WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

EDUARDO DELFIN-MENDOZA, ***Applicant***

vs.

SAN-MAR CONSTRUCTION COMPANY, INC.; ZURICH NORTH AMERICA,
Defendants

Adjudication Number: ADJ10326531
Anaheim District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Defendant seeks reconsideration of a workers' compensation administrative law judge's (WCJ) Findings and Award and Order of April 17, 2026, wherein it was found that while employed as a carpenter during a cumulative period comprising the day December 29, 2014, applicant sustained injury to his left upper extremity, left lower extremity and nervous system, but not to "urology" and to the psyche causing the need for further medical treatment. In finding industrial injury, it was found that applicant's claim was not barred by the statute of limitations. All other issues were deferred.

Defendant contends that the WCJ erred in finding industrial injury, arguing that the WCJ erred in not finding the claim barred by the statute of limitations and arguing that the WCJ erred in following the opinions of agreed medical evaluator neurologist Ronald N. Kent, M.D. rather than the opinions of internist qualified medical evaluator Minal Borsada, M.D. We have received an answer, and the WCJ has filed a Report and Recommendation on Petition for Reconsideration (Report).

We will affirm the substance of the WCJ's decision for the reasons stated below and for the reasons stated in the Report quoted below. However, we will grant reconsideration and amend the WCJ's decision to correct a typographical error in the Stipulated Facts.

Preliminarily, we note that former Labor Code 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, Labor Code 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.
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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 Labor Code 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 May 22, 2026 and 60 days from the date of transmission is July 21, 2026. This decision is issued by or on July 21, 2026, so we have timely acted on the petition as required by Labor Code section 5909(a).

Labor Code 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. Labor Code 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 May 22, 2026, and the case was transmitted to the Appeals Board on May 22, 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 Labor Code section 5909(b)(1) because

service of the Report in compliance with Labor Code section 5909(b)(2) provided them with actual notice as to the commencement of the 60-day period on May 22, 2026.

Turning to the issue of the statute of limitations, defendant argues that the injury herein is properly categorized as a specific injury and that the claim is barred by the statute of limitations because it was filed over one year from date of injury. However, applicant's application for adjudication of claim was timely filed regardless of whether the injury is categorized as a specific or cumulative injury. The injurious exposure, whether categorized as a specific injury or a cumulative injury, took place on December 29, 2014. The running of the statute of limitations is an affirmative defense, and the burden of proving it is on the party opposing the claim. (Lab. Code, § 5409; *Kaiser Foundation Hospitals v. Workers' Comp. Appeals Bd. (Martin)* (1985) 39 Cal.3d 57, 67, fn. 8 [50 Cal.Comp.Cases 411].) The burden is on defendant to show when the statute of limitations began to run, "starting from any and all three points designated [in Labor Code section 5405]." (*Colonial Ins. Co. v. Industrial Acc. Com. (Nickles)* (1945) 27 Cal.2d 437, 441 [10 Cal.Comp.Cases 321].) The three points designated in section 5405 are date of injury (Lab. Code, § 5405, subd. (a)); the last payment of disability indemnity (Lab. Code, § 5405, subd. (b)); and the last date on which medical treatment benefits were furnished (Lab. Code, § 5405, subd. (c).) A claim is timely if it is filed within a year of the latest of these three points. Here, applicant was not provided medical or disability benefits, so the applicable date is the date of injury.

However, applicant's wife testified that within a year of the date of injury, prior to the expiration of the one-year Labor Code section 5405(a) statute of limitations, she filed a DWC-1 claim form with the employer in October of 2015. (Minutes of Hearing and Summary of Evidence of February 5, 2026 trial at pp. 8-9.) The WCJ found this testimony credible and unrebutted. (Opinion on Decision at p. 5.) Labor Code section 5401(d) flatly states that, "Filing of the claim form with the employer shall toll, for injuries occurring on or after January 1, 1994, the time limitations set forth in Sections 5405 and 5406 until the claim is denied by the employer or the injury becomes presumptively compensable pursuant to Section 5402." Thus, applicant had one year from the earlier of receiving a denial or the expiration of the 90-day period to issue the denial to file an application for adjudication. The 90-day period expired in January 2016. The filing of the Application for Adjudication on March 16, 2016 was well within one year of that date.

