

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

**SOCORRO CASTILLO, *Applicant***

**vs.**

**TRADER JOE'S; ACE AMERICAN INSURANCE COMPANY, administered by  
SEDGWICK CLAIMS MANAGEMENT SERVICES, *Defendant***

**Adjudication Numbers: ADJ10114208, ADJ11133761  
Anaheim District Office**

**OPINION AND ORDER  
GRANTING PETITION FOR  
RECONSIDERATION**

Applicant seeks reconsideration of the Joint Findings of Fact, Award, and Order issued by the workers' compensation administrative law judge (WCJ) in this matter on August 5, 2024. In that decision, the WCJ found in pertinent part that applicant did not sustain industrial injury arising out of and in the course of her employment to her bilateral knees, neck, chest, breasts, fingers, chin, bilateral elbows, and bilateral hips in ADJ10114208, but did sustain an injury to her right middle finger in that case.

Additionally, the WCJ found applicant sustained permanent disability of 23 percent after apportionment in ADJ10114208 and 8 percent permanent disability in ADJ11133761.

Petitioner contends that the WCJ erred by failing to find applicant sustained industrial injury to her bilateral knees, wrists, hands, fingers, and elbows in the form of an aggravation and not an exacerbation of her pre-existing conditions. Petitioner further asserts that the medical reporting of the Agreed Medical Evaluation (AME) does not constitute substantial medical evidence.

We have received an Answer from defendant.

The WCJ prepared a Report and Recommendation on Petition for Reconsideration (Report), recommending that the Petition be denied.

We have considered the Petition for Reconsideration, the Answer, and the contents of the Report, and we have reviewed the record in this matter. Based upon our preliminary review of the

record, we will grant applicant's Petition for Reconsideration. Our order granting the Petition for Reconsideration is not a final order, and we will order that a final decision after reconsideration is deferred pending further review of the merits of the Petition for Reconsideration and further consideration of the entire record in light of the applicable statutory and decisional law. Once a final decision after reconsideration is issued by the Appeals Board, any aggrieved person may timely seek a writ of review pursuant to Labor Code<sup>1</sup> section 5950 et seq.

### **PROCEDURAL HISTORY**

As set forth in the Minutes of Hearing and Summary of Evidence (MOH/SOE) dated November 2, 2022, the parties stipulated that applicant, while employed on August 22, 2015 as a crew member by defendant Trader Joe's, sustained injury arising out of and in the course of employment (AOE/COE) to her bilateral shoulders and bilateral wrists, and claims to have sustained injury to her bilateral knees, neck, chest, breast, fingers, chin, bilateral elbows, and bilateral hips. Issues were parts of body injured, permanent disability, apportionment, need for further medical treatment, and attorney fees (ADJ10114208).

The parties further stipulated that applicant sustained industrial injury AOE/COE while employed by Trader Joe's to her bilateral shoulders during the period January 6, 2015 through August 22, 2015. Issues included permanent disability, apportionment, further medical treatment and attorney fees (ADJ11133761).

(MOH/SOE, November 2, 2022, p.1-3.)

The relevant facts of applicant's claims are set forth in the WCJ's Report, as follows:

On August 22, 2015 applicant fell while working at defendant Trader Joe's. She filed an application for adjudication of claim alleging injury to her bilateral shoulders, bilateral wrists, bilateral knees, neck, chest, breasts, fingers, chin, bilateral elbows, and bilateral hips. In addition to the specific injury, and approximately two years later, applicant filed a cumulative trauma claim for her entire period of employment, from January 6, 2015 to August 22, 2015, alleging injury to her bilateral shoulders. The parties stipulated that the applicant did sustain injury to her bilateral wrists and bilateral shoulders in her specific claim and her bilateral shoulders in her cumulative trauma claim.

---

<sup>1</sup> All further references are to the Labor Code unless otherwise specified.

Lawrence Feiwell, MD was chosen by the parties to serve as the Agreed Medical Evaluator in both the specific and cumulative trauma claims. During the course of the claim, AME Feiwell issued nine (9) reports and was deposed by the parties six (6) times (Joint Exhibits 1-13, 15, and 16). Soheil Aval, MD served as the primary treating physician (Applicant's Exhibits 18-35, and Joint Exhibit 14).

The matter initially proceeded to trial on November 2, 2022. The parties returned on January 5, 2023 for further proceedings and the matter was submitted. The primary contested issue at trial was whether the applicant sustained injury arising out of and in the course of employment to her bilateral knees, neck, chest, breasts, fingers, chin, bilateral elbows and bilateral hips in the specific injury claim.

