WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

JOHNNY LUNETTA, ***Applicant***

vs.

CALIFORNIA DEPARTMENT OF TRANSPORTATION;
legally uninsured, administered by STATE COMPENSATION INSURANCE FUND,
Defendants

Adjudication Number: ADJ16389400
San Bernardino District Office

OPINION AND DECISION AFTER RECONSIDERATION

We previously granted reconsideration in order to allow us time to further study the factual and legal issues in this case. We now issue our Opinion and Decision After Reconsideration.

Applicant seeks reconsideration of the First Amended Findings and Award after Order Setting Aside issued on January 10, 2025 by the workers' compensation administrative law judge (WCJ). Therein, the WCJ found, based on the parties' stipulation, that applicant sustained injury arising out of and occurring in the course of employment (AOE/COE) to his bilateral knees while employed as a heavy equipment mechanic, during the period from May 12, 2021 to May 12, 2022. The WCJ further found that the injury herein caused 66% permanent disability; that the evidence in this case is consistent with *Kite* and *Vigil* and, therefore, impairment in the right and left knees is added; and that there is no legal basis for apportionment.

Defendant contends that the WCJ should have relied on the opinion of panel qualified medical evaluator (PQME) Scott Graham, M.D., to find apportionment to non-industrial pre-existing osteoarthritis and to a prior industrial cumulative injury ending in 2013.

Applicant filed an Answer. The WCJ issued a Report and Recommendation on Defendant's Petition for Reconsideration recommending that we deny reconsideration.

We have considered the Petition for Reconsideration, the Answer and the contents of the Report and the First Amended Opinion on Decision after Order Setting Aside (Opinion), and we have reviewed the record in this matter. Based on our review of the record and for the reasons

stated in the WCJ's Report and Opinion, both of which we adopt and incorporated to the extent quoted below, and for the reasons stated below, we will affirm the WCJ's January 10, 2025 decision.

FACTUAL BACKGROUND

The WCJ stated the following in his Opinion:

> Johnny Lunetta, born [], while employed during the period from May 12, 2021 to May 12, 2022, as a heavy equipment mechanic, occupational group number 470, at Sacramento, California, by the California Department of Transportation, sustained injury arising out of and in the course of employment to the bilateral knees. At the time of injury, the employer was legally uninsured.
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> At the time of injury, Mr. Lunetta's earnings warranted indemnity rates of $290.00 per week for permanent disability. The employer has paid permanent disability in the total amount of $5,916.00 for the period from August 19, 2022 to February 28, 2023 for ADJ15798561. The employer has paid permanent disability in the total amount of $14,964.00 for the period from August 19, 2022 to October 24, 2023 for ADJ1638400. The employer has furnished all medical treatment and the primary treating physician is Dr. Timothy Crall.
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> The parties stipulated to dismiss ADJ15798561. The parties further stipulated that benefits paid under ADJ15798561 are to be credited to ADJ16389400.
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> The matter was originally submitted on November 20, 2023. This Court issued a Findings and Award and Order on January 8, 2024. Following appeals by the parties, the order was rescinded and submission was vacated on February 5, 2024.
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> The Court issued an Order for Further Discovery on March 5, 2024. Applicant filed a Petition for Removal on March 12, 2024, which was subsequently withdrawn on August 13, 2024. The Workers' Compensation Appeals Board dismissed Applicant's Petition for Removal on September 9, 2024.
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> On October 22, 2024, Applicant's Attorney filed a Trial Brief (EAMS Doc ID No. 54528697). On October 28, 2024, Defendant also filed a Trial Brief, which, among other arguments, stated "defendant does not dispute adding disabilities." (EAMS Doc ID No. 5460826).
>
> The matter was returned on this Court's calendar for further proceedings upon completion of discovery on October 29, 2024 and was again submitted.
>
> ….

The parties jointly offered and relied upon the Panel QME Reports and Deposition Transcripts of Dr. Scott Graham. Joint Exhibits "P, Q, R, S, T and U." Dr. Graham diagnosed Applicant with "[s]tatus-post bilateral total knee replacement for end stage osteoarthritis, both knees." Joint Exhibit "P" pg. 12. Dr. Graham examined Applicant's bilateral knees and opined Applicant suffered 15% whole person impairment for each knee. *Id.* pg. 14.

