Justice for the Injured®
A consumer guide to Workers’ Compensation and Personal Injury Law

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The firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP is a recognized leader in Personal Injury and Workers’ Compensation law in Los Angeles. For more than 25 years, we have fought to win justice for people injured on and off the job. Our Personal Injury attorneys specialize in protecting the rights of people who have suffered serious or catastrophic injuries, both on the job and outside the workplace. We represent people injured by defective products, toxic materials, automobile accidents, medical malpractice and elder abuse. We also represent people who have been harassed or discriminated against in the workplace on the basis of sex, disability, race, religion or age, or who have been wrongfully terminated. Our Workers’ Compensation attorneys specialize in obtaining the full range of benefits for injured employees. We also work closely with many of Southern California’s most important labor unions to improve working conditions and protect members’ rights. Working people and their families need a legal team they can rely on for fair, aggressive and effective representation. The law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP has obtained outstanding results for our clients. Our legal work speaks for itself. Satisfied clients refer more than half of all new cases.
Workers’ Compensation
From office buildings to construction sites, every workplace poses its own set of dangers—ways in which workers can be injured or become ill while performing the duties of their job. An on-the-job injury can leave an employee unable to work—temporarily or permanently—and in need of medical care.

California’s Workers’ Compensation laws provide injured workers with benefits designed to help them receive the medical treatment necessary to recover from the work-related injury or illness and partially replace lost wages. Injuries that qualify as “industrial” are categorized as specific, those that result from a specific event, or cumulative, trauma that occurs over time.

Because Workers’ Compensation laws are constantly changing, it is imperative that injured workers are represented by experienced, knowledgeable attorneys who specialize in obtaining the full range of benefits to which they are entitled. The Workers’ Compensation attorneys at Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP are recognized leaders in fighting to win justice for injured workers.

To view this video: http://www.geklaw.com/workerscomp.htm
Hurt at Work?

Ten Tips to Protect Yourself

As an employee, your right to control your own medical care with a doctor of your choosing has been severely limited under the 2004 Workers’ Compensation “Reform” (Senate Bill 899). However, this important right and several others can be protected if you adhere to the following relatively simple steps:

1. The California Labor Code allows employees to pre-designate a physician prior to an industrial injury. By doing so, the employee has the right to be treated by that physician from the date of injury until treatment is concluded. That doctor must be the employee’s regularly treating physician who maintains the person’s medical records and who is willing to treat him or her in the event of an industrial injury.

By pre-designating a doctor, you bypass the employer’s physicians and are able to control your own care. However, failure to pre-designate often results in the employer’s ability to control medical care with a doctor from his or her list of physicians.

2. It is extremely important to keep a copy of your physician pre-designation form for your personal records in the event that you are later injured on the job. Do not assume your employer will keep a copy of it.

3. Report your work-related injury or illness, regardless of the nature or severity, to your supervisor immediately. Request an “Employee’s Claim for Workers’ Compensation Benefits” form from your supervisor. Fill out the “Employee” section of the claim form accurately and return it to your supervisor as soon as possible. Be sure to indicate all the parts of your body you feel may be affected or hurt by the work-related injury or illness.

It is estimated that most injuries go unreported. It is important to consult with a doctor as soon as you are injured on the job. It is also important to note that some

Download Form: Predesignation of Personal Physician
injuries occur over time. Many workers have highly physical jobs that result in continuous trauma injuries, the most common of which affect the spine, arms, hands, shoulders and knees. Prolonged standing can cause problems with feet and legs. Bending and lifting can cause repetitive strain injuries to the lower back, neck, shoulders, arms and hands. Further, high blood pressure, diabetes and other internal problems can result from exposure to stress.

4. Keep a copy of the completed claim form as your receipt. Request that your employer return the claim form to you with the “Employer” section filled out. According to the law, your employer has 24 hours to return the completed form to you. If you were injured on the job, it is imperative that you keep all correspondence from the employer and the insurance company.

5. You will undoubtedly be asked to be evaluated by a state panel Qualified Medical Examiner. If you ignore the process, the employer will pick the physician for you. If you participate in the process, you have a say in which doctor evaluates your injury; this evaluation impacts your treatment and monetary compensation.

6. Not all workplace injuries are orthopedic in nature. Hypertension, high blood pressure, diabetes, respiratory illnesses, skin cancer, toxic exposure and stress injuries can result from employment. If you have such symptoms, it is important to consult with your physician. Further, if you believe your symptoms are work related, you have an absolute right to file a Workers’ Compensation claim for them. Some conditions may be merely aggravated by employment. This still qualifies as an industrial injury and you have the right to file the claim for the aggravation of a pre-existing injury.

7. Keep accurate records of the following:
   • Days off work
   • Dates of all medical treatment
   • All round-trip mileage incurred for the medical treatment
   • Receipts for all out-of-pocket medical and prescription costs

8. Write down all facts about any injury or illness you suffer at work. You may have a civil action in addition to your Workers’ Compensation claim.

9. Review the facts of any work-related injury or illness as soon as possible with an attorney who specializes in Workers’ Compensation law. New laws have shortened many deadlines, and early missteps can seriously affect your rights.
10. Do not abuse the Workers’ Compensation system. Injuries or illnesses that are not work-related should not be reported. All statements and facts that you provide must be accurate and true. Filing a false or fraudulent Workers’ Compensation claim is a felony under California law.
Work Can Be a Dangerous Place

The Workers’ Compensation system was developed to cover a range of work-related injuries and illnesses. Below is a list of representative accidents and health hazards the program encompasses. If you’re not sure if you are covered, it’s important to talk with an attorney.

Injuries and Illnesses Covered

Back and Neck
Injuries from lifting or moving heavy objects, or other activities during the course of performing work activities. Back and neck injuries also may be caused by cumulative trauma (see below).

Cumulative Trauma
Injuries caused by repetitive physical trauma such as carpal tunnel syndrome or other injuries from prolonged standing, lifting or other work activities.

Occupational Exposure
Injuries such as hearing loss, allergic reaction, asthma, lung disease and cancer caused or aggravated by workplace conditions, including exposure to toxins such as gases, fluids, chemicals and molds.

Heart Attack and Stroke
Heart disease, hypertension or conditions that lead to strokes and other medical problems caused or aggravated by the job. For example, these sometimes occur with weight gain subsequent to a physical injury.

Assault
Injuries from being struck, shot or physically attacked by co-workers or customers, or as the victim of a violent crime at work.

Auto Accident
Injuries occurring while driving between work sites, in route to training or work-related meetings, or performing work-related errands. Injuries caused by accidents during
regular commuting generally are not covered, although there are multiple exceptions.

**Legs**
Conditions caused or aggravated by prolonged standing at work, such as phlebitis, knee or hip problems or varicose veins.

**Communicable Diseases**
Diseases such as AIDS, hepatitis, TB or valley fever, if it can be proven that the infectious source was work-related.

**Slip, Trip and Fall**
Injuries caused by falling on work premises, including sidewalks, floors, stairways or in parking lots.

**Death**
When work conditions cause or contribute to the cause of death by accidental injury, exposure or illness, including heart attack or stroke (as above), a worker's dependents may qualify for compensation.

**Psychiatric Injuries**
Some psychiatric injuries due to stress may not qualify for Workers' Compensation. For psychiatric injuries due to stress occurring after July 16, 1993, the law requires that, with few exceptions, you must prove your job was the "predominant" cause of the injury. Injuries from stress due to lawful and good faith personnel actions do not qualify for Workers' Comp. Although there are some exceptions, you may not qualify for benefits unless you worked for your employer at least six months, or if you wait to report an injury until after being notified of job termination. Finally, after the 2012 Worker’s Compensation reforms, psychiatric injuries resulting from physical injuries may not qualify for compensation, but could still qualify for medical treatment. Consult an attorney to make sure you know your rights.
Disability Benefits for Work Injuries

If you are injured on the job, you may be entitled to Workers' Compensation benefits, regardless of fault. Below, we've outlined the benefits that are potentially available. Please remember that each case is specific, and the benefits may differ depending on your date of injury. It's important to speak with an attorney regarding your own situation.

1. Medical Care
2. Temporary Disability payments
3. Permanent Disability payments
4. Supplemental Job Displacement Benefit (voucher if you are not offered to return to work by your employer)
5. Return-to-Work Fund
6. Death Benefits for dependents of the deceased worker

Report your work-related injury or illness, regardless of the nature or severity, to your supervisor immediately. Request an "Employee's Claim for Workers' Compensation Benefits" form from your supervisor. Click here for a copy of the claim form.

Legislation that went into effect during 2004 substantially changed Workers' Compensation benefits and procedures. Additional reform legislation was passed in late 2012, and will be going into effect over the course of 2013. References to "new law" describe these changes.

1. Medical Care

You are entitled to reasonable medical care needed to cure or relieve the effects of a work-related injury or illness. In appropriate cases, the Workers' Compensation Appeals Board (WCAB) can award lifetime medical care for a work-related medical condition. Medical care can include doctors, hospitals, chiropractors, nurses, medicine, braces, canes, hearing aids, as well as treatment found to be necessary and reasonable care ordered by a doctor. Under California's Workers' Compensation law, "doctor" includes physicians and surgeons, psychologists, optometrists, dentists, podiatrists, acupuncturists and chiropractic practitioners licensed by the state of California; although there are some rules regarding how long certain types of professionals can act as your primary doctor. Workers'
Compensation also includes reimbursement for transportation to and from medical treatment and pharmacies.

If you file a claim on or after April 19, 2004, your employer must provide medical care within 24 hours of the filing of the claim and pay up to $10,000 in treatment for the alleged condition—even if they have not accepted the claim—until the claim is rejected. Beginning in 2005, the manner in which employers provide treatment to injured workers has changed. Beginning in 2013, further changes have been made to procedures regarding appeals of denials of medical treatment.

**Medical Provider Networks**
Under current law, if an employer sets up a Medical Provider Network (MPN) to treat injured employees, a worker may be treated only by a doctor in such a network unless he or she pre-designates a doctor. If no MPN is set up, an employee can still change treating doctors to a doctor of his or her choice after 30 days after giving notice of an injury, unless the employer has a Health Care Organization (see below). The employer must send out specific notices before requiring treatment within the MPN. If your employer advises that treatment within the MPN is required, you should consult with an attorney to see if such notices were sent and if the MPN is certified. The stated goal of the employer-controlled medical provider networks is to provide prompt and effective medical care. If you are not getting that kind of medical care, and wish to know your options to address this concern, you should consult with a workers’ compensation attorney to discuss your options.

**Health Care Organizations**
A Health Care Organization (HCO) is like an HMO for treatment of industrial injuries. Although certain requirements must be met, if your employer contracts with an HCO, you may be required to be treated by the employer's HCO for up to six months before you can change treating doctors—unless you have pre-designated a treating doctor. If your employer claims...
you are covered by an HCO, you should consult an attorney to see if the proper requirements have been met.

Pre-designating Your Doctor
You may advise your employer in writing before an injury that, if hurt on the job, you wish to be treated by your personal physician. The doctor must agree to be the treating physician, in writing. He or she must be the employee's regular physician, with an existing medical record and history of care. Employees are able to pre-designate a doctor if they have group medical coverage, either through their employer, through a spouse, or purchased on their own. Employees should complete a pre-designation form and make two copies (one for their records and one for their doctor's files) stamped with the date they file it with their supervisor. Pre-designated physicians may refer employees to appropriate specialists and therapists or for other treatment. A pre-designation form is available here.

Limits on Medical Treatment
The law caps chiropractic care and physical therapy to 24 visits each for injuries after Jan. 1, 2004, and occupational therapy is also limited to 24 visits for injuries after April 19, 2004. The Labor Code now defines "reasonable and necessary" treatment based on approved medical treatment guidelines. Understanding these treatment guidelines insures that care is properly being authorized. Doctors and lawyers specializing in workers' compensation cases rely on this understanding to insure that injured workers get the necessary medical care for their injuries.

The Attorney's Role in your Medical Care
An attorney can give you experienced guidance on your choices and availability of medical treatment and evaluation. Laws concerning rights for treatment and disability benefits are quite complex. It is now more important than ever to seek skilled legal advice to ensure that your rights are protected. Employees represented by an attorney have different rights than unrepresented workers. It is in your best interest to see an attorney before choosing a doctor from a State Panel Qualified Medical Examiner list to evaluate your disability. If you choose a doctor from a State Panel, your future Workers' Compensation rights and benefits may be adversely affected.

2. Temporary Disability
You are entitled to Temporary Disability (T.D.) benefits if you are unable to perform your job duties while recovering from a work-related injury or illness. Benefits begin on the
fourth day you are absent from the job due to a work-related injury or illness. There is no compensation for the first three days unless you miss 14 days of work or are hospitalized overnight.

T.D. benefit rates are two-thirds of your average weekly salary, up to the legal maximum. The first payment is to be paid no later than 14 days after your employer is made aware of the injury and accepts liability. Additional payments must be made at least twice a month. These benefits are non-taxable.

For injuries before 2004, T.D. payments are made until you return to work, or until your condition reaches a point of maximum recovery, or becomes "Permanent and Stationary"—with no time limit. T.D. benefits for injuries on or after Jan. 1, 2004 and before December 31, 2007, with very few exceptions, are no longer payable after two years from the date of the first payment. For injuries after January 1, 2008, T.D. benefits are payable up to two years within a five year period from the date of injury.

3. Permanent Disability

If you suffered a work-related injury or illness before 2005 that resulted in permanent symptoms, loss of function, work restrictions, or a decreased ability to compete in the labor market, you may qualify for Permanent Disability (P.D.) benefits. Under the old system, these weekly payments were based on a person's loss of ability to compete in the open labor market.

After 2005, California Labor Code prescribes a new way for P.D. benefits to be calculated. Benefits for claims are based in part on a book entitled the American Medical Association Guidelines, 5th Edition (AMA Guides). The book purports to provide an "objective basis" for evaluating loss of overall body function. Disability caused by subjective symptoms (pain) without objective findings may no longer be compensated. The new guidelines may also apply to injuries before 2005 if a doctor did not declare the injured worker "permanent and stationary" prior to that
date, or if the employee has not returned to work after a period of Temporary Disability before 2005.

P.D. benefits for many disabilities have also been significantly altered by reforms passed in 2004 and 2012. Recent court decisions, particularly the Alamaraz/Guzman series of cases, have given injured workers an opportunity to be compensated more accurately by allowing a physician to use different charts and tables in the Guides in describing permanent disability.

The final P.D. rating, a percentage between 1% and 99%, establishes the amount of the award and the length of time benefits will be paid. Employees may still be eligible to receive this benefit even after returning to work. These benefits are non-taxable. Given the changes in the law, a capable attorney can help you navigate through these changes to insure that you are awarded an accurate permanent disability Award.

If an employer has more than 50 employees, the law allows for an increase in P.D. benefits by 15% if the injury happened on or after Jan. 1, 2005, but before January 1, 2013, and the injured worker was not offered a return to work. Conversely, benefits decrease by 15% for injured workers who are offered a return to work for 12 months. If terminated during those 12 months, the injured worker is entitled to his or her full P.D. award.

Employees must disclose previous disabilities upon request, and employers are liable only for the portion of P.D. caused by the workplace injury. Any prior P.D. award is now presumed to exist at the time of a subsequent injury. Successive awards may never exceed 100% for multiple injuries to any one region of the body.

4. Supplemental Job Displacement Benefit
If you are an injured worker with an injury occurring after January 1, 2005, and you are not offered a permanent or modified job with your employer within 85% of your pre-injury wages, you will qualify for a Supplemental Job Displacement Benefit (voucher). The amount of the voucher will vary depending on your date of injury and, in some cases, your level of permanent disability. There are detailed rules that describe how an injured worker may access and spend the voucher money to assist in returning to work. If your disability precludes you from going back to work, it is important to consult with an attorney about your right to this voucher.

5. Return-to-Work Fund
The 2012 reforms provided for a $120 million fund for “injured workers whose permanent disability ratings are...”
disproportionately low in comparison to their wage loss.” Eligibility for the benefits and the specifics of how the fund will be administered will be based on research to be performed by the State of California in consultation with the Commission on Health, Safety and Workers’ Compensation (CHSWC). Most likely these benefits will be available to workers who sustain injuries after January 1, 2013.

6. Death Benefits
If an employee dies on the job from a job-related injury, or from a heart attack, cancer, stroke or other disease found to be caused or aggravated by work, the surviving spouse, minor children or other dependents may be entitled to receive benefits. Dependents who are good-faith members of the household also may be eligible for benefits, even if not legally married. For example, the family of an employee with three or more dependents may be entitled to benefits of $320,000.

If the job-related injury was not the main cause of the death, but contributed to the cause of death, a dependent spouse and children still may be entitled to full death benefits. Even survivors only partially dependent on support of the deceased worker may be eligible for this benefit. There is also an allowance for reimbursement of burial expenses.

A $250,000 benefit is now owed to the estate of safety officers without dependents who die from job-related injuries that occur on or after Jan. 1, 2003.

I thought that I only need an attorney if my employer is disputing my case...

GEK Partner Richard Felton discusses why it’s beneficial to have an experienced attorney handle your Workers’ Compensation case.
Workers' Compensation Law

Until you or a loved one is injured, you probably haven't thought about the Workers' Compensation system. We've listed some of the most frequently asked questions and their answers.

