

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

**LETICIA ARIAS, *Applicant***

**vs.**

**YMCA OF GREATER WHITTIER;  
INSURANCE COMPANY OF THE WEST, *Defendants***

**Adjudication Numbers: ADJ16902178  
Riverside District Office**

**OPINION AND DECISION  
AFTER RECONSIDERATION  
AND ORDER  
IMPOSING SANCTIONS**

On December 23, 2025, the Appeals Board issued an Opinion and Order Granting Petition for Reconsideration and Notice of Intent to Impose Sanctions (Notice).

Per the Notice, it appeared that lien claimant filed a Petition for Reconsideration that contained a false or misleading citation.

Lien claimant has responded acknowledging that an incorrect citation was included due to inadvertent human error.

As to the merits of the case, lien claimant seeks reconsideration from the Findings and Order (F&O) issued on September 19, 2025, by the workers' compensation administrative law judge (WCJ). The WCJ found that lien claimant failed to prove that applicant's injury was industrial and ordered that lien claimant take nothing on its lien of medical treatment. The WCJ further found that lien claimant provided \$2,015.00 in medical-legal services and issued an order of payment accordingly.

Lien claimant contends that the WCJ erred because substantial medical evidence establishes that applicant sustained industrial injury.

We have not received an Answer from defendant. The WCJ filed a Report and Recommendation on Petition for Reconsideration (Report) recommending that we deny reconsideration.

Lien claimant requested permission to file a supplemental petition in response to the WCJ's Report, which we accept. (Cal. Code Regs., tit. 8, § 10964.) Lien claimant further requested permission to file a supplemental petition in response to the December 23, 2025 Notice, which we accept. (*Ibid.*)

We have considered the allegations of the Petition for Reconsideration, the supplemental petition, and the contents of the WCJ's Report. Based on our review of the record and for the reasons discussed below, as our Decision After Reconsideration we will affirm the September 19, 2025 F&O except that we amend the order to deny admission of Defendant's Exhibits B, D, E, F, G, and H. We will issue an order of sanctions of \$150.00 jointly and severally against lien claimant, Medland Medical, and its representative, Allen Haghghinia.

### FACTS

Applicant was employed as a kitchen maintenance worker during the period ending in September 2022, when she claims to have sustained a cumulative injury to her wrist, hands, fingers, legs, and feet. (Minutes of Hearing and Summary of Evidence, July 23, 2025, p. 2, lines 4-7.) Defendant denied liability for the cumulative injury. (Joint Exhibit 1.)

Applicant sustained an admitted specific injury, which was filed alongside the cumulative injury, however this injury was not set as part of the lien claim proceedings. Lien claimant only treated on the denied cumulative injury claim.

Applicant resolved both claims of injury through a Compromise and Release. (Order Approving Compromise and Release, December 7, 2023.)

Applicant was seen by qualified medical evaluator Michael Mauro, D.O., who issued one report in evidence. (Joint Exhibit 2.) Dr. Mauro examined applicant, *reviewed applicant's medical file*, took a complete job history, and opined on causation as follows:

Based on the history, exam, and available medical records, there is an obvious clear reasonable medical probability for left wrist injury due to the fall and there is a reasonable medical probability for a component of industrial causation for an overuse injury to the right elbow due to overuse after returning to work modified duty on April 6, 2023. However, the patient states that this pain did start about a week after returning to work which would be considered a very short timeframe, however, with that said there is reasonable medical probability for a component of industrial causation for a right elbow injury due to overuse. However, considering the patient's very specific history of no pain in any body parts prior to the specific injury on September 14, 2022, this would not allow for any reasonable medical probability for repetitive use cumulative trauma injury as alleged based on the cover letter review. Going solely on the patient's history, additionally, there is no medical

record evidence that predates the specific injury on September 14, 2022, and with this said overall it is certainly possible for the patient to have a repetitive use injury and not be aware of this, but this will be left to the trier of fact as at this point the patient's history speaks for itself.

(*Id.* at p. 20.)

Lien claimant offered a report finding applicant had sustained industrial cumulative injury. (Lien Claimant's Exhibit 2.) However, the doctor noted: "I need full records from all doctors who have seen this patient regarding the left wrist and any other body parts that had been seen previously for review and better understanding of this case." (*Id.* at p.13.) The doctor further states: "It should be noted that this diagnosis is made without the benefit of reviewing the patient's entire medical records. Should medical records become available to you, please forward them to my office for review and comment." (*Ibid.*)

### DISCUSSION

Section 5813 permits the Workers' Compensation Appeals Board to issue sanctions of up to \$2,500.00, for acts which result from "... bad-faith actions or tactics that are frivolous or solely intended to cause unnecessary delay." (§ 5813.)

WCAB Rule 10421(b) states in relevant part that:

Bad faith actions or tactics that are frivolous or solely intended to cause unnecessary delay include actions or tactics that result from a willful failure to comply with a statutory or regulatory obligation, that result from a willful intent to disrupt or delay the proceedings of the Workers' Compensation Appeals Board, or that are done for an improper motive or are indisputably without merit.

WCAB Rule 10421(b) further provides a comprehensive but non-exclusive list of actions that could be subject to sanctions. As applicable here, subdivision (b) states that a party may be subject to sanctions where the party has engaged in the following actions:

(2) Filing a pleading, petition or legal document unless there is some reasonable justification for filing the document.

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(4) Failing to comply with the Workers' Compensation Appeals Board's Rules of Practice and Procedure . . .

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(6) Bringing a claim, conducting a defense or asserting a position:

(A) That is:

(i) Indisputably without merit;

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(7) Presenting a claim or a defense, or raising an issue or argument, that is not warranted under existing law . . .

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(8) Asserting a position that misstates or substantially misstates the law . . .

(Cal. Code Regs., tit. 8, § 10421(b).)

Section 4907 establishes that “nonattorney representatives shall be held to the same professional standards of conduct as attorneys.” (§ 4907; see also, Cal. Code Regs., tit. 8, § 10401(b).)

Business and Professions Code section 6068 provides in part that an attorney must respect the courts of justice and judicial officers (subdivision (b)); maintain only actions that are legal or just (subdivision (c)); be truthful at all times, including never to mislead a judge or judicial officer by false statement of fact or law (subdivision (d)); and, refrain from beginning or continuing a proceeding from “any corrupt motive” (subdivision (g)). Rule 3.3 of the California Rules of Professional Conduct provides in part that a lawyer shall not: “(1) knowingly make a false statement of fact or law to a tribunal or fail to correct a false statement of material fact or law previously made to the tribunal by the lawyer; (2). . . knowingly misquote to a tribunal the language of a book, statute, decision or other authority.”

Petitions for reconsideration are verified under penalty of perjury, and they must fairly state all of the material evidence relative to the point or points at issue. (Cal. Code Regs., tit. 8, § 10945(a).) Each contention contained in a petition for reconsideration must be stated separately and clearly set forth. (*Ibid.*) The petition shall support its evidentiary statements with specific references to the record. (Cal. Code Regs., tit. 8, § 10945(b).) “A petition for reconsideration, removal or disqualification may be denied or dismissed if it is unsupported by specific references to the record **and to the principles of law involved.**” (Cal. Code Regs., tit. 8, § 10972, (emphasis added).) In short, failure to cite the record and failure to fully and accurately set forth the facts and evidence is grounds to deny a petition. (§ 5902; Cal. Code. Regs., tit. 8, § 10972.)

Here, lien claimant’s petition for reconsideration and its supplemental petition contain a citation that appears fabricated. Both petitions provide a citation to the following: “*Peoples v. WCAB* (1971) 20 Cal.App.3d 567.” Lien claimant states that this was human error due to the mixing up of multiple cases. Even accepting this explanation as true, it does not explain how the

pinpoint citation was created, which directs the reader to a criminal case wholly unrelated to the issues raised.

The attorney, or in this case the lien representative, is responsible for the work that they submit. **There is no excuse for filing documents that contain misrepresentations or fabricated citations and/or quotations.**

Turning to the amount of sanctions, we recognize that lien claimant did not misstate any legal principle in its petition. The only issue regarding sanctions in the inclusion of a fabricated citation in support of an otherwise valid principle of law. Furthermore, lien claimant has apologized for its conduct. Taking these facts together, we find that a sanction of \$150.00 is appropriate. (Cal. Code Regs., tit. 8, § 10421.)

Turning to the merits of the Petition for Reconsideration, to constitute substantial evidence “. . . 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.” (*Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 621 (Appeals Board en banc).) “When the foundation of an expert’s testimony is determined to be inadequate as a matter of law, we are not bound by an apparent conflict in the evidence created by his bare conclusions.” (*People v. Bassett* (1968) 69 Cal.2d 122, 139.)

Here, lien claimant relies solely upon the reporting of the primary treating physician to establish industrial injury. However, the primary treater expressly states that no medical records were reviewed in coming to the conclusions reached. The doctor further requests that the records be forwarded for review, but it does not appear that this occurred. Accordingly, we do not find the reporting of the primary treater to constitute substantial medical evidence.

Lastly, in the Opinion on Decision, the WCJ denied entry of Defendant’s Exhibits B, D, E, F, G, and H, because defendant had failed to list those exhibits on the Pre-Trial Conference Statement. However, no order issued to that effect. We will correct the order to include an order denying admission of these exhibits.

Accordingly, as our Decision After Reconsideration we affirm the September 19, 2025 F&O, except that we amend the order to deny admission of Defendant’s Exhibits B, D, E, F, G, and H. We further issue an order of sanctions of \$150.00 jointly and severally against lien claimant, Medland Medical, and its representative, Allen Haghghinia.

For the foregoing reasons,

**IT IS ORDERED** as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the Findings and Order (F&O) issued on September 19, 2025, by the WCJ is **AFFIRMED, EXCEPT THAT** the Orders are **AMENDED** as follows:

**ORDERS**

- A) Defendant shall pay Medland \$2,015.00 for the ML 201 performed on 1/25/2023 as well as for the ancillary diagnostic testing completed on 1/25/2023, payable at the Official Medical Fee Schedule Value (to be adjusted by the parties) and less any sum previously paid for this date of service. Additionally, Defendant is to pay a 10% increase on the combined fee schedule value for services on 1/25/2023 and interest at the rate of 7% per annum retroactive to the date of receipt of the bill and report, to be adjusted by the parties with jurisdiction reserved over any disputes.
  
- B) Defendant's exhibits B, D, E, F, G, and H are not admitted into evidence.

**IT IS FURTHER ORDERED** that pursuant to Labor Code section 5813 and WCAB Rule 10421 (Cal. Code Regs., tit. 8, § 10421), lien claimant **MEDLAND MEDICAL** and defendant's representative **ALLEN HAGHIGHINIA**, are to pay sanctions jointly and severally of \$150.00 payable to the General Fund.

Payment shall be made within twenty (20) days (plus five (5) additional days for mailing (Cal. Code Regs., tit. 8, §§ 10605(a)(1), 10600) after service of this Order. Payment shall be made by check payable to the Workers' Compensation Appeals Board, Tax I.D. 94-3160882, for transmission to the General Fund and shall reference *Leticia Arias, et al. v. YMCA of Greater Whittier, et al.*, ADJ16902178.

Lien claimant's representative is instructed to remit payment for sanctions as follows:

ANNE SCHMITZ  
Secretary and Deputy Commissioner  
WORKERS' COMPENSATION APPEALS BOARD  
455 GOLDEN GATE AVE., SUITE 9328  
SAN FRANCISCO, CA 94102  
ATTN: SANCTIONS COORDINATOR

Payment shall be made by check payable to the WORKERS' COMPENSATION APPEALS BOARD, TAX I.D. 94-3160882, for transmission to the General Fund and shall reference the case name and number on the memo portion of the check.

**WORKERS' COMPENSATION APPEALS BOARD**

**/s/ JOSÉ H. RAZO, COMMISSIONER**

**I CONCUR,**

**/s/ KATHERINE WILLIAMS DODD, COMMISSIONER**

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



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

**April 16, 2026**

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

**LETICIA ARIAS  
FAKHRUDEEN HUSSAIN LAW  
ALBERT MACKENZIE LAW  
ICW GROUP LEGAL  
MEDLAND MEDICAL GROUP**

**EDL/mt**

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