Following his first deposition, Dr. Graham issued a supplemental report dated September 25, 2023 noting that in his March 13, 2023 report, he provided 15% Whole Person Impairment for each knee and that the impairments were added for a total of 30% Whole Person Impairment pursuant to the *Kite* decision. Joint Exhibit "R" pg. 1.

In the intervening time, the [Workers' Compensation Appeals Board (WCAB)] issued an en banc decision explaining the evidence necessary to support rebuttal of the [Combined Values Chart (CVC)] pursuant to *Kite*. *Vigil v. County of Kern* (2024) 89 CCC 686, 689-690. The WCAB held that the CVC in the permanent disability ratings schedule (PDRS) can be rebutted and impairments may be added when an applicant establishes the impact of each impairment on the activities of daily living (ADLs) and that either: (1) There is no overlap between the effects on ADLs for the body parts rated. Or (2) There is overlap, but it increases or amplifies the impact on the overlapping ADLs. (*Id.*).

At deposition on August 1, 2024, Dr. Graham testified that Applicant's impairment to his knees affected his ability to kneel. Joint Exhibit "U" 45:1-15. Dr. Graham also testified that there was an absence of overlap with respect to the impact on Applicant's ability to kneel with respect to each knee. *Id.* 45:17-25. Dr. Graham further stated that because Applicant has had a bilateral total knee replacement, the extent of his impairment is synergistic because Applicant is unable to kneel on either knee as would be the case had he only undergone one knee replacement. Instead, Applicant is unable to kneel completely because both his knees have been replaced and thus his impairments enhance the problem of his ability to kneel. *Id.* 47:5-48:13. 3

Based on review of Dr. Graham's reports and deposition transcripts as a whole, I find the evidence in this case is consistent with *Kite* and *Vigil*. Additionally, in its Trial Brief filed on October 28, 2024, Defendant stated they "do not dispute adding disabilities." (Defendant's Trial Brief 1:22-23). Therefore, permanent disability for the right and left knee will be added.

Applicant's permanent disability before apportionment rates as follows:
Right Knee: 100% - (17.05.10.08 - 15 - [1.4] 21 - 470H - 26 - 33%) 33%
Left Knee: 100% - (17.05.10.08 - 15 - [1.4] 21 - 470H - 26 - 33%) 33%

The total permanent disability added pursuant to *Kite* and *Vigil* is 66%. 66% permanent disability results in indemnity of $290.00 per week for 399.25 weeks for a total of $115,782.50, prior to apportionment, if any.

(Opinion, at pp. 1-3.)

The WCJ stated the following in his Report:

A. Apportionment between Alleged Cumulative Trauma Periods

Defendant argues this court erred in rejecting the medical opinion of QME, Dr. Graham that Applicant had two periods of cumulative trauma. Defendant attempts to distinguish this case from *Western Growers* (1993) 16 Cal. App 4th 227; 58 CCC 323) noting that here, unlike in *Western Growers*, the doctor opined that there were two separate cumulative trauma periods. This distinction misses the mark first because it neglects the express authority of the Board to determine number and nature of injuries suffered (See *Id.*); and second, relies upon a medical opinion that does not assess all relevant facts but relies solely on the existence of two separate periods of exposure separated by a period of temporary disability.

The Board has authority to determine whether one or two cumulative trauma injuries exist. Western Growers Ins. Co. v. Workers' Comp. Appeals Bd., 16 Cal. App. 4th 227, 234. The Court of Appeal in Western Growers upheld the WCJ and the WCAB's findings that the applicant sustained a single cumulative trauma injury where, after returning to work from a period of temporary disability, the applicant continued to receive medical care and the nature of injurious exposure was similar both before and after the period of temporary disability (Id. at. 235).