How is a Workers' Compensation case resolved?

Findings and Award
A judge at the Workers' Compensation Appeals Board (WCAB) decides claims. The judge's decision, called a Findings and Award, may provide for future medical care, and may be reopened within five years of the date of the injury. If both sides agree on all issues, they may sign a stipulated request for an award. The judge may base an award on this request. Payments are made every two weeks.

Compromise and Release
In other cases, both sides to a claim may decide to agree on a lump sum payment to settle the case. This settlement is called a Compromise and Release and must be approved by the WCAB judge. Once approved, the employer is released from all responsibility for future medical care and other benefits.

Can a case be reopened?

If your work-related condition worsens, you may petition to reopen a case within five years from the date of injury after previously being awarded Workers' Compensation benefits by Findings and Award.

Am I entitled to other benefits?

If you have an injury or illness serious enough to prevent you from returning to work, you may be eligible for Social Security disability. To qualify, you must have paid into the Social Security system in 20 of the last 40 quarters and are likely to be off work at least one full year. If you feel this applies to you, contact your attorney for more information.

Public employees who have retirement programs other than Social Security, may be eligible for disability benefits under the Public Employee Retirement System (PERS), State Teachers' Retirement System (STRS) or county, city or other retirement systems.

Under certain circumstances you may also be eligible for state disability insurance, unemployment insurance, long-term disability, etc.
How does Workers' Compensation relate to my rights under the ADA and FEHA?
If you believe you have suffered discrimination due to a physical or mental disability, see your attorney about rights you be entitled to under state and federal laws that prohibit discrimination due to handicaps. There are strict time limits for filing such cases. Please check with your attorney.

When does a job-related injury include a third-party case?
Please see third-party cases.

How will I pay my attorney?
It is your right to be represented by an attorney for your Workers' Compensation case. All attorneys' fees are decided by the Workers' Compensation Appeals Board (WCAB), and are paid out of the settlement or award. If there is no recovery, you do not pay an attorney fee. Fees are generally 15% of the benefits awarded.

Statue of Limitations
If you are injured at work, you must file for Workers’ Comp within the Statute of Limitations, which are strict time limits set by law. Although there are many exceptions, the Statute of Limitations generally is one year from the date of injury. If you delay, or fail to report a work-related injury or illness, no matter what kind or how severe, your benefits may be delayed or denied. Because changes in the law have become effective at different times, there may be different time limits depending on the date of injury. Generally, even when you have received benefits for an injury, you must file an application for adjudication of claim within five years of the date of injury. For injuries after Jan. 1, 1994, if your employer denies your claim, you have one year from the date of injury to file an application unless you fall within one of the exceptions to this law. During your case, you will receive notices from your employer. You must respond to these notices before the deadline or benefits may be severely affected. Since there are many exceptions to the Statute of Limitations, you should consult an attorney if you have questions.
The First 90 Days

Protecting Your Rights: The First 90 Days of a Workers’ Compensation Claim

Reporting a work-related injury to one’s employer and formally filing a Workers’ Compensation claim can be an intimidating proposition. Many workers don’t fully understand their rights and fear retaliation from their employer should they file such a claim. Others fail to pursue legitimate claims out of a misguided sense that someone filing a Worker’s Compensation claim is trying to get away with something, or is somehow taking advantage of their employer or “the system.”

What you might not realize is that the Workers’ Compensation system exists to protect employers, not penalize them. In most instances in California, workers who are injured on the job are legally prohibited from suing their employers in civil court. This is true even where a worker is injured through gross negligence on the employer’s part. This prohibition exists to protect businesses from incurring prohibitively expensive litigation costs whenever an employee sustains a work-related injury. The tradeoff is that employers are required to carry Workers’ Compensation insurance or to be permissibly self-insured to allow for a system to assist injured workers in receiving benefits, including medical treatment and monies, in an expeditious manner.

You should advise your employer immediately if you have suffered a work-related injury. The timelines and rules outlined here apply to the first 90 days after a claim is filed. It is important to understand these so that you receive the full range of benefits to which you are entitled.

1. Once an employee has notified the employer of a work-related injury, the employee should be provided with a Workers’ Compensation Claim Form, known as a DWC-1, to complete. Presenting a completed DWC-1 form to an employer initiates the Workers’ Compensation claim process. Verbally reporting the injury is not sufficient to trigger an employer’s responsibility to initiate benefits. Be
sure to keep a copy of the form for your records as it is one of the most important documents in your case.

2. Within 14 days of receipt of the Claim Form, the employer must accept, reject or delay a decision regarding the industrial injury claim. If the claim is put on delay, the employer has 90 days to determine whether to accept the claim. During this delay period, the employer is required to furnish up to $10,000 worth of medical care to the injured worker. The employer is not, however, required to pay temporary disability benefits for wage loss during this delay period. Therefore, if the employee is off of work because of the injury, and the employee paid into the State Disability Insurance (SDI) system or has some other disability policy through work, he or she should apply for these benefits.

3. One of the most important issues during the beginning stages of a Workers’ Compensation claim is deciding when and where to begin medical treatment. The employer is legally entitled to choose the medical provider for the first appointment. However, many injured workers are under the mistaken impression that they must continue treating with this initial physician. It is the employer’s duty to notify injured workers of the existence of what is known as a Medical Provider Network (MPN), which is a list of pre-approved doctors from which an injured worker can choose.

Usually, such notification comes in the form of a letter with a website the worker can go to find a doctor. An injured worker can pick a new doctor off the MPN immediately after the first visit with the assigned company doctor. Not all employers have MPNs. In this case, the employer has medical control for the first 30 days, then an injured worker can designate any doctor who accepts Workers’ Compensation insurance starting 30 days after the employer’s receipt of the Claim Form. Often times injured workers reach out to an experienced Workers’ Compensation attorney during the early stages of an injury claim to seek assistance in identifying a qualified treating
physician, as prompt and effective medical treatment can assist an injured worker in making a speedy recovery.

4. In some cases, the insurance company will request a panel Qualified Medical Evaluation (PQME) with a state PQME within the first 90 days. Sometimes such an evaluation will be completed as part of the employer’s investigation of the claim, during the first 90 days, to assist them in evaluating whether to accept or deny the claim. The outcome of this evaluation can have a great impact on your case and often times an injured worker will seek the advice of experienced legal counsel before seeing a PQME.

If the claim is not denied within 90 days, an injury will be “presumed compensable,” meaning that the injury will be accepted and the employer is barred from presenting evidence to the contrary if that evidence could have been obtained during the 90-day period. This consequence proves to be a great advantage to the injured worker.

The first 90 days will generally set the tone for the entire Workers’ Compensation claim process. Not acting immediately and deliberately to protect your rights can impact the manner in which your entire claim proceeds. It is important to know that an injured worker has the right to retain counsel before filing the Claim Form or for assistance in filing it, and any time after it is filed.
Utilization Review

Utilization Review and Independent Medical Review: What Are They and What Do You Need to Know About Them?

Technically speaking, the law pertaining to utilization review can be found in Labor Code Section 4610. In plain language, utilization review is the insurance company’s review of medical treatment recommendations made by a treating physician for a Workers’ Compensation injury. Starting January 1, 2013, a dispute arising from a utilization review denial is to be resolved through a State run Independent Medical Review program, which can be found in Labor Code Section 4610.5.

The intent of utilization review is to ensure that recommendations are reviewed by a medical doctor instead of the claims handling examiner who lacks the medical knowledge to make a determination whether to authorize, delay or reject a medical treatment recommendation. Injured workers as well as their physicians will often receive a letter in the mail from a utilization review company and/or physician detailing whether or not a medical treatment request has been authorized.

The following are things you should know regarding this process and the applicable timelines:

1. Within five days but no more than 14 days from receipt of a medical treatment request by a treating physician, a utilization review determination should be made as to whether the request is authorized, delayed or rejected. If the determination is delayed, it’s because additional information has been requested. It is important to identify in the letter what specific information the utilization review physician is missing so your treating doctor can provide it.

2. Within 20 days of receipt of a utilization review denial letter, the injured worker or his or her attorney must object to the denial in writing. This creates a “medical dispute” that has to be resolved through the medical legal dispute evaluation process.
3. If the utilization review process is not done in a timely manner, the insurer shall authorize the medical treatment. This was reaffirmed in the California Supreme Court case known as Sandhagan.

4. This utilization review process applies to cases with future medical awards as well, regardless of the date of injury.

5. Unfortunately, there is no standard form or format upon which utilization review letters are to be created. Thus, they come in different formats with varying numbers of pages. In addition, they often include standard, boilerplate language that can be confusing.

6. In some cases if treatment is denied by utilization review, you must appeal that decision through a new process, which went into effect on January 1, 2013, called an Independent Medical Review (IMR).

In order to receive medical care in a timely manner, it is imperative that you are knowledgeable about the utilization review and independent medical review processes and timelines. Both utilization review and independent medical review have strict time limits that need to be adhered to or an injured worker could lose his or her right to appeal and seek medical treatment for their injury.

If you need more information on how to combat frivolous and wasteful utilization review denials in your case or receive a utilization review denial that is difficult to understand, you should seek advice from a skilled attorney.

The law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP is dedicated to protecting the rights of those who have suffered serious injuries on or off the job. If you would like to speak with an attorney about your legal options, please call us at 213-739-7000.
Use Medications Wisely

**Medications are designed to help, not hurt.** However, when taken incorrectly, they can be dangerous. Adverse drug “events” cause more than 700,000 emergency room visits each year (of these about 120,000 patients need to be hospitalized), according to the Centers for Disease Control and Prevention.

**You can avoid becoming a statistic.** Your doctor is responsible for prescribing the correct medication, and your pharmacist’s job is to fill that prescription correctly. You are responsible for not only taking the medication correctly, but also for working as a team with your physician and pharmacist. Consider keeping a list of all medications you are taking, including prescription medications, vitamins, supplements, herbal remedies and any over-the-counter medicines, and sharing that list with your doctor as well as your pharmacist.

**Take all medicines as prescribed; when in doubt, ask questions.** Be sure you know the answers to the following:

- Why am I taking this medication?
- What are the side effects?
- What should I do if I have an adverse reaction?
- When should I stop taking this medication?
- Can I take this medication with other medications on my list?

**One way to keep things straight is to keep a detailed account of your medications** on a Medicine Record Form. This is important not only from a health standpoint, but such a form is also useful in many aspects of a Workers’ Compensation case. First, permanent medication side effects need to be considered as part of any settlement, including future medical care. Second, a detailed list of medications and their use is important, particularly in light of the recent Medicare requirements in some cases that settle for a lump sum.
If you settle with a lump sum (referred to as a compromise and release) and you are receiving Medicare or are eligible to receive it within 30 months, Medicare requires that part of your settlement be set aside for future Medicare-covered expenses.

**Documentation of all medication** taken during a patient’s last two years of treatment is required to determine the set aside. Therefore we recommend saving all pharmacy medication receipts because they include the necessary information—name of the medication, dosage, frequency and name of treating physician.

**You can be your own best advocate** when it comes to taking medication safely. Consider the following tips:

- Never take medication intended for someone else.
- Always read labels carefully.
- Don’t keep medications that are expired or discontinued; the Federal Drug Administration can guide you on how to dispose of medications.
- Don’t combine multiple medications in the same bottle.
- Don’t take medications that aren’t clearly marked.
- Don’t stop taking medication just because you feel better.
- Keep all medication away from children; never refer to it as “candy.”
- Keep the number of the American Association of Poison Control Centers handy—1-800-222-1222—and use it, if necessary.

Even if you never took legal action, you may be able to file for benefits by filing a Petition to Reopen. If you believe you may be entitled to additional benefits, see a lawyer before the end of five years from the date of the injury.
New Workers’ Compensation Law

Senate Bill (SB) 863 - the latest Worker’s Compensation “reform” legislation- was signed into law by Governor Jerry Brown on September 18, 2012. Only time will tell to what extent this bill will affect California’s injured workers. We are fully equipped to overcome any challenges our clients may face as a result of this new law.

Medical Review Process

Recently, we informed you about a newly enacted California bill, Senate Bill (SB) 863, which is essentially an overhaul of the state’s Workers’ Compensation system. SB 863 makes important changes to numerous parts of the system. Many details have yet to be finalized, as new regulations are being drafted to implement the new law. Over the next few months, Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK) will be providing you with more information about the specifics of the new law. In this article, we will discuss the new rules governing medical treatment disputes.

Since the last reform in 2004, current medical treatment requests made by doctors have been subject to Utilization Review (UR), whereby insurance companies approve or deny treatment recommendations through an internal review process. An employee objecting to a UR denial of treatment could either be evaluated by an Agreed Medical Examiner (AME) or Panel Qualified Medical Examiner (PQME) to resolve the dispute.

Now under SB 863, AMEs and PQMEs will no longer be deciding disputes that arise when UR denies, delays or modifies medical treatment recommendations. Instead, the State of California will create an Independent Medical Review (IMR) procedure to resolve UR disputes. This new IMR process has strict timelines and requirements, and gives the employee only 30 days from the date of a UR decision to request an Independent Medical Review of the decision. If the employee misses the 30-day deadline, the UR denial of medical treatment remains in effect for an entire year (with some limited exceptions). There will be specific rules governing what documents can be sent to IMR for consideration in deciding the disputed medical
treatment request, and required forms that are properly filled out for submitting such documents.

When do all these changes go into effect? All work-related injuries that occur after January 1, 2013 will be subject to this new IMR process. And, all treatment requests made after July 1, 2013 will have to be resolved by this IMR process, regardless of when the injury occurred.

We are hopeful that the new IMR process will result in a more expedient resolution of medical treatment disputes that often arise. However, we are concerned with the strict time limits placed on an injured worker and the risk of losing the right to obtain needed medical treatment. We are preparing for these new rules so that our current clients, and future clients, will have the ability to have medical treatment disputes properly and thoroughly reviewed with the hope that much needed medical treatment will be authorized.

GEK attorneys are well-versed and knowledgeable about the many specific rules, exceptions and timelines involved in the complicated Workers’ Compensation system. Now that there will essentially be a complete overhaul of the system, it is more important than ever to be represented by an attorney who can advocate for you and fight to obtain essential medical treatment.

New Legislation

Workers’ Compensation Settlement Payments

When a work injury causes a permanent disability, the law allows for a monetary payment to be paid to the injured worker to compensate for the permanent injury. These permanent disability payments are often referred to as the settlement portion of the case. In some instances, before a final settlement has been approved, the injured worker may be entitled to “permanent disability advances.” It is important for injured workers to understand when and why they will receive these payments. As of January 2013, as a result of new legislation (Senate Bill 863) enacted by
the California Legislature and signed by Governor Jerry Brown, the law has fundamentally changed regarding when and why these permanent disability payments will be paid.

Prior to January 1, 2013, Labor Code Section 4650(b) required that permanent disability payments begin within 14 days of the last payment of temporary disability, and be paid until a “reasonable estimate of permanent disability” was paid. This often meant that payments would be made even after an injured worker returned to work and before there was a final settlement in the case.

After January 1, 2013, for all dates of injury, the law now dictates that in some instances, permanent disability advances will not be paid until there is a final settlement in the case. The law now states:

1. Permanent disability “advances” do NOT have to be made IF the employer has offered the injured worker a job paying at least 85 percent of his or her earnings at the time of injury,

2. OR the worker has obtained a job at another employer paying 100 percent of his or her earnings at the time of injury.

However, despite this new rule, upon a final settlement, the permanent disability payments will be paid retroactive to the last payment of temporary disability benefits, or from the time the injured workers is declared permanent and stationary/maximum medical improvement (i.e., the doctor has released the worker from active care and has issued a final opinion of the worker’s level of permanent disability), whichever is earlier. Therefore, in the end, the injured worker will still get paid, but will have to wait if he or she has returned to work.

Of course, if your employer is unable to accommodate you, or you do not have a new job within the pay scale described above, you will receive permanent disability advanced payments within 14 days of the last payment of temporary disability, if there is medical evidence to reasonably estimate some level of permanent disability.

The workers’ compensation attorneys at Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK) are educated on these new rules and are prepared to act to ensure that our current and future clients are not denied benefits that should rightfully be paid. A skilled workers’ compensation attorney can:

1. Identify if a termination of permanent disability advances before a final settlement is proper.

2. File the appropriate paperwork to put the defendant on notice of a potential penalty for an unreasonable delay in payment of this benefit if permanent disability advances are improperly terminated.
3. Assist the injured worker in taking the necessary steps to expedite settlement to get the permanent disability payments paid if benefits are not initiated because the injured worker has returned to work as dictated by the new law.

The unfortunate delay in payment of the permanent disability advances in the new law can interfere with an injured worker recovering from the financial loss that can result after an injury.

Labor Code Inclusion

Is a Positive Aspect of Senate Bill 863

Dating back to 2004, changes in the Workers’ Compensation laws altered the procedure for determining permanent disability, commonly known as the “settlement” part of a Workers’ Compensation case. One of the key changes in the law was to adopt and require that doctors use a book entitled the Guides to the Evaluation of Permanent Impairment, Fifth Edition, published by the American Medical Association, commonly referred to as the “AMA Guides.” There are charts in the AMA Guides that determine an individual’s impairment based on the nature of the injury, the nature of the medical treatment, the impact on a person’s activities of daily living, and objective medical testing. In the early years the applicability of the AMA Guides resulted in much lower settlements for injured workers.

