WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

REISHA ARNET, *Applicant*

vs.

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, legally uninsured; adjusted by STATE FUND COMPENSATION INSURANCE, *Defendants*

Adjudication Number: ADJ13972880
Salinas District Office

OPINION AND DECISION AFTER RECONSIDERATION

On June 13, 2022, we issued an Order Granting Petition for Reconsideration (Order) to allow sufficient opportunity to further study the factual and legal issues in this case and a Notice of Intention (NIT) to admit the transcript of applicant's September 29, 2021 deposition testimony (Joint Exhibit 4). In our Order and NIT, we indicated that it was unclear why the deposition transcript was not admitted by the workers compensation administrative law judge (WCJ) as it was jointly offered by the parties with no objections. We further concluded, given the complexity of the factual disputes in the case, a complete record is necessary for full and fair adjudication of applicant's Petition for Reconsideration (Petition). This is our Opinion and Decision After Reconsideration (O&D).

Applicant seeks reconsideration of a Findings and Order (F&O) issued on April 11, 2022, wherein the WCJ held, in relevant part, that the presumption relating to heart trouble contained in Labor Code[1] section 3212.2 does not apply to the case herein. The basis for the WCJ's decision was that applicant did not engage in "custodial duties" as required by section 3212.2. The issues of causation, need for treatment, and temporary disability were deferred.

[1] All further statutory references will be to the Labor Code unless otherwise indicated.

Applicant contends that her job duties were custodial in nature and that per panel Qualified Medical Evaluator (PQME) Raye Bellinger, M.D., she qualifies for the heart trouble presumption under section 3212.2. (Petition, p. 12.) Applicant further contends that she is entitled to temporary disability benefits from September 29, 2019, through April 1, 2020, and further medical treatment on an industrial basis for her coronary artery disease. (*Ibid*.)

We have received an Answer from defendant. The WCJ prepared a Report and Recommendation on Petition for Reconsideration (Report), recommending that the Petition be denied.

Applicant has also requested a copy of the Trial Transcript and filed an amended Petition, and defendant has requested the issuance of an order admitting Joint Exhibit 4 into evidence. We will accept these items and treat them as supplemental pleadings. (Cal. Code Reg., tit. 8, § 10964(a).)

We have considered the allegations in the Petition, Answer, and supplemental pleadings. We have also reviewed the contents of the Report and the record in this matter. For the reasons discussed below, we will order Joint Exhibit 4 into evidence, rescind the F&O, and substitute it with a new F&O which reflects that applicant is entitled to the heart trouble presumption under section 3212.2 and has sustained injury arising out of and in the course of employment (AOE/COE) in the form of coronary artery disease. We will defer all other issues.

FACTS

Applicant claims that while employed by defendant as a supervising registered nurse II and III during the period from January 2, 2007, through September 29, 2019, she sustained a cumulative injury AOE/COE to the circulatory system, sleep apnea, headaches, and migraines.

Applicant's claim was denied by defendant via a letter dated December 17, 2020 (Joint Exhibit 10).

Thereafter, the parties retained Dr. Bellinger as the cardiology PQME. Dr. Bellinger evaluated applicant on April 24, 2021, and issued a corresponding report, as well as supplemental reports dated June 9, 2021, and August 13, 2021.

In his report dated April 24, 2021, Dr. Bellinger opined that "specific causation" relative to applicant's coronary artery disease was "difficult to estimate because of the complex nature of atherosclerosis and the large amount of input from risk factors over the lifetime of an individual."

(Joint Exhibit 3, p. 8.) He further noted that applicant "may satisfy labor code section 3212 (presumptive statues) as she provide[d] custodial duties to inmates" but noted that "the database is inadequate" as he had not received applicant's medical records. (*Id*. at p. 10.) He noted that upon receipt of said records, he would provide a complete "assessment of coronary artery disease or hypertension." (*Ibid*.)

In his report dated June 9, 2021, Dr. Bellinger opined that under Table 3-6A of the *AMA Guides*, applicant sustained ten percent (10%) whole person impairment (WPI) from "coronary revascularization and myocardial infarction" notwithstanding her lack of clinical symptoms. (Joint Exhibit 2, p. 34.) He concluded that there was no non-industrial apportionment for her coronary artery disease. (*Ibid*.) He found no evidence of left ventricular hypertrophy (LVH) and opined that applicant's hypertension was nonindustrial as it was preexisting for many years. (*Ibid*.)

