

1 **WORKERS' COMPENSATION APPEALS BOARD**

2 **STATE OF CALIFORNIA**

3
4 **ANTRON LEE,**

5 *Applicant,*

6 **vs.**

7 **STATE OF CALIFORNIA, DEPARTMENT OF**
8 **CORRECTIONS AND REHABILITATION,**
9 **PLEASANT VALLEY STATE PRISON, legally**
10 **uninsured, administered by STATE**
11 **COMPENSATION INSURANCE FUND,**

12 *Defendants.*

Case No. ADJ6652737
(Fresno District Office)

OPINION AND ORDER
GRANTING PETITION FOR
RECONSIDERATION
AND DECISION AFTER
RECONSIDERATION

13 Defendant seeks reconsideration of the Findings of Fact, Award, Orders and Opinion on Decision
14 (F&A) issued by the workers' compensation administrative law judge (WCJ) on August 31, 2017,
15 wherein the WCJ found in pertinent part that as a consequence of Valley Fever, applicant sustained
16 injury to his knees, ankles, feet, circulatory system, musculoskeletal system, and respiratory system and
17 that applicant had 76% permanent partial disability. The WCJ also ordered, in pertinent part, that the
18 June 29, 2017 deposition transcript (Joint Exh. U), the March 28, 2017 report (Def. Exh. 3) from the
19 internal medicine agreed medical examiner (AME), Gerald Markovitz, M.D., the Google Earth map of
20 applicant's home (Def. Exh. 2) and the January 1, 2014 NIOSH Report (Def. Exh. 1) were not admitted
21 into evidence.¹

22 Defendant contends that the transcript of the deposition of Dr. Markovitz had been admitted into
23 evidence at the July 10, 2017 trial, that the opinions from Dr. Markovitz are not substantial evidence that
24 applicant's Valley Fever was industrially related, that the injury to applicant's heart and his Valley Fever

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26 ¹ The minutes indicate that applicant objected to defendant's exhibits 1 and 2 "based on relevance." The WCJ excluded both
27 exhibits but the Opinion on Decision did not address why the exhibits were excluded. Also, we note that in his May 6, 2015
report, (Joint Exh. C) Dr. Markowitz refers to and discusses the NIOSH Report. It is not clear why or how a report discussed
by an AME would be deemed "not relevant."

1 are two separate injuries with different dates of injury so they should be rated separately, and that
2 defendant is entitled to credit for a temporary disability indemnity overpayment.

3 The WCJ has retired so we did not receive a Report and Recommendation on Petition for
4 Reconsideration. We received an Answer from applicant.

5 We have considered the allegations in the Petition and the Answer. Based upon our review of the
6 record, and for the reasons set forth below, we will grant reconsideration, rescind the F&A and return the
7 matter to the trial level for further proceedings consistent with our decision and a new decision from
8 which any aggrieved person may timely seek reconsideration.

9 BACKGROUND

10 Applicant claimed injury to his knees, ankles, feet, circulatory system, musculoskeletal system,
11 and respiratory system while employed by defendant as a correctional officer during the period ending
12 October 15, 2007.

13 On April 29, 2009, applicant was evaluated by Dr. Markowitz, and he issued a report stating that:

14 "Mr. Lee presented today for AME evaluation in the field of internal
15 medicine. He developed a case of primary pulmonary coccidiomycosis
16 [coccidioidomycosis] (Valley Fever). There is a Presumption for
17 pneumonias in Correctional Officers and he developed a pneumonia, so
there is no reason to deny industrial responsibility for his Valley Fever."

18 (Joint Exh. J, Gerald Markovitz, M.D., April 29, 2009, p. 6.)