Faced with these sometimes harsh results, attorney advocates for injured workers questioned the doctors’ strict application of the AMA Guides and went to court in an effort to prove an alternative analysis was necessary. The attorneys argued that impairment ratings based upon a strict interpretation of the AMA Guides, in some cases, did not result in an accurate permanent impairment rating and settlement. Ultimately, after many legal battles, two cases,
the Almaraz and the Guzman cases, led to an acceptable, alternative method to determine an accurate permanent impairment. With skillful questioning by an attorney, based upon the principles as set out in these cases and the underlying principles of the AMA Guides, permanent impairments in certain circumstances have been significantly increased.

One positive aspect in the recently enacted Senate Bill (SB) 863, the 2012 Workers’ Compensation reform bill, is that this alternative method of using the AMA Guides has now been written into the law in Labor Code Section 4660.1(h). This Labor Code section specifically indicates that it is not the intent of the legislature or this new law to overrule the conclusion and new method detailed in the Guzman case. The inclusion of this case into the law was a significant victory for injured workers.

When and if this new method will apply to an individual’s injury case is complex, requires a thorough analysis, and, unfortunately, often still requires questioning of doctors who do not seem to accept or understand these concepts. Thus, with any significant injury that affects one’s ability to function, it is more important than ever to consult with a skilled attorney.

The Workers’ Compensation attorneys at Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK) have been and will continue to be on the front lines of legislative changes that affect injured workers in California.
Justice for Public Safety Officers
Spending a great deal of time meeting with members of individual public safety officers’ associations from across the Southland has enabled the attorneys at Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP to gain a thorough understanding of their legal needs when it comes to Workers’ Compensation and Personal Injury issues.

We take particular pride in being able to protect the rights of those who put their lives on the line every day to ensure our safety, and are committed to empowering and representing public safety officers through our educational and legal services.
Special Labor Code Sections for Work Injuries to Public Safety Officers and Firefighters

Labor Code Section 4850 - Salary Continuation

Certain law enforcement officers and firefighters are generally entitled to full payment of salary, not to exceed one year, while on leave of absence for a work injury or when permanently disabled per Labor Code Section 4850. It is important to note that this entitlement is payable up to one full year of payments, and is not limited to the one calendar year immediately following the date of injury, as the benefits may be paid during discontinuous periods of entitlement which ultimately total one year of payments. This salary continuation benefit is paid in lieu of workers' compensation temporary disability benefits. Leave of absence pursuant to this Code section does not count against personal family medical leave benefits afforded workers per California state law.

Upon expiration of Labor Code Section 4850 payments, if still temporarily disabled, the injured worker is eligible to receive workers' compensation temporary disability benefits. There are certain time limits within which an injured worker can receive temporary disability benefits, and these time limits may vary depending on the worker's date of injury. In most cases the temporary disability benefits will not be paid beyond 104 weeks of payments.

Eligible Employees Include:

- City police officers
- City, county or district firefighters
- Sheriffs
- Inspectors, investigators, detectives, correctional officers, or personnel with district attorney's office involved in law enforcement
• County probation officers
• Certain employees of a probation office
• Peace officers under 830.31 of the Penal Code employed on a regular, full time basis of a county of the first class
• Lifeguards, if full-time by a county of the first class
• Airport police under subsection 830.33 of the Penal Code
• Harbor and Port police under subsection 830.33 of the Penal Code
• Los Angeles Unified School District school police

Certain Department of Justice employees, Port employees, Commission employees, Highway Patrol, University of California Police and University of California Firefighters, and other active law enforcement officers are also entitled to a similar leave benefit pursuant to specifically enacted subsections of Labor Code Sections 4800 to 4804.

Labor Code Sections 3212 to 3213 - Types of Injuries Presumed to be Caused by Work

Police officers and firefighters and other public safety officers are entitled to a "presumption" or advantage in proving certain types of work injuries as enumerated in Labor Code Sections 3212 through 3213.

These Presumptions Include:
• Labor Code Section 3212, 3212.3 to 3212.5 - Hernia, Heart Trouble and Pneumonia for various public safety workers.

• Labor Code Section 3212.1 - Cancer, including leukemia, if the member demonstrates that he or she is exposed to a known carcinogen, for peace officers and firefighters. Go to the International Agency for Research on Cancer website: http://monographs.iarc.fr/ for more information about cancer-causing carcinogens.
• Labor Code Section 3212.6 and 3212.10 - Tuberculosis, covers peace officers, prison guards, correctional officers and firefighters.

• Labor Code Section 3212.8 - Blood-borne infectious disease for peace officers as defined by Penal Code Section 830 et seq. and firefighters. Examples include HIV and hepatitis.

• Labor Code Section 3212.85 - Exposure to biochemical substances for peace officers as defined by Penal Code Section 830 et seq. and firefighters. Biochemical is defined as "any biological or chemical agent that may be used as a weapon of mass destruction."

• Labor Code Section 3212.9 - Meningitis for peace officers, probation officers, district attorney investigators and firefighters.

• Labor Code Section 3212.11 - Skin cancer for lifeguards.

• Labor Code Section 3212.12 - Lyme disease for peace officers and corp members.

• Labor Code Section 3213.2 - Lower back, "duty belt" defined. Most police officers with five years of employment that required the use of a duty belt.

Many of these presumptions extend up to 60 months from the last date of work.

On January 1, 2011, The William Dallas Jones Cancer Presumption Act of 2010 went into effect, extending the existing statute of limitations from five years up to 10 years from the last date worked. The length of the statute of limitations is calculated by a period of three calendar months for each full year of the requisite service, up to 10 years from the last date worked.

GEK Partner Adam Dombchik explains Presumptions, and how they apply to Workers’ Compensation claims for public safety officers.
Apportionment

It is important to note that the rules regarding apportionment were changed in 2004, pursuant to Senate Bill 899, amending Labor Code Section 4663. Apportionment is the splitting up of permanent disability based on the percentage of industrial versus non-industrial disability. However, in 2006, the Legislature amended and clarified Labor Code Section 4663 in presumption cases. Now, once a work injury is established in a presumption case per the Labor Code Sections cited above, there can be no apportionment to a preexisting disability or condition.

Pension/Disability Retirement Issues

Retirement, pension and disability issues often arise due to a work injury or illness. We believe that when these issues arise, they should be coordinated with the filing of a workers’ compensation claim. There are many different retirement plans, each having different rules relating to workers’ compensation benefits. It is important to consult a knowledgeable attorney to make sure that potential benefits are not lost.

Death Benefits

Pursuant to Labor Code Section 4700, death to an employee that occurred arising out of and in the course of employment entitles partial and total dependents of the decedent to a monetary workers’ compensation death benefit. Labor Code Section 4709 confers a scholarship on children dependent upon certain types of peace officers if killed (or rendered totally disabled as a result of an accident or an injury caused by external violence or physical force) while on duty. Labor Code Section 4856 allows for continued provision of health benefits to surviving spouse and dependents of deceased firefighters or peace officers. If an officer or firefighter dies in the line of duty, the surviving spouse and minor children continue with health coverage that was in effect at the time of the death.

Firefighters Can File and Win a Civil Lawsuit for a Work-Related Injury

Firefighters and police officers willingly assume the risks inherent in their duties. They put their lives on the line every day as they serve and protect, and they are paid to do so. It is this concept, along with the misplaced notion that there are adequate Workers’ Compensation laws available to those officers injured in the line of duty, that led to the adoption of California’s Fireman’s Rule, a rule that bars a public safety officer from bringing a civil action against someone for an injury that occurred in the line of duty.
But the job of a public safety officer is not as clear-cut as the rule may imply, and often times work-related injuries occur due to the negligence or misconduct of others that were not the reason for the public safety officer’s presence at the injury-producing event. The Fireman’s Rule often imposed an injustice on public safety officers because the person who created the dangerous condition suffered no consequence for his or her misconduct, and the public safety officer was significantly limited in economic recovery by the Workers’ Compensation system.

In an attempt to rectify the injustice, the legislature enacted Civil Code Section 1714.9, which provides exceptions to the Fireman’s Rule. The statute authorizes civil lawsuits by police and firefighters when:

- The injury producing harm was caused by an intentional act or
- When the conduct is not intentional but occurs after the person knows or should have known of the presence of the public safety officer
- When the conduct occurs after the person knows or should have known of the presence of the public safety officer, and violates statutes, ordinances or regulations designed to protect the public safety officer.

The following are examples of Civil Code 1714.9 in action as it pertains specifically to firefighters.

- A firefighter slipped and fell on wet stairs during a fire safety inspection. The stairs did not have skid-resistant treads. The court held that slippery steps were not a danger inherent in the firefighter’s activity, and the Fireman’s Rule did not preclude him from bringing a lawsuit against the property owner.

- A firefighter suffered severe burns while fighting a warehouse fire. Because it was later discovered that the cause of the fire was arson, a civil action could be taken against the arsonist.
A firefighter responded to a chemical boil over at a plant. The owner informed the firefighter that the boil over did not involve toxic chemicals or materials and that there would be no danger in trying to contain it. These were negligent or intentional misrepresentations. The boil over did contain toxic substances to which the firefighter was exposed. The Fireman’s Rule did not apply.

“Civil Code Section 1714.9 is a victory for public safety officers,” says Eugenia Steele, a Personal Injury partner in the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK). “The Fireman’s Rule in its traditional form is an injustice to those who make great sacrifices to protect us. We are dedicated to fighting for the rights of the men and woman who put our safety and well-being front and center every day.”

GEK provides free, confidential consultations for those considering legal representation in a Personal Injury or Workers’ Compensation case. If you have any questions, please call us at 213-739-7000.

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• When the conduct occurs after the person knows or should have known of the presence of the public safety officer, and violates statues, ordinances or regulations designed to protect the public safety officer.

The following are examples of Civil Code 1714.9 in action as it pertains specifically to police officers.

• A police officer was injured on the job when a railroad crossing arm broke and struck him on the head. The Firefighter’s Rule did not bar recovery from the city’s transit district because the negligence that allegedly caused the officer’s injury was not the same as the one that prompted his presence at the scene.

• Police responded to a call regarding a restaurant employee who plunged a kitchen knife into another employee's back. The attacker threw scalding hot oil onto an officer, severely burning the officer's face, neck, arms and torso and damaging his ears. The attacker knew of the presence of the police officer and intended to injure him. Therefore, the Firefighter’s Rule did not apply.

• An officer responded to a silent burglary alarm and while searching the premises fell through a defective ceiling. The property owner was aware of the defect and failed to warn the officer. The Fireman’s Rule did not prohibit the officer from bringing a lawsuit against the homeowner.

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Disability Retirement for Public Safety Officers

If you are a safety member of the Public Employees’ Retirement System (PERS) or are a deputy in a county governed by the County Employees’ Retirement Law, you and your family have a valuable safety net in the event you become permanently disabled from your usual law enforcement duties at your agency.

Regardless of age or years of service, an Industrial Disability Retirement (IDR) will pay 50 percent of your compensation, tax free, for life. If you are eligible for a higher percentage service retirement at age 50 or above and you also qualify for an IDR, you would receive the higher percentage but the equivalent of the first 50 percent of your salary would be tax free.

Disability pensions are generally not easily obtained, especially in today’s political climate. Getting one requires precise, evidence-based doctor’s work restrictions which cannot be accommodated (by modifying your job) by your agency. Your attorneys may have to educate your doctor about the differences between workers’ compensation and disability retirement. Pension law is complicated and usually overlaps with workers’ compensation and disability discrimination (reasonable accommodation) law. Sadly, disability retirement issues also come up in the context of an internal affairs problem. Your various attorneys will coordinate their efforts when you’re involved in such situations.

Application for disability retirement must be made, generally, within four months of separation from employment, but there are exceptions. Determination of permanent disability is made by your agency if you are a local safety member of PERS; state safety member determinations are made by PERS.

If your city decides you’re disabled, but it’s not “industrial,” an appeal goes to the Workers’ Compensation Appeals Board, in a special (i.e., not workers’ compensation) proceeding to prove job causation or aggravation. The good news is that the “causation” issue in disability retirement is not particularly burdensome. In one of our cases, Bowen v. Board of Retirement, the Supreme Court held that in order
to qualify for a service-connected (industrial) disability retirement allowance, the employee need only establish that the weight of the evidence demonstrates a real and measurable connection between the disability and the employment. The dissent in that case made the point that the “real and measurable” connection of a disability to the job could be as little as 10 percent.

You didn’t enter law enforcement hoping to get a disability pension. For most, it’s a disappointing, sometimes bitter, end to a career. We recognize this and take a personal interest in each case. Our job is to help the disabled officer successfully transition into the next phase of life.

(The law office of Steven R. Pingel has been representing disabled officers statewide for 35 years. For more information about the firm, call 562-432-0302 or visit www.pingellaw.com.)
Turning Denial Into Victory for a Sheriff’s Deputy

“The course and scope of your employment”—seven words that can carry quite a punch...particularly when they are used in the context of denying a Workers’ Compensation claim. Such was the case for a Ventura County Sheriff’s Deputy who was injured while voluntarily participating in work-related training that she was told was vital for reaching her goal of becoming a K-9 handler.

However, Adam Dombchik, a partner in the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK), turned that denial into a victory by presenting effectively the substantive facts of the case over the course of a two-day trial.

Hearing about a position opening in the K-9 unit, GEK’s client set out to best prepare herself for the job. This included not only learning about pertinent policies and case law, but also—at the advice of multiple past and present K-9 officers—participating in handlers’ training. Her supervisors did not tell her that she shouldn’t participate.

The training involved wearing protective gear so she could take bites from the training dog. She also received verbal and visual dog-training instruction. On the day of her injury she was acting out a scenario in which a dog attacks a criminal. She was playing the part of the criminal. The result: torn ligaments in her right knee that required surgery and the need to be off work for months during the recovery, without the benefit of Labor Code 4850 full-salary payments.
The initial denial of her claim stated that “you were off duty at the time of the incident and not in the course and scope of your employment.”

The case proceeded to trial. “Because the training was partially paid for by the County of Ventura, we were able to prove that our client was injured in an employer-sponsored event,” explains Dombchik. “In addition, since two supervisors of the K-9 unit were present at the training and neither told her she couldn’t participate, we proved implied consent.” Furthermore, facts were presented at trial to prove the benefit to the employer as a result of a candidate’s participation in this training.

After Dombchik presented his case, the judge opined that, “There can be no doubt that the voluntary participation in a canine training session by an employee of the County of Ventura Sheriff’s Department...constitutes a service growing out of and incidental to the applicant’s employment....” In addition, in referencing Labor Code Section 3600, that deals with “course of employment,” the judge ruled that because the applicant was “actually playing the part of a criminal being attacked by a canine...the injury, which arose out of employment also occurred in the course of employment since it was proximately caused by the employment activity.”

It took an experienced, knowledgeable attorney to prove that the deputy sheriff was entitled to Workers’ Compensation benefits in this instance. Each case is different, and often times the outcome will turn on the facts of the case. This case is another example of why it is imperative for injured workers to have skilled legal counsel on their side to analyze the facts and prepare the case in a manner to ensure they receive the full range of benefits to which they are entitled.

If you would like to speak with an attorney about your legal options, please click here or contact us at 213-739-7000.

Winning... Despite the Odds

Every year between 150 and 165 police officers die nationwide while protecting our safety. The silver screen would have you believe that gun shots, stabbings, auto accidents—all the action-packed scenarios—are the only causes. But many officers throughout the country die every year due to more insidious “culprits,” such as cancer-causing toxins they were exposed to in the line of duty.

That was the case for a client of the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK)—a Manhattan Beach police officer who died from a glioblastoma (brain tumor).

Even though the cancer presumption (an injury presumed to be caused by work, and outlined in Labor Code 3212)
usually applies where it can be shown that the injured safety officer was exposed to a known carcinogen, the evaluator in this case presented an analysis rebutting the cancer causation presumption, concluding that the death was not industrially related.

“The debate here was over latency, which is the time it takes for cancer to show itself after exposure to a carcinogen,” explains GEK attorney Steve Scardino. However, despite the fact that the Qualified Medical Examiner’s opinion was contrary to the presumption of compensability, a settlement was reached.

“Persistence is key in all presumption cases, and you cannot assume that the evaluators will cooperate. On the other hand, it is very difficult for an employer to rebut the presumption since safety officers are exposed to so many potential carcinogens during every shift.”

It is essential to gather as much information as possible about exposure to many carcinogenic chemicals, such as several types of vehicle and aviation fuel, exhaust from emergency vehicles, solvents, toxics from burning buildings, chemicals associated with drug possession and manufacturing, etc. That information must be included in a Workers’ Compensation claim.

“This case is very special to me because a lawyer from another firm initially rejected it,” explains Scardino. “We took it on despite the dire odds related to causation and latency because our client, Jeff, was a great guy. He was well respected as a police officer, someone who was very generous with his time in terms of caring for others…. He had a wonderful wife and two young daughters. Not pursuing this was not an option.”

And by pursuing it, Scardino was able to obtain a substantial six-figure settlement for the family. “This is a case that reminds me of why I’m a workers’ comp attorney.