Accordingly, regardless of whether applicant's claim is categorized as a specific or cumulative injury, the claim was timely.

With regard to the issue of whether the WCJ erred in relying on the medical opinions of AME Dr. Kent, the relevant and considered opinion of one physician, though inconsistent with other medical opinions, may constitute substantial evidence. (*Le Vesque v. Workmen's Comp. Appeals Bd.* (1970) 1 Cal.3d 627, 639 [35 Cal.Comp.Cases 16].) The WCJ is empowered to choose among conflicting medical reports and rely on those deemed most persuasive. (*Jones v. Workmen's Comp. Appeals Bd.* (1968) 68 Cal.2d 476, 479 [33 Cal.Comp.Cases 221].) Additionally, in reviewing the issues presented here, we presume that the agreed medical evaluator has been chosen by the parties because of his expertise and neutrality. "[W]orkers' compensation law favors agreed medical [evaluators] in resolving medical disputes fairly and expeditiously." (*Green v. Workers' Comp. Appeals Bd.* (2005) 127 Cal.App.4th 1426, 1444 [70 Cal.Comp.Cases 294].) Therefore, an agreed medical evaluator's opinion should ordinarily be followed unless there is good reason to find that opinion unpersuasive. (*Power v Workers' Compensation Appeals Board* (1986) 179 Cal.App.3d 775, 782 [51 Cal.Comp.Cases 114]; *Los Angeles Unified School Dist. v. Workers' Comp. Appeals Bd. (Steele)* (2000) 65 Cal.Comp.Cases 300, 301 [writ den.]; *Siqueiros v. Workers' Comp. Appeals Bd.* (1995) 60 Cal.Comp.Cases 150, 151 [writ den.].) There is nothing in the record compelling enough for us to reject the WCJ's determination that the opinions of QME Dr. Borsada were more persuasive than the opinions of AME Dr. Kent. We therefore affirm the WCJ's decision for the reasons stated in the WCJ's report quoted below. However, we grant reconsideration to amend the Stipulated Facts to reflect that the parties stipulated to a claimed date of injury of December 29, 2014 rather than "12/29/2014 – 12/29/2014."

B. <u>WHETHER TRIER OF FACT ERRED IN RELYING ON AME KENT, RATHER THAN ON PQME BORSADA</u>

> Petitioner contends that the undersigned should not have considered AME Kent's opinions because AME Kent did not possess the current medical knowledge required to provide substantial medical evidence; failed to review an MRI; had a false and inaccurate history; and deferred to an internist to provide opinions on all issues. It is worth noting that in making these contentions about AME Kent, petitioner primarily references AME Kent's deposition testimony on 9/13/2017, a deposition that occurred without applicant's attorney present. Applicant attorney was present at AME Kent's other depositions including one prior to 9/13/2017 (i.e. on 4/24/2017); and three subsequent to 9/13/2017 (i.e. on 11/16/2021, 11/02/2022 and 3/08/2023). That said, defendant contends that

at his 9/13/2017 deposition, AME Kent not only demonstrated a lack of requisite knowledge, but also recommended that the parties utilize an internist as the "preferred doctor" to address all issues. [Discussion of failure to seek to strike AME Kent's reports omitted.]

Review of the 9/13/2017 deposition transcript reveals that AME Kent testified that during training he saw a lot of stroke patients (at the time of the stroke, during the course of their immediate care, during their follow up, during their rehabilitation), He also testified that since then he has evaluated completed strokes (such as the applicant's), and does so numerous times per year throughout the years. (Exhibit 6, p.5). When asked about his continuing education, AME Kent admitted to attending courses with reasonable regularity especially courses pertinent to his practice. (Ibid., 6). However, petitioner contends that AME Kent has not "modernized his knowledge regarding strokes in more than 10 years". It is not apparent what petitioner means by "modernized his knowledge", and no evidence has been presented of what modern knowledge exists, that AME Kent is not in possession of that would render him incapable of providing substantial medical opinions as to industrial causation, temporary disability, permanent disability etc. As indicated above, the parties have deposed AME Kent on numerous occasions (and as recently as 3/2023). At no time during those depositions did defendant demonstrate that AME Kent's knowledge about strokes is outdated and/or present any recent studies, research and/or treatises regarding strokes that would render AME Kent's opinions and/or his reasoning for his opinions outdated and not substantial medical evidence.