In his report dated August 13, 2021, Dr. Bellinger opined that "[a]bsent custodial duties, it would be very difficult to attribute the [applicant's] acute myocardial infarction to workplace stress." (Joint Exhibit 1, p. 2.) He noted that the issue of whether applicant had custodial duties was ultimately to be determined by the trier of fact. (*Ibid*.) He also noted that "heart trouble in the form of coronary artery disease manifested on September 29, 2019, for which [applicant] presented to Salinas Memorial Hospital with the onset of throat and upper chest tightness of one-week duration." (*Id*. at p. 3.)

On November 15, 2021, applicant filed a Declaration of Readiness to Proceed (DOR) to a Mandatory Settlement Conference (MSC). The matter proceeded to multiple hearings before being set for trial on February 24, 2022.

At trial, the following issues were set for determination: body parts injured (coronary artery disease) and whether the presumption under section 3212.2 applies; temporary disability; need for further medical treatment for coronary artery disease on an industrial basis; whether applicant had custodial duties as defined under section 3212.2; whether the heart presumption is applicable to applicant's claimed heart trouble; and whether the August 13, 2021 request by Dr. Bellinger for a transthoracic echocardiogram needs to be authorized. Further, the WCJ marked for identification Joint Exhibits 4 through 9 and admitted all other exhibits into evidence at that time.

On April 11, 2022, the WCJ issued an F&O which held, in relevant part, that applicant "did not engage in custodial duties" and that "[t]he presumption relating to heart trouble contained in Labor Code [section] 3212.2 [did] not apply" to applicant's case. The WCJ found "no basis to

order a transthoracic echocardiogram as it ha[d] not been requested by the panel QME." He also ordered Joint Exhibits 5 through 9 admitted but did not admit Joint Exhibit 4 (transcript of applicant's September 29, 2021 deposition) as it "was never identified at trial for purposes of impeachment and was not reviewed." (F&O, p. 2.)

It is from this F&O that applicant seeks reconsideration.

DISCUSSION

I.

Turning now to the merits of the Petition, section 3212.2 creates a presumption that "heart trouble" developing or manifesting itself during the service of an officer or employee having custodial duties, or within a specified period after retirement, is industrial. Section 3212.2 is part of a larger statutory scheme which applies similar protection to other safety workers such as peace officers and firefighters. Section 3212.2 states, in pertinent part, that:

> (a) In the case of officers and employees in the Department of Corrections having custodial duties … the term "injury" includes heart trouble which develops or manifests itself during a period while such officer or employee is in the service of such department or hospital.
>
> (b) The compensation which is awarded for such heart trouble shall include full hospital, surgical, medical treatment, disability indemnity, and death benefits, as provided by the workmen's compensation laws of this state.
>
> (c) Such heart trouble so developing or manifesting itself in such cases shall be presumed to arise out of and in the course of the employment. This presumption is disputable and may be controverted by other evidence, but unless so controverted, the appeals board is bound to find in accordance with it. This presumption shall be extended to a member following termination of service for a period of three calendar months for each full year of the requisite service, but not to exceed 60 months in any circumstance, commencing with the last date actually worked in the specified capacity.

"In order for [an injured worker] to be entitled to the presumption embodied in section 3212, he must first show that his disability can be characterized as 'heart trouble.' As stated in *Baker v. Workmen's Comp. Appeals Bd.* [(1971)] 18 Cal.App.3d 852, 859: 'The presumption is one of occupational causation; it is not a presumption that a disability is attributable to heart trouble.'" (*Muznik v. Workers' Comp. Appeals Bd.* (1975) 51 Cal.App.3d 622, 632 [40 Cal.Comp.Cases 578].)

The *Muznik* court reviewed appellate cases on the issue of "heart trouble," and concluded as follows:

> [T]he phrase "heart trouble" assumes a rather expansive meaning. This result is further evidenced by the Legislature's decision not to utilize a medical term or to list or require any specific malady for the presumption of section 3212 to become operative, but rather, to employ a lay term which is not necessarily related to physical deterioration or "disease" at all. As defined in Webster's Dictionary, the term "trouble" when used as a noun covers a wide range of meanings, including distress, affliction, anxiety, annoyance, pain, labor, or exertion. The intent of the authors of the amendment adding the phrase "heart trouble" to section 3212 was no doubt to have the meaning of that phrase encompass any affliction to, or additional exertion of, the heart caused directly by that organ or the system to which it belongs, or to it through interaction with other afflicted areas of the body, which, though not envisioned in 1939, might be produced by the stress and strain of the particular jobs covered by the section. [Citation].