“I was moved and humbled by the hundreds of people who attended Jeff’s funeral. Jeff may be gone, but his memory and legacy remain, and his family’s financial future is not in question.
“The safety net of presumptions is alive and well, and certainly allowed us to obtain a settlement for Jeff’s family.” But Scardino is quick to add, “In this case, the presumption helped, but so did our moral high ground.”

Shift Work Can Be Hazardous to Your Health

There’s a good reason why man invented the snooze button. Sleep is essential for the mind, body and spirit, and the more of it you can slip into your schedule, the better. But when your inner alarm clock doesn’t match the confines of the work world on a regular basis, as is often the case for those who perform shift work, serious health conditions can result. The medical profession classifies these conditions as part of a Shift Work Disorder (SWD).

Shift work can be defined as permanent or intermittent night work, early morning work or rotating schedules. Police officers are among the estimated 8.6 million people in the United States who fall into this category.

In essence, shift work disrupts the circadian rhythm—the internal body clock that is linked to natural daylight and darkness—and makes it difficult to stay awake during waking hours or to fall asleep during sleeping hours.

Experts agree that shift work can affect one’s mental and physical health and lead to the following:

• Cardiovascular disease
• Diabetes
• Obesity
• Depression and mood disorders
• Gastrointestinal conditions
• Fertility and pregnancy problems
• Cancer

Workplace injuries or illnesses that occur over time, such as those stemming from SWD, can result in continuous trauma and are classified as industrial injuries. Therefore,
a person suffering from SWD and its effects may be eligible for a full range of Workers’ Compensation benefits.

Because these illnesses can be catastrophic, it is imperative for injured workers to seek representation from an experienced attorney who keeps updated on the ever-changing Workers’ Compensation laws. This is particularly important in cancer cases, where there is a presumption that work played a role in causing the disease.

The law firm of Gordon, Edelstein, Krepack, Grant, Felton and Goldstein provides free, confidential consultations for those with considering legal representation in a Workers’ Compensation case. If you have any questions, please call us at 213-739-7000.

Court of Appeals Decision Alters Law, Limits Disability Benefits For Public Safety Officers

In 2004, a Workers’ Compensation “reform” law signed by then-Governor Arnold Schwarzenegger put a cap of 104 weeks (two years) on the payment of temporary disability benefits owed to injured workers. This law did not change the long-standing benefit to public safety officers per Labor Code Section 4850, which allows for up to a one year of full salary continuation after an industrial injury.
Since the enactment of the 2004 law, it was accepted that after the expiration of the Labor Code 4850 benefits, an additional two years of temporary disability would be available if the worker was still disabled due to the industrial injury. This was the issue in a recent Court of Appeals case, County of Alameda v. The Workers’ Compensation Appeals Board and Bryan Knittel, wherein the Court addressed whether or not Labor Code Section 4850 salary continuation benefits paid to injured public safety officers count toward the 104-week cap (per Labor Code Section 4656).

The case involves Bryan Knittel, who injured his knee while working as an Alameda County Deputy Sheriff. He was unable to perform his duties after his injury, and received 4850 benefits for one year.

When the 4850 benefit payments ended, Knittel received “regular” temporary disability benefits for an additional year, after which time the payments ceased. The County cited the 104-week limit on aggregate disability payments for temporary disability as its reason for discontinuing payment.

Knittel disagreed, and requested a hearing before the Workers’ Compensation Appeals Board (WCAB). The WCAB Judge agreed with Knittel, concluding that section 4850 benefits do not count toward the 104-week limit.

“Prior to this holding, there had been a series of WCAB cases that held that 4850 salary continuation benefits for public safety officers did not count towards the 104 week limit for ‘aggregate disability payments,’” explains Keith Mackenzie, a Workers’ Compensation attorney with the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK). “This meant that an injured public safety officer who qualified for 4850 benefits could potentially receive a year of salary continuation benefits AND two years of temporary disability indemnity.”

Knittel’s “victory” was short-lived. It was the opinion of the Appeals Court that this case revolved around the meaning of “aggregate disability payments,” and that Labor Code Section 4656, which caps the payment of temporary disability payments at 104 weeks, pertains to both the 4850 salary continuation benefits and the temporary disability benefits. “Unfortunately for injured public safety officers, because the Knittel case is a California Court of Appeals decision, it is more authoritative than the prior WCAB decisions, and essentially overrules them, at least in the First Appellate District. This issue will likely be appealed to the California Supreme Court, and in the interim, may be taken up by other California Appellate Courts. As the Appellate Court said in the Knittel case, there is a compelling public policy argument to protect the interests of severely disabled public safety officers who routinely put themselves in harm’s way.”
In light of the limit on payments after an injury, it is important to consult a skilled attorney regarding your case to insure that you promptly receive benefits in your case before the disability payments cease. If you would like to speak with a GEK attorney about your legal options, please call 213-739-7000.
Social Security Disability Benefits

The Social Security Administration (SSA) administers three programs:

• SSA Retirement—this program is available to workers beginning at 62 years of age; full benefits will not begin until age 65.

• Social Security Disability Insurance

• Supplemental Security Income

Social Security Disability Insurance

Social Security Disability Insurance (SSDI) benefits are available to people who have paid into the program and are unable to work because of a medical condition that is expected to last at least one year or result in death.

To qualify for disability benefits, you must have worked enough quarters of coverage to be considered “fully insured” by the SSA. In addition, you must have had Social Security taxes taken out of your paychecks.

There are two different earnings tests to meet the fully insured requirement: the “recent work” test and the “duration of work” test. Recent work is based on age at the time of becoming disabled; duration of work is based on the length of time employed.

To qualify, you must also be considered totally disabled under the SSA’s rule, which means you cannot perform substantial gainful activity based on age, education and prior work experience.

The SSA uses a five-step process to determine whether a person is totally disabled:

1. Is the person working? If a person is working and earnings average more than a certain amount each month, that person will not be considered disabled.

2. Is a person’s condition “severe”? This means the medical condition significantly limits a person’s ability to
do basic work activities, such as walking, sitting, lifting, pushing, pulling, etc.

3. Is a person’s medical condition on the List of Impairments? Some medical conditions are considered so severe that a person will automatically be considered totally disabled.

4. Can a person do the work he or she did previously?

5. Can a person do any other type of work?

Social Security Disability Appeals
If the SSA denies or “disapproves” your claim, you have a right to appeal the decision and to be represented by an attorney.

Supplemental Security Income
Supplemental Security Income (SSI) benefits are, in effect, a federal welfare program for aged and disabled workers. The benefits are paid to disabled adults and children who have limited income and resources (the things a person owns). They are also payable to people 65 years of age and older without disabilities who meet the financial limits. SSI benefits are not paid for by Social Security taxes, they are paid for by U.S. Treasury general funds.

How a Social Security Appeals Attorney Can Help
Often, claims are disapproved because the information provided is incomplete or improperly presented. It takes an attorney who is familiar not only with the intricacies of the Social Security disability insurance system, but also understands the complex medical issues that arise during treatment and how those issues affect a person’s capacity to work. Because there are also issues that cross over into the Workers’ Compensation arena, it can be beneficial to have an attorney with knowledge and experience in both areas of law.
Once a social security appeals lawyer is appointed, he or she will:

• Obtain information from Social Security.

• Obtain medical records or information to help support a claim.

• Represent a claimant in any interview, conference or hearing with the Social Security Administration (SSA).

• Request a reconsideration, hearing or Appeals Council review.

• Prepare a claimant for a hearing and question witnesses.

Clients of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP personally meet with the attorney who will be handling their appeal at all levels. The attorney is available to explain the appeals process, answer questions and prepare for interviews, conferences and hearings before the Social Security Administration.

What a Social Security Appeals Attorney Can Charge for Services

An attorney cannot charge or collect a fee without the SSA’s authorization. To charge a fee for services, a written fee agreement must be filed with the SSA. Generally, if there are past-due benefits owed, and the fee agreed on is no more than 25 percent of the past due benefits, to a maximum of $6,000, whichever is less, the SSA will approve the fee agreement.

The attorney may also file a fee petition after completing work. This is a written request that describes in detail the amount of time spent on each service. The amount of the fee the attorney may charge is determined by the SSA. However, out-of-pocket expenses, such as cost to obtain medical reports, do not require prior approval.

What is Social Security Disability Insurance?

GEK Attorney Jill Singer discusses Social Security Disability Appeals.
Generally, the SSA will withhold 25 percent of past-due benefits and pay the attorney directly. Sometimes a person must pay his or her attorney directly if:

- The approved fee is more than the amount withheld and paid to the attorney by the SSA;
- The attorney is not eligible for direct payment;
- The SSA did not withhold 25 percent from past-due benefits, or
- The attorney made a timely request for a fee and the money that should have been withheld was sent to the claimant.

More Social Security Appeals Information

Impairment Listings:
The Social Security Administration (SSA) has a “List of Impairments” that describes medical conditions that are considered so severe that they automatically mean a person is disabled as defined by law.

General categories:

1. Musculoskeletal system
2. Special senses and speech
3. Respiratory system
4. Cardiovascular system
5. Digestive system
6. Genitourinary impairments
7. Hematological disorders
8. Skin disorders
9. Endocrine disorders
10. Impairments that affect multiple body systems
11. Immune disorders
12. Mental disorders

You Can Go Back to Work Without Losing Benefits

Even after you start receiving disability benefits, the SSA allows you to return to work. There are special rules that help people keep their benefits and Medicare coverage while testing the ability to work. These rules are called “work incentives” or “employment support” programs.
You Can Get Free Help with Employment Training

The Ticket to Work program helps disability beneficiaries receive free training and other services they need to get back to work. Most beneficiaries receive a “ticket” that they can take to the provider of their choice who can offer the kind of services they need.
Justice for Personal Injuries

Personal Injury
From the beginning, GEK has specialized in personal injury cases.

In accidents, people suffer pain — physical and financial — through no fault of their own. And with the costs of litigation, they’re denied justice...and denied relief from their pain. With Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP’s (GEK) Personal Injury settlement rate of over 90 percent, our clients receive the justice that otherwise might have been denied them.

We’re very proud of our record of success. How we’ve achieved that record is an interesting story that says as much about our legal system as it does about Gordon Edelstein.

We have a powerful weapon we bring to bear on our clients’ cases: our reputation. We are proud of our high percentage of wins at trial. GEK is the law firm of choice for many attorneys and clients in a variety of complex personal injury cases, including toxic torts, discrimination, construction accidents, product liability, automobile and bicycle accidents.

Our Values

There is a ripple effect to catastrophic injuries; family members are also impacted greatly. We care about our clients and their loved ones. That’s why making their lives better is our first priority.
Types of Cases

Auto Accident
Injury caused by the negligence of the driver of a motor vehicle. Claims can be made against the negligent driver and insurance company, or against the victim’s insurance company when the negligent driver is uninsured.

Unsafe Premises
Injury caused by the negligence of an owner or occupier of property. A Personal Injury case is a legal action to recover money damages to compensate injured victims and discourage carelessness. The law gives you the right to sue another party for negligence causing injury or damages. What is a Personal Injury case? Common examples include a slip and fall caused by water leaking on a floor, inadequate lighting in a stairway, or a raised section of sidewalk caused by tree roots.

Toxic Torts
Injury or illness from exposure to harmful chemical substances that were improperly handled or removed.

Professional Negligence
Injury as a result of the failure of an attorney, doctor, architect or other professional to act in a reasonably competent manner. Examples include the failure of an attorney to file a lawsuit in a timely manner, a doctor operating on the wrong leg, or an architect failing to design sufficient support for a bridge.
Insurance Bad Faith
failure of an insurance company to deal fairly and in good faith with an insured party. Examples include unreasonable withholding of medical, disability or life insurance benefits.

Product Defects
Injury caused by a product that is poorly designed, inadequately manufactured, or lacks proper warnings. Examples include a punch press without a safety guard, toxic chemicals without instructions for safe use, or a car with a sticking accelerator.

Civil Rights Injuries
Injury resulting from the violation of a person’s civil rights by an employer or other party. Common civil rights injuries include sexual harassment, violations of the Americans with Disabilities Act (ADA), and employment or other discrimination on the basis of age, gender, religion, or ethnic background.
What can be recovered in a Personal Injury case?

If you suffer a personal injury as a result of someone’s negligence, you may be entitled to compensation for medical expenses, lost earnings, the cost of future medical care, loss of ability to work, and for pain, suffering and disfigurement. A spouse of a severely injured person may also recover for loss of that person’s ability to contribute to the marital relationship.

When an injury causes death, surviving family members may be entitled to compensation for burial and funeral expenses, and loss of financial and emotional support.

In cases of outrageous conduct, it may be appropriate to seek damages to punish and make an example of a wrongdoer and discourage similar acts in the future. Such damages, may be awarded when an insurance company wrongfully fails to pay benefits.

Our Preparation

Our preparation isn’t just a bluff or a ploy. No matter how likely it is that a settlement will be offered, we still prepare every case as if we’re going to trial. Opposing counsel, aware of this, will often settle. But if a case does go to trial, we’re heavily armed and ready to do battle for our client.
How much is a case worth?

You may have heard stories about how much someone else recovered in a Personal Injury case, but it’s important to realize that each case is unique. Many factors can affect the damages due in a case, such as the likelihood of proving the opposing party’s fault, the severity and permanence of the injuries, the amount of insurance available to the responsible party, the injured party’s work history, and how the law affects the facts of the case. A case evaluation may even change over time. For example, the testimony of one witness may change the evaluation in terms of fault or damages. The final evaluation of a settlement can be made only when all the facts are in.

What can I do to help my case?

A Personal Injury case requires good-faith cooperation between attorney and client. Your attorney can help you best if you are willing and able to provide information and participate in the process.
How will I pay my attorney?

Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP represents clients on a contingency fee basis. Clients do not have to pay any fees unless a recovery is made. Even though prosecuting a lawsuit can be expensive, in most cases the law firm is prepared to advance the costs of a lawsuit. The fee and any out-of-pocket costs are deducted from the payment recovered.

How will I pay my medical expenses?

Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP may also be able to help arrange payment of medical expenses if you do not have medical insurance.
What is a Third-Party Case?

A third-party case is a civil lawsuit against a party other than your employer who bears at least some fault for your work-related injury. In most on-the-job injuries, your first recourse is to the Workers' Compensation system. Most often, Workers' Compensation benefits are paid for an on-the-job injury without questioning who is at fault. However, in some instances a third party may have some fault in the injury. Examples include the negligence of someone other than your employer or co-employee(s) who contribute to your injury, or a defective product that causes injury. In this event, it may be possible to sue this third party for your personal injury, in addition to pursuing benefits through the Workers' Compensation system.

Our Experience

We’ve handled virtually every type of personal injury case. Our precedents have taught us the legal, medical, social and psychological ramifications of any case so there are no surprises...except those that we may spring.
Filing a Claim

What is the Statute of Limitations?
If injured, you must take legal action to enforce your rights within the Statute of Limitations, a fixed time limit set by law. After the Statute of Limitations has expired, it is too late to take legal action. Various statutes apply in different kinds of Personal Injury cases. For example, you may have as little as six months to take legal action against a government agency. When considering legal action it is best to consult an attorney as soon as possible to avoid losing valuable rights.

What happens when I file a claim?
No two cases are the same, but most cases go through certain stages. Many cases settle without a lawsuit every being filed, particularly when the other party is clearly at fault and the injuries are resolved relatively quickly. Cases may also settle quickly when it is clear that the responsible party’s insurance policy is not enough to cover the damages from the case.

If you file a lawsuit, you will usually be asked to answer written questions (called interrogatories), produce documents regarding the loss, and give testimony in a deposition. You also may be examined by an insurance company doctor.

Even when a lawsuit has been filed, a case may still settle. Throughout the case, your attorney will continue to seek a fair and just settlement.

When does a case go to trial?
Most cases settle out of court, but if the opposing party refuses to accept responsibility for the harm it caused, the case may be arbitrated and/or tried. Arbitration is a
simpler, less formal procedure that usually takes place before a retired judge or another attorney. Trials are usually conducted in front of a jury, with a judge presiding. In some situations, no jury is present and the judge decides the case.

After trial, either side has a right to appeal. If a case reaches this stage, the attorney will explain all the possibilities and options.

Our reputation is built on firm foundations.
A car accident can happen as a result of any party's fault. If you are the victim of a car accident and do not consult an auto accident attorney in California, you may not receive the full compensation for your injury to which you are entitled. It could even happen that without a qualified auto accident attorney in California on your side, you may not be able to stop yourself from being severely penalized, let alone being compensated. The best auto accident attorney in California helps to settle the case in your favor. And we are proud to have a team of committed and qualified auto accident attorneys in California.

*Result: $3,000,000 Settlement*

### Rear End
Our client was rear-ended after stopping at a red light. The other party contended that our client had abruptly changed lanes, cutting in front of him and causing the accident. The other driver's passengers all corroborated his testimony. The defense also claimed that our client's injuries were pre-existing. Despite this, the jury found in favor of our client.