Otherwise, petitioner contends that PQME Kent's opinions do not constitute substantial medical evidence because he failed to review an updated MRI angiography and because he based his opinions on an inaccurate history, speculation and/or conjecture. Petitioner contends that because AME Kent did not provide "a detailed report" regarding his review of a 12/02/2020 MRI angiogram, his findings are not substantial medical evidence. Of note, petitioner only contends that AME Kent did not provide a detailed report about the MRI angiogram, not that AME Kent failed to review the MRI angiogram. In reviewing all of AME Kent's reports and deposition transcripts, it is noted that in his 11/14/2016 report AME Kent did agree with a recommendation made for an MRA and/or angiogram, opining that it could serve "as a basis for determining whether Mr. Delfin Mendoza has any ongoing risk of another intracranial hemorrhage". AME Kent never opined that an MRA and/or angiogram was necessary in order to determine industrial causation, permanent disability, need for future medical care and/or apportionment. Nevertheless, petitioner directs the Court to AME Kent's 9/13/2017 deposition wherein he agreed that the source of applicant's bleed has not been identified, and that he has been trying to make that happen "for the good of the gentleman". (Id. at 42). Immediately thereafter, however AME Kent also testified as follows: "We do know that in all reasonable medical probability bleeding intracranially occurred

as a result of a blood pressure increase. The only source of that at that point in time was his work activity… I don't know what else I need to know about the source in order to state that. There are so many sources that have been discussed and essentially it doesn't matter." (Id. at 42-43). Therefore it is not evident why petitioner believes that failure to provide a detailed report addressing the 2020 MRI Angiogram would render AME Kent's opinions not substantial. That said, AME Kent was aware of the results of the MRI angiogram because his 3/14/2022 supplemental report included review of PQME Borsada's 6/24/2021 report summarizing the MRI cerebral angiography, and because he was provided with the MRI angiogram at deposition on 3/08/2023. Despite the findings on the MRI angiogram, AME Kent found no reason to alter his opinions. In addition, at his 3/08/2023 deposition, AME Kent was repeatedly questioned whether an MCA occlusion (as demonstrated on diagnostics from 2014, 2015 and 2020) could lead to stroke and/or could have potentially been a cause for applicant's stroke. In response, AME Kent testified that he doesn't know how a long-standing occlusion of any artery… would contribute to a bleed, to a hemorrhage. (Exhibit 2, p.32).

Petitioner also contends that AME Kent's opinions are not based on an accurate history because applicant testified that he only climbed one flight of stairs wearing his belt weighing approximately 20-25 lbs. Meanwhile, petitioner alleges that AME Kent based his opinion on applicant climbing two flights of stairs carrying 30-50 lbs. Review of AME Kent's 11/14/2016 report does not conform with petitioner's contentions that AME Kent's opinions were not based on an accurate history. Specifically, when addressing causation in his 11/14/2016, AME Kent stated that applicant's intracranial hemorrhage occurred in the context of physical activity required of a carpenter in the aftermath of carrying between 30 and 50 pounds of tools "from the second to third floor" (not because of climbing two flights of stairs as alleged by petitioner). AME Kent went on to state that in all medical probability, the intracranial hemorrhage resulting in a stroke on 12/29/2014 occurred as a result of exertional activities required by his employment as a carpenter for San Mar Construction, and that it is medically probable that absent the exertional activities which applicant describes, including climbing stairs between two floors and carrying 30 to 50 pounds, his stroke would not have occurred at that time or with that severity. (Exhibit 9, p. 29). Again, this is not evidence of an inaccurate history. That said, petitioner contends that AME Kent did not have the requisite knowledge about the correlation between the required physical exertion necessary to link applicant's physical activity to the stroke. However, it is noted that this was addressed with AME Kent at his deposition on 9/13/2017 and AME Kent opined that "whatever seems to have produced the bleed is very well in the realm of neurology". (Exhibit 6, p. 9-10).

