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

**FILED**  
*11/4/15*  
DATE  
*gl*  
BY

**DENNIS CAMPOS,**  
*Applicant,*  
  
vs.  
  
**FRANCIS FORD COPPOLA PRESENTS and  
CRUM FORESTER,**  
  
*Defendants.*

**ADJ9128510 and ADJ10115331**

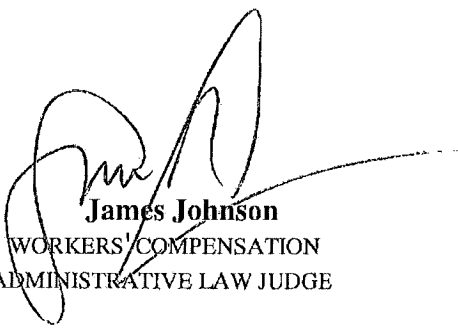
**FINDINGS OF FACT**

The above entitled matter having been regularly heard and submitted for decision to **JAMES R. JOHNSON, Workers' Compensation Administrative Law Judge, now finds and orders as follows:**

**FINDINGS OF FACT**

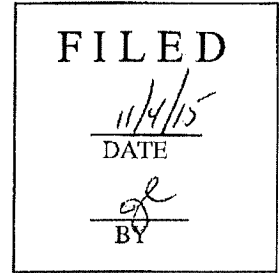
1. In **ADJ9128510**, the Panel Qualified Medical Evaluator is Dr. William Ramsey.
2. In **ADJ100115331**, the proper Panel of Qualified Medical Evaluators is Panel #7001886.

Date *11/4/15*

  
**James Johnson**  
WORKERS' COMPENSATION  
ADMINISTRATIVE LAW JUDGE

(See attached Proof of Service)

1 **Dennis Campos**  
2 **ADJ9128510**  
3 **ADJ10115331**



4  
5 **OPINION ON DECISION**

6  
7 On October 26, 2015, the parties submitted for decision the issue involving a "Panel  
8 Dispute. Defense alleges ortho specialty is proper. Applicant claims that a Panel in Pain  
9 Management is proper."

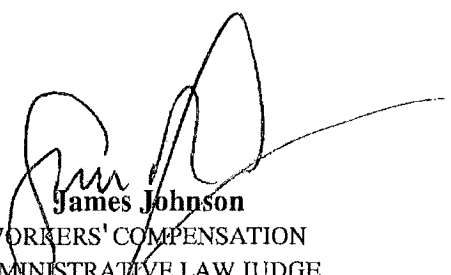
10  
11 In the Pre-Trial Conference Statement, the parties stipulated that the applicant and  
12 injured worker, Dennis Campos, while employed as a cellar worker by Francis Ford Coppola,  
13 insured by Crum and Forester, on August 17, 2009 (**ADJ9128510**) sustained injury arising out  
14 of and in the course of employment to his right shoulder and during the cumulative period  
15 through June 23, 2015 or December 21, 2012 (**ADJ10115331**) claims to have sustained injury  
16 arising out of and in the course of employment to his shoulder, upper extremity, back and  
17 internal. The parties further stipulated that the applicant's primary treating physician is Dr. Eric  
18 Schmidt and that the Panel QME in **ADJ9128510** is Dr. Ramsey. Pursuant to the agreement of  
19 the parties all of the offered exhibits were accepted into evidence and the listed issues were  
20 submitted for decision.  
21

22 Based upon a review of the exhibits offered by the parties it is apparent that the current  
23 dispute over the QME panel relates to case **ADJ10115331**. In **ADJ9128510** the parties have  
24 stipulated that Dr. Ramsey is the Panel Qualified Medical Evaluator and no showing has been  
25 made that there is a need for a replacement QME or for an additional QME Panel in a different  
26 specialty.  
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Based upon the exhibits filed by the parties, and noting that Panel #7001886 relates to the date of injury of June 23, 2015 and that Panel #7000347 relates to the specific injury of August 17, 2009, it is found in **ADJ10115331** that the proper QME Panel is Panel #7001886.

11/4/15  
Date



**James Johnson**  
WORKERS' COMPENSATION  
ADMINISTRATIVE LAW JUDGE

(See attached Proof of Service)

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**DENNIS CAMPOS**  
**ADJ9128510 and ADJ10115331**

PROOF OF SERVICE  
of  
FINDINGS OF FACT  
with

OPINION ON DECISION

Filed and served by mail or email on the following parties.

