WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

MICHAEL CARRASCO, *Applicant*

vs.

UNIVERSITY OF CALIFORNIA DAVIS POLICE DEPARTMENT, adjusted by SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.; CITY OF SACRAMENTO, permissibly self-insured and self-adjusted, *Defendants*

Adjudication Numbers: ADJ10287483; ADJ10137345
Sacramento District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Defendant UC Davis Police Department (defendant) seeks reconsideration of the Findings and Award (F&A) of July 14, 2026, wherein the workers' compensation judge (WCJ) found in relevant part that applicant sustained injury to the kidneys and awarded applicant permanent disability. Defendant contends that the finding of injury to the kidneys is not supported by substantial evidence and that the award of permanent disability related the kidneys is based on a stale and outdated report and is also not supported by substantial evidence.[1]

We have not received an Answer from applicant or defendant City of Sacramento. The WCJ prepared a Report and Recommendation on Petition for Reconsideration (Report), recommending that the Petition be denied.

We have considered the Petition for Reconsideration and the contents of the Report, and we have reviewed the record in this matter. For the reasons discussed below, we will grant the Petition for Reconsideration, amend the F&A to find that applicant's injuries caused 65% in permanent disability and award 65% in permanent disability. We otherwise affirm the F&A.

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[1] Commissioner Sweeney was on the panel that issued a previous decision on August 5, 2022. Commissioner Sweeney no longer serves on the Appeals Board, and another panelist was substituted in her place.

FACTS

According to the initial Application for Adjudication filed on October 5, 2015, in case ADJ10137345, applicant claimed industrial injury to his circulatory and respiratory systems while working for defendant UC Davis Police Department as a police officer on September 10, 2015. Applicant filed an amended Application for Adjudication in case ADJ10287483 on June 13, 2016, claiming that he sustained a cumulative injury from October 4, 2012, to October 4, 2013, to his circulatory and respiratory systems while working as a police officer for defendant City of Sacramento Police Department, due to repetitive and prolonged work activities. The cases were consolidated on November 30, 2017, for discovery and trial setting.

In the deposition of panel Qualified Medical Evaluator (QME) Dr. Bellinger on January 27, 2017, Dr. Bellinger testified that applicant was taking some medications for his heart that were also diuretics; specifically he was taking the medication metolazone that "creates havoc in the kidneys" and can cause the kidneys to fail. (App. Ex. 5, deposition of Dr. Bellinger, pp. 42-44.)

In his evaluation of May 12, 2017, QME Dr. Levy found that applicant suffered from thyroid and kidney issues but that it was within a reasonable medical probability that these problems likely had no relationship specifically to his other work-related injuries. (Jt. Ex. 7, QME Report of Dr. Levy dated 5/12/17, pp. 11-12.) However, Dr. Levy also noted that kidney disease may be aggravated by some of applicant's cardiac medicines and that pain medicines may also make kidney disease worse. (Jt. Ex. 7, p. 12.)

In Dr. Levy's supplemental report of July 16, 2017, he noted that applicant's chronic kidney disease "may reflect low cardiac output as well as potentially some of the above medicine treatment for the above", referring to his treatment for his other medical conditions. (App. Ex. 8, Dr. Levy supplemental report of 7/16/17, p. 21.) He also stated that applicant had "likely" reached maximum medical improvement (MMI) for his kidneys as of this report. (App. Ex. 8, p. 21.)

In Dr. Levy's supplemental report of November 17, 2017, he stated that "secondary complications from his kidney issues are also present based on his cardiac heart trouble." (App. Ex. 9, Dr. Levy supplemental report of 11/17/17, p. 7.)

In his January 6, 2019, supplemental report, Dr. Levy noted that Dr. Belinger reported that applicant was taking metolazone which could cause havoc to the kidneys and might result in kidney failure. (App. Ex. 10, Dr. Levy supplemental report of 1/6/19, p. 5.)

In Dr. Levy's deposition of May 8, 2020, he testified that applicant's heart failure medicines and his heart failure itself both cause renal insufficiency because blood cannot be pumped as well to the kidney and will cause kidney dysfunction. (App. Ex. 14, deposition of Dr. Levy dated 5/8/20, pp. 34-35.) Dr. Levy also stated that hypertension and nonsteroidals will also cause kidney dysfunction. (App. Ex. 14, p. 35.) Applicant had taken nonsteroidals from his prior industrial injury. (App. Ex. 14, pp. 35-36.) Dr. Levy stated that likely due to applicant's nonsteroidal history, weight issues, and heart medications, he did not have normal kidney function and had mild kidney impairment. (App. Ex. 14, pp. 37-38.)