A Joint Finding and Award and Order with Opinion on Decision issued on April 3, 2023 finding, with respect to the additional parts of body pled, that applicant did not sustain injury arising out of and in the course of employment to her bilateral knees, neck, chest, breasts, fingers, chin, bilateral elbows and bilateral hips in the specific injury claim. Applicant's counsel filed a timely Petition for Reconsideration on April 27, 2023 asserting that the court erred in this finding. A Joint Order Rescinding the April 3, 2023 Decision and Vacating Submission issued May 10, 2023. Hearings were held regarding development of the record pursuant to applicant's April 27, 2023 Petition for Reconsideration and the parties ultimately deposed AME Feiwell on November 8, 2023 and February 14, 2024 (Joint Exhibits 15 and 16).

The matter proceeded to trial again on March 21, 2024 at which time the two additional depositions of AME Feiwell were admitted into evidence and, after the filing of post-trial briefing at the request of applicant's counsel, the matters were resubmitted on May 10, 2024.

A Joint Finding and Award and Order with Opinion on Decision issued on August 5, 2024 finding, again with respect to the additional parts of body pled, that the applicant did sustain injury arising out of and in the course of employment to her right middle finger and that she did not sustain injury arising out of and in the course of employment to her bilateral knees, neck, chest, breasts, additional fingers, chin, bilateral elbows and bilateral hips. Applicant's timely Petition for Reconsideration followed, asserting that the court erred by finding AME Feiwell's reports and depositions were substantial medical evidence based on reasonable medical probability with respect to the additional parts of body pled by the applicant in the specific injury claim and requesting a regular physician to take the place of AME Feiwell.

(Report, pp. 2-3.)

It is from these Joint Findings, Award and Order that applicant seeks reconsideration.

I.

Former Labor Code section 5909 provided that a petition for reconsideration was deemed denied unless the Appeals Board acted on the petition within 60 days from the date of filing. (Lab. Code, § 5909.) Effective July 2, 2024, Labor Code section 5909 was amended to state in relevant part that:

- (a) A petition for reconsideration is deemed to have been denied by the appeals board unless it is acted upon within 60 days from the date a trial judge transmits a case to the appeals board.
- (b)
  - (1) When a trial judge transmits a case to the appeals board, the trial judge shall provide notice to the parties of the case and the appeals board.
  - (2) For purposes of paragraph (1), service of the accompanying report, pursuant to subdivision (b) of Section 5900, shall constitute providing notice.

Under Labor Code section 5909(a), the Appeals Board must act on a petition for reconsideration within 60 days of transmission of the case to the Appeals Board. Transmission is reflected in Events in the Electronic Adjudication Management System (EAMS). Specifically, in Case Events, under Event Description is the phrase “Sent to Recon” and under Additional Information is the phrase “The case is sent to the Recon board.”

Here, according to Events, the case was transmitted to the Appeals Board on September 9, 2024 and 60 days from the date of transmission is November 8, 2024. This decision is issued by or on November 8, 2024, so that we have timely acted on the petition as required by Labor Code section 5909(a).

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

Here, according to the proof of service for the Report and Recommendation by the workers' compensation administrative law judge, the Report was served on September 9, 2024, and the case was transmitted to the Appeals Board on September 9, 2024. Service of the Report and transmission of the case to the Appeals Board occurred on the same day. Thus, we conclude that the parties were provided with the notice of transmission required by Labor Code section 5909(b)(1) because service of the Report in compliance with Labor Code section 5909(b)(2) provided them with actual notice as to the commencement of the 60-day period on September 9, 2024.

Turning to the merits, we note the following, which may be relevant to our review:

Petitioner contends that the WCJ erred in determining that the applicant did not sustain industrial injury to her bilateral knees, wrists, hands, fingers, and elbows, and that the medical reporting of the AME in this case did not constitute substantial evidence, was inconsistent, based upon an incorrect legal theory and failed to consider all the medical evidence. Petitioner asserts that the applicant's pre-existing conditions were aggravated by the industrial accident and that applicant has in fact sustained injury to those parts of body claimed. Petitioner further requests that a new medical evaluator be appointed by the WCJ.

Per the Minutes of Hearing and Summary of Evidence (MOH/SOE) of January 5, 2023, applicant testified as follows:

On August 22, 2015, she was facing the cookie section using a ