, your joints have certain amount of damage to them, you understand, from natural progression, and it's usually a sizable percentage of people that will have some decrease in the function of the joints and in their wearing away of the joints. All right?

And he was 53-year-old individual, so I just felt that a quarter of that was from natural progression. That's a small amount. I felt the majority of it is the type of work he was doing obviously on a CT basis. But you're not starting out with brand new joints and no problems at 53 years old. Anyone.

(Exhibit F, pp. 22:6-23:12, 32:4-34:22.)

On May 8, 2025, defendant filed a Declaration of Readiness to Proceed to a mandatory settlement conference. The matter proceeded to hearing and was ultimately set for trial on August 19, 2025.

At trial, the issues set for determination included body parts injured; permanent disability; apportionment; need for further medical treatment; liens, attorney's fees; and whether the reports of Dr. Lewis on the issue of apportionment were substantial medical evidence. The parties submitted as evidence the above-noted reports of Dr. Lewis; a transcript of Dr. Lewis's December 18, 2024 deposition; an IDL history report dated August 12, 2025; a benefits printout; and the P&S report of Dr. Silva dated October 9, 2023.

On October 17, 2025, the WCJ issued an F&A which held, in relevant part, that applicant, while employed by defendant as a material and store supervisor on September 29, 2020 and during the period ending on November 15, 2022, sustained injury AOE/COE to the bilateral knees and low back based upon the reporting of Dr. Lewis, which was found to constitute substantial medical evidence on the issue of permanent disability. The WCJ awarded applicant 35% permanent disability and found no injury AOE/COE to the bilateral hips, despite awarding future medical treatment for same.

It is from this F&A that defendant seeks reconsideration.

## **DISCUSSION**

### **I.**

Preliminarily, former 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 under the Events tab 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 November 18, 2025, and 60 days from the date of transmission is January 17, 2026, which is a Saturday. The next business day that is 60 days from the date of transmission, is January 20, 2026, which is a Tuesday. (See Cal. Code Regs., tit. 8, § 10600(b).)<sup>1</sup> This decision was issued by or on January 20, 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 constitute notice of transmission.

Here, according to the proof of service for the Report, it was served on November 18, 2025, and the case was transmitted to the Appeals Board on November 18, 2025. Service of the Report and transmission of the case to the Appeals Board occurred on the same day. Thus, we conclude that service of the Report provided accurate notice of transmission under Labor Code section 5909(b)(2) because service of the Report provided actual notice to the parties as to the commencement of the 60-day period on November 18, 2025.

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<sup>1</sup> 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.

## II.

Turning now to the merits of the Petition, defendant contends that the F&A should be set aside as several of the findings are either contradictory or inconsistent with the evidentiary record. Defendant argues that the WCJ's finding of no injury AOE/COE to the bilateral hips, conflicts with his award of future medical treatment to the bilateral hips "to cure or relieve from the effects of the injuries." (F&A, p. 3.) In his Opinion on Decision (OOD), the WCJ confirms that per Dr. Lewis, "[t]here is no industrial injury to the hips" but the WCJ also concedes that "medical records support a finding that the applicant's bilateral hips were a compensable consequence of the applicant['s] knee injury." (F&A and OOD, pp. 3-4.)

An injury is considered one of "compensable consequence" when it arises as a direct and natural consequence of an original industrial injury; the injury is thus considered as relating back to the original injury (*Southern California Rapid Transit District, Inc. v. Workers' Comp. Appeals Bd. (Weitzman)* (1979) 23 Cal.3d 158 [44 Cal.Comp.Cases 107]; *Rodgers v. Workers' Comp. Appeals Bd.* (1985) 168 Cal.App.3d 567 [50 Cal.Comp.Cases 299]; *Beaty v. Workers' Comp. Appeals Bd.* (1978) 80 Cal.App.3d 397 [43 Cal.Comp.Cases 444]; *Laines v. Workmen's Comp. Appeals Bd.* (1975) 48 Cal.App.3d 872 [50 Cal.Comp.Cases 365]; *State Compensation Insurance Fund v. I.A.C. (Wallin)* (1959) 176 Cal.App.2d 10 [24 Cal.Comp.Cases 302].)