In his report of March 3, 2021, Dr. Bellinger stated that he reviewed Dr. Levy's report of July 16, 2017, and that applicant had likely reached MMI related to his kidneys. (App. Ex. 3, Dr. Bellinger QME re-evaluation dated 3/3/21, p. 4.) Dr. Bellinger also noted that applicant had evidence of chronic kidney disease stage III, according to Dr. Levy, as a result of his cardiac condition and NSAID (nonsteroidal anti-inflammatory drugs) therapy. (App. Ex. 3, p. 48; see also App. Ex. 4, Dr. Bellinger supplemental report of 4/28/21, p. 3.)

The cases proceeded to trial on March 30, 2022, and the WCJ ordered the cases consolidated and designated ADJ10137345 as the master file. (3/30/22 Minutes of Hearing/Statement of Evidence (MOH/SOE), pp. 1-2.) No testimony was given at the trial and the WCJ ordered joint exhibits 101-102 and applicant's exhibits 1-32 into evidence. (3/30/22 MOH/SOE, p. 7.)

Joint Findings of Fact and Order issued on May 23, 2022. The WCJ found that applicant, while employed by defendant for UC Davis as a police officer, sustained injury arising out of and in the course of employment (AOE/COE) to his circulatory system and heart on September 10, 2015. The WCJ also found that applicant, while employed by defendant City of Sacramento as a police officer, during the period ending on October 4, 2013, sustained injury AOE/COE to his circulatory system and heart, with a date of injury pursuant to Labor Code[2] section 5500.5 of September 10, 2015. The WCJ further found that applicant did not sustain industrial injury to his pulmonary system but that that finding did not preclude applicant from alleging any future compensable consequence injury to this body part, should such injury occur. All other issues were

[2] All further statutory references are to the Labor Code unless otherwise noted.

deferred at that point. Defendant City of Sacramento filed a Petition for Reconsideration of the Joint Findings and Order on June 16, 2022, and we denied the Petition on August 5, 2022.

Dr. Bellinger provided a QME medical-reevaluation report on December 6, 2022, regarding applicant's internal medicine-related issues. (Jt. Ex. 103, QME Reevaluation Report of Dr. Bellinger dated 12/6/22, p. 1.) Dr. Bellinger again noted that applicant had evidence of chronic kidney disease stage III, according to Dr. Levy, as a result of his cardiac condition and NSAID therapy. (Jt. Ex. 103, pp. 2, 8.) Dr. Bellinger stated that the "chronic renal insufficiency needs more development with current laboratory testing to document the current clinical status and provide opinions concerning impairment and apportionment" and that the testing should include a complex metabolic panel and complete blood count. (Jt. Ex. 103, pp. 10-11, 13.)

In his supplemental report of February 6, 2023, Dr. Bellinger again noted that applicant had evidence of chronic kidney disease stage III, as noted by Dr. Levy, as a result of his cardiac condition and NSAID therapy. (Jt. Ex. 104, QME supplemental report of Dr. Bellinger dated 2/6/23, p. 13.) Dr. Bellinger also stated that applicant had a follow up with Dr. James Hoan-Dab Bui on January 12, 2022, and Dr. Bui identified applicant having hypertensive chronic kidney disease stage IIIA. (Jt. Ex. 104, p. 14.) Applicant's lab tests on October 15, 2022, were normal for creatine, BUN, and AST. (Jt. Ex. 104, p. 14.) Therefore, Dr. Bellinger concluded that based on applicant's medical records, his opinion was unchanged and applicant did not require a rating for kidney function as the most recent kidney function was normal in medical reports of October 2022. (Jt. Ex. 104, p. 14.)

Dr. Bellinger did not make any changes to his evaluation of the kidneys as of his supplemental report of November 13, 2023, as that report only focused on a different body part. (Jt. Ex. 105, QME supplemental report of Dr. Bellinger dated 11/13/23, p. 2-4.)

