WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

ENRIQUE VERGARA, ***Applicant***

vs.

T BOYER COMPANY;
COMPWEST INSURANCE COMPANY, ***Defendants***

Adjudication Number: ADJ16581671
Santa Ana 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 April 30, 2026. The workers' compensation administrative law judge (WCJ) found, in relevant part, that applicant, during the period of March 3, 2015 through July 21, 2022, sustained injury arising out of and in the course of employment to his lower extremities, shoulders, hands, lumbar spine, circulatory system/high blood pressure, and psyche; that no injury was found to applicant's hips or cervical spine; that the injury resulted in temporary disability for the period of August 1, 2022 to and including May 7, 2024; that additional panels in the specialty of orthopedics and general vascular are found to be necessary; and that the issue of injury in the form of chronic venous insufficiency and chronic venous disease is deferred pending further development of the record. The WCJ ordered applicant to obtain an additional panel in the specialty of orthopedic surgery and general vascular.

Defendant contends that the WCJ erred in relying on the reports of the Qualified Medical Evaluators (QMEs) and the primary treating physician (PTP) to find injury to any body parts as the reporting was not substantial medical evidence. Defendant also contends that the period of temporary disability awarded is not supported by the medical record. Defendant argues that all

opinions on causation should be deferred until the additional QME panel reports in orthopedics and vascular are received.

We have received an Answer from applicant. The WCJ issued a Report and Recommendation on the Petition for Reconsideration (Report) recommending granting of the Petition to amend the temporary disability award to reflect a shortened period of August 1, 2022 through November 9, 2023, but recommending denial of the remainder of the petition.

We have considered the allegations of the Petition, Answer, and the contents of the Report of the WCJ. Based on our review of the record, for the reasons stated below, we will grant reconsideration, rescind the WCJ's decision and substitute a new decision that denies the request for an additional panel in orthopedic surgery and defers the issue of temporary disability. We otherwise make no substantive changes to the decision of April 30, 2026.

FACTS

Applicant, while employed during the period of March 31, 2015 through July 29, 2022, while working as an electrician, claimed to have sustained injury arising out of and in the course of employment to lower extremities, shoulders, hands, spine, hips, circulatory system/HBP, psyche and stress, chronic venous insufficiency, and chronic venous disease.

This matter was previously submitted for expedited trial on July 23, 2023 on the issues of the validity of the chiropractic panel and panel evaluation with QME Marc Poli, D.C., whether Dr. Poli should be replaced with a panel QME from an orthopedic surgery panel, and whether additional panels in internal medicine and psychology were valid. (Minutes of Hearing (MOH), 07/20/2023, 1:11-20.) The WCJ found that the chiropractic panel was valid, that there was no basis to replace Dr. Poli, and that the additional panels in internal and psychology were likewise valid. (Findings and Order (F&O), 09/27/2023.)

Applicant was first evaluated by Dr. Poli on December 13, 2022. (Applicant's Exhibit 1.) He was diagnosed with strain/sprain of lumbar spine, chondromalacia right and left knees, bilateral plantar fasciitis, tendinosis right and left shoulders, and sleep disorder. (*Id*. at p. 8.) Dr. Poli concluded that the lower back and upper and lower extremities demonstrated signs of injury, while the cervical spine was normal. (*Id*. at p. 8.) He noted that the medical records he reviewed showed foot and knee complaints dating back to 2016 which were consistent with the type of work activities applicant was performing. The upper extremities and low back sustained a type of trauma that would be industrially related. (*Id*. at p. 9.) He concluded that applicant was not at maximum

medical improvement (MMI) and deferred opinions on permanent disability and apportionment. Dr. Poli provided work restrictions and stated that "this TTD is to be considered in force until he is re-examined for permanent and stationary evaluation." (*Id*. at p. 9.) He recommended QME panels in internal medicine and psychology. He requested MRIs of the lumbar spine, both feet, both shoulders, knees, and hands.

On January 17, 2024, Dr. Poli was deposed. (Applicant's Exhibit 19.) He indicated that the applicant's history was positive for lower extremity complaints since 2016 noting limitation in range of motion at the lower extremity with possible diagnosis of patellofemoral syndrome in the knees. (*Id*. at 16:1-13.) Dr. Poli verified the testing performed in his evaluation and reiterated the need for diagnostic testing including x-rays and MRIs of the alleged body parts. They discussed additional specialties in which the Dr. Poli stated that an orthopedist may be necessary in the claim to provide answers to questions about medical treatment that he was not expert in. (*Id*. at 72:9-12.) On cross examination, he clarified that an expert consultation would be appropriate to determine treatment such as surgery. (*Id*. at 72:19-73:16.)