Otherwise, petitioner contends that AME Kent voluntarily suggested and recommended utilization of an internist to provide an opinion on all issues at his deposition on 9/13/2017. Review of AME Kent's 9/13/2017 deposition reveals

that petitioner's assessment of AME Kent's deposition testimony may not be entirely accurate. At that deposition, AME Kent initially testified that with regard to providing an appraisal of causation or apportionment of factors, but causation specifically, "strokes resulting from bleed… there's hemorrhage within the brain…. In those cases it's very straight forward and direct…Whatever seems to have happened to produce the bleed is very well in the realm of neurology." (Ibid.). It was only after defendant questioned AME Kent about issues with applicant having high liver enzymes that AME Kent suggested that "to try to be efficient… if a single determination of that issue, the liver and likelihood of stroke…if one individual was to address all those issues, the best individual by far would be the internist". (Id. at 12) That said though, petitioner fails to address the fact that after his deposition on 9/13/2017, AME Kent was deposed again on 11/16/2021 and specifically addressed his deferral to an internist. At his deposition on 11/16/2021, when asked about an internist addressing causation, AME Kent testified, "I've rethought this a number of times… and I do not believe there is any specialty that is better prepared or probably even as well prepared as the neurologist to address that issue". (Exhibit 5, p. 10). He was also asked about his 9/13/2017 testimony referring the parties to an internist and responded, "[t]he question that I understood in the second deposition was whether for parsimony… in the interest of having one expert, not two, if the internist could address everything". Based on that understanding of the question, AME Kent stated his intent of not wanting to "stand in the way or block the parties from moving forward, particularly since at that point in time, I had.. determined that I was going to stop examining AME and QME patients". (Id. at 11, 16). He confirmed that he was not deferring all of his causation opinions to a PQME in internal medicine, and also stated that it was not his opinion that an internist can comment on the causation of the bleed with the expertise of a neurologist. (Id. at 14, 22). It is not evident why petitioner failed to mention and/or address the clarification provided by AME Kent in his subsequent deposition.

In suggesting that AME Kent recommended use of an internist to address all issues, petitioner argues that the Court should have relied on PQME Borsada's opinions finding that applicant's stroke was non-industrial because PQME Borsada provided substantial research and medical evidence to support her opinion and has extensive experience treating stroke patients. However, the undersigned did not find PQME Borsada's opinions to constitute substantial evidence. In reviewing PQME Borsada's reports and deposition transcripts, the undersigned noted that starting with her 6/24/2021 report, PQME Borsada diagnosed applicant with "MCA (middle cerebral artery) hemorrhage, nonindustrial". She arrived at her opinion after reviewing updated MRI angiographies and articles regarding moyamoya disease and MCA. Specifically, PQME Borsada states in her 6/24/2021 that based on the records, it is clear and reasonable to state that applicant had MCA abnormality that "might be consistent with Moyamoya disease, which led to hemorrhage". (Exhibit H, p. 15). With that PQME Borsada definitively found that MCA hemorrhage is not

related to construction work, and moyamoya is an underlying congenital anomaly of MCA. (Ibid.) However, she admitted in deposition on 10/18/2021 that moyamoya and MCA hemorrhage are neurological diseases and that she is not a Board certified neurologist. (Exhibit G, p.8-9). She also agreed that no other doctors (including neurologists) made a final diagnosis as to the cause of applicant's stroke, and further admitted that while another doctor suggested that the applicant might have moyamoya disease, no one actually confirmed it. (Id. at 41-42). She believed that it was because they did not have the necessary diagnostic studies. However, even after obtaining the necessary diagnostics, PQME Borsada could only state that the MCA "might be" consistent with Moyamoya disease. In addition, although PQME Borsada cited literature to support her findings, the literature is not directly on point and PQME Borsada failed to adequately explain how she was able to determine that the cause of applicant's hemorrhage was non-industrial based on the literature. Specifically, PQME Borsada testified in deposition on 10/18/2021 that the literature provided information regarding risk factors that cause rupture of moyamoya, but admitted that applicant did not have any of the known risk factors. (Id. at 43-46). PQME Borsada even admitted at deposition on 10/16/2023 to not knowing what "exactly caused the rupture of the vessels", and that "we don't know exactly because there is no definitive answer". (Id. at 77-79). Given such testimony, it is not evident how she could nevertheless definitely conclude that the MCA hemorrhage was 100% nonindustrial. Accordingly, despite PQME Borsada's extensive experience treating stroke patients and the research and medical evidence provided, in the end, PQME Borsada's opinion regarding causation is speculative and not based on reasonable medical probability, and does not constitute substantial medical evidence.