By: *J Larson*

Date: *11/4/15*

BRADFORD BARTHEL  
SANTA ROSA

Law Firm, 100 STONY POINT RD STE 225 SANTA ROSA CA 95401, E-  
DOCS@BRADFORDBARTHEL.COM

CRUM FORSTER  
ORANGE

Insurance Company, PO BOX 14217 ORANGE CA 92863,  
Nita.Khuon@cfins.com

DENNIS CAMPOS

Injured Worker, 234 DECANter CIR WINDSOR CA 95492

RICHARD MEECHAN  
SANTA ROSA

Law Firm, PO BOX 369 SANTA ROSA CA 95402-5048

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

**FILED**  
11/4/15  
DATE  
[Signature]  
BY

**DENNIS CAMPOS,**

*Applicant,*

**vs.**

**FRANCIS FORD COPPOLA PRESENTS and  
CRUM FORSTER,**

*Defendants.*

**ADJ9128510, ADJ10115331**

**ORDER DESIGNATING EXHIBITS**

Pursuant to the Pre-Trial Conference Statement filed October 26, 2015, and


**GOOD CAUSE APPEARING,**

**IT IS ORDERED** that the following exhibits be, and they are, designated as follows:

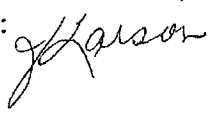
- Applicant Exhibit 1      Handwritten Offer of Proof of Sarah Helstrum (employee of applicant's attorney)
- Applicant Exhibit 2      August 27, 2015, letter from defendant's attorney to applicant's attorney
- Applicant Exhibit 3      QME Panel #7001886
- Applicant Exhibit 4      QME Panel #7000347
- Defendant Exhibit A      September 3, 2015 Notice Regarding Denial of Workers' Compensation Benefits addressed to applicant from Crum and Forster
- Defendant Exhibit B      September 21, 2015 letter from applicant's attorney to defendant's attorney
- Defendant Exhibit C      September 14, 2015 letter from applicant's attorney to defendant's attorney
- Defendant Exhibit D      Letter from Crum and Forster to applicant (1 page)
- Defendant Exhibit E      Reports of Eric Schmidt, M.D., dated December 2, 2014 and October 16, 2014

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- Defendant Exhibit F      Reports of William Ramsey, M.D., dated December 15, 2014 and September 26, 2013
- Defendant Exhibit G      Application for Adjudication of Claim with Proof of Service dated September 16, 2015
- Defendant Exhibit H      Letter from applicant's attorney to Francis Ford Coppola Presents dated August 3, 2015
- Defendant Exhibit I      Defense Position Statement dated October 26, 2015

  
\_\_\_\_\_  
**JAMES R. JOHNSON**  
WORKERS' COMPENSATION  
ADMINISTRATIVE LAW JUDGE

Filed and served by mail on the following parties;  
Richard Meechan, P.O. Box 369, Santa Rosa, CA 95402  
Bradford Barthel, via email

By:       Date: 11/4/15

**PLEASE DELIVER IMMEDIATELY**

**FACSIMILE TRANSMITTAL**

\_\_\_ Total pages, including cover sheet

TO:

Mr. David Lim  
100 Stony Point Road #225  
Santa Rosa, CA 95401

Phone: (707) 571-7415  
Fax: (707) 571-7443

FROM:

Jose Hermosillo  
Law Office of Richard J. Meechan  
703 Second Street, 2nd Floor, Suite 200  
Santa Rosa, CA 95404

Phone: (707) 528-4409  
Fax: (707) 528-3381

November 4, 2015

Re: Dennis Campos v. Francis Ford Coppola Presents  
D.O.I. 8/17/2009, CT 6/23/2015  
EAMS # ADJ9128510, ADJ10115331  
Claim # PZC00446532, PZC00593128

List Attachments: Kaiser releases

Greetings:

Please find attached the signed Kaiser releases as requested.

Thank you.

cc:

IF THERE IS A PROBLEM WITH RECEIPT OF THIS TRANSMISSION, PLEASE CALL (707) 528-4409

*The information in this facsimile transmittal is intended only for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, or the employee or agent responsible for delivering this transmittal to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately at (707) 528-4409 and return the original communication to us at the above address via the U.S. Postal Service. Thank you.*



(\*Kaiser Permanente entities are listed on reverse side of this form)

**AUTHORIZATION FOR USE OR DISCLOSURE OF PATIENT HEALTH INFORMATION**

Note: Fees may apply to certain requests

Patient Name: Dennis Campos

Medical Record number: \_\_\_\_\_ Birth Date: 3/29/1969

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Kaiser Permanente may disclose this information to:  Check if same as above

Recipient Name: Bradford & Barthel, LLP or their agent

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Email: \_\_\_\_\_

This disclosure can be used for the following purpose(s):

Personal Use  Legal  Insurance

Medical Treatment  Medical Condition Verification  Disability  FMLA  Worker's Comp

Check one of the following three options to identify the health information to be released.

Option 1: Form Completion (a substitute form or relevant medical records may be released)

Option 2: Last 2 years of Kaiser Permanente Medical Office and Kaiser Foundation Hospital records

Option 3:  KP Medical Office  Kaiser Foundation Hospital  Immunization  Lab Results

Diagnostic Images  Pharmacy  Copays & Deductibles  Itemized Billing

Complete as applicable {

For the specific date(s): \_\_\_\_\_

For the specific provider(s): \_\_\_\_\_

For the specific department(s): \_\_\_\_\_

Other: all medical records

NOTE: Hospital and Medical Office records released as part of this authorization may contain references related to mental health, addiction, and HIV medical conditions.

Check the boxes below if you want this release to include the following information, otherwise, this information will be excluded.

Mental Health Treatment Records  Addiction Medicine Treatment Records  HIV Test Results

Media Type:  Electronic  Paper Delivery Preference:  Electronic  Mail  Pickup

**DURATION:** Authorization shall remain in effect for one year from the date of signature below. However, in Washington, D.C. permission to release addiction medicine treatment records expires after six (6) months.

**REVOCAION:** You or your personal representative may cancel this authorization for future releases by submitting a written request to the Release of Information Unit listed for your region of service on the reverse side of this form. Your cancellation will not affect information that was released prior to receipt of the written request.

**REDISCLASURE:** Once this information is released, it may not be protected under federal privacy law (HIPAA). State or other federal law may require the recipient to obtain your authorization before further disclosure.

Kaiser Permanente may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization. This disclosure is made at your request. For Virginia patients, a copy of this authorization, and a note stating to whom your information was disclosed will be included in your medical record. A copy of the original authorization is valid. You have a right to a copy of this completed authorization.

Nov. 2 2015  
Date Signature

\_\_\_\_\_  
If personal representative, print name/relationship