19 On December 10, 2009, applicant was evaluated by James L. Strait, M.D., the orthopedic AME,
20 and he issued a report. He concluded that:

21 "It would be my opinion that Mr. Lee developed symptomatic synovitis in
22 the right knee, right ankle, and left foot and ankle, as a result of his
23 contacting coccidiomycosis [coccidioidomycosis]. My opinion is based on
24 the facts that the applicant had an abnormal bone scan and became
25 symptomatic only a week after being taken off medication for his
coccidiomycosis. Added to that is the fact that the applicant also had an
abnormal MRI study consistent with erosive synovitis."

26 (Joint Exh. O, James L. Strait, M.D., December 10, 2009, p. 4.)

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1 On June 8, 2015, Dr. Markovitz submitted a supplemental report. He stated that:

2 "I was asked to review this document as well as answer questions posed by
3 both parties. ¶ In terms of the NIOSH report, the authors do state that it is
4 not possible to determine if each confirmed case of coccidioidomycosis
5 among the prison employees was due to an exposure at work or outside of
6 work. ¶ The threshold for Workers' Compensation is not medical
7 certainty, but rather medical probability. This document confirms that both
8 inmates and employees at these two prisons surveyed have higher than
9 average rates of coccidioidomycosis than the general population even in
the endemic areas of Fresno and King's County. ... ¶ Taking all of this
into consideration, it is more probable than not that the patient contracted
Valley Fever as a result of occupational exposures rather than non-
occupational exposures."

10 (Joint Exh. C, Gerald Markovitz, M.D., May 6, 2015, pp. 3 – 4.)

11 Applicant filed a declaration of readiness to proceed. On February 16, 2017, the parties attended a
12 mandatory settlement conference (MSC) and submitted a pre-trial conference statement. On page four of
13 the pre-trial conference statement the WCJ ordered that discovery was closed. The WCJ stated that
14 defendant had requested a supplemental report from the AME, that there was no objection to the
15 declaration of readiness, and ordered that the trial judge would rule on the admissibility of the AME
16 report.

17 On April 13, 2017, the parties appeared but the WCJ was unavailable for trial (Opinion on
18 Decision, p.4) and the parties appeared before a different WCJ who continued the matter to June 10,
19 2017. The notes on the minutes indicate that defendant had received a supplemental report from Dr.
20 Markovitz which it had requested on the day of the MSC. Applicant's attorney asked to depose Dr.
21 Markovitz and the WCJ re-opened discovery, limited to the deposition of Dr. Markovitz. Admissibility of
22 the supplemental report and the deposition transcript was deferred to the trial judge.

23 Subsequently, the doctor's deposition was taken on June 29, 2017.

24 On July 10, 2017, the parties proceeded to trial. The exhibits included Joint Exhibit U, which was
25 identified as the "Deposition Transcript of Gerald Markovitz, M.D., dated 6/29/2017. (To be submitted
26 by 8/1/2017.)" (MOH, July 10, 2017, p. 3, [emphasis in the original].) The WCJ noted that except for
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1 defendant's exhibits 1, 2, and 3, all of the exhibits were "ordered into evidence." (MOH, July 10, 2017,
2 p. 4.)

3 At trial applicant testified that:

4 "He worked some hours each day in the environment surrounding the
5 prison and construction was ongoing for the Coalinga State Hospital across
6 the road from Pleasant Valley State Prison. There was dust and no
7 protection or masks."

8 (MOH, p. 6.)

9 Both parties submitted post-trial briefs on August 1, 2017. Defendant's brief included the
10 transcript of the June 29, 2017 deposition of Dr. Markovitz. (Defendant's Post-Trial Brief, pp. 11 – 42.)

11 **DISCUSSION**

12 In the Opinion on Decision the WCJ stated that defendant did not show good cause or due
13 diligence that would warrant admitting the transcript of the June 29, 2017 deposition into evidence. Our
14 review of the record indicates that counsel for applicant requested that he be allowed to depose
15 Dr. Markovitz. Also, the MOH state that the deposition transcript was offered as a joint exhibit, that
16 neither party objected to it being admitted, and that it was ordered admitted into evidence. (Minutes,
17 April 13, 2017, MOH July 10, 2017.) The transcript was timely submitted by defendant. (Defendant's
18 post-trial brief, pp. 11 – 42.) There does not appear to be any basis for excluding the transcript from
19 evidence.

20 Defendant contends that applicant's heart injury is the result of cumulative trauma and that the
21 Valley Fever "is the result of a single, unknown exposure to Valley Fever spores." (Petition, p. 6.)
22 Among the issues raised at the trial was whether applicant's hypertensive heart disease had a different
23 date of injury than the Valley Fever claim. (MOH, p. 3.)

24 Pursuant to Labor Code section 5412:

25 "The date of injury in cases of occupational diseases or cumulative injuries
26 is that date upon which the employee first suffered disability therefrom and
27 either knew, or in the exercise of reasonable diligence should have known,
that such disability was caused by his present or prior employment."

1 (Lab. Code § 5412.)² The record contains several reports indicating that over a period of time applicant
2 experienced various symptoms due to his heart condition and other symptoms caused by the Valley
3 Fever. (see e.g., Joint Exh. J, pp. 5 – 6, Joint Exh. G, pp. 7 – 11, Joint Exh. D, pp. 2 – 4.) However, the
4 record does not contain evidence which addresses the section 5412 criteria for determining the date of
5 injury. It appears that applicant’s heart injury and his Valley Fever (including the symptoms that are a
6 consequence thereof) may have been the result of separate injuries or they may have been caused by one
7 period of cumulative trauma, but the current record does not contain adequate evidence to make that
8 determination. We note that although Dr. Markovitz stated that applicant’s Valley Fever was “a result of
9 occupational exposures” and that applicant’s “heart trouble” is also industrial (Joint Exh. C, p. 4) he did
10 not provide an opinion as to whether applicant’s injuries were caused by one or more periods of
11 cumulative trauma, nor did he state that applicant sustained a specific injury.

12 Since the actual date of injury and the number of injuries an injured worker sustained are
13 threshold issues, the trial record must contain substantial evidence addressing those issues. Here, as
14 discussed above, the record does not contain substantial evidence regarding these issues.

15 In its Petition defendant states that the WCJ failed to address whether Valley Fever, which
16 Dr. Markovitz identified as “a pneumonia” is considered a pneumonia for purposes of the Labor code
17 section 3212.10 pneumonia presumption. (Lab. Code § 3212.10.) Section 3212.10 states in pertinent part
18 that:

19 “... [T]he term ‘injury’ as used in this division includes heart trouble,
20 pneumonia, tuberculosis, and meningitis that develops or manifests itself
21 during a period in which any peace officer covered under this section is in
22 the service of the department or unit. ... (¶) The heart trouble, pneumonia,
23 tuberculosis, and meningitis so developing or manifesting itself shall be
24 presumed to arise out of and in the course of employment.”

25 (Lab. Code § 3212.10.) The statutory language in section 3212.10 does not identify or designate a
26 specific type of pneumonia nor does it limit the applicability of the presumption to a specific type of
27 pneumonia. If the Legislature had intended to limit the presumption, it would have done so.

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

1 “In interpreting statutes, if the ‘language is clear and unambiguous there is no need for construction, nor
2 is it necessary to resort to indicia of the intent of the Legislature.’ . . .” (*Lungren v. Deukmejian* (1988) 45
3 Cal.3d 727, 735 [248 Cal.Rptr. 115, 755 P.2d 299]; *Rehman v. Department of Motor Vehicles* (2009) 178
4 Cal.App.4th 581, 586 [100 Cal.Rptr.3d 516].) Thus, it appears that Valley Fever is a “pneumonia” for
5 the purpose of applying the section 3212.10 presumption.