In the F&A, the WCJ found that the medical reporting of Dr. Lewis constituted substantial medical evidence on the issue of permanent disability. Any medical opinion proffered as substantial evidence, however, must be framed in terms of reasonable medical probability, be based on pertinent facts, an adequate examination, and history, set forth reasoning in support of its conclusions, and not be speculative. (*E.L. Yeager v. Workers' Comp. Appeals Bd. (Gatten)* (2006) 145 Cal.App.4th 922, 928 [71 Cal.Comp.Cases 1687]; *Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604 (Appeals Board en banc).) "[A] medical opinion is not substantial evidence if it is based on facts no longer germane, on inadequate medical histories or examinations, on incorrect legal theories, or on surmise, speculation, conjecture, or guess. (citations) Further, a medical report is not substantial evidence unless it sets forth the reasoning behind the physician's opinion, not merely his or her conclusions. (citations)" (*Gatten, supra*, at p. 928.) "A medical report which lacks a relevant factual basis cannot rise to a higher level than its own inadequate premises. Such reports do not constitute substantial evidence to support a denial of benefits.

(citation)” (*Kyle v. Workers’ Comp. Appeals Bd (City and County of San Francisco)*) (1987) 195 Cal.App.3d 614, 621.)

Here, based upon our review of the evidentiary record, and the totality of evidence, including the PQME reports of Dr. Lewis and P&S report of Dr. Silva, we believe the medical evidence supports a finding that applicant sustained injury AOE/COE to the bilateral hips. In his report dated October 9, 2023, Dr. Silva reported that there was “bilateral hip pain following [the September 29, 2020] injury.” He noted also that there was a demonstrated decrease in applicant’s range of motion in the bilateral hips<sup>2</sup> which ultimately resulted in permanent disability. (Exhibit 1, pp. 3, 8.) Similarly, Dr. Lewis, in his July 17, 2023 report, opined that applicant sustained compensable consequence injuries to the right knee and bilateral hips with symptoms of “increased discomfort and pain” as a result of the September 29, 2020 injury to the lumbar spine and left knee. (Exhibit C, p. 55.) The medical reporting of both, Drs. Silva and Lewis, however, fail to address whether the cumulative injury also contributed to injury AOE/COE, and if so, the extent of impairment, and allocation of impairment, between the two injuries.

In light of the foregoing, we believe further medical reporting and/or clarification is necessary as to whether there is injury AOE/COE to the bilateral hips from one or both claims.

On the issue of impairment for the remaining body parts, the WCJ relies upon the findings of Dr. Silva notwithstanding the fact that “[t]he medical reporting of Dr. Lewis [was found to be] substantial [medical] evidence on [the issue] of permanent disability.” (F&A, p. 3.) In his OOD, the WCJ explained that Dr. Silva’s opinions on permanent disability “are better reasoned and clearly explain the applicant’s impairments.” (F&A and OOD, p. 4.) In his recent Report, however, the WCJ appears to backtrack, and notes his agreement with defendant that for arthritis related impairments, the *AMA Guides* requires reporting of “cartilage levels[,] based [up]on diagnostic imaging”—information not provided by Dr. Silva. (Report, p. 4.) The WCJ also agrees that there is “no evidence of [a] torn meniscus” in the right knee and therefore, presumably, no justification for the additional 1% WPI. (*Ibid.*) Lastly, the WCJ found Dr. Silva’s apportionment findings to be lacking in substantial medical evidence, but provided no equivalent discussion regarding the apportionment findings of Dr. Lewis. (F&A, p. 3.)

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<sup>2</sup> On page eight (8) of Dr. Silva’s P&S report dated October 9, 2023 (Exhibit 1), he references the left hip twice in his discussion on impairment. This appears to be a typographical error. Notwithstanding this error, it is clear that Dr. Silva intended to find injury AOE/COE to the bilateral hips.

Given the above shortcomings, it appears that further discovery is also necessary on the issues of impairment and apportionment.

As explained in *Hamilton v. Lockheed Corporation (Hamilton)* (2001) 66 Cal.Comp.Cases 473, 476 (Appeals Bd. en banc), a decision "must be based on admitted evidence in the record" (*Id.* at p. 478) and must be supported by substantial evidence. (Lab. Code, §§ 5903, 5952, subd. (d); *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274 [39 Cal.Comp.Cases 310]; *Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 312 [35 Cal.Comp.Cases 500]; *LeVesque v. Workers' Comp. Appeals Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16].) An adequate and complete record is necessary to understand the basis for the WCJ's decision. (Lab. Code, § 5313; see also Cal. Code Regs., tit. 8, § 10787.) "It is the responsibility of the parties and the WCJ to ensure that the record is complete when a case is submitted for decision on the record. At a minimum, the record must contain, in properly organized form, the issues submitted for decision, the admissions and stipulations of the parties, and admitted evidence." (*Hamilton, supra*, at pp. 473, 475.) 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." (*Id.* at p. 475.) This "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." (*Id.* at p. 476, citing *Evans v. Workmen's Comp. Appeals Bd.* (1968) 68 Cal.2d 753, 755 [33 Cal.Comp.Cases 350, 351].)