C. WHETHER THE TRIER OF FACT ACTED IN EXCESS OF ITS POWERS BY FINDING A ONE-DAY CUMULATIVE TRAUMA INJURY and WHETHER THERE IS A NEED TO JOIN ADDITIONAL PARTIES

Petitioner contends that the undersigned erred by finding that applicant suffered a stroke as a result of his employment from 12/29/2014 – 12/29/2014, because from the start, applicant alleged a specific injury (without amendment until 10/2025 when applicant amended the injury to a one-day cumulative trauma), and because AME Kent never opined that applicant suffered a cumulative trauma. With regard to applicant alleging a specific injury from the start, it is noted that the Application for Adjudication of Claim dated 2/29/2016 did check the box for "specific injury" dated 12/29/2014. However, as to how the injury occurred, both the Application and the claim form indicated, "[a]pplicant was injured while performing job duties.stroke" In light of this, while defendant may have chosen to take the checking of the box for a "specific injury" dated 12/29/2014 at face value, applicant's description of the mechanism of injury had always been the performance of his job duties generally on 12/29/2014. Similarly while defendant may have taken at face value that AME Kent never

utilized the term "cumulative trauma", the fact remains that when addressing causation AME Kent in his initial report clearly stated that the probable causal linkage of applicant's stroke "to his work activities that day" remains pertinent, and/or that absent "the exertional activities that day" applicant's stroke would not have occurred at that time or with that severity. Accordingly, the undersigned's finding of a one-day cumulative trauma was not in error because it is not inconsistent with the available pleadings and/or medical evidence.

Otherwise, petitioner contends that the Court acted in excess of its powers because there is no law substantiating that a one-day cumulative trauma is legally valid in California. Petitioner fails to cite to any specific legal precedent in support of its contention. Instead, petitioner correctly notes that per the Labor Code, a cumulative injury occurs over a period of time. However, petitioner fails to explain why a period of time cannot be one day or even one hour (given that seconds, minutes, hours and/or days are all measures of time). In this regard, the Appeals Board has previously found that a one-day cumulative trauma is legally valid in California. (*ExpoServices/San Francisco Expo Services v. WCAB (Cratty)* (2004) 69 CCC 260 (writ denied) and *Modern Alloys, Inc. v. WCAB (Diaz)* (2007) 72 CCC 1426 (writ denied). Again, this case can be especially analogized to *Cratty*. In *Cratty*, the applicant was in excellent health prior to his heart attack on 1/03/2000, and the PQME attributed applicant's myocardial infarction to his work activities throughout the day of his injury. The trial judge found that applicant sustained an industrial CT injury to his heart on 1/03/2000, and on Reconsideration stated that he relied on the PQME report to support his finding of CT. The WCAB adopted and incorporated the WCJ's report. That said, the undersigned did not act in excess of its powers by finding that applicant sustained a one-day cumulative trauma based on AME Kent's report. Per petitioner, AME Kent stated that the purported cause of applicant's stroke was applicant going up a flight of stairs. While that is not exactly what AME Kent stated as to causation, even if it was, it is not evident why going up a flight of stairs would not be considered a repetitive physical activity extending over a period of time especially given that the applicant testified that he went up 20 to 25 stairs to get from one floor to another. (MOH/SOE dated 12/11/2025, p. 6).

To the extent that petitioner does not agree with the validity of a one-day cumulative trauma, petitioner contends that if it is found that applicant's stroke resulted from a cumulative trauma injury, then additional parties need to be joined pursuant to Labor Code sec. 5500.5 because applicant worked in construction for over 10 years and had concurrent employment in the year prior. However, based on the evidence submitted, there is no basis to join additional parties. Again, the finding of a cumulative trauma is based on AME Kent who clearly stated in his 11/14/2016 report that absent applicant's exertional activities occurring that day while working for San Mar Construction, applicant's hemorrhagic stroke would not have occurred at that time or with that severity. Furthermore, it is noted that defendant specifically questioned AME Kent about a longer cumulative trauma period at his 9/13/2017 deposition. When

asked why lifting and carrying heavy items over ten years would not cause applicant to have a stroke, AME Kent responded that the stroke occurred at a particular time on 12/29/2014, and that the stroke was not caused by exertion in the days, weeks, months or years prior. (Exhibit G, p. 19-20). Such opinions by AME Kent do not implicate other employment and/or a longer cumulative trauma period to necessitate joinder of additional parties.