6 Defendant asserts that the reports from Dr. Markovitz are not substantial evidence because he did
7 not specify when or where applicant was exposed to Valley Fever spores. However, as noted above, the
8 doctor did explain why as an employee of the Pleasant Valley State Prison, “...it is more probable than
9 not that the patient [applicant] contracted Valley Fever as a result of occupational exposures....” (Joint
10 Exh. C, pp. 3 – 4.) Also, as stated above, since the section 3212.10 presumption appears to be applicable,
11 the issue of when or where applicant was exposed to the spores is irrelevant, absent evidence rebutting
12 the presumption.

13 Defendant contends that applicant should not receive further permanent disability indemnity
14 payments because it is entitled to credit for a temporary disability indemnity overpayment for benefits
15 paid during the period from April 17, 2009 through January 12, 2012.

16 The Appeals Board has the discretion to allow a credit for overpaid compensation against an
17 award of a different species of compensation. (Lab. Code § 4909; *Genlyte Group v. Workers' Comp.*
18 *Appeals Bd. (Zavala)* (2008) 158 Cal.App.4th 705 [73 Cal.Comp.Cases 6]; *Gamble v. Workers' Comp.*
19 *Appeals Bd.* (2006) 143 Cal.App.4th 71 [71 Cal.Comp.Cases 1015].) The WCJ must weigh the equities
20 and consider whether granting such a credit will result in an undue burden and hardship to applicant.
21 (*Maples v. Workers' Comp. Appeals Bd.* (1980) 111 Cal.App.3d 827 [45 Cal.Comp.Cases 1106].) In
22 *Maples* the Court of Appeal stated that equitable principles are frequently applied to workers'
23 compensation matters, that equity favors allowance of a credit if the credit is small and does not cause a
24 significant interruption of benefits, that the allowance of a credit of overpayment of one benefit against a
25 second benefit can be disruptive and in some cases totally destructive of the purpose of the second
26 benefit, and that the injured employee should not be prejudiced by defendant's actions when the
27 employee received benefits in good faith with no wrong-doing on his part. (*Maples, supra.*) Here,

1 defendant does not allege, nor is there evidence in the record indicating, that there was any “wrong-
2 doing” by applicant regarding the temporary disability benefits. Instead, defendant admits that the
3 payments “were all accidental overpayments.” (Petition, p. 7.)

4 As discussed above, the transcript from the deposition of Dr. Markovitz was offered as a joint
5 exhibit, without objection from either party, and it was ordered accepted into evidence. Thus, it is
6 evidence contained in the trial record and it should be considered by the trial judge. Also, as discussed
7 earlier, the record does not contain substantial evidence regarding the date and/or dates of injury. Under
8 these circumstances, it is appropriate that we rescind the F&A and return the matter to the trial level for
9 further proceedings consistent with this opinion and a new decision from which any aggrieved person
10 may timely seek reconsideration. It is important to note that because the August 31, 2017 F&A is
11 rescinded, none of the issues raised by the parties at the July 10, 2017 trial have been finally decided, and
12 it is appropriate for the parties to set forth stipulations and issues when the matter is before the new
13 WCJ.³ Also, the interim orders, which deferred to the trial judge the issues of whether the March 28,
14 2017 report from Dr. Markovitz and the deposition transcript would be admitted into evidence, remain in
15 effect. Thus, when the matter is returned to the trial level, the WCJ to whom the case is assigned will
16 address those issues.

17 Accordingly, we grant the Petition for Reconsideration, rescind the F&A and return the matter to
18 the trial level.

19 For the foregoing reasons,

20 **IT IS ORDERED** that defendant’s Petition for Reconsideration of the Findings of Fact, Award,
21 Orders and Opinion on Decision issued by the WCJ on August 31, 2017, is **GRANTED**.

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27 ³ Our Order rescinding the F&A is not a final order disposing of any issues raised at trial. (*Hikida v. Workers’ Comp. Appeals Bd.* (2017) 12 Cal.App.5th 1249 [82 Cal.Comp.Cases 679].)