On May 7, 2024, applicant was re-evaluated by Dr. Poli. (Applicant's Exhibit 18.) At this evaluation, he used a four-legged walker. (*Id*. at p. 6.) The diagnoses were the same as the previous evaluation. In the discussion, Dr. Poli notes that applicant was no longer being treated at the time of the evaluation. (*Id*. at p. 9.) In terms of industrial causation, Dr. Poli stated:

> I have concluded that the lower back and upper and lower extremities demonstrated sings of injury with a high degree of medical certainty, whereas the cervical spine was initially (12/13/22) within normal limits, and yet currently, I found restricted ROMs, which I can only attribute to him sleeping on the couch or lazy-boy share since he hasn't worked in more than 1 year! Furthermore, when I compare my evaluation of the injured areas to the history presented to me and to his treating physicians, I find congruence between my findings and the type of work activities that would produce injury on a continuous basis. The records are clear that the foot and knee complaints were present as far back as 2016 because Mr. Vergara did sustain an injury and diligently sought medical care to cure his condition… Similarly the upper extremities and lower back sustained a type of trauma that leads to a strong possibility that these complaints were indeed COE/AOE in nature."

(*Id.* at p. 10.)

Dr. Poli found applicant MMI at the time of the evaluation May 7, 2024. He provided 2% whole person impairment (WPI) for the thoracic spine, 6% WPI for the lumbar spine, 4% WPI for shoulder plus 22% WPI for grip strength, and 20% WPI for the lower extremities due to gait

disfunction. In the section labeled future medical treatments, he states, "[applicant] needs to have his knees evaluated by an orthopedic surgeon for the treatment of possible osteo arthritis." (*Id*. at p. 11.)

On September 24, 2024, Dr. Poli issued a supplemental report. (Applicant's Exhibit 17.) In this report, he reviewed additional medical records provided by applicant's counsel, which included diagnostic testing of the upper extremities, lower extremities, and lumbar spine. The diagnoses changed to include: multilevel intervertebral disc protrusions lumbar spine; bilateral facet joint arthropathy, lumbar; osteoarthritis of both knees; arthritic changes in the right foot; tendinosis, tear of anterior glenoid labrum right, and impingement of the right shoulder; tendinosis left shoulder, osteoarthritis right hand; osteoarthritis left hand. (*Id*. at p. 11.) He continued on to clarify that, "his injuries to the bilateral feet, bilateral knees, thoraco-lumbar spine, bilateral shoulders and bilateral hands were caused and arose as a result of his work at T Boyer Company with a preponderance of medical certainty." (*Id.* at p. 12.) Dr. Poli adjusted the impairment ratings in accordance with the newly provided evidence and provided an analysis pursuant to the *Kite* case.

Applicant was seen by Jonathan C. Ellis, M.D., on December 13, 2023 for an internal QME evaluation. (Applicant's Exhibit 22.) Applicant was diagnosed with hypertension with noticeable increase after 2016, which Dr. Ellis opined was due to ongoing use of medication as well as stress and chronic pain. (*Id*. at 26.) He was not found to be at maximum medical improvement. (*Id*. at 27.) No work restrictions were necessary on an internal basis.

Zara Ashikyan, Ph.D., examined applicant on January 8, 2024 as a psychology QME, and found that applicant had suffered a psychiatric injury as the result of the physical injuries while working for the defendant. (Applicant's Exhibit 21, at pp. 52-53.) Dr. Ashikyan indicated that applicant was not temporarily totally disabled from a purely psychological perspective. (*Id*. at p. 53.) He was not at maximum medical improvement.

Though there is no stipulation, it appears that Trinidad Cisneros, D.C., was applicant's primary treating physician. On November 9, 2023, he issued a "Permanent and Stationary Report." (Applicant's Exhibit 24.) He diagnosed injury to the cervical spine, lumbar spine, bilateral shoulders, bilateral wrists, bilateral hips, bilateral knee internal derangement, bilateral feet, and sleep issues and assigned impairment for those body parts. Work restrictions were put in place and chiropractic, physiotherapy, and medications were recommended. (*Id.* at p. 15.) In a supplemental

report dated December 28, 2023, he clarified that applicant was temporarily totally disabled while under his care from October 31, 2022 through November 9, 2023.

Applicant also treated with Nelson Flores, Ph.D., for his psychological injury. At least through September 9, 2024, applicant was found to be temporarily totally disabled from a psychological standpoint. (Applicant's Exhibit 45, at p. 3.)