Dr. Bellinger reevaluated applicant on August 10, 2024, and produced a QME Medical Reevaluation Report on the same date. (Jt. Ex. 106, QME supplemental report of Dr. Bellinger dated 8/10/24, p. 1.) Dr. Bellinger reviewed medical records from March 23, 2023, through May 10, 2024. (Jt. Ex. 106, p. 3, 5-16.) Applicant had a successful CRT-D upgrade and a medication adjustment, and he reported feeling better and his ability to exercise improved. (Jt. Ex. 106, p. 4.) Applicant denied kidney disease, blood in urine, flank or back pain, burning while urinating, urgency or frequency. (Jt. Ex. 106, p. 16.) Dr. Bellinger noted that applicant's history of chronic

renal insufficiency was now normal by recent determination in the medical records. (Jt. Ex. 106, p. 18.)

In his supplemental report of January 29, 2024, Dr. Levy noted that Dr. Bellinger's reevaluation of December 6, 2022, and supplemental reports of February 6 and November 13, 2023, all stated that applicant's renal function had normalized. (Jt. Ex. 110, QME supplemental report by Dr. Levy, dated 1/29/24, p. 3.) Applicant's return to normal kidney function was likely the result of the cessation of nonsteroidal use and increased cardiac output based on treatment of his heart failure and congestive cardiomyopathy. (Jt. Ex. 110, p. 4.) Dr. Levy noted that Dr. Bellinger had evaluated applicant much more recently as Dr. Levy had last evaluated him in 2017. (Jt. Ex. 110, p. 5.) Therefore, while applicant had stage III kidney disease when Dr. Levy last evaluated him, Dr. Bellinger was now seeing normal renal function five years later. (Jt. Ex. 110, p. 5.) Dr. Levy stated that he reviewed Dr. Bellinger's reports in preparation for the current report, and he agreed with Dr. Bellinger's analysis. (Jt. Ex. 110, p. 5.)

In Dr. Bellinger's supplemental report of January 23, 2025, he stated the following with respect to applicant's kidneys:

> Laboratory testing was provided from December 17, 2019, through November 19, 2024, in a tabular format. Looking through creatinine and estimated GFR provided in the table, the examinee has maintained a normal or nearly normal creatinine with a normal estimated GFR almost the entire time from December 17, 2019, through November 19, 2024. Therefore, there is no injury in the form of kidney disease.

(Jt. Ex. 107, QME supplemental report of Dr. Bellinger dated 1/23/25, p. 2.) Dr. Bellinger attached the result trends table to the report showing the creatine and GFR results. (Jt. Ex. 107, p. 12.)

The next trial occurred on February 12, 2026. There was no testimony and joint exhibits 103-110 were admitted into evidence. (2/12/26 MOH/SOE, pp. 4-5.) The case was initially submitted on that day but on March 10, 2026, the WCJ issued an Order Vacating Submission and Notice of Hearing and set a status conference. The WCJ noted that the medical reports indicated that there was impairment to the kidneys and thyroid, but injury had not been alleged to these body parts so further clarification was requested from the parties as to whether these body parts were at issue. On March 24, 2026, applicant filed a letter titled Amended Application for Adjudication of Claim to add the thyroid and kidney to the claim. The case next came on for trial on May 26, 2026; there was no additional testimony and the matter was submitted. (5/26/26 MOH, pp. 1-4.)

Following the trial, the WCJ issued the F&A which found in relevant part that in both cases, applicant sustained injury AOE/COE to his circulatory system and heart and that he also sustained injury AOE/COE to his kidneys and thyroid; that the injury resulted in temporary total disability from September 11, 2015, to September 7, 2016; that applicant became permanent and stationary on September 7, 2016; that the injury caused permanent disability of 79% without apportionment. Applicant was awarded permanent disability of 79% against both defendants jointly and severally.

As relevant to the issue of impairment to applicant's kidneys, in her Opinion on Decision, the WCJ stated that:

> Thyroid and kidney issues were first noted in QME Levy's report dated May 12, 2017, with a specific notation that kidney disease may be aggravated by cardiac medicines (Joint Exhibit 7, pages 11-12). QME Levy noted that Applicant's medication used to treat heart issues, specifically Amiodarone, was likely causing thyroid issues. Applicant's chronic kidney disease was reflective of low cardiac output, as well as medications used to treat his heart issues (Applicant Exhibit 8, page 21; Applicant Exhibit 9, page 6; Applicant Exhibit 14, 34:25-35:6).
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> QME Bellinger noted kidney and thyroid issues in his March 3, 2021, report (Applicant Exhibit 3). Dr. Bellinger noted the development of kidney problems as commented on by Dr. Levy, as well as the development of hypothyroidism as a side effect of medication used to manage sarcoidosis and arrhythmia (Id. page 48, and Joint Exhibit 103, pages 9 and 11).
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> No evidence has been presented to show that the kidney and thyroid issues arose from non-industrial conditions; therefore, the Court finds that kidneys and thyroid are industrially related as compensable consequences for treatment related for Applicant's industrial heart issues.
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> Regarding the kidneys, Dr. Levy opined that Applicant had a 20% WPI per Table 7-1, Class 2 based on poor forward cardiac flow, and nonsteroidal use (Applicant Exhibit 9, page 9; Applicant Exhibit 14, 36:3-38:7). Dr. Bellinger did not provide an impairment.
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> Dr. Bellinger opined that Applicant had a 25% WPI per Table 3-9 Criteria for Rating Permanent Impairment due to Cardiomyopathies, Class 2 based on Applicant's ability to perform activities of daily living but has poor LV function, status post ICD implantation and response to medical therapy for heart failure. He further opined 10% WPI per Table 3-11 Criteria for Rating Permanent Impairment due to Arrhythmias, Class 2 based on a history of paroxysmal atrial fibrillation as well as non-sustained ventricular tachycardia and ICD implantation with no recurrence of either atrial fibrillation or ventricular tachycardia (Joint Exhibit 103, page 1). Dr. Bellinger maintained his opinion on impairment in supplemental

reporting despite an upgrade from ICD device to CRT-D device because Applicant's functioning was almost as it was in 2016 and there was no worsening of baseline arrhythmia (Joint Exhibit 107, page 3 and Joint Exhibit 108, page 2).

The Court finds that Dr. Bellinger's opinion on the heart is better reasoned and more fully explained per the AMA Guides. Dr. Bellinger examined Applicant on four separate occasions, so he had ample opportunity to speak with Applicant to obtain a clear picture of the injury, medical history, activities of daily living, etc.

Thus, impairments rate as follows:

Cardiomyopathy: 03.04.00.00-25-[8]35-490I-44-50

Arrhythmia: 03.06.00.00-10-[8]14-490I-20-24

Hypothyroidism: 10.01.00.99-5-[8]7-490F-7-9

Kidneys: 07.01.00.00 20 [8]28 490H-34-39

50 c 39 c 24 c 9 = 79% PD before apportionment

With respect to apportionment, the WCJ stated:

Regarding the kidneys, Dr. Levy apportioned 60% to non-industrial causation but offered no explanation as to how and why (Applicant Exhibit 9, page 9). He notes that there is a history of chronic renal impairment but says nothing further on the matter. He goes on further to state that there were prior industrial and non-industrial orthopedic injuries and apportionment between those injuries with respect to renal (kidney) and hypertension would be important. Dr. Levy concludes that he would follow the orthopedic evaluator's discussion of apportionment (*Id.*).

Dr. Levy does offer some further clarification in his deposition on May 8, 2020 (Applicant Exhibit 14). Dr. Levy testified that the renal insufficiency was related to nonsteroidal use for orthopedic injuries and seemed to state that it stemmed from both employers; however, he was unable to give a clear response as to the actual percentage of apportionment and said it was a "guesstimate" (*Id.* 59:2-62:22, 63:24-64:16). The Court finds that Dr. Levy's opinion does not constitute substantial medical evidence.

Dr. Bellinger did not provide an opinion on apportionment for the kidneys.

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Since the kidneys and thyroid are a compensable consequence of the heart injury and there is no substantial medical evidence supporting apportionment related to these specific body parts, the Court finds that there is no apportionment for disability related to the kidneys and thyroid. As stated above, a single award will be issued with jurisdiction reserved as to contribution and reimbursement between the parties.

(Opinion on Decision, pp. 4, 6-8.)

DISCUSSION

I.

Petitions for reconsideration filed on or after July 14, 2026 are subject to section 5909, which states 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.
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> (b)
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> (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 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 August 25, 2026, and 60 days from the date of transmission is Saturday, October 24, 2026. The next business day that is 60 days from the date of transmission is Monday, October 26, 2026. (See Cal. Code Regs., tit. 8, § 10600(b).) This decision is issued by or on Monday, October 26, 2026, so that we have timely acted on the Petition as required by section 5909(a).

Section 5909(b)(1) requires that the parties and the Appeals Board be provided with notice of transmission of the case. Transmission of the case to the Appeals Board in EAMS provides notice to the Appeals Board. Thus, the requirement in subdivision (1) ensures that the parties are notified of the accurate date for the commencement of the 60-day period for the Appeals Board to act on a petition. Section 5909(b)(2) provides that service of the Report shall be notice of transmission.