(*Id.* at p. 635.)

In *Muznik*, the court cautioned that it was not holding that "hypertension, in every instance, constitutes 'heart trouble;' nor do we conclude that disorders in other areas of the body that do not place the heart in a 'troubled' condition, qualify as 'heart trouble.'" (*Id.* at p. 635, fn. 5.) Nevertheless, the court reversed the WCAB's reliance on a medical opinion stating that the applicant's so-called "essential hypertension" did not constitute "heart trouble." As the *Muznik* court explained, "in applying the term 'heart trouble,' it is permissible to determine whether the interaction of [hypertension] with the heart has proven 'troublesome' to that organ or has required the heart to engage in disabling exertion or labor." (*Id.* at p. 636.) Thus, in *Muznik*, the court found that the section 3212 presumption arose in a case that hypertension contributed to, among other things, ventricular irritability that caused the heart to skip beats. (*Id.* at p. 637.)

Here, in his August 13, 2021 report, Dr. Bellinger opined that "heart trouble in the form of coronary artery disease manifested on September 29, 2019, for which [applicant] presented to Salinas Memorial Hospital with the onset of throat and upper chest tightness of one-week duration." (Joint Exhibit 1, p. 3.) He concluded further that "[i]f the Trier of Fact were to find that [applicant] ha[d] custodial duties as a supervisor and registered nurse II, coronary artery disease would [be] apportion[ed] 100% industrial." (Joint Exhibit 2, p. 34.)

In the case of *Reeves v. Workers' Comp. Appeals Bd.* (2000) 80 Cal.App.4th 22 [65 Cal.Comp.Cases 359], the Court of Appeal held that section 3212.2 is not limited to "employees whose 'principal' or 'primary' duties are custodial" thus inferring that "the Legislature intended

the statute to apply to all CDC officers and employees who have *any* duties that are custodial in nature." (*Id*. at p. 28.) The Court of Appeal further defined custodial duties as "'relating to or marked by guardianship or maintaining safely…. (Webster's 3d New Internat. Dict. (1993) p. 55.)'" (*Id*. at p. 29.) In *Reeves*, the applicant in the case had duties which consisted of supervising inmates in her work area; watching over inmates in another area three or four times a week, often alone; supervising inmates when making emergency repairs, on some occasions without the presence of a correctional officer; supervising two other inmates in his office; watching inmates closely to ensure they do not wander off, make weapons, or liquor, or otherwise engage in misconduct; writing up violation reports when an inmate breaks a prison rule; and searching for weapons or other contraband in areas where inmates work. (*Ibid*.) The Court of Appeal determined that said duties were in fact custodial in nature thereby warranting application of the presumption under section 3212.2. (*Ibid*.)

The WCJ in his Opinion on Decision (OOD) determined that applicant did not have custodial duties as required under section 3212.2. (F&O and OOD, p. 8.) The WCJ relied primarily upon applicant's trial testimony and stated that "[t]here was no testimony of [applicant] ever being outside the presence of a correction officer when in proximity to an inmate." (*Id*. at p. 6.) Further, the WCJ referred to the testimony of employer witness, Frances Venega, who testified that "inmate porters were kept within [the] line of sight of a non-inmate supervisor at all times." (*Ibid*.) Accordingly, the WCJ concluded that "the guardianship portion of the definition of custodial duties d[id] not appear to have been met." (*Ibid*.)

Based upon our review of the Transcript of Proceedings, applicant testified at trial regarding her employment as a supervising registered nurse II and supervising registered nurse III as follows:

> Q. Okay. Will you please describe your job duties during the time you were a SRN III -- during that broken period from January 11th, 2016, through May of 2017?
>
> A. During that time I had oversight of the entire outpatient services and our inpatient mental health unit. I wrote policy. I conducted quality performance evaluations; did performance and improvement for the department; supervised employees; hiring recommendations; counseling; monitored porters that work in my clinical area for safety, and ensure that they were not having access to things that were unsafe for them to be able to contact. Oh, gosh. It's a long list.
>
> Q. Maybe we'll move to the SRN II. It is what you're doing now, and that's what you've done for the majority of the time. That will be better.

Q. So can you please describe your job duties as an SRN II?

A. Plan and implement and direct the supervising staff that work in my assigned clinical area. Work with patients and do conflict resolution with staff and inmates, and intercede to ensure appropriate healthcare is conducted. I direct and monitor compliance with licensing and oversight with mental healthcare issues. I'm responsible for updating medical protocols.