The WCJ and Appeals Board also have a duty to further develop the record where there is insufficient evidence on a threshold issue and where it is clear that additional discovery is needed. (Lab. Code, §§ 5701, 5906; *Nunes (Grace) v. State of California, Dept. of Motor Vehicles* (2023) 88 Cal.Comp.Cases 741, 752; *McClune v. Workers' Comp. Appeals Bd.* (1998) 62 Cal.App.4th 1117, 1121-1122 [63 Cal.Comp.Cases 261]; *Tyler v. Workers' Comp. Appeals Bd.* (1997) 56 Cal.App.4th 389, 392-394 [62 Cal.Comp.Cases 924]; *McDonald v. Workers' Comp. Appeals Bd., TLG Med. Prods.* (2005) 70 Cal.Comp.Cases 797, 802; *Kuykendall v. Workers' Comp. Appeals Bd.* (2000) 79 Cal.App.4th 396, 404.) The Appeals Board has a constitutional mandate to ensure "substantial justice in all cases." (*Kuykendall v. Workers' Comp. Appeals Bd., supra*, at p. 404.) Sections 5701 and 5906 authorize the WCJ and the Board to obtain additional evidence, including medical evidence. (*McDuffie v. Los Angeles County Metropolitan Transit Authority* (2001) 67 Cal.Comp.Cases 138, 141-143 (Appeals Bd. en banc).) In cases requiring further development of

the record, the preferred procedure is to allow supplementation of the medical record by the physicians who have already reported in the case. (*Id.* at p. 142.)

Finally, we note that although both claims are listed on the Minutes of Hearing from August 19, 2025, as well as the ensuing F&A, it is unclear whether the F&A served as a joint decision. Further confusing matters, the F&A failed to confirm whether applicant's stipulated average weekly wage and corresponding temporary and permanent disability rates spanned both injury dates, or to confirm from which claim (or claims) applicant was provided IDL, temporary disability, permanent disability, and medical treatment benefits. Due to this lack of clarity, stipulations regarding these issues also require rescission. Upon return to the trial level, the parties should endeavor to frame separate stipulations and issues for each claimed injury so as to enable the WCJ to make a complete decision on both claims.

Accordingly, we grant the defendant's Petition, rescind the F&A, substitute it with a Joint Stipulated Facts which affirms the parties' stipulations as to injury AOE/COE and body parts dismissed, and return this matter to the trial level for further proceedings and decision by the WCJ consistent with this opinion.

For the foregoing reasons,

**IT IS ORDERED** that defendant's Petition for Reconsideration of the Findings and Award issued on October 17, 2025, is **GRANTED**.

**IT IS FURTHER ORDERED**, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the Findings and Award issued on October 17, 2025, is **RESCINDED**, and the following substituted therefor:

#### **JOINT STIPULATED FACTS**

1. Applicant, Christopher Paulson, born [], while employed on September 29, 2020, and during the period ending November 15, 2022, as a material and store supervisor, occupational group number 360, at Corcoran, California by Substance Abuse Treatment Facility and State Prison, sustained injury arising out of and in the course of employment to the bilateral knees and low back and claims to have sustained injury arising out of and in the course of employment to the brain, neck, and bilateral hips.
2. At the time of the above noted injuries, the employer was legally uninsured.

3. Claims of injury to applicant's brain and neck with respect to the specific injury of September 29, 2020, as well as the cumulative injury ending on November 15, 2022, are dismissed.

**WORKERS' COMPENSATION APPEALS BOARD**

**/s/ CRAIG L. SNELLINGS, COMMISSIONER**

**I CONCUR,**

**/s/ KATHERINE A. ZALEWSKI, CHAIR**

**/s/ LISA A. SUSSMAN, DEPUTY COMMISSIONER**



**DATED AND FILED AT SAN FRANCISCO, CALIFORNIA**

**JANUARY 20, 2026**

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

**CHRISTOPHER PAULSON  
MITCHELL & POWELL A P.L.C.  
STATE COMPENSATION INSURANCE FUND**

**RL/cs**

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