Here, according to the proof of service for the Report, the Report was served on August 25, 2026, and the case was transmitted to the Appeals Board on August 25, 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 August 25, 2026.

II.

Petitioner claims that the record lacks substantial medical evidence in support of a finding of injury AOE/COE and the award of permanent disability. Decisions of the Appeals Board must be based on substantial evidence. (Lab. Code, §§ 5903, 5952(d); *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274 [39 Cal.Comp.Cases 310]; *Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 312 [35 Cal.Comp.Cases 500]; *LeVesque v. Workmen's Comp. Appeals Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16].) Pursuant to section 5705, the "burden of proof rests upon the party or lien claimant holding the affirmative of the issue." (Lab. Code, § 5705.) Therefore, the burden is on applicant to prove injury AOE/COE.

A medical opinion must be framed in terms of reasonable medical probability, it must be based on an adequate examination and history, it must not be speculative, and it must set forth reasoning to support the expert conclusions reached. (*E.L. Yeager Construction v. Workers' Comp. Appeals Bd.* (*Gatten*) (2006) 145 Cal.App.4th 922, 928 [71 Cal.Comp.Cases 1687]*; Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 620-621 (Appeals Bd. en banc).) "Medical reports and opinions are not substantial evidence if they are known to be erroneous, or if they are based on facts no longer germane, on inadequate medical histories and examinations, or on incorrect legal theories. Medical opinion also fails to support the Board's findings if it is based on surmise, speculation, conjecture or guess." (*Hegglin v. Workmen's Comp. Appeals Bd.* (1971) 4 Cal.3d 162, 169 [36 Cal.Comp.Cases 93].)

On the other hand, 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].) In other words, 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].)

Based on our review, there is a lack of substantial medical evidence to support the finding of impairment to applicant's kidneys. Earlier in the case, both Dr. Levy and Dr, Bellinger discussed

injury to the kidneys that was likely due to applicant's other industrial injuries. In the deposition of Dr. Bellinger on January 27, 2017, he stated that applicant was taking some medications for his heart that were also diuretics and that specifically the medication metolazone "creates havoc in the kidneys" and can cause the kidneys to fail. (App. Ex. 5, pp. 42-44.) In the QME report of May 12, 2017, and supplemental report of July 16, 2017, Dr. Levy noted that kidney disease may be aggravated by some of applicant's cardiac medicines and that pain medicines may also make kidney disease worse. (Jt. Ex. 7, p. 12; App. Ex. 8, p. 21.) In Dr. Levy's supplemental report of November 17, 2017, he stated that "secondary complications from his kidney issues are also present based on his cardiac heart trouble." (App. Ex. 9, p. 7.) In his January 6, 2019, supplemental report, Dr. Levy noted that Dr. Belinger reported that applicant was taking metolazone which could cause havoc to the kidneys and might result in kidney failure. (App. Ex. 10, p. 5.) Dr. Levy concluded in his deposition of May 8, 2020, that applicant did not have normal kidney function and had mild kidney impairment that was likely due to applicant's nonsteroidal history, weight issues, and heart medications. (App. Ex. 14, pp. 37-38.) In his reports of March 3 and April 28, 2021, Dr. Bellinger noted that applicant had evidence of chronic kidney disease stage III, according to Dr. Levy, as a result of his cardiac condition and NSAID (nonsteroidal anti-inflammatory drugs) therapy. (App. Ex. 3, p. 48; App. Ex. 4, p. 3.)

However, in his QME medical reevaluation report on December 6, 2022, Dr. Bellinger stated that the "chronic renal insufficiency needs more development with current laboratory testing to document the current clinical status and provide opinions concerning impairment and apportionment" and that the testing should include a complex metabolic panel and complete blood count. (Jt. Ex. 103, pp. 10-11, 13.)

In his supplemental report of February 6, 2023, Dr. Bellinger noted that applicant had a follow up with Dr. James Hoan-Dab Bui on January 12, 2022, and Dr. Bui identified applicant having hypertensive chronic kidney disease stage IIIA. (Jt. Ex. 104, p. 14.) However, applicant's lab tests on October 15, 2022, were normal for creatine, BUN, and AST. (Jt. Ex. 104, p. 14.) Therefore, Dr. Bellinger concluded that based on applicant's medical records, his opinion was that applicant did not require a rating for kidney function as the most recent kidney function was normal in the medical reports of October 2022. (Jt. Ex. 104, p. 14.) Dr. Bellinger reevaluated applicant on August 10, 2024, and stated applicant's history of chronic renal insufficiency was now normal by

recent determination in the medical records in his QME Medical Reevaluation Report of that date. (Jt. Ex. 106, p. 18.)