Q. You don't have to give the complete list. I just wanted to get a general idea. Is that enough?

A. Yes.

Q. Let me move on. I'd like to read from one of the exhibits. This is from the Exhibit 13, which is a Supervising Registered Nurse III duty statement, dated May 25th 2016. And on page 1 of that duty statement it says the following: "Protects and maintains the security and safety of persons, materials, working areas, and property of the institution." Do you agree with that quote from the duty statement? Is it a true reflection of what you have to do?

A. Yes.

Q. I'd also like to read for you the duty statement dated April – that's Joint Exhibit 11 -- and it's also on page 1. It says, "Assignments may include, sole responsibility for the supervision of inmates and/or the protection of personal and real property." Do you agree with that supervision of inmates?

A. Yes.

Q. As an SRN II, are you required to supervise inmates in your work areas?

A. Yes.

Q. Would you please explain that?

A. Porters are inmates that have working duties, and when they're assigned to work in the clinic area that I supervise in my immediate office area, sometimes I am responsible to have them do certain tasks -- check on the quality of their work, um, ensure that they're where they belong and they're conducting themselves appropriately. That they don't have access or inappropriate access to things like state prison letters, scissors, paper-hole punchers that would be heavy that could be maybe utilized as weapons -- if they're conducting themselves in an appropriate way. There are even needles stored in our area -- to make sure they don't have access to those things and can't be used as weapons. And part of my responsibility duty was to direct them away from that area -- make sure they're not taking those

kinds of materials. They don't have access to the computers or the phones. Got to make sure that they're properly monitored.

Q. Okay. Thank you. As an SRN II, are you required to check inmates in and out of your work area?

A. Yes.

Q. Will you please explain that?

A. When an inmate comes in for an appointment, we check them in as present. When the visit is over, we check them out and it's done on an electronic computer system.

Q. When you say, "We check them in and we check them out," are you referring to what you do specifically?

A. Yes. I would do it when they are seeing me.

Q. Okay. As an SRN II, are you required to check on inmates? For example, to prevent them from wandering around and make sure they're not making weapons?

A. Yes.

Q. Will you please explain that?

A. When an inmate is working in my area or in my office, often I'm the only person there to ensure that the items in the office aren't being taken out of the clinical area or out of my office. That if they have a behavior that's inappropriate, I need to correct them and have them leave the area. That's basically what I do.

Q. Okay. As an SRN II, are you required to order inmates to take corrective action or leave the area if they're doing something wrong?

A. Yes.

Q. Will you please explain that?

A. I'm required to order inmates to leave an area, to set things down if they have picked up something that they're not supposed to have. I'm required to do reports if they are caught in the act of taking something, which could lead to corrective action for them.

Q. Okay. As an SRN II, are you required to write up inmates engaged in misconduct?

A. Yes.

Q. Will you please explain that?

A. There's a document that's called 115's -- a rules and violation report -- and any CDCR employee that observes inappropriate behavior is required to complete one of these. These are used to set up -- and they result in a hearing and can be utilized for disciplinary action, taking away state privileges or up to and even extending their present sentence the inmate's present sentence.

Q. Okay. As an SRN II, are you required to restrain inmates?

A. For medical purposes, yes. If there's a clinical reason.

Q. Okay. So I guess -- the law really probably only pertains to custodial restraint, but can you please distinguish between medical restraint and physical restraint, in terms of your job? Let's start with medical restraints.

A. Medical restraints are used to prevent self-injury or harm or injury of others. And they're used when a person is not in control of their faculties as opposed to behavioral.

…

For the medical restraints, do you specifically do that with inmates?

A. Yes.

Q. Okay. Now, let's move on probably to the more important issues of custodial restraint. Do you have to -- are you involved at all in custodial restraint?

A. Normally, no. I'm not assigned the responsibility of custodially restraining inmates.

(Transcript of Proceedings, pp. 5:11-9:24, 10:6-14.)

…

Q. Is part of your job to be involved in custodial restraint?

A. If there's an unconventional situation where there's safety risk to myself or others -- with training every year -- that would be a time when someone who's not normally assigned to restrain an inmate might have a need to restrain them for our safety, and maybe to protect a coworker.