*Result: $680,000 Jury Verdict — Settled for $950,000*

### Defective Road — Brain Injury
Our client, a high school student, was a passenger in a car with four friends driving at night after leaving a party where the driver consumed alcohol. The driver was unable to negotiate a curve on a rural road and the vehicle

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Stories From Our Files

**Wrongful Death**

Our clients were the widow and adult child of a middle-aged businessman killed in an auto accident. We were able to establish that the other driver was inattentive and at fault for the accident. With the help of forensic economists, our auto accident attorneys in Los Angeles conducted a comprehensive earnings analysis and established a substantial loss of support.

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Rear End

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Defective Road — Brain Injury

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overturned. Our client suffered brain damage, which affected his speech, memory, the use of his arm and compromised his ability to walk. Our car accident lawyer proved that the lack of a warning sign was a significant factor in the accident.  
*Result: $1,770,000 Jury Verdict*

**Rear End — Brain Injury**
Our client, a father of two, was rear-ended by a bus. The accident caused whiplash and some brain damage. As a result, he could not complete certain business projects.  
*Result: $750,000 Settlement*

**Spinal Injury — Third-Party Case**
Our client, a Caltrans worker, was on the side of the highway when an 18-wheel truck lost control and hit another truck, which then struck our client. The impact threw him 15 feet in the air and against another truck. He suffered spinal injuries.  
*Result: Substantial Six-Figure Settlement*

**Spinal Injury**
When our client stopped for pedestrians, another car, traveling at approximately 40 mph, struck the rear of her vehicle. She suffered spinal injuries and developed fibromyalgia as a result of the accident. The settlement our car accident attorney in California secured was for the policy limits.  
*Result: Substantial Six-Figure Settlement*

**Spinal Injury**
Our elderly client was driving his car when he was struck by another vehicle, causing him to lose control and swerve into the median, crashing head-on into a tree. The damage to our client’s vehicle was so severe that he was entangled in it and had to be rescued by the local fire department using the Jaws of Life hydraulic rescue device. He suffered numerous orthopedic injuries that affected his lifestyle and prevented him from playing golf, his favorite hobby.  
*Result: $680,000 Settlement*

The information here is only a general outline of some points to consider when thinking about filing a Personal Injury lawsuit. This does not take the place of a consultation with an attorney and an evaluation of a case based on years of experience. Different laws, rules and time limitations affect individual cases differently. It is wise to get a lawyer’s advice and find out what rights apply in any specific situation. Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP does not charge clients for such a consultation.
Justice for Members of Our Communities

It’s All About Community
Knowledge is Power

There is a give and take when you are training people about the law. Providing information often spurs discussion, which can lead to a further understanding of the topic at hand, be it the latest legal trends, ensuring justice for the injured, finding new ways to interpret old laws.... The attorneys at Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP enjoy sharing their knowledge and experience, and appreciate learning more about varied concerns of workers in the Southland.
For more than 30 years, we at Gordon, Edelstein, Krepack, Grant, Felton and Goldstein, LLP have recognized the need to protect and enhance the quality of life for the members of our communities, and have worked tirelessly to maintain and advance the legal rights of our clients who have been injured in and out of the workplace. We have found that sharing our experience and expertise through training sessions—with groups or one-on-one—is an ideal way to impart knowledge while also learning first-hand the challenges those in the Southland are facing.
It’s all about community—working together to educate, help, share. Lending an ear when someone needs you to listen, lending a voice when another person’s troubles have gone unheard. Sometimes it’s just being there.

Over the years, the staff of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP has not only talked the talk but has also walked the walk. Sometimes literally as we have pounded the pavement to raise money for AIDS research or driven in mock funerals to pay tribute to workers who have been killed or injured on job.

This community activism has also taken an educational tack wherein the firm’s attorneys teach a wide variety of Southern California’s workers—from electricians and steelworkers to grocery store clerks and deli managers—about their rights and what to do if they are injured on and off the job.
GEK Is Honored to Support Worksafe

Workplace safety requires foresight, diligence, knowledge and conviction on the part of every employer. Unfortunately, when you consider that every year four million people in this nation suffer a workplace injury from which many never recover, it is obvious that many employers don’t have a safety mindset.

This statistic from the U.S. Department of Labor, and many others just as alarming, is precisely why Worksafe was formed 30 years ago. This group of labor, community and occupational health educators and activists is dedicated to eliminating all types of workplace hazards. Worksafe advocates for protective worker health and safety laws, and keeps a focused eye on government agencies to ensure they enforce these laws.

“Everyone not only has the right to work, but also the right to work in a healthy and safe environment,” says David Goldstein, a partner in the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK). “Because Worksafe’s mission—safety, health, and justice for workers—echoes ours here at GEK, we are honored to support their efforts.

“Lilia Garcia-Brower, Executive Director of the Maintenance Cooperation Trust Fund, is well aware of our work on behalf of the CLEAN Carwash Campaign and car washers’ efforts to unionize and, thus, enjoy safer and more just working conditions. She knew that we would be a perfect fit to participate in the Worksafe’s 30th Anniversary Celebration.”

The event will celebrate three decades of improving workplace safety and health, and will also serve to renew the focus on the Warehouse Workers United Campaign,
which is dedicated to improving the conditions of the 85,000 warehouse workers in California’s Inland Empire.

“On a daily basis, we at GEK see the impact an on-the-job injury can have on a worker and his or her family. It is our hope that organizations such as Worksafe continue to fight the good fight on behalf of all workers in California.”
GEK Participates in 11th Annual Shop with a Cop

It’s amazing how far $200 can go if you have a plan, which is precisely what Andreas Bonilla had when he participated in this year’s Shop with a Cop program. The 18-year-old high school senior from Barstow had a bit of guidance on his shopping adventure, however. Steve Scardino, an attorney with the law firm of Gordon, Edelstein, Krepack, Grant, Felton and Goldstein, LLP, his wife and their son were along to offer some tips.

“Andreas bought an outfit for church, clothing for school, and cold-weather gear; he really stretched his money, and was able to put an entire new wardrobe together,” explains Scardino.

“We spent about an hour and a half carefully selecting items that were both practical and stylish. He really thought his purchases through, and appreciated our ideas very much.” And, Andreas also found room in his budget to buy gifts for his brother, sister and mom.

This was the 11th annual Shop with a Cop event, presented by the Safety Employees Benefit Association (SEBA), which represents more than 3,000 law enforcement professionals who serve and protect the people of San Bernardino County. Each year SEBA makes it possible for hundreds of deserving youngsters to be paired with public safety chaperones who take them on a shopping spree.

Children are nominated by members of the law enforcement community, and about 100 foster children also participate. Over the past 11 years, more than 4,000 children have participated in the program.
“This event is wonderful not only for the children, but also for those of us who are fortunate enough to enjoy the experience with them. My son had a great time with this amazing young man. Andreas was very kind, mature and gracious beyond his years. He has great priorities, including finishing high school and continuing his education beyond that.

“Andreas’ terminally bright and charming personality really made the whole event seem like Christmas.”
Krepack’s Krew walked for Howard.

“We love Howard.” So read one of the signs that team members from Krepack’s Krew carried along the two-mile route at the recent Walk to Defeat ALS event held by The ALS Association Golden West Chapter. Friends, family and colleagues of Howard Krepack, a partner in the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK), gathered at Exposition Park in Los Angeles to support him in his fight against this dreadful disease. Often referred to as Lou Gehrig’s Disease, amyotrophic lateral sclerosis (ALS) is a progressive, fatal neuromuscular disease that slowly robs the body of its ability to walk, speak, swallow and breathe. The life expectancy of an ALS patient averages two to five years from the time of diagnosis.

Krepack’s Krew walked and raised money—a total of more than $7,000—to help fund research to find a cure for ALS. This crippling disease can strike anyone. Presently there is no known cause, though support is bringing researchers closer to an answer. It is that hope, and the love and admiration for Howard, that inspired his Krew to lace up their sneakers and join with 1,500 other people on what was much more than just a walk in the park. Here’s what some of Howard’s colleagues had to say about the experience:

“I participated in honor of my boss whom I respect and care for very much. I hope that one day a cure is found for this horrible disease that afflicts people from all walks of life, robbing them of all the simple things we take for granted. I was touched by the support everyone exhibited and it made me happy to see Howard smile at seeing us there supporting him.”—Liz Kaletta
"I walked as a tribute to my friend and colleague Howard Krepack. I was motivated to keep going—even as my knees were giving out—by the thought that I have legs that still get me places. I have no reason to complain. After the walk, seeing Howard out there made it all worthwhile.”—Gary Stern

“I participated in the walk to honor Howard because after working at GEK for a long time you become family, and it hits us all. I think Howard was very happy to see the support he has, and it was encouraging to me to see those with ALS come out and see the support they have.”—Hilda Martinez

“I felt honored to have participated in this event. I could not stop thinking about how devastating ALS must be not only for Howard, but also for his family. I hope with the money that was raised and will continue to be raised, someday a cure will be found for ALS! I am proud to work for a firm that puts their energy and spirit behind one of OUR own!”—Lydia Wood

“It was not even a question of IF we would participate; as my husband said, it was a matter of when and where. It was great to see so many people come out and support Howard and the fight against ALS. It made me appreciate life and all of the precious moments.”—Erika Vargas

Krepack’s Krew won’t let it end there. They keep Howard and his family in their minds and their hearts every day. And hope that he finds some comfort in the precious moments like the ones at Exposition Park.

(If you would like to make a donation to find a cure for ALS, you may visit the ALS Association Golden West Chapter website or the Howard D. Krepack Fund page on the ALS Therapy Development Institute website.)
It Takes a Team

The Dorsey Dons is one of the winningest football teams in the Southland. For the past 23 years, they have played in 23 postseason tournaments and advanced to six championship games, winning four times. But, when it comes to team pride, this isn’t the whole picture. Equally as important is the fact that team participation has increased the high school graduation rates and decreased juvenile delinquency among the members.

This focus on education and maintaining a high moral character is not easy when you consider that the school’s population is defined as Title I, meaning that 60 percent of the students reside in low-income, single-parent households or are in foster care or extended-family situations.

Nirmala Whitney, a paralegal at the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK), is a parent volunteer for the Dons; her son Noah, a junior, is the varsity back-up quarterback.

“We feed the boys a good meal on game day, and for some of them that’s the only substantial meal they have all week,” she explains.

The problem is that the school budget is strapped with no wiggle room for game-day meals, let alone “basics” like new jerseys or warm-up gear. So, every season, Whitney and her fellow volunteers pound the pavement for financial support.

In one case, she didn’t have to travel too far—she solicited support from the law partners at GEK to provide a hearty meal for all 60 players.
“I realize how lucky my kids are, and I know that there are plenty of others who aren’t as fortunate. When we feed these boys, it touches my heart. It’s such a great way to give back to them, to show them that we appreciate what they do on and off the field.

“Football builds character, it teaches them teamwork and leadership skills. The team is like a brotherhood; they look out for each other. Not everyone is going to get a scholarship, but by being on the team, they build relationships that carry on for the rest of their lives.

“We want them to achieve everything they want in life, and if feeding them a meal on game day helps their performance on the field and that opens doors for them, it’s worth all the effort.”

Which is why supporting the Dons was a no-brainer for GEK. “I and several of my partners played high school football, and we have great memories of those times,” says GEK attorney Richard Felton. “When Nirmala asked if the firm would be willing to support the team, we didn’t think twice. Sports can be a huge motivating factor for kids to stay in school and stay out of trouble, which can go a long way toward ensuring a bright future for these student-athletes. We are honored to help.”
A Day to Honor and Remember

“An injury to one is an injury to us all. We are here to mourn the dead and fight like hell for the living.” Kent Wong, Director of the UCLA Labor Center, spoke these words to the crowd that gathered—men, women and children—in Los Angeles recently for the 2011 Workers’ Memorial Day. The event was presented by SoCalCOSH and UCLA-LOSH (Labor Occupational Safety & Health Program); both non-profit groups are dedicated to workers’ health and safety.

Those in attendance—including Al Lizarraga, a Workers’ Compensation attorney with Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP—came to honor and remember not only the workers who have died in the past year, but also those who died 100 years ago in The Triangle Shirtwaist Fire of 1911, which killed 146 factory workers in New York’s Lower East Side.

“One hundred years later there are still sweatshop conditions here in Los Angeles for women, minorities, immigrants and people of color,” Wong said. “We are here to put an end to the sweatshop conditions. We are proud of the hotel workers, laundry workers, day laborers, carwash workers. We are here to celebrate them and what they do day in and day out.”

This day of celebration and remembrance also marked the 40th anniversary of the establishment of the Occupational Safety and Health Administration (OSHA), the federal agency charged with the enforcement of safety and health legislation.
“As we stood by the altar of remembrance honoring those who have died, I couldn’t help but think that even though we still have a long way to go in terms of protecting workers’ safety, many more people would have been killed or injured on the job if OSHA hadn’t been established,” said Lizarraga.

“We were there not only because we have long been a sponsor of the event and support the wonderful work done by SoCalCOSH and UCLA-LOSH, but also because we want workers and their families to know that they are not alone. We will help them fight for justice for themselves and their loved ones if they suffer an injury on or off the job.

“When you consider that 12 workers die on the job every day and more than three million workers are injured every year in the United States, that’s a lot of families whose lives have been turned upside down. As much as possible, we want to right the wrongs.”

For more stories about GEK in Action visit our website.
Gordon Edelstein Attorneys Recognized as Southern California Super Lawyers

Attorneys

Turning Serious Injuries into Serious Victories
Our dynamic team of attorneys with more than 25 years of experience turns serious injuries into serious victories by utilizing our expertise, resources and knowledge.

Our Workers’ Compensation attorneys keep abreast of the ever-changing laws, and are on the legislative front lines, helping to ensure that the rights of the state’s injured workers are protected. Our Personal Injury attorneys are committed to not only effectively representing our clients but also to advocating for proactive measures that could drastically reduce the numbers and degrees of catastrophic injuries suffered by people.

We put people first, and our clients appreciate this personal approach. They speak of our attorneys as caring, compassionate and understanding as well as professional, knowledgeable and honest.

Experience and Integrity

Our Attorneys

There is no substitute for experience and integrity when it comes to practicing law and fighting for justice for the injured. We at Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP have built a strong reputation for successfully representing Southern Californians in Workers’ Compensation and Personal Injury cases with honesty and integrity.
Roger L. Gordon

Currently in his 41st year of practice, Roger L. Gordon has earned the respect of the legal community for his groundbreaking verdicts in a wide variety of Personal Injury cases, including those involving defective products, construction accidents, premises liability and medical malpractice.

Perhaps most prominent of all Mr. Gordon’s cases are those involving toxic substances, specifically environmental exposure to toxic pollutants or chemicals that have harsh consequences on longevity, health and prenatal development. Toxic torts often represent the cutting edge of legal advocacy, and often serve as the first official delineation, linking exposure to an environmental constituent to the development of tangible negative effect on the plaintiff.

Mr. Gordon has been consistently ranked on a list of Southern California Super Lawyers and has been selected for inclusion in The Best Lawyers in America® for more than 10 consecutive years.

He received a bachelor’s degree from the University of California, Los Angeles, and earned his juris doctor from Loyola University.

Mr. Gordon is a member of the Los Angeles County Bar Association, the American Bar Association, the Consumer Attorneys of California, the Association of Trial Lawyers of America, and the American Board of Trial Advocates.

In 2006 he was nominated by the Consumer Attorneys of Los Angeles as Trial Lawyer of the Year. Mr. Gordon has served as an arbitrator in medical malpractice cases.
Mark Edelstein

Mark Edelstein is the Managing Partner of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP. His more than 35 years of experience fighting for the rights of those injured on the job have earned him a stellar reputation from clients and colleagues alike.

In 2002, the California Applicants’ Attorneys Association (CAAA) presented Mr. Edelstein with the Eugene Marias Award for lifetime achievement. This prestigious honor is bestowed upon an individual who is dedicated to the cause of justice and whose professional accomplishments and unselfish expenditure of personal time and energy on behalf of injured workers and CAAA best exemplifies the association’s ideal of true professionalism and humanitarian standards.

Mr. Edelstein has served as president of CAAA as well as the Southern California Applicants’ Attorneys Association. He remains active in both groups, and continues to be on the forefront of all matters affecting injured workers, including legislation and decisions set forth by all Courts of Appeal.

Mr. Edelstein has long received an AV Preeminent® rating by Martindale Hubbell, which is a testament to the fact that his peers rank him at the highest level of professional excellence. In addition, Mr. Edelstein has been consistently ranked on a list of Southern California Super Lawyers, and has been listed in Best Lawyers® for more than 10 years.

Mr. Edelstein received his Bachelor of Science degree in business administration with highest distinction from the State University of New York. He earned his law degree from Rutgers University with Beta Gamma Sigma honors.

He is admitted to practice law in California and before the United States Supreme Court.
Mr. Krepack has been consistently ranked on a list of Southern California Super Lawyers as well as The Best Lawyers in America®.

Mr. Krepack earned his bachelor's and juris doctor degrees from the University of California, Los Angeles. A Martindale Hubbell AV-rated attorney, he is admitted to practice in the State of California and before the United States District Court, Central District of California, the Ninth Circuit Court of Appeals and the U. S. Supreme Court.

He is a member of the American Board of Trial Advocates, the Million Dollar Advocates Club, the Los Angeles County Bar Association, the American Bar Association, the Consumer Attorneys Association of California, and the American Association for Justice. He has served as a Judge Pro Tem.