D. PRESUMPTION OF COMPENSABILITY

This issue was raised by applicant at the time of trial but was rendered moot when the undersigned found industrial causation based on AME Kent. However, to the extent that petitioner is contending that the undersigned should not have relied on AME Kent, it is important to also address whether or not applicant's injury should be presumed compensable. Even though the issue was deemed moot, the undersigned did nevertheless address this in its Opinion on Decision. Specifically, Labor Code §5402 states, "[i]f liability is not rejected within 90 days after the date the claim form is filed under Section 5401, the injury shall be presumed compensable." That said, Labor Code §5401(d) states "a claim form is deemed filed when it is personally delivered to the employer or mailed to the employer by first-class or certified mail". Here, based on the unrebutted and undisputed testimony of applicant's wife, a claim form was mailed to the employer in 10/2015. Otherwise, it is also undisputed that an Application for Adjudication of Claim was filed on behalf of the applicant on 2/29/2016. However, liability was not rejected by the employer within 90 days of either 10/31/2015 or 2/29/2016. Defendant, Zurich issued a Notice Regarding Denial of Workers' Compensation Benefits dated 7/05/2016. Accordingly, per Labor Code §5402, applicant's injury shall be presumed compensable, and the burden of proof would have then shifted to defendant to demonstrate that the injury is non-industrial. In this regard, defendant provided no substantial medical evidence proving that the injury is non-industrial.

For the foregoing reasons,

IT IS ORDERED that Defendant's Petition for Reconsideration of the Findings and Award and Order of April 17, 2026 is **GRANTED**.

IT IS FURTHER ORDERED as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the Findings and Award and Order of April 17, 2026 is **AFFIRMED** except that it is **AMENDED** as follows:

STIPULATED FACTS

Applicant, Eduardo Delfin Mendoza, while employed as a carpenter (Group 380) on 12/29/2014 at San Diego, California by defendant, San-Mar Construction Company claims to have sustained injury arising out of and in the course of employment to stroke, left upper extremity, left lower extremity, nervous system, urology, and psyche. At the time of injury, the employer's workers' compensation carrier was Zurich North America.

At the time of injury, the employee's earnings were $1,176.00/week, warranting indemnity rates of $784.00/week for temporary disability and $290.00/week for permanent disability.

FINDINGS OF FACT

1. Applicant, Eduardo Delfin Mendoza suffered a stroke as a result of his employment as a carpenter at San Diego, California from 12/29/2014 – 12/29/2014 while working for defendant, San-Mar Construction Company, insured by Zurich North America, and sustained injury to the left upper extremity, left lower extremity, and nervous system. Applicant failed to meet his burden of proving injury to urology and psyche.

2. Applicant's claim is not barred by the Statute of Limitations.

3. Applicant is in need of further medical treatment to cure or relieve from the effects of the industrial injury to the left upper extremity, left lower extremity and nervous system.

4. All other issues deferred because further discovery is needed regarding temporary disability, permanent and stationary date, permanent disability and/or apportionment.

AWARD

AWARD IS MADE in favor of Eduardo Delfin Mendoza against Zurich North America as follows:

a. Further medical care to cure or relieve the applicant from the effects of the injury to left upper extremity, left lower extremity and nervous system based on the findings of Agreed Medical Examiner, Dr. Ronald Kent.

ORDER

All remaining issues are deferred pending development of the record with jurisdiction reserved.

WORKERS' COMPENSATION APPEALS BOARD

/s/ JOSÉ H. RAZO, COMMISSIONER

I CONCUR,

/s/ CRAIG L. SNELLINGS, COMMISSIONER

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

July 21, 2026

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

EDUARDO DELFIN MENDOZA
SILBERMAN & LAM
JOSHUA VINOGRAD
EMPLOYMENT DEVELOPMENT DEPARTMENT

DW/oo

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