Dr. Graham opined that there were two separate periods of injurious exposure both before and after Applicant's left knee arthroscopy on January 9, 2013 (See Joint Exhibits "Q", "S" pg. 7:16-10:24,"T" pg. 2, and "U" 64:13-20). Based on this, Dr. Graham opines that there are two separate cumulative trauma injuries that permanent disability should be apportioned to. (Id.). However, Dr. Graham also reviewed records demonstrating continued medical treatment for the bilateral knees that occurred in 2021 and 2022 (Exhibit "P" pg. 2). While there is a gap in the record between the first surgery in 2013 and the treatment in 2021, there is no evidence that following applicant's return to work, he changed his work duties. In fact, Applicant testified that he eventually returned to work working full duties (MOH/SOE 3:18-19). As such, as there appears to be treatment both before and after the temporary disability period in 2013 and no evidence of change to Applicant's work duties. Under *Western Growers*, Dr. Graham's apportionment between two cumulative trauma injuries is unpersuasive.

Defendant therefore did not meet its burden of proof on apportionment between separate alleged dates of injury.

In his Answer, Applicant maintains his position that Defendant failed to raise an earlier CT period as an issue for trial and is barred from raising a second CT period by the Statute of limitations. It remains this WCJ's opinion that apportionment was raised as an issue for trial. Furthermore, the running of the statute of limitations does not necessarily bar the application of apportionment between dates of injury.

B. Non-Industrial Apportionment

Defendant also argues this court erred in rejecting Dr. Graham's opinion that applicant had non-industrial apportionment of 50% attributable to pre-existing osteoarthritis for each knee. This argument is flawed in that it sidesteps the issues that Dr. Graham failed to explain his reasoning, address the inconsistencies within his opinions, and reconcile Applicant's lengthy period of employment.

With respect to non-industrial apportionment, Dr. Graham attributed 50% of Applicant's permanent disability to non-industrial degenerative osteoarthritis, which resulted in Applicant's total knee replacement. (Joint Exhibit "P" pg. 14). However, Dr. Graham's opinion was inconsistent with the singular epidemiological study upon which he based his non-industrial apportionment opinion. (Joint Exhibit "U" 70:11-74:12 and Applicant's Exhibit "1"). The inconsistency was not adequately corrected or explained. Furthermore, Dr. Graham's opinion was not persuasive on the issue of non-industrial apportionment given applicant's career with the Department of Transportation spanned from April of 2010 through at least the date of his total knee replacement in May of 2022. (MOH/SOE 3:11-21).

Applicant also highlights some additional defects within Dr. Graham's reporting on apportionment, specifically from Joint Exhibit "U" on page 78 (EAMS Doc ID. No. 54370533). Dr. Graham admitted the limitations of his knowledge with respect to the extent of Applicant's osteoarthritis as of 2013.

Based on the reporting and deposition transcripts as a whole, Dr. Graham's non-industrial apportionment regarding the bilateral knees does not constitute substantial medical evidence. Therefore, Defendant did not meet its burden of proof on non-industrial apportionment.

(Report, at pp. 2-3.)

DISCUSSION

Defendant does not dispute the WCJ's finding of 66% permanent disability, prior to apportionment, including the addition of the impairment in the right and left knees to reach that

percentage, pursuant to the holdings in *Athens Administrators v. Workers' Comp. Appeals Bd. (Kite)* (2013) 78 Cal.Comp.Cases 213 (writ den.) and *Vigil v. County of Kern* (2024) 89 Cal.Comp.Cases 686 (Appeals Board en banc). Therefore, we do not address those issues.

With regard to the issue of apportionment, section 4663 provides that "[a]pportionment of permanent disability shall be based on causation." (Lab. Code, § 4663(a).) A doctor who prepares a report addressing the issue of permanent disability due to a claimed industrial injury must address the issue of causation of the permanent disability. (Lab. Code, § 4663(b).) Section 4663 requires that the doctor "make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries." (Lab. Code, § 4663(c).) Pursuant to section 4663(c) and section 5705, defendant has the burden of establishing the approximate percentage of permanent disability caused by factors other than the industrial injury. (*Benson v. Workers' Comp. Appeals Bd*. (2009) 170 Cal.App.4th 1535, 1560 [74 Cal.Comp.Cases 113]; *Kopping v. Workers' Comp. Appeals Bd*. (2006) 142 Cal.App.4th 1099, 1115 [71 Cal.Comp.Cases 1229]; *Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 607 (Appeals Board en banc).)