Howard D. Krepack

With three decades of successful legal practice, Partner Howard D. Krepack has earned the recognition of his peers and accolades from his clients based on his long string of successes in the courtroom. Whether it concerns a spinal injury, brain injury, wrongful death, elder abuse or any other serious personal injury, those harmed turn to Mr. Krepack for effective representation. He is well known for taking on difficult claims and obtaining substantial verdicts in a variety of complex personal injury matters.
Sherry E. Grant has been a Workers' Compensation attorney for more than three decades. She was one of the first women to practice in the field after launching her legal career in labor law and civil rights litigation.

A California State Bar Certified Workers' Compensation specialist, Ms. Grant fights for the rights of both represented and unrepresented workers injured on the job. Her experience encompasses all aspects of Workers' Compensation law in both the public and private sector, across a wide range of industries, such as teachers, airline employees, nurses, public safety officers, janitors, cafeteria, healthcare and utility workers.

A leader in the legal community, Ms. Grant has been a member of the Board of Governors of the California Applicants' Attorneys Association (CAAA) and has chaired the group’s Education and Technology committees. She is a past president of the Southern California Applicants’ Attorneys Association. She remains active in both organizations.

Ms. Grant has been an Adjunct Professor at the Southwestern University School of Law, and Judge Pro-Tem for the Workers’ Compensation Appeals Board. She is a member of the American, California and Los Angeles County Bar Associations.

Ms. Grant regularly conducts seminars and training sessions for labor union representatives to educate and keep them updated on issues relating to wages, benefits and working conditions.

Miss Grant has been consistently ranked on a list of Southern California Super Lawyers and has been selected repeatedly for inclusion in The Best Lawyers in America®. Ms. Grant earned her law degree with honors from Loyola University in 1974, and was admitted to practice the same year.
Richard I. Felton

Workers' Compensation attorney Richard I. Felton has more than three decades of experience fighting for the rights of those injured at work. Because his practice encompasses every aspect of Workers' Compensation law, he has represented a wide range of workers in Southern California, including teachers, machinists, retail clerks, public safety officers, probation officers and other public and private employees.

A California State Bar Certified Workers' Compensation Specialist since 1982, Mr. Felton has a successful track record in obtaining substantial awards and settlements in challenging and serious Workers' Compensation cases. He has also handled all levels of appellate work before the Workers' Compensation Appeals Board, the California State Court of Appeals and the California Supreme Court.

A leader in the legal community, Mr. Felton has been a member of the Board of Governors of the California Applicants' Attorneys Association since 1983. He is a former president of the Southern California Applicants’ Attorneys Association and former chair of the Los Angeles County Bar Association's Workers' Compensation Section.

Mr. Felton has served as Adjunct Professor at the Southwestern University School of Law and as Judge Pro Tem to the Workers' Compensation Appeals Board. He received a bachelor's degree in psychology from the University of California, Los Angeles. He earned his juris doctor with honors from Golden Gate University School of Law.

Mr. Felton has been consistently ranked on a list of Southern California Super Lawyers as well as in The Best Lawyers in America®. He is AV Preeminent-rated by Martindale-Hubbell, a testament to the fact that his peers rank him at the highest level of professional excellence.
David A. Goldstein is a Workers’ Compensation Partner in the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP. He is also experienced in Social Security law. During his more than two decades of legal practice, Mr. Goldstein has had great success in representing a wide variety of clients, including teachers, police officers, firefighters, laundry workers, laborers, janitors, carwash workers, theme park employees, county employees and those in the hospitality industry.

In addition, Mr. Goldstein meets regularly with union and association members, stewards and business representatives to educate and train them on the intricacies of Workers’ Compensation law so that they understand the full range of benefits to which workers are entitled should they be injured on the job.

Mr. Goldstein sits on the Board of Governors of the California Applicants’ Attorneys Association, and has served as president of the Southern California Applicants’ Attorneys Association. He is a member of the American, State and Los Angeles County Bar Associations, as well as the Association of Trial Lawyers of America and the American Immigration Lawyers Association. He has served as a Judge Pro-Tem of the Workers’ Compensation Appeals Board in Santa Monica.

Mr. Goldstein earned his juris doctorate from the University of West Los Angeles School of Law. He has been selected for inclusion in The Best Lawyers in America® and Super Lawyers. Mr. Goldstein is admitted to practice in the State of California and before the United States District Court, Central, Northern and Southern Districts of California, as well as the Ninth Circuit Court of Appeals.
Adam D. Dombchik began advocating for the rights of the injured early in his career. He started working for the firm while attending night school at Southwestern University School of Law. He joined as a full-time lawyer after graduation and was named partner in 2005. Mr. Dombchik received the Exceptional Achievement Award in Workers' Compensation Law & Practice from his alma mater.

Recognized by the California State Bar as a Certified Specialist in Workers' Compensation, Mr. Dombchik is a Past President and Legislative Committee Chairperson of the California Applicants' Attorneys Association (CAAA), a 1,000-member statewide organization that advocates for injured workers' rights. CAAA is the largest state injured worker advocacy group in the nation. He currently serves on CAAA committees, including the American Medical Association Guidelines Committee and the Regulations Committee. Previously, he also served as president of CAAA’s Southern California chapter.

Mr. Dombchik is very active on the legislative scene in Sacramento, fighting for the passage of fair and just legislation for injured workers. Such was the case when he offered input to help minimize the potential damage of Senate Bill 863, the latest Workers’ Compensation “reform” law.

Mr. Dombchik has been named one of the Most Influential People in the Workers’ Compensation Industry by the editors of Workers’ Comp Executive. In addition, the Workers’ Compensation Section of the State Bar of California named him its 2011 Applicants’ Attorney of the Year.

Mr. Dombchik regularly speaks on Workers’ Compensation issues to large groups of doctors, lawyers, public safety officers and others in the community.

Mr. Dombchik received a bachelor’s degree in Speech Communication, with honors, from Pennsylvania State University. He is licensed to practice law in California and Florida. Mr. Dombchik has been selected for inclusion in The Best Lawyers in America® and Super Lawyers for 2012 and 2013. He has also been consistently named a "Rising Star" among Southern California lawyers by Law & Politics magazine.
Eugenia L. Steele

Eugenia L. Steele has nearly 20 years’ experience as a Personal Injury attorney seeking justice for injured clients. Ms. Steele's practice encompasses individuals who have been seriously harmed as the result of another person's negligence, including victims of auto or construction accidents, medical malpractice, unsafe premises and defective products.

Her extensive litigation experience has produced numerous favorable verdicts and settlements. She has also been instrumental in advancing the firm to the forefront of litigation technology. Ms. Steele joined the firm as a part-time law clerk while still in law school, and became a full-time associate after being admitted to the State Bar of California. In 2008, she was named partner based on outstanding contributions to the firm.

Ms. Steele received her juris doctor from Southwestern University School of Law and her bachelor's degree from Loyola Marymount University.

Ms. Steele is a member of the Los Angeles County and American Bar Associations, Litigation Section; the Consumer Attorneys Association of Los Angeles; American Association for Justice; Orange County Trial Lawyers Association, and the Consumer Attorneys of California. She also belongs to California Women Lawyers and Orange County Women Lawyers Association.

Eugenia L. Steele
Vincent Vallin Bennett

Trial attorney Vincent Vallin Bennett is tenaciously dedicated to fighting for justice for injured workers and consumers, particularly those who, because of language barriers, economic or immigration status, are afraid or incapable of exercising their legal rights.

As an integral member of the Personal Injury team of attorneys at Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP (GEK), Mr. Bennett specializes in catastrophic injury cases involving products liability, toxic and mass tort litigation, medical malpractice, construction accidents, as well as wrongful termination and civil rights litigation.

Mr. Bennett, who has either tried to verdict and/or settled several multi-million dollar cases, effectively litigated the largest settlement in GEK history involving more than 100 plaintiffs exposed to toxic chemicals by a Fortune 100 company. In addition to his trial work, he has briefed and argued numerous appeals, either affirming trial court victories or obtaining reversals.

This record of success can be attributed to a combination of Mr. Bennett’s hands-on litigating style, his wealth of experience as well as his unique ability to connect with juries. He developed a wide range of knowledge in toxic exposure having even worked on the Exxon Valdez oil spill and Hanover Nuclear Plant cases earlier in his career. In addition, he learned defense tactics and strategies while working for a premier medical malpractice defense firm before joining GEK.

Mr. Bennett has represented clients from various walks of life, from farm workers in California’s central valley and American Indian tribes in Washington to defrauded business investors. He is committed to the idea that our judicial system treat all people with equal dignity, respect and assurance of their legal rights.

Prior to earning his law degree from the UCLA School of Law, Mr. Bennett served as a judicial intern for two of the state’s most respected trial and appellate judges.

Mr. Bennett, who speaks Spanish fluently, is a member of the Association of Trial Lawyers of America, California and Los Angeles Consumer Trial Lawyers Associations, the Mexican American Bar Association and the Alliance of Californians for Community Empowerment. In addition, he is a sponsor of California Rural Legal Assistance.

Mr. Bennett is admitted to practice in the State of California and before the U.S. District Court for the Southern, Central and Northern Districts of California.
Gary N. Stern is a Personal Injury Associate in the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP. His practice focuses on product and premises liability cases, elder abuse cases involving nursing homes and other long-term care facilities, and major automobile and truck accident cases.

Mr. Stern’s nearly 30 years of legal experience began while he was earning a bachelor’s degree in political science from the University of California, Los Angeles. He served as a Field Representative and Legislative Aid for Congressman Henry A. Waxman and Assemblyman Herschel Rosenthal. While earning his juris doctorate with honors from Southwestern University, he served as Vice-Dean of Delta Theta Phi Law Fraternity and was a member of the Law Review.

Mr. Stern is widely published in the areas of elder abuse and nursing home reform, disability discrimination, medical malpractice and the judicial arbitration system. In addition, he is a well-respected speaker on elder abuse law.

Mr. Stern is a member of the State Bar of California, and served as a delegate to the State Bar Conference of Delegates for seven years. He is also a member of the American Association for Justice, the Consumer Attorneys of California and the Consumer Attorneys Association of Los Angeles. In addition, Mr. Stern has served as Judge Pro Tem for the Los Angeles Superior Court.

A community activist, Mr. Stern has volunteered his time for a wide variety of organizations, including the Jewish Big Brothers Association of Los Angeles County, the State of California Respiratory Care Board, the Glendale Crescenta Volunteers Organized in Conserving the Environment, and Leo Baeck Temple.

Mr. Stern is admitted to practice in the State of California and before the United States District Court, Central District of California and the United States Court of Appeals, Ninth Circuit.
Joanna L. Sacavitch brings a wealth of legal experience to her work as a Workers’ Compensation Associate at Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP. Prior to joining the firm she practiced Intellectual Property Law with the Bay Area firm of Gray, Cary, Ware & Friedrich.

Ms. Sacavitch has been practicing law for 15 years, and has a broad knowledge of all phases of case handling, from conducting initial client meetings and taking depositions to conducting extensive research, drafting pleadings and taking cases to trial.

Her depth of experience in every phase of court and administrative systems enables Ms. Sacavitch to effectively represent her varied client base, including Teamsters, retail clerks, police officers, firefighters, ironworkers and members of the entertainment industry, including stunt and special effects people.

Ms. Sacavitch received a bachelor’s of arts degree in history from the University of California at Santa Cruz. While earning her juris doctor from Golden Gate University of Law, she served as Editor of Law Review in Intellectual Property Law. She earned both degrees with highest honors and was presented with a myriad of AMJUR awards for excellence.

Law and Politics magazine named Ms. Sacavitch a Rising Star among Southern California lawyers for 2004 and 2006. Ms. Sacavitch is admitted to practice in the State of California. She is a member of the California Bar Association and the Los Angeles County Bar Association.
Erika L. Vargas brings a wealth of experience to her position as a Workers’ Compensation Associate at Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP. Because she has a broad knowledge of Workers’ Compensation Law, Ms. Vargas is well-versed in all phases of case handling, from conducting initial client meetings and taking depositions to handling cross examinations and presenting cases before the Workers’ Compensation Appeals Board. In addition, she has extensive human resources experience, which enables her to effectively evaluate cases and refer clients to appropriate resources when the need arises.

Ms. Vargas has successfully handled cases for a wide variety of clients, including nurses, teachers, airline workers, public safety officers, laborers, state, county and municipal workers, members of the entertainment industry and utility workers.

Prior to joining the firm, Ms. Vargas served as defense counsel on the Workers’ Compensation legal team of Martin and Martin LLP. The insight she gained from that position enables her to fully analyze her clients’ cases, thus enhancing her representation.

Ms. Vargas graduated suma cum laude with a bachelor’s degree in political science from Russell Sage College. While earning her juris doctorate cum laude from Thomas M. Cooley Law School, she was a contributing editor and member of the Law Review; her comment, “Michigan Keeps It Within Limits: Relocation No More Than 100 Miles,” was published in Law Review. In addition, Ms. Vargas was a member of Law Journal and edited the Judge’s Training Manual for the Michigan Supreme Court.

Ms. Vargas is a member of the Southern California Applicants’ Attorneys Association, the Los Angeles County Bar Association and the Beverly Hills Bar Association. She is admitted to practice in the state of California.

Law & Politics magazine has consecutively named Ms. Vargas a "Super Lawyers Rising Star" among Southern California lawyers.
Steven R. Scardino

Steve Scardino brings 20 years of Workers' Compensation experience to his position as associate, having worked as a paralegal in the field before obtaining his law degree.

He aggressively handles all California Workers' Compensation cases, with an emphasis on law enforcement and firefighters in Los Angeles, Riverside and San Bernardino counties.

Mr. Scardino earned a bachelor's degree in history with High Honors from California State University, Los Angeles, and his juris doctorate from West Los Angeles School of Law. While in law school he was frequently named to the Dean’s List, and collected three West Publishing Awards in the subjects of Ethical Lawyering, Remedies, and Wills and Trusts.

He is a former president of the Southern California Chapter of the California Applicants’ Attorneys Association (CAAA) and sits on the Board of Governors of CAAA. Law & Politics magazine has consecutively named Mr. Scardino a "Rising Star" among Southern California lawyers.

Mr. Scardino is admitted to practice law in California.
Amy C. Leung

Since joining Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP in 2008, Amy C. Leung has represented injured workers from a large variety of industries in both the public and private sector. Her experience encompasses all phases of representation, from understanding her client’s goals at the onset and engaging in critical fact-finding and legal research to representing injured workers at hearings and trials before the Workers’ Compensation Appeals Board. Ms. Leung also has appellate experience, including Petitions for Reconsideration as well as Writs of Review to the California Court of Appeal.

Ms. Leung is skilled in various aspects of Workers’ Compensation law, including Subsequent Injuries Benefits Trust Fund cases and securing death benefits for surviving spouses and dependents of fallen workers. She has also handled Serious & Willful Misconduct cases and Labor Code 132a discrimination actions.

A graduate of the University of California, Hastings College of the Law, representing workers was a passion for Ms. Leung throughout law school. She clerked for the Equal Employment Opportunity Commission, Equal Rights Advocates, and served as a student lawyer in a wage and hour case through UC Hastings’ Civil Justice Clinic. She also founded and led the Employment and Labor Law Student Association.

Ms. Leung actively conducts seminars and training sessions for labor union members, and volunteers her legal advice to individuals through non-profit legal service organizations. She keeps abreast of the changes in Workers’ Compensation law and conveys such information to her clients and the legal community.

Ms. Leung earned her bachelor’s degree at the University of California, Los Angeles in International Development Studies, with a minor in political science. Prior to law school she interned at the United Nations High Commissioner for Refugees in Washington, D.C., and the Asian Pacific American Legal Center in Los Angeles. She also worked at an immigration law firm in Los Angeles. Ms. Leung speaks Mandarin and Cantonese Chinese. She was formerly in civil private practice, focusing on plaintiff-side employment discrimination litigation.

Law & Politics magazine has consistently named Ms. Leung a “Super Lawyers Rising Star” among Southern California lawyers.
Alvaro S. Lizarraga

Alvaro S. Lizarraga brings a broad range of legal experience to his position as a Workers’ Compensation Associate with the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP. Not only has he worked as a paralegal and a law clerk prior to becoming an attorney, but he was also an assistant at a law library and a student representative to an online legal research service.

Mr. Lizarraga is well versed in all phases of case handling, including conducting research, taking depositions, drafting pleadings and negotiating liens. Because he is bilingual he is adept at interpreting case specifics to Spanish-speaking clients.

While earning Bachelor of Science degree in Criminal Justice Administration from San Diego State University, Mr. Lizarraga served as President of the Criminal Justice Student Association. He graduated summa cum laude.

Mr. Lizarraga earned his juris doctorate from the University of West Los Angeles School of Law. While attending law school, he was a Law Review invitee three consecutive years, served as a certified law student representing adoptive families and received the Kelton Achievement Award.

Mr. Lizarraga, who has been named a Rising Star among Southern California lawyers, is a member of the California Applicants’ Attorneys Association. He is admitted to practice law in the state of California.
Ms. Singer effectively guides clients through SSD appeals proceedings, from case analysis and evidence gathering to successful representation during the hearing process. When it comes to Workers’ Compensation cases, Ms. Singer utilizes the same winning approach to obtain the full range of benefits to which her clients are entitled.