As of his supplemental report of January 29, 2024, Dr. Levy had reviewed Dr. Bellinger's recent reports and noted that that Dr. Bellinger's reevaluation of December 6, 2022, and supplemental reports of February 6 and November 13, 2023, all stated that applicant's renal function had normalized. (Jt. Ex. 110, p. 3, 5.) Dr. Levy stated that Dr. Bellinger had evaluated applicant much more recently as Dr. Levy had last evaluated him in 2017. (Jt. Ex. 110, p. 5.) Therefore, while applicant had stage III kidney disease when Dr. Levy last evaluated him, Dr. Bellinger was now seeing normal renal function five years later. (Jt. Ex. 110, p. 5.) Dr. Levy agreed with Dr. Bellinger's analysis. (Jt. Ex. 110, p. 5.)

Finally, in Dr. Bellinger's supplemental report of January 23, 2025, he reviewed and attached the result trends table to the report showing the creatine and GFR results from December 17, 2019, through November 19, 2024. (Jt. Ex. 107, p. 12.) He stated that applicant had maintained a "normal or nearly normal" creatine with a normal estimated GFR almost the entire time and therefore concluded that there was "no injury in the form of kidney disease." (Jt. Ex. 107, p. 2.)

Both Dr. Levy's and Dr. Bellinger's medical opinions and conclusions were based upon reasonable medical probability after an adequate examination and evaluation, and both set forth reasoning to support the expert conclusions reached. (*Gatten*, *supra*, 145 Cal.App.4th at p. 928; *Escobedo*, *supra*, 70 Cal.Comp.Cases at pp. 620-621.) However, Dr. Levy last evaluated applicant in 2017. Notably, the WCJ found that the later reporting by Dr. Bellinger was substantial evidence on the issue of injury to applicant's circulatory system, heart, and thyroid, and her impairment findings for those body parts are based on Dr. Bellinger's reporting. Yet, she disregarded Dr. Bellinger's conclusion that there was currently no injury in the form of kidney disease and found impairment to applicant's kidneys based on Dr. Levy's 2017 reporting. While both evaluators concluded that there was previously an industrial injury to applicant's kidneys as a compensable consequence, the most recent opinions do not support a finding of impairment to the kidneys.

As such, the revised impairments rate as follows:

Cardiomyopathy: 03.04.00.00-25-[8]35-490I-44-50

Arrhythmia: 03.06.00.00-10-[8]14-490I-20-24

Hypothyroidism: 10.01.00.99-5-[8]7-490F-7-9

50 c 24 c 9 = 65% PD

Therefore, we will grant the Petition, and amend the F&A to find that applicant's injury caused 65% in permanent disability and award 65% in permanent disability. We otherwise affirm the F&A.

For the foregoing reasons,

IT IS ORDERED that defendant's Petition for Reconsideration of the July 14, 2026 Findings and Award is **GRANTED**.

IT IS FURTHER ORDERED, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, the July 14, 2026 Findings and Award is **AFFIRMED** except that it is **AMENDED** as follows:

FINDINGS OF FACT

6. In ADJ10137345 and ADJ10287483, applicant's injury caused permanent disability of 65% without apportionment.

AWARD

AWARD IS MADE in favor of Michael Carrasco against defendants City of Sacramento and UC Davis, as follows:

b. Permanent disability of 65% against City of Sacramento and UC Davis, jointly and severally, entitling Applicant to 391.25 weeks of disability indemnity payable at the rate of $290.00, in the total sum of $113,462.50, less credit for amounts previously paid, less 15% payable to Mastagni Holstedt as reasonable attorney fees to be commuted from the far end of the award. The parties are to adjustment payment of permanent disability with jurisdiction is reserved as to the parties' right of contribution and/or reimbursement.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE A. ZALEWSKI, CHAIR

I CONCUR,

/s/ JOSEPH V. CAPURRO, COMMISSIONER

/s/ JOSÉ H. RAZO, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

OCTOBER 26, 2026

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

MICHAEL CARRASCO
MASTAGNI HOLSTEDT
THE LAW OFFICES OF TIMOTHY HUBER
CUNEO, BLACK, WARD & MISSLER

JMR/*pm*

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