The report by the physician addressing the issue of apportionment must be supported by substantial evidence. (*Escobedo*, *supra*, 70 Cal.Comp.Cases at p. 620, citing Lab. Code, § 5952(d); *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274, 281 [39 Cal.Comp.Cases 310]; *Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 312, 317 [35 Cal.Comp.Cases 500]; *LeVesque v. Workmen's Comp. Appeals Bd*. (1970) 1 Cal.3d 627, 635 [35 Cal.Comp.Cases 16].) 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. (*Hegglin*, *supra*, 4 Cal.3d at p. 169; *Place v. Workmen's Comp. Appeals Bd*. (1970) 3 Cal.3d 372, 378–379 [35 Cal.Comp.Cases 525].)

In order to comply with section 4663, a physician's report in which permanent disability is addressed must also address apportionment of that permanent disability. However, the mere fact that a physician's report addresses the issue of causation of permanent disability and makes an apportionment determination by finding the approximate respective percentages of industrial and

non-industrial causation does not necessarily render the report substantial evidence upon which we may rely.

In the context of apportionment determinations, the medical opinion must disclose familiarity with the concepts of apportionment, describe in detail the exact nature of the apportionable disability, and set forth the basis for the opinion, so that the Appeals Board can determine whether the physician is properly apportioning under correct legal principles. (*Escobedo*, *supra*, 70 Cal.Comp.Cases at p. 621.) Our decision in *Escobedo* summed up the minimum requirements for an apportionment analysis as follows:

> [T]o be substantial evidence on the issue of the approximate percentages of permanent disability due to the direct results of the injury and the approximate percentage of permanent disability due to other factors, a medical opinion must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and it must set forth reasoning in support of its conclusions.
>
> For example, if a physician opines that approximately 50% of an employee's back disability is directly caused by the industrial injury, the physician must explain **how** and **why** the disability is causally related to the industrial injury (e.g., the industrial injury resulted in surgery which caused vulnerability that necessitates certain restrictions) and **how** and **why** the injury is responsible for approximately 50% of the disability. And, if a physician opines that 50% of an employee's back disability is caused by degenerative disc disease, the physician must explain the nature of the degenerative disc disease, how and why it is causing permanent disability at the time of the evaluation, and how and why it is responsible for approximately 50% of the disability.

(*Ibid.*, emphasis added.)

The issue of how many cumulative injuries an employee sustained is a question of fact for the Workers' Compensation Appeals Board. (*Western Growers Ins. Co. v. Workers' Comp. Appeals Bd.* (*Austin*) (1993) 16 Cal.App.4th 227, 234-235 [58 Cal.Comp.Cases 323]; *Aetna Casualty & Surety Co. v. Workmen's Comp. Appeals Bd.* (*Coltharp*) (1973) 35 Cal.App.3d 329, 341 [38 Cal.Comp.Cases 720].) In *Coltharp*, the applicant's initial work duties, which he described as "heavy labor," caused cumulative trauma resulting in disability and a need for medical treatment, including back surgery. After the applicant returned to work, he was assigned "lighter work," but he still had to do some lifting as well as crawling through pipe. He said of his post-return work duties, "regardless of everything I did, it was aggravating on my back." A physician stated that applicant's post-return cumulative work activities were "the immediate precipitating

factor that necessitated" another back surgery. Based on these facts, the *Coltharp* Court found that the applicant had sustained two separate cumulative injuries, i.e., one before and one after the initial period of disability and need for treatment, and that to conclude, otherwise would violate the anti-merger provisions of sections 3208.2 and 5303.

In *Austin*, the applicant's increasing work responsibilities precipitated a major depression, resulting in temporary disability and a need for treatment, including psychiatric hospitalization. After receiving psychiatric treatment and being off work for a period of time, the applicant returned to work. However, when the applicant returned to work, he had not fully recovered from his depressive episode, he remained under a doctor's care and on medication, and he became progressively worse. It was the same stress that resulted in the initial hospitalization that further exacerbated applicant's problem after he returned to work. Based on these facts, the *Austin* Court concluded the applicant had only one continuous compensable injury because, unlike the applicant in *Coltharp*, his two periods of temporary disability were linked by the continued need for medical treatment and the two periods were not "distinct."