While earning her juris doctorate from Southwestern University School of Law, Ms. Singer was honored with the CALI Excellence for the Future Award, Environmental Justice, the Alternate Writer Award, Moot Court Intramural Competition, and a Public Interest Law Grant from the Environmental Defense Center. She received her Bachelor of Science degree in Business Management, with honors, from the University of Phoenix.

Ms. Singer is current President of the California Applicants’ Attorneys Association, Central Coast Chapter. She is a member of the California Bar Association, the Ventura County Bar Association, and the National Organization of Social Security Claimants Representatives. She is also a member of the Jerome H. Berensen Chapter of the American Inns of Court.

In addition, she has volunteered her time serving as attorney scorer for the Ventura County Superintendent of Schools Mock Trial Competition and attorney presenter for the Ventura County Bar Association Law Day School Program.

Ms. Singer has written a variety of articles for such publications as Citations Magazine and The Los Angeles Daily Journal. She is admitted to practice in the state of California and before the U.S. District Court for the Central District of California.
Aaron J. Sussman, an associate with the law firm of Gordon, Edelstein, Krepack, Grant, Felton & Goldstein, LLP, has advanced countless Workers’ Compensation settlements by utilizing his detailed understanding of the complex facts of each case.

Mr. Sussman honed his critical thinking skills while earning his juris doctorate, with honors, from The George Washington School of Law. It was then that he worked as a legal research and writing intern for the Maryland Federal Public Defender, drafting legal briefs and motions that applied Fourth, Fifth and Sixth Amendment Law. It was also during this time that he worked as a Research and Writing Assistant for two prominent professors, contributing to comprehensive policy analysis reports, providing content to articles analyzing legal doctrine, and conducting legal and policy research.

These internships only helped to enhance Mr. Sussman’s already stellar law school record. He was a member of the George Washington Law Review, the Moot Court Board and the Mock Trial Board. In addition, he won the Justice Thurgood Marshall Civil Liberties Award, and was a quarterfinalist in the 2010 Van Vleck Constitutional Law Moot Court. Mr. Sussman was also a member of the Best Prosecution Team in the Spring 2009 Mock Trial Competition.

Mr. Sussman’s fact-finding capabilities combined with his adept legal analysis are critical to his drafting of persuasive legal briefs and composing mutually acceptable compromise proposals as a Workers’ Compensation attorney.

Mr. Sussman earned bachelors of arts degrees in Theater as well as Criminology, Law & Society from the University of California, Irvine. He is a member of the Southern California Applicants’ Attorneys Association and the California Applicants’ Attorneys Association (CAA). He served as a panelist at CAAA’s Winter 2013 Convention, discussing the impact of SB 863, the latest Workers’ Compensation “reform,” and is a member of the group’s Regulations Committee. He is admitted to practice law in the state of California.
Mr. Mackenzie honed his legal acumen through his work as a paralegal where he researched and drafted memoranda regarding tort, corporate and contract law as well as pleadings and discovery dealing with articles of incorporation and shareholder operating agreements.

While working directly with clients as an attorney volunteer for California Rural Legal Assistance (CRLA), he was able to experience first-hand how legal knowledge and a bit of empathy can make a real difference in a person’s life. CRLA and its mission—“to fight for justice and individual rights...”—created an ideal foundation for Mr. Mackenzie’s Workers’ Compensation practice.

Mr. Mackenzie, who is fluent in Spanish, received his bachelor’s degree in political science, with a minor in Spanish, from the University of California, Los Angeles. While an undergraduate, he participated in the Education Abroad Program, attending the University of Cadiz Summer Language Program and studying at the University of Barcelona.

While earning his juris doctor from the University of Pittsburgh School of Law, Mr. Mackenzie served as associate editor of The Pittsburgh Tax Review and was a member of the Career Services Student Advisory Board. His journal entry topic was “Tax Considerations for the U.S. Investor in Mexico.” In addition, he attended the University of New Mexico Summer Law Institute in Guanajuato, Mexico and studied the North American Free Trade Agreement and Mexican business organizations. While there, he also completed an externship in the litigation department of the state of Guanajuato’s Office of the Secretary of Finance.

Mr. Mackenzie is a member of the Southern California Applicants’ Attorneys Association, the California Applicants’ Attorneys Association and the Los Angeles County Bar Association. He is admitted to practice in the state of California.
Irwin L. Goldstein

Irwin L. Goldstein is a partner emeritus in Gordon, Edelstein, Grant, Felton & Goldstein, LLP’s Workers’ Compensation practice, and remains actively at the forefront of fighting for the legal rights of injured workers. His legal career spans more than 40 years and includes significant recognition for his outstanding accomplishments. Mr. Goldstein has been consistently ranked on a list of Southern California Super Lawyers as well as The Best Lawyers in America®.

In addition to Mr. Goldstein’s litigation responsibilities, he has served on the Executive Committee of the State Bar’s Workers’ Compensation Section, and was a Judge Pro-Tem of the Workers’ Compensation Appeals Board. He sat on the Board of Governors of the California Applicants’ Attorneys Association (CAAA), and chaired CAAA’s Amicus Curiae Committee. He also served as President of the Southern California Applicants’ Attorneys Association.

Mr. Goldstein was admitted to practice law in California in 1964. He received his law degree from the University of Southern California in 1963.
GEK Attorneys are active on the legislative front to ensure Justice for the Injured®

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Related Glossary Terms
Drag related terms here
Accepted Claim

A claim in which the insurance company agrees your injury or illness is covered by workers' compensation. Even if your claim is accepted there may be delays or other problems. Also called admitted claim.

Related Glossary Terms
Drag related terms here
American College of Occupational and Environmental Medicine. Until the state Division of Workers' Compensation (DWC) adopts medical treatment guidelines, the guidelines published by ACOEM, called "Occupational Medicine Practice Guidelines," are the guidelines used in most cases to decide the type and amount of treatment you'll receive for a work injury or illness.
Agreed Medical Evaluator

(AME): If you have an attorney, an AME is the doctor your attorney and the insurance company agree on to conduct the medical examination that will help resolve your dispute. If you don't have an attorney, you will use a qualified medical evaluator (QME). See QME.
Alternative Work

A new job with your former employer. If your doctor says you will not be able to return to your job at the time of injury, your employer is encouraged to offer you alternative work instead of supplemental job displacement benefits or vocational rehabilitation benefits. The alternative work must meet your work restrictions, last at least 12 months, pay at least 85 percent of the wages and benefits you were paid at the time you were injured, and be within a reasonable commuting distance of where you lived at the time of injury.

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American Medical Association (AMA)

A national physician's group. The AMA publishes a set of guidelines called "Guides to the Evaluation of Permanent Impairment." If your permanent disability is rated under the 2005 rating schedule, the doctor is required to determine your level of impairment using the AMA's guides.
Americans with Disabilities Act (ADA)

A federal law that prohibits discrimination against people with disabilities. If you believe you've been discriminated against at work because you're disabled and want information on your rights under the ADA, contact a U.S. Equal Employment Opportunity Commission office. For the EEOC office in your area, call 1-800-669-4000 or 1-800-669-6820 (TTY).

Related Glossary Terms
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Index   Find Term
AOE/COE

(Arising out of and occurring in the course of employment): Your injury must be caused by and happen on the job.

Related Glossary Terms
Drag related terms here
Appeals Board

A group of seven commissioners appointed by the governor to review and reconsider decisions of workers' compensation administrative law judges. Also called the Reconsideration Unit. See Workers' Compensation Appeals Board.

Related Glossary Terms
Drag related terms here
Applicant

The party -- usually you -- that opens a case at the local Workers' Compensation Appeals Board (WCAB) office by filing an application for adjudication of claim.

Related Glossary Terms
Drag related terms here
Applicants' Attorney

A lawyer that can represent you in your workers' compensation case. Applicant refers to you, the injured worker.

Related Glossary Terms
Drag related terms here

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Application for Adjudication of Claim

A form you file to open a case at the local Workers' Compensation Appeals Board (WCAB) office if you have a disagreement with the insurance company about your claim.

(application or app)
Apportionment

A way of figuring out how much of your permanent disability is due to your work injury and how much is due to other disabilities.

Related Glossary Terms

Drag related terms here
Audit Unit

A unit within the DWC that receives complaints against claims administrators. These complaints may lead to investigations of the way the company handles claims.

Related Glossary Terms
Drag related terms here
Benefit Notice

A required letter or form sent to you by the insurance company to inform you of benefits you may be entitled to receive. Also called notice.

Related Glossary Terms
Notice

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Cal/OSHA

A unit within the state Division of Occupational Safety and Health (DOSH). Cal/OSHA inspects workplaces and enforces laws to protect the health and safety of workers in California.

Related Glossary Terms

Drag related terms here
California Labor Code Section 132a

A workers' compensation law that prohibits discrimination against you because you filed a workers' compensation claim, and against co-workers who might testify in your case.

Related Glossary Terms
Drag related terms here

Index  Find Term
Carve-out

Carve-out programs allow employers and unions to create their own alternatives for workers' compensation benefit delivery and dispute resolution under a collective bargaining agreement.

Related Glossary Terms
Drag related terms here
Claim Form

The form used to report a work injury or illness to your employer.
Claims Adjuster

See claims administrator.

Related Glossary Terms
Claims Administrator

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Claims Administrator

The term for insurance companies and others that handle your workers' compensation claim. Most claims administrators work for insurance companies or third party administrators handling claims for employers. Some claims administrators work directly for large employers that handle their own claims. Also called claims examiner or claims adjuster

Related Glossary Terms
Claims Adjuster, Claims Examiner
Claims Examiner

See claims administrator.

Related Glossary Terms
Claims Administrator
Commission on Health and Safety and Workers' Compensation (CHSWC)

A state-appointed body that conducts studies and makes recommendations to improve the California workers' compensation and workplace health and safety systems.

Related Glossary Terms
Drag related terms here

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Commutation

An order by a workers' compensation judge for a lump sum payment of part or all of your permanent disability award.

Related Glossary Terms

Drag related terms here
Compromise and release (C&R)

A type of settlement in which you receive a lump sum payment and become responsible for paying for your future medical care. A settlement like this must be approved by a workers' compensation judge.

Related Glossary Terms
Drag related terms here
Cumulative Injury (CT)

An injury that was caused by repeated events or repeated exposures at work. For example, hurting your wrist doing the same motion over and over or losing your hearing because of constant loud noise.

Related Glossary Terms

Drag related terms here
Date of Injury

When you got hurt or ill. If your injury was caused by one event, the date it happened is the date of injury. If the injury or illness was caused by repeated exposures (a cumulative injury), the date of injury is the date you knew or should have known the injury was caused by work.

Related Glossary Terms

Drag related terms here
Death Benefits

Benefits paid to surviving dependents when a work injury or illness results in death.
Declaration of Readiness (DOR or DR)

A form used to request a hearing before a workers' compensation judge when you're ready to resolve a dispute.

Related Glossary Terms

Drag related terms here
Defendant

The party -- usually your employer or its insurance company -- opposing you in a dispute over benefits or services.

Related Glossary Terms
Drag related terms here
Delay Letter

A letter sent to you by the insurance company that explains why payments are delayed. The letter also tells you what information is needed before payments will be sent and when a decision will be made about the payments.

Related Glossary Terms
Drag related terms here
**Denied Claim**

A claim in which the insurance company believes your injury or illness is not covered by workers' compensation and has notified you of the decision.

**Related Glossary Terms**

Drag related terms here
Description of Employee's Job Duties (RU-91)

A form filled out jointly by you and the insurance company that helps your treating physician decide whether you will be able to return to your normal job and working conditions.
Determination and Order (D&O)

A decision by the DWC Rehabilitation Unit on a vocational rehabilitation dispute.

Related Glossary Terms
Drag related terms here

Index  Find Term
Disability

A physical or mental impairment that limits your life activities. A condition that makes engaging in physical, social and work activities difficult.

Related Glossary Terms

Drag related terms here

Index
Disability Evaluation Unit (DEU)

A unit within the DWC that calculates the percent of permanent disability based on medical reports. See disability rater.

Related Glossary Terms
Drag related terms here
Disability Management

A process to prevent disability from occurring or to intervene early, following the start of a disability, to encourage and support continued employment. This is done early in the recovery process in severe injury cases such as spinal injuries. Usually a rehabilitation nurse is involved with you and your treating doctor and the progress of your medical treatment is reported to the insurance company.
Disability Rater

An employee of the DWC Disability Evaluation Unit who rates your permanent disability after reviewing a medical report or a medical-legal report describing your condition.

Related Glossary Terms

Drag related terms here
Disability Rating

See permanent disability rating.

Related Glossary Terms
Permanent Disability Rating (POR)
Discrimination Claim (Labor Code 132a)

A petition filed if your employer has fired or otherwise discriminated against you for filing a workers' compensation claim.

Related Glossary Terms

Drag related terms here
Dispute

A disagreement about your right to payments, services or other benefits.

Related Glossary Terms

Drag related terms here

Index  Find Term
Division of Workers' Compensation (DWC)

A division within the state Department of Industrial Relations (DIR). The DWC administers workers' compensation laws, resolves disputes over workers' compensation benefits and provides information and assistance to injured workers and others about the workers' compensation system.

Related Glossary Terms

Drag related terms here

Index   Find Term
Electronic Adjudication Management System (EAMS)

A computer based system to simplify and improve the Division of Workers' Compensation case management process.

Related Glossary Terms

Drag related terms here
Employee

A person whose work activities are under the control of an individual or entity. The term employee includes undocumented workers and minors.

Related Glossary Terms

Drag related terms here
Employer

The person or entity with control over your work activities.

Related Glossary Terms

Drag related terms here

Index
Ergonomics

The study of how to improve the fit between the physical demands of the workplace and the employees who perform the work. That means considering the variability in human capabilities when selecting, designing or modifying equipment, tools, work tasks and the work environment.

Related Glossary Terms

Drag related terms here
Essential Functions

Duties considered crucial to the job you want or have. When being considered for alternative work, you must have both the physical and mental qualifications to fulfill the job's essential functions.

Related Glossary Terms
Drag related terms here
Fair Employment and Housing Act (FEHA)

A state law that prohibits discrimination against people with disabilities. If you believe you've been discriminated against at work because you're disabled and want more information on your rights under the FEHA, contact the state Department of Fair Employment and Housing at 1-800-884-1684. In some cases, the FEHA provides more protection than the federal Americans with Disabilities Act (ADA).
Family and Medical Leave Act (FMLA)

A federal law that provides certain employees with serious health problems or who need to care for a child or other family member with up to 12 weeks of unpaid, job-protected leave per year. It also requires that group health benefits be maintained during the leave. For more information, contact the U.S. Department of Labor at 1-866-4-USA-DOL.

Related Glossary Terms
Drag related terms here
Filing

Sending or delivering a document to an employer or a government agency as part of a legal process. The date of filing is the date the document is received.

Related Glossary Terms

Drag related terms here
Final Order

Any order, decision or award made by a workers' compensation judge that has not been appealed in a timely way.
Findings & Award (F&A)

A written decision by a workers' compensation administrative law judge about your case, including payments and future care that must be provided to you. The F&A becomes a final order unless appealed.
Fraud

Any knowingly false or fraudulent statement for the purpose of obtaining or denying workers' compensation benefits. The penalties for committing fraud are fines up to $150,000 and/or imprisonment for up to five years.

Related Glossary Terms

Drag related terms here
Future Medical

On-going right to medical treatment for a work-related injury.

Related Glossary Terms
Drag related terms here
Health Care Organization (HCO)

An organization certified by the Department of Industrial Relations to provide managed medical care within the workers' compensation system.
Hearings

Legal proceedings in which a workers' compensation judge discusses the issues in a case or receives information in order to make a decision about a dispute or a proposed settlement.
Impairment Rating

A percentage estimate of how much normal use of your injured body parts you've lost. Impairment ratings are determined based on guidelines published by the American Medical Association (AMA). An impairment rating is used to calculate your permanent disability rating but is different from your permanent disability rating.

Related Glossary Terms

Drag related terms here
In Pro Per

An injured worker not represented by an attorney.

Related Glossary Terms
Drag related terms here

Index   Find Term
Independent Contractor

There is no set definition of this term. Labor law enforcement agencies and the courts look at several factors when deciding if someone is an employee or an independent contractor. Some employers misclassify employees as an independent contractor to avoid workers' compensation and other payroll responsibilities. Just because an employer says you are an independent contractor and doesn't need to cover you under a workers' compensation policy doesn't make it true. A true independent contractor has control over how their work is done. You probably are not an independent contractor when the person paying you:

- Controls the details or manner of your work
- Has the right to terminate you
- Pays you an hourly wage or salary
- Makes deductions for unemployment or Social Security
- Supplies materials or tools
- Requires you to work specific days or hours

Related Glossary Terms

Drag related terms here

Index  Find Term
Industrial Medical Council (IMC)

No longer in existence. See Medical Unit

Related Glossary Terms
Medical Unit

Index
Information & Assistance (I&A) Officer

A DWC employee who answers questions, assists injured workers, provides written materials, conducts informational workshops and holds meetings to informally resolve problems with claims.