Q. Okay. What is the -- you said there was training every year. What does the training involve?

A. It's called block training, and there are a number of different topics, but one of the topics that they cover is unconventional force. That is when an employee is at risk because of an inmate's behavior. Say an inmate is attacking you or attacking to a coworker that you would then utilize whatever is necessary to protect yourself or your coworker from injury or harm, and that could involve restraining the inmate, holding them back -- perhaps picking up a phone to defend yourself with to ensure that you don't have injury in those moments. And that course they do is a use of force course. During the use of force course every year they teach us about unconventional force; and those would be the times that it would be needed.

Q. Okay. Thank you. Is your position as an SRN II a safety position?

A. Yes.

Q. What is a safety position at CDCR?

A. As I understand it, safety positions are employees that are in close proximity to inmates, that work with them frequently or have the potential to be at risk from inmate contact.

(*Id.* at pp. 11:1-12:5.)

…

Q. Thank you. Dr. Bellinger, Panel QME, noted the following, on page 2 of his Panel QME report, dated April 24th, 2021 -- that's Joint 3, Joint Exhibit 3 "A Supervising Registered Nurse II is involved in clinic management, emergent response, typing reports, de-escalating staff and inmate situations, interviewing new RNs and assisting with direct patient care. She states that she had direct supervision of inmates in her workplace and clinical" – I'm sorry. "And clinic setting, including both porters and trustees who work within the clinic environment. Although she is not a correctional officer/peace officer, she does have custodial duties with supervision." Is that description from Dr. Bellinger accurate to you?

A. Yes.

Q. On page 4 of Dr. Bellinger's report, dated April 24th, 2021. Again, Joint Exhibit 3. Dr. Bellinger indicated, "Ms. Arnet believes that her work by its nature is very stressful because of the inherent risk of being injured by inmates. She has busy schedules and has to always be careful about any inmate interaction and potential for bodily injury." Do you agree with that statement?

A. Yes.

Q. And do you consider your work during your career at CDCR to have been stressful?

A. Yes.

Q. Has that stress continued through your entire career from January 2nd, 2007, through the present?

A. Yes.

(*Id.* at. pp. 13:7-14:9.)

Based upon the foregoing trial testimony, we believe that applicant did in fact have custodial duties during her employment with defendant. As outlined above, applicant had oversight of outpatient services and the inpatient mental health unit and was responsible for "conflict resolution" between patients and providers. She was also responsible for checking inmates in and out, medically restraining them if necessary, supervising porters (i.e. inmate workers), and providing corrective action. She noted that the position of supervising registered nurse II is a "safety position" as she was required to work in close and frequent contact with inmates with potential risk to herself and others. Lastly, she confirmed, as indicated by Dr. Bellinger in his April 24, 2021 report, that although she is not a correctional/peace officer, she does have "custodial duties with supervision."

Further, although the WCJ indicated in his OOD that "[t]here was no testimony of [applicant] ever being outside the presence of a correction officer when in proximity to an inmate," during applicant's September 29, 2021 deposition, she testified that correctional officers are present for the transfer of patients into the clinics, but "once [inmates] arrive and go into exam treatment areas[,] the officers are nearby but they are not directly at the bedside while the delivery of care is going" as it isn't "a matter of the normal practice" "for officers to stand directly beside a nurse the entire time they're completing their duties." (F&O and OOD, p. 6; Joint Exhibit 4, p. 14:11-21.) Applicant also noted that in 2019, she was supervising multiple clinics and with respect to the clinic layouts, "[t]here's one officer and four rooms where [nurses] are seeing patients" and the officer "can't be in all of [the rooms] at the same time." (*Id*. at p. 36:2-7.) The same officer was responsible for overseeing "the alcove, the dental area, the holding cell [(wherein anywhere from four to nine inmates might be waiting)], and the med administration area[.]" (*Id*. at p. 37:1-

20.) Further, she escorted inmates from the holding cell to the exam room and there were no correctional officers present in the room during exams and examinations lasted anywhere from "five or ten minutes to half an hour." (*Id*. at pp. 39:2-23; 60:4-13.)

Lastly, although the WCJ referred in his F&O and OOD to the testimony of employer witness, Frances Venega, who testified that "inmate porters were kept within [the] line of sight of a non-inmate supervisor at all times," applicant testified on September 29, 2021 that "when [porters] come to [her] area to clean, there is often an assigned nominal supervisor, but that supervisor wasn't physically present" so it was her "responsibility to make sure [porters] d[idn't] have access to things like staplers or confidential documents or telephones[.]" (F&O and OOD, p. 6; Joint Exhibit 4, p. 15:9-15.) She clarified further that "there are like eight or nine different rooms where [porters are] not visible to the officer and the officer can't oversee their activities" so the nursing staff "would be responsible for oversight and making sure they didn't have access to equipment they're not supposed to have access to or phones or computers." (*Id*. at p. 16:12-21.)