On June 4, 2025, the parties proceeded to trial on the issues of injury arising out of and in the course of employment, parts of body injured, and temporary disability with employee claiming the period of August 1, 2022 through present and ongoing, and defendant's petition for additional panels in vascular surgery and orthopedics. EDD's lien was deferred. (Minutes of Hearing/Summary of Evidence (MOH/SOE), 2:16-25.) Over the span of four trial dates, applicant provided testimony regarding onset of injury, his job duties, and current condition. The matter was submitted for decision on January 12, 2026.

On April 30, 2026, the WCJ issued his decision finding compensable cumulative injury, that temporary disability was owed for the period of August 1, 2022 through May 7, 2024, that EDD provided benefits for the period of August 9, 2022 through August 7, 2023, that additional panels in general vascular and orthopedics are necessary, and that the issues of injury in the form of venous insufficiency and venous disease are deferred.

DISCUSSION

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.

[1] Unless otherwise stated, all further statutory reference is to the Labor Code.

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 June 11, 2026 and 60 days from the date of transmission is August 10, 2026. This decision is issued by or on August 10, 2026 so that we have timely acted on the petition as required by section 5909(a).

Here, according to the proof of service for the Report and Recommendation by the workers' compensation administrative law judge, the Report was served on June 11, 2026 and the case was transmitted to the Appeals Board on June 11, 2026. Service of the Report and transmission of the case to the Appeals Board occurred on the same day. Thus, we conclude that the parties were provided with the notice of transmission required by section 5909(b)(1) because service of the Report in compliance with section 5909(b)(2) provided them with actual notice as to the commencement of the 60-day period on June 11, 2026.

II

Defendant contends that the QME's reporting does not constitute substantial medical evidence to support a finding that applicant sustained a cumulative injury arising out of and in the course of employment. Defendant contends that the record is incomplete without a determination as to whether applicant's venous condition is industrially caused and whether the condition is causing the issues in the alleged body parts, particularly the lower extremities.

For the reasons stated in the WCJ's Report, we agree with the WCJ that the opinion of the QME is substantial medical evidence upon which the WCJ properly relied. To be considered substantial evidence, a medical opinion "must be predicated on reasonable medical probability." (*E.L. Yeager Construction v. Workers' Comp. Appeals Bd.* (*Gatten*) (2006) 145 Cal.App.4th 922, 928 [71 Cal.Comp.Cases 1687]; *McAllister v. Workmen's Comp. Appeals Bd.* (1968) 69 Cal.2d 408, 413, 416–17, 419 [33 Cal.Comp.Cases 660].) A physician's report must also be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and it must set forth reasoning in support of its conclusions. (*Gatten*, *supra*, 145 Cal.App.4th at 928 [71 Cal.Comp.Cases 1687]; *Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 612 (Appeals Board en banc).) We observe, moreover,

it is well-established that the relevant and considered opinion of one physician may constitute substantial evidence, even if inconsistent with other medical opinions in the record. (*Place v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 372, 378-379 [35 Cal.Comp.Cases 525].)

Additionally, in Dr. Poli's supplemental report and following review of diagnostics, applicant's condition showed objective orthopedic findings including multilevel intervertebral disc protrusions lumbar spine; bilateral facet joint arthropathy, lumbar; osteoarthritis of both knees; arthritic changes in the right foot; tendinosis, tear of anterior glenoid labrum right, and impingement of the right shoulder; tendinosis left shoulder, osteoarthritis right hand; osteoarthritis left hand. (Applicant's Exhibit 17.) Dr. Poli does not qualify any of these findings as contingent on knowledge of whether there is a venous condition. Defendant argues that the reporting is not substantial evidence because certain testing was not performed or because Dr. Poli changed his opinion following review of additional records. These are not bases to undermine findings of causation in the face of objective findings, but rather, at worst, a challenge to the impairment ratings which are not at issue here.

When a WCJ's findings are supported by solid, credible evidence, they are to be accorded great weight by the Board and rejected only on the basis of contrary evidence of considerable substantiality. (*Lamb v. Workers' 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]; *Bracken v. Workers' Comp. Appeals Bd. (*1989) 214 Cal.App.3d 246 [54 Cal.Comp.Cases 349].)

Here, we are persuaded that the WCJ's findings in regard to the finding of cumulative injury, the injured body parts including the internal and psychiatric injury are supported by solid, credible evidence.

III.