Related Glossary Terms
Drag related terms here
Information & Assistance Unit (I&A)

A unit within DWC that provides information to all parties in workers' compensation claims and informally resolves disputes.
Injury and Illness Prevention Program (IIPP)

A health and safety program employers are required to develop and implement. This program is enforced by Cal/OSHA.

Related Glossary Terms
Drag related terms here
Judge

See workers' compensation administrative law judge.

Related Glossary Terms
Workers' Compensation Administrative Law Judge

Index
Lien

A right or claim for payment against a workers' compensation case. A lien claimant, such as a medical provider, can file a form with the local Workers' Compensation Appeals Board to request payment of money owed in a workers' compensation case.

Related Glossary Terms

Drag related terms here

Index
Mandatory Settlement Conference (MSC)

A required conference to discuss settlement prior to a trial.

Related Glossary Terms
Drag related terms here

Index  Find Term
Maximal Medical Improvement (MMI)

Your condition is well stabilized and unlikely to change substantially in the next year, with or without medical treatment. Once you reach MMI, a doctor can assess how much, if any, permanent disability resulted from your work injury.

Related Glossary Terms
Drag related terms here
Mediation Conference

A voluntary conference held before an I&A officer to resolve a dispute if you are not represented by an attorney.

Related Glossary Terms
Drag related terms here

Index   Find Term
Medical Care

See medical treatment.

Related Glossary Terms

Medical Treatment
Medical Provider Network (MPN)

An entity or group of health care providers set up by an insurer or self-insured employer and approved by DWC's administrative director to treat workers injured on the job.

Related Glossary Terms
Drag related terms here
Medical Treatment

Treatment reasonably required to cure or relieve the effects of a work-related injury or illness. Also called medical care.

Related Glossary Terms
Medical Care
Medical Unit

A unit within the DWC that oversees medical provider networks (MPNs), independent medical review (IMR) physicians, health care organizations (HCOs), qualified medical evaluators (QMEs), panel QMEs, utilization review (UR) plans, and spinal surgery second opinion physicians. Formerly called the Industrial Medical Council (IMC).

Related Glossary Terms

Industrial Medical Council (IMC)
Medical Unit duplicate

A unit within the DWC that oversees medical provider networks (MPNs), independent medical review (IMR) physicians, health care organizations (HCOs), qualified medical evaluators (QMEs), panel QMEs, utilization review (UR) plans, and spinal surgery second opinion physicians. Formerly called the Industrial Medical Council (IMC).

Related Glossary Terms
Drag related terms here
Medical-Legal Report

A report written by a doctor that describes your medical condition. These reports are written to help clarify disputed medical issues.
Modified Work

Your old job, with some changes that allow you to do it. If your doctor says you will not be able to return to your job at the time of injury, your employer is encouraged to offer you modified work instead of supplemental job displacement benefits or vocational rehabilitation benefits.

Related Glossary Terms
Drag related terms here
Nontransferable Voucher

A document you get from the insurance company that must be completed by both you and the insurance company. This is the document used to provide payment for education under the supplemental job displacement benefit program.

Related Glossary Terms

Drag related terms here

Index
Notice

See benefit notice.

Related Glossary Terms

Benefit Notice

Index
Objective Factors

Measurements, direct observations and test results a treating physician, QME or an AME says contribute to your permanent disability.
Off Calendar (OTOC)

A WCAB case in which there is no pending action.

Related Glossary Terms
Drag related terms here

Index
Offer of Modified or Alternative Work (OWC Form #AO 10133.53)

A form you get from the insurance company if: you were injured in 2004 or later and; your treating physician reports you have a permanent disability and; your employer is offering modified or alternative work instead of a supplemental job displacement benefit. This form also explains how your permanent disability payments may be lowered by 15 percent because your employer is returning you to work.
Offer of Modified or Alternative Work Form (RU-94)

A form you get from the insurance company if: you were injured before 2004 and; your treating physician says you probably will never return to your job or one like it and; your employer is offering modified or alternative work instead of vocational rehabilitation benefits.

Related Glossary Terms
Drag related terms here
Panel Qualified Medical Evaluator (QME)

A list of three independent qualified medical evaluators (QMEs) issued by the DWC Medical Unit. You select anyone of the three doctors for your evaluation. If you have an attorney, other rules apply.

Related Glossary Terms
Drag related terms here

Index  Find Term
**Party**

Normally this includes the insurance company, your employer, attorneys and any other person with an interest in your claim (doctors or hospitals that have not been paid).
PAS Report:

A medical report written by a treating physician that describes your medical condition when it has stabilized. See also permanent and stationary

Related Glossary Terms

Drag related terms here
Penalty

An amount of money you receive because something wasn't done correctly in your claim. Paid by your employer or the insurance company, the penalty amount can be an automatic 10 percent for a delay in one payment to you, or a 25 percent penalty -- up to $10,000 -- for an unreasonable delay.

Related Glossary Terms

Drag related terms here
Permanent and Stationary (P&S)

Your medical condition has reached maximum medical improvement. Once you are P&S, a doctor can assess how much, if any, permanent disability resulted from your work injury. If your disability is rated under the 2005 schedule you will see the term maximal medical improvement (MMI) used in place of P&S. See also P&S report.

Related Glossary Terms

Drag related terms here
Permanent Disability (PO)

Any lasting disability that results in a reduced earning capacity after maximum medical improvement is reached.
Permanent Disability (PO) Benefits

Payments you receive when your work injury permanently limits the kinds of work you can do or your ability to earn a living.

Related Glossary Terms
Drag related terms here
Permanent Disability Advance (POA)

A voluntary lump sum payment of permanent disability you are due in the future.
Permanent Disability Payments

A mandatory bi-weekly payment based on the undisputed portion of permanent disability received before and/or after an award is issued.

Related Glossary Terms

Drag related terms here
Permanent Disability Rating (POR)

A percentage that estimates how much a job injury permanently limits the kinds of work you can do. It is based on your medical condition, date of injury, age when injured, occupation when injured, how much of the disability is caused by your job, and your diminished future earning capacity. It determines the number of weeks you are entitled to permanent disability benefits.

Related Glossary Terms
Disability Rating, Rating, Schedule for Rating Permanent Disabilities
Permanent Disability Rating Schedule (PORS)

A DWC publication containing detailed information used to rate permanent disabilities. One of three schedules will be used to rate your disability, depending on when you were injured.

Related Glossary Terms
Drag related terms here

Index   Find Term
Permanent Partial Disability (PPO) Benefits

Payments you receive when your work injury partially limits the kinds of work you can do or your ability to earn a living.

Related Glossary Terms

Drag related terms here
Permanent Partial Disability Award

A final award of permanent partial disability made by a workers' compensation judge or the Workers' Compensation Appeals Board.

Related Glossary Terms

Drag related terms here

Index

Find Term
Permanent Total Disability (PTO) Benefits

Payments you receive when you are considered permanently unable to earn a living.
Personal Physician

A doctor licensed in California with an M.D. degree (medical doctor) or a D.O. degree (osteopath), who has treated you in the past and has your medical records.
Petition for Reconsideration (Recon)

A legal process to appeal a decision issued by a workers' compensation judge. Heard by the Workers' Compensation Appeals Board Reconsideration Unit, a seven member, judicial body appointed by the governor and confirmed by the Senate.

Related Glossary Terms
Reconsideration
Physician

A medical doctor, an osteopath, a psychologist, an acupuncturist, an optometrist, a dentist, a podiatrist or a chiropractor licensed in California. The definition of personal physician is more limited. See personal physician.

Related Glossary Terms
Drag related terms here

Index  Find Term
Pre-designated Physician

A physician that can treat your work injury if you advised your employer in writing prior to your work injury or illness and certain conditions are met. See pre-designation.

Related Glossary Terms

Drag related terms here

Index
Pre-designation

The process you use to tell your employer you want your personal physician to treat you for a work injury. You can pre-designate your personal doctor of medicine (M.D.) or doctor of osteopathy (D.O.) if: your employer offers group health coverage; the doctor has treated you in the past and has your medical records; prior to the injury your doctor agreed to treat you for work injuries or illnesses and; prior to the injury you provided your employer the following in writing:

(1) Notice that you want your personal doctor to treat you for a work-related injury or illness and (2) Your personal doctor's name and business address.

Related Glossary Terms

Drag related terms here
Primary Treating Physician (PTP)

The doctor having overall responsibility for treatment of your work injury or illness. This physician writes medical reports that may affect your benefits. Also called treating physician or treating doctor.

Related Glossary Terms
Treating Doctor, Treating Physician
Proof of Service

A form used to show that documents have been sent to specific parties.

Related Glossary Terms

Drag related terms here

Index
Qualified Injured Worker (QIW)

Entitled to vocational rehabilitation benefits. This benefit applies only if you were injured before Jan. 1, 2004.

Related Glossary Terms
Drag related terms here
Qualified Medical Evaluator (QME)

An independent physician certified by the DWC Medical Unit to perform medical evaluations.
Qualified Rehabilitation Representative (QRR)

A person trained and able to evaluate, counsel, and place disabled workers in new jobs. Also called rehabilitation counselor.

Related Glossary Terms

Rehabilitation Counselor

Index
Rating

See Permanent Disability Rating

Related Glossary Terms
Permanent Disability Rating (POR)
Reconsideration

See Petition for Reconsideration

Related Glossary Terms
Petition for Reconsideration (Recon)
Reconsideration of a Summary Rating

A process used when you don't have an attorney and you think mistakes were made in your permanent disability rating.

Related Glossary Terms
Drag related terms here
Regular Work

Your old job, paying the same wages and benefits as paid at the time of an injury and located within a reasonable commuting distance of where you lived at the time of your injury.

Related Glossary Terms

Drag related terms here
Rehabilitation Consultant

A DWC employee who oversees vocational rehabilitation procedures, makes decisions about vocational rehabilitation benefits and helps resolve disputes.
Rehabilitation Counselor

See qualified Rehabilitation Representative (QRR).

Related Glossary Terms
Qualified Rehabilitation Representative (QRR)
Rehabilitation Unit

A unit within DWC that resolves vocational rehabilitation disputes, approves potential settlements of vocational rehabilitation services, and reviews and approves vocational rehabilitation plans for injuries that happened before Jan. 1, 2004.
Restrictions

See work restrictions.

Related Glossary Terms

Work Restrictions
Schedule for Rating Permanent Disabilities

See Permanent Disability Rating Schedule

Related Glossary Terms
Permanent Disability Rating (POR)
Serious and Willful Misconduct (S&W)

A petition filed if your injury is caused by the serious and willful misconduct of your employer.
Settlement

An agreement between you and the insurance company about your workers' compensation payments and future medical care. Settlements must be reviewed by a workers' compensation judge to make sure they are adequate.

Related Glossary Terms

Drag related terms here
Social Security Disability Benefits

Long-term financial assistance for totally disabled persons. These benefits come from the U.S. Social Security Administration. They are reduced by workers' compensation payments you receive.

Related Glossary Terms

Drag related terms here

Index
Specific Injury

An injury caused by one event at work. Examples: hurting your back in a fall, getting burned by a chemical splashed on your skin, getting hurt in a car accident while making deliveries.

Related Glossary Terms
Drag related terms here
State Average Weekly Wage

The average weekly wage paid in the previous year to employees in California covered by unemployment insurance, as reported by the U.S. Department of Labor. Effective 2006, temporary disability benefit increases are tied to this index.

Related Glossary Terms

Drag related terms here
State Disability Insurance (SDI)

A partial wage-replacement insurance plan paid out to California workers by the state Employment Development Department (EDD). SDI provides short-term benefits to eligible workers who suffer a loss of wages when they are unable to work due to a non-work-related illness or injury, or a medically disabling condition from pregnancy or childbirth. Workers with job injuries may apply for SDI when workers’ compensation payments are delayed or denied. Call 1-800-480-3287 for more information on SDI.

Related Glossary Terms
Drag related terms here
Stipulated Rating

Formal agreement on your permanent disability rating. Must be approved by a workers' compensation judge.

Related Glossary Terms

Drag related terms here
Stipulation With Award

A settlement of a case where the parties agree on the terms of an award. This is the document the judge signs to make the award final.

Related Glossary Terms

Drag related terms here
Stipulations With Request for Award (Stips)

A settlement in which the parties agree on the terms of an award. It may include future medical treatment. Payment takes place over time. This document is provided to the judge for final review.

Related Glossary Terms

Drag related terms here
Subjective Factors

The amount of pain and other symptoms described by an injured worker that a doctor reports as contributing to a worker's permanent disability. Subjective factors are given very little weight under the 2005 rating schedule as the schedule relies mainly on objective measurements.
Subpoena

A document that requires a witness to appear at a hearing.

Related Glossary Terms

Drag related terms here
**Subpoena Duces Tecum (SDT)**

A document that requires records be sent to the requester.

**Related Glossary Terms**
Drag related terms here
Summary Rating

The percentage of permanent disability calculated by the DWC Disability Evaluation Unit.

Related Glossary Terms
Drag related terms here
Summary Rating Reconsideration

A procedure used if you object to the summary rating issued by the DWC Disability Evaluation Unit.

Related Glossary Terms
Drag related terms here
Supplemental Job Displacement Benefit (SJDB)

A workers' compensation benefit. If you were injured in 2004 or later, and have a permanent partial disability that prevents you from doing your old job, and your employer does not offer other work, you qualify for this benefit. It is in the form of a voucher that promises to help pay for educational retraining or skill enhancement, or both, at state-approved or state-accredited schools. Also called voucher.

Related Glossary Terms
Voucher

Index
Temporary Disability (TO or TIO)

Payments you get if you lose wages because your injury prevents you from doing your usual job while recovering.

Related Glossary Terms
Drag related terms here

Index
**Temporary Partial Disability (TPO) Benefits**

Payments you get if you can do some work while recovering, but you earn less than before the injury.

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**Related Glossary Terms**

Wage Loss (Temporary Partial Disability)
Temporary Total Disability (TIO) Benefits

Payments you get if you cannot work at all while recovering.

Related Glossary Terms

Drag related terms here
Transportation Expenses

A benefit to cover your out-of-pocket expenses for mileage, parking and toll fees related to a claim. Usually a reimbursement.

Related Glossary Terms
Drag related terms here

Index
Treating Doctor

See Primary Treating Physician

Related Glossary Terms
Primary Treating Physician (PTP)
Treating Physician

See Primary Treating Physician

Related Glossary Terms
Primary Treating Physician (PTP)
Uninsured Employers Fund (UEF)

A fund, run by the DWC, through which your benefits can be paid if your employer is illegally uninsured for workers' compensation.
Utilization review (UR)

The process used by insurance companies to decide whether to authorize and pay for treatment recommended by your treating physician or another doctor.

Related Glossary Terms

Drag related terms here

Index
Vocational & Return to Work Counselor (VRTWC)

If you have a permanent disability, this is the person or entity that helps you develop a return to work strategy. They evaluate you, provide counseling and help you get ready to work. A VRTWC must have at least an undergraduate degree in any field and three or more years of full time experience.

Related Glossary Terms
Drag related terms here
Vocational Rehabilitation (VR)

A workers' compensation benefit. If you were injured before 2004 and are permanently unable to do your usual job, and your employer does not offer other work, you qualify for this benefit. It includes job placement counseling to help you find another job. It may also include retraining and a vocational rehabilitation maintenance allowance.

Related Glossary Terms
Vocational Rehabilitation Maintenance Allowance (VRMA)
Vocational Rehabilitation Maintenance Allowance (VRMA)

Payments to help you with living expenses while participating in vocational rehabilitation. See Vocational Rehabilitation.

Related Glossary Terms
Vocational Rehabilitation (VR)
Voucher

See Supplemental Job Displacement Benefit and Nontransferable Voucher.

Related Glossary Terms

Supplemental Job Displacement Benefit (SJDB)
Wage Loss (Temporary Partial Disability)

See Temporary Partial Disability Benefits.

Related Glossary Terms
Temporary Partial Disability (TPO) Benefits
Work Restrictions

A doctor's description of the work you can and cannot do. Work restrictions help protect you from further injury.

Related Glossary Terms
Restrictions
Workers' Compensation Administrative Law Judge

A DWC employee who makes decisions about workers' compensation disputes and approves settlements. Judges hold hearings at local Workers' Compensation Appeals Board (WCAB) offices, and their decisions may be reviewed and reconsidered by the Reconsideration Unit of the WCAB. Also called workers' compensation judge.

Related Glossary Terms

Judge, Workers' Compensation Judge
Workers' Compensation Appeals Board (WCAB)

Consists of 24 local offices throughout the state where disagreements over workers' compensation benefits are initially heard by workers' compensation judges. The WCAB Reconsideration Unit in San Francisco is a seven-member, judicial body appointed by the governor and confirmed by the Senate that hears appeals of decisions issued by local workers' compensation judges.

Related Glossary Terms

Drag related terms here
Workers' Compensation Insurance Rating Bureau (WCIRB)

An agent of the state Department of Insurance and funded by the insurance industry, this private entity provides statistical and rating information for workers' compensation insurance and employer's liability insurance, and collects and tabulates information to develop pure premium rates.
Workers' Compensation Judge

See Workers' Compensation Administrative Law Judge.

Related Glossary Terms
Workers' Compensation Administrative Law Judge