Thus, taking into consideration the entirety of the record, including the February 24, 2022 trial testimony, applicant's September 29, 2021 deposition testimony, and the reports of Dr. Bellinger, we conclude that applicant was engaged in custodial duties and therefore qualifies for the heart trouble presumption under section 3212.2.

II.

We further conclude that the reports of QME Dr. Bellinger are substantial medical evidence on the issue of whether applicant had heart trouble in the form of coronary artery disease at the time of her employment. "The term 'substantial evidence' means evidence which, if true, has probative force on the issues. It is more than a mere scintilla, and means such relevant evidence as a reasonable mind might accept as adequate to support a conclusion…It must be reasonable in nature, credible, and of solid value." (*Braewood Convalescent Hospital v. Workers' Comp. Appeals Bd.* (*Bolton*) (1983) 34 Cal.3d 159, 164 [48 Cal.Comp.Cases 566], emphasis removed and citations omitted.) Pursuant to *E.L. Yeager v. Workers' Comp. Appeals Bd.* (*Gatten*) (2006) 145 Cal.App.4th922, 928 [71 Cal.Comp.Cases 1687], "[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. (citations.) Further, a medical report is not substantial evidence unless it sets forth the reasoning behind the physician's

opinion, not merely his or her conclusions. (citation.)" "A medical report which lacks a relevant factual basis cannot rise to a higher level than its own inadequate premises. Such reports do not constitute substantial evidence to support a denial of benefits. (citation.)" (*Kyle v. Workers' Comp. Appeals Bd* (*City and County of San Francisco*) (1987) 195 Cal.App.3d 614, 621.)

As noted above, in his report dated August 13, 2021, Dr. Bellinger determined that "heart trouble in the form of coronary artery disease manifested on September 29, 2019, for which [applicant] presented to Salinas Memorial Hospital with the onset of throat and upper chest tightness of one-week duration." (Joint Exhibit 1, p. 3.) This opinion was based upon his medical expertise as well as a thorough examination and a review of applicant's medical history including relevant medical records. Having determined the existence of "heart trouble," the sole question remaining was whether applicant had custodial duties, as required under section 3212.2. Dr. Bellinger appropriately deferred this issue to the trier of fact, noting in his August 13, 2021 report that "[a]bsent custodial duties, it would be very difficult to attribute the [applicant's] acute myocardial infarction to workplace stress." (Joint Exhibit 1, p. 2.) As noted above, we have determined that applicant's employment with defendant included custodial duties.

Accordingly, we rescind the F&O and substitute it with a new F&O which reflects that applicant sustained injury AOE/COE in the form of coronary artery disease and is entitled to the heart trouble presumption under section 3212.2. We also admit Joint Exhibit 4 into evidence.

For the foregoing reasons,

IT IS ORDERED that as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the Findings and Order issued by the workers' compensation administrative law judge on April 11, 2022, is **RESCINDED** and the following **SUBSTITUTED** therefor:

FINDINGS OF FACT

1. Reisha Marie Arnet, born [DOB omitted], while employed during the period from January 2, 2007 through September 29, 2019, by the State of California Department of Corrections and Rehabilitation, as an SRN II, in Soledad, California sustained injury arising out and occurring in the course of employment in the form of coronary artery disease.

2. During the period of injury, the employer was legally uninsured with State Compensation Insurance Fund as the administrator.

3. The heart trouble presumption pursuant to Labor Code section 3212.2 is applicable herein.

4. All other issues are deferred.

ORDERS

1. **IT IS ORDERED THAT** Joint Exhibits 4 through 9 are admitted.

2. **IT IS FURTHER ORDERED THAT** there is no basis to order a transthoracic echocardiogram based upon the existing record.

3. **IT IS FURTHER ORDERED THAT** all other issues are deferred.

WORKERS' COMPENSATION APPEALS BOARD

/s/ JOSÉ H. RAZO, COMMISSIONER

I CONCUR,

/s/ CRAIG L. SNELLINGS, COMMISSIONER

KATHERINE WILLIAMS DODD, COMMISSIONER
CONCURRING NOT SIGNING

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

SEPTEMBER 28, 2026

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

REISHA ARNET
RUCKA O'BOYLE LOMBARDO & MCKENNA
STATE COMPENSATION INSURANCE FUND

RL/*cs*

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