When the holdings of *Austin* and *Coltharp* are harmonized and read in conjunction with the section 3208.1 definition of "cumulative injury" and the anti-merger provisions of sections 3208.2 and 5303, the following principles are revealed:

(1) if, after returning to work from a period of industrially-caused disability and a need for medical treatment, the employee's repetitive work activities again result in injurious trauma—i.e., if the employee's occupational activities after returning to work from a period of temporary disability cause or contribute to a new period of temporary disability, to a new or an increased level of permanent disability, or to a new or increased need for medical treatment—then there are two separate and distinct cumulative injuries that cannot be merged into a single injury (Lab. Code, §§ 3208.1, 3208.2, 5303; *Coltharp*, *supra*, 35 Cal.App.3d at p. 342); and

(2) if, however, the employee's occupational activities after returning to work from a period of industrially-caused disability are not injurious—i.e., if any new period of temporary disability, new or increased level of permanent disability, or new or increased need for medical treatment result solely from an exacerbation of the original injury—then there is only a single cumulative injury and no impermissible merger occurs. (Lab. Code, §§ 3208.1, 3208.2, 5303; *Austin*, *supra*, 16 Cal.App.4th at p. 235.)

In this case, defendant asserts two distinct bases for apportionment. The first is an alleged industrial cumulative injury ending in 2013 when applicant underwent arthroscopic surgery to his left knee and the second is to non-industrial osteoarthritis.

We agree with the WCJ that defendant did not meet its burden to establish either kind of apportionment by substantial medical evidence. In addition to the reasons stated by the WCJ in the quotes above, we note that, in response to a question regarding an alleged specific injury, Dr. Graham, the orthopaedic surgery PQME, addressed applicant's cumulative injury as follows:

> A (by Dr. Graham): …When I looked at supplemental reports, State Comp had suggested this was a second injury, and I said, well, that certainly could be construed as that, and I opined as such; but after looking this over, I know the medical records are sparse, but this individual was having symptoms in his left knee after the arthroscopic surgery all the way up until this situation with the clutch.
>
> So I guess I'm trying to find an accurate description for causation, but it would appear to be, since he was continuing to work after he came back after the arthroscopic surgery full duty that there would have been this second period of CT, which, I guess, for lack of a better term, crescendoed when he used that clutch on January 13, 2022.
>
> I don't think that was a specific injury per se. I just think that was essentially the straw that broke the camel's back, if you will. Because his knee was already wearing out over time and it just happened to be that that one incident of just clutching was finally the end result of the second period of CT, because, you know, clutching is not in and of itself a specific injury per se.
>
> If hypothetically he didn't have any osteoarthritis and he's clutching with his knee and he gets interior knee pain, never had before, that would be a totally different situation. But the individual seems to have been having problems that the medical records suggest, albeit sparse, that his left knee was still having problems, and, somehow, January 13, 2022 was the last event, if you will, the ending event of that CT period.
>
> ….
>
> In other words, I don't think there is a specific. ***I think it's a crescendoing event, but he was having symptoms all the way along. It's not like he was pain free from the arthroscopy until 1/13/22 when all of a sudden out of the blue his knee becomes painful, no. It's been painful all along. It just appears this was an event that was the last event he could tolerate for his knee***.

> Q (by applicant's attorney): So if you could just clarify and certainly would be, I think, simpler both for defense counsel and myself if we had an earlier period of CT, which you've discussed from 2013, and then a subsequent period, which ended May of 2022. Is that correct in terms of dates of injury?
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> **A.** Yes.
>
> Q. Great. Thank you for that.
>
> **A.** Now, just to clarify, because his left knee was operated on in 2013, but he was off work as a result of that, what you are describing. I would agree with you that these two periods of CT, therefore, would apply to the right knee as well even though it was not operated on, because my understanding is if there is a break in work then there is not one continuous CT, and there was a break in work for the left knee, because he underwent surgery, right?
>
> Q. Right.
>
> A. That's why there were two periods of CT, because his left knee got progressively arthritic, as we all know. That's another period of CT for nine years. Seems to me what you brought up would seem – I'm not an attorney, but he was off work, which means he was off work for his right knee as well.
>
> So would there not be two periods of CT for the right knee because he was off work now, albeit for the left knee, but there was a break in his employment where he was not working and that should apply, therefore, to both knees, would it not?
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> (Deposition (depo) of Dr. Graham, 6/14/23, at pp. 7:18 – 9:9; 10:2 – 11:4, Joint Exhibit S, emphasis added.)