Defendant also argues that the period of disability is not supported by the medical evidence and that temporary disability should have ended at the point the PTP found applicant MMI, November 23, 2023. The WCJ agreed that applicant stopped treating after that date and recommending amending the award for temporary disability reflect the earlier end date. We disagree.

Temporary disability indemnity is a workers' compensation benefit paid during the time an injured worker is unable to work because of a work-related injury and is primarily intended to substitute for lost wages. (*Gonzales v. Workers' Comp. Appeals Board* (1998) 68 Cal.App.4th 843

[63 Cal.Comp.Cases 1477]; *J.T. Thorp, Inc. v. Workers' Comp. Appeals Bd.* (*Butler*) (1984) 153 Cal.App.3d 327, 333 [49 Cal.Comp.Cases 224].) The purpose of temporary disability indemnity is to provide a steady source of income during the time the injured worker is not at work. (*Gonzales*, *supra*, at p. 1478.) Generally, a defendant's liability for payments ceases when the employee returns to work, is deemed medically able to return to work, or becomes permanent and stationary. (Lab. Code, §§ 4650-4657; *Huston v. Workers' Comp. Appeals Bd.* (1979) 95 Cal.App.3d 856, 868 [44 Cal.Comp.Cases 798]; *Bethlehem Steel Co. v. I.A.C.* (*Lemons*) (1942) 54 Cal.App.2d 585, 586- 587 [7 Cal.Comp.Cases 250]; *Western Growers Ins. Co. v. Workers' Comp. Appeals Bd*. (*Austin*) (1993) 16 Cal.App.4th 227, 236 [58 Cal.Comp.Cases 323].)

Here, the record is clear that applicant has not returned to work, nor has he been cleared to return to work since he went off work on August 1, 2022. However, the WCJ did not make a finding as to when applicant reached maximum medical improvement for any of the body parts. Thus, there is no clear end to the retroactive period.

"'Permanent and stationary status' means the point when the employee has reached maximal medical improvement his or her condition is well stabilized and unlikely to change substantially in the next year with or without medical treatment." (Cal. Code Regs., tit. 8, -§ 9811(k).) There must be some solid basis in the medical report for the doctor's ultimate opinion; the Appeals Board may not blindly accept a medical opinion which lacks a solid underlying basis, and must carefully judge its weight and credibility. (*National Convenience Stores v. Workers' Comp. Appeals Bd.* (*Kesser*) (1981) 121 Cal.App.3d 420, 426 [46 Cal.Comp.Cases 783].) The Appeals Board must look to the underlying facts of a medical opinion to determine whether or not that opinion constitutes substantial evidence, and accordingly, the expert's opinion is no better than the facts on which it is based. (*Turner v. Workers' Comp. Appeals Bd.* (1974) 42 Cal.App.3d 1036, 1044 [39 Cal.Comp.Cases 780].)

In this matter, neither physician fully supports the finding of maximum medical improvement. The PTP noted that applicant had participated in conservative treatment in his "Permanent and Stationary Report" but also noted that the patient "continues to have pain." The opinion as to MMI status is not supported. Then the QME in his May 7, 2024 report stated that applicant is MMI, but he did not state the basis for this belief. He noted that work restrictions were in place until applicant was re-examined for permanent and stationary status, but this appears to be a carry over from the prior report. In the recommendations for future medical care, he noted

that an orthopedist should evaluate applicant's knees with the possible need for surgery. This would indicate that applicant is not at maximum medical improvement at either the time of the report or at the time of the PTP report. Further, though the psyche QME did not conclude that applicant was temporary totally disabled, she also did not find him at MMI. The psyche treater did opine that applicant was temporarily disabled at least through September 2024. Finally, the issue of injury in the form of the venous condition is deferred. Until there is a finding as to the compensability of that condition, the end date for temporary disability is not supported.

As such, we will rescind the finding of the period of temporary disability so that the WCJ can make a finding of maximum medical improvement and develop the record for the venous condition. However, we caution defendant that there is clear evidence for temporary disability periods based on the finding of injury outlined above and payment should be made at this point. We also note that EDD's lien was deferred so we will likewise rescind the finding relating to EDD's lien.

IV.

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

Here, we disagree that an additional or replacement panel in orthopedic surgery is necessary in this case.

AD Rule 31.7 provides the specific procedure by which an additional panel in a different specialty may be obtained. (Cal. Code Regs., tit. 8, §31.7). Rule 31.7 provides in relevant part:

> (a) Once an Agreed Medical Evaluator, an Agreed Panel QME, or a panel Qualified Medical Evaluator has issued a comprehensive medical-legal report in a case and a new medical dispute arises, the parties, to the extent possible, shall obtain a follow-up evaluation or a supplemental evaluation from the same evaluator.
>
> (b) Upon a *showing of good cause* that a panel of QME physicians in a *different specialty* is needed to assist the parties reach an expeditious and just resolution of disputed medical issues in the case, the Medical Director shall issue

> an additional panel of QME physicians selected at random in the specialty requested. For the purpose of this section, good cause means:
>
> (1) A written agreement by the parties in a represented case that there is a need for an additional comprehensive medical-legal report by an evaluator in a different specialty and the specialty that the parties have agreed upon for the additional evaluation; or
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> (2) Where an acupuncturist has referred the parties to the Medical Unit to receive an additional panel because disability is in dispute in the matter; or
>
> (3) An order by a Workers' Compensation Administrative Law Judge for a panel of QME physicians that also either designates a party to select the specialty or states the specialty to be selected and the residential or employment-based zip code from which to randomly select evaluators.

(Cal. Code Regs., tit. 8, §31.7)

Here, the chiropractic specialty is an orthopedic specialty. Dr. Poli issued opinions for all disputed medical issues including causation, body parts injured, apportionment, impairment. Defendant points to Dr. Poli's deposition as an indication that Dr. Poli is deferring to an orthopedist. However, Dr. Poli clarified that the only reason for an orthopedist to become involved in this matter is to provide an expert opinion as to medical treatment. This does not warrant an additional panel, but rather a consultation at best, or a secondary orthopedic treater at worst.

Defendant has made it known that their preference is to replace Dr. Poli, and the additional panel in orthopedics is an attempt to backdoor a replacement panel in a different specialty. First, a prior request to replace Dr. Poli was denied following a trial on the matter in 2023. A party may submit a written request for a replacement QME panel in another specialty to the Medical Director on the basis that the chosen specialty "is medically or otherwise inappropriate for the disputed medical issue(s)" pursuant to AD Rule 31.5(a)(10). (Cal. Code Regs., tit. 8, § 31.5(a)(10).) Either party may appeal the Medical Director's decision regarding the appropriateness of the panel specialty to a WCJ as provided in AD Rule 31.1(b). (Cal. Code Regs., tit. 8, § 31.1(b).) Defendant makes no showing that chiropractic is the inappropriate specialty to opine in this claim. To the extent that defendant's Petition alleges that Dr. Poli's reporting is not substantial and he should be replaced pursuant to *McDuffie v. Los Angeles County Metropolitan Transit Authority* (2001) 67 Cal.Comp.Cases 138 (Appeals Board en banc), we likewise deny that request outright.

We do not disturb the order for an additional panel in the specialty of general vascular as Dr. Poli clearly indicated that he is not able to opine on the venous condition and declined to do so.

Accordingly, we grant the Petition for Reconsideration, rescind the WCJ's decision and substitute a new decision that denies the request for an additional panel in orthopedic surgery and defers the issue of temporary disability. We otherwise make no substantive changes to the decision of April 30, 2026.

For the foregoing reasons,

IT IS ORDERED that defendant's Petition for Reconsideration of the decision of April 30, 2026 is **GRANTED**.

IT IS FURTHER ORDERED as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the decision of April 30, 2026 is **RESCINDED**, and the following is **SUBSTITUTED** therefor:

FINDINGS OF FACT

1. Enrique Vergara, while employed during the period from March 13, 2015 through July 21, 2022 as an electrician/electrician helper at various jobsites in California, by T Boyer Company, whose workers' compensation insurance carrier was Compwest Insurance Company, sustained injury arising out of and occurring in the course of employment to his bilateral knees, bilateral feet, bilateral shoulders, bilateral hands, lumbar spine, circulatory system/blood pressure and psyche.

2. Applicant did not sustain injury to the hips or cervical spine.

3. Defendant's petition for additional panels is denied in part to exclude an additional panel in orthopedic surgery, and granted in part for an additional panel in general vascular.

4. The issue of injury in the form of chronic venous insufficiency and/or chronic venous disease is deferred.

5. The issue of temporary disability is deferred.

6. All other issues are deferred.

WORKERS' COMPENSATION APPEALS BOARD

/s/ JOSEPH V. CAPURRO, COMMISSIONER

I CONCUR,

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

/s/ PAUL F. KELLY, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

AUGUST 10, 2026

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

ENRIQUE VERGARA
LAW OFFICES OF HENRY KHALILI
VARON ST. CLAIR & JELENSKY
EMPLOYMENT DEVELOPMENT DEPARTMENT

TF/md

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