Although Dr. Graham discussed two separate cumulative injuries in his testimony, he described the injurious period as "a crescendoing event" and as applicant "having symptoms all the way along." He stated that "[i]t's not like he was pain free from the arthroscopy until [January 13, 2022] when all of a sudden out of the blue his knee becomes painful, no. It's been painful all along. It just appears this was an event that was the last event he could tolerate for his knee." (*Id*. at p. 9:2-9.) This description is consistent with one continuous injury pursuant to *Austin* rather than two cumulative injuries under *Coltharp*.

Dr. Graham appears to believe there are two separate cumulative injuries, in part, because he appears to assume applicant was off work following his arthroscopic surgery. However, Dr. Graham stated that the only medical record he reviewed related to the 2013 arthroscopic surgery was the operative report (Depo of Dr. Graham, 8/1/24, at p. 54:24 – 55:3, Joint Exhibit U),

that it would be helpful to see x-rays from 2013 (*id.* at p. 77:13-20); and that he did not have any medical records between the January 9, 2013 operative report and an office visit in May 2021. (Depo, 6/14/23, at p. 19:8-12.) In his August 1, 2024 deposition, Dr. Graham confirmed again that he had no source of information for the dates upon which he based his opinion regarding the existence of two cumulative injuries. (Depo, 8/1/24, at p. 54:24 – 55:3.) 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. (*Hegglin*, *supra*, 4 Cal.3d at p. 169; *Place v. Workmen's Comp. Appeals Bd*. (1970) 3 Cal.3d 372, 378–379 [35 Cal.Comp.Cases 525].) Based on this record, Dr. Graham's opinion regarding the existence of a separate cumulative injury ending in 2013, to which disability should be apportioned, is not based on substantial evidence.

Dr. Graham's opinion regarding apportionment to nonindustrial osteoarthritis likewise fails. In his March 13, 2023 report, he apportions 50% of the disability for both knees to an underlying degenerative condition (i.e., osteoarthritis). (Dr. Graham's 3/13/23 Report, at p. 14-15, Joint Exhibit P.) He reasoned that "[e]pidemiological studies indicate that 50% of individuals with this claimant's knee condition are symptomatic, and 50% are asymptomatic. 50% therefore is apportioned to the underlying degenerative condition of his knees." (*Id.* at p. 14.) However, he noted that his opinion regarding apportionment was subject to modification pending his review of all treatment records pertaining to applicant's arthroscopic procedure. As discussed above, Dr. Graham never reviewed any treatment reports related to the arthroscopic procedure other than the operative report. Equally important, other than stating that "epidemiological studies indicate that 50% of individuals with this claimant's knee condition are symptomatic and 50% are asymptomatic," Dr. Graham failed to explain the relevance of that assertion to the nature of applicant's nonindustrial osteoarthrosis, which would seem impossible to do without having reviewed any treatment reports other than the operative report, nor did he explain how and why the osteoarthritis was responsible for the 50% of disability that he assigned.

Accordingly, for the reason stated herein, we will affirm the January 10, 2025 First Amended Findings and Award after Order Setting Aside.

For the foregoing reasons,

IT IS ORDERED as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the First Amended Findings and Award After Order Setting Aside issued on January 10, 2025 is **AFFIRMED.**

WORKERS' COMPENSATION APPEALS BOARD

/s/ JOSEPH V. CAPURRO, COMMISSIONER

I CONCUR,

/s/ KATHERINE A. ZALEWSKI, CHAIR

/s/ CRAIG L. SNELLINGS, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

MARCH 3, 2026

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

JOHNNY LUNETTA
LAW OFFICE OF MARK A. VICKNESS
STATE COMPENSATION INSURANCE FUND

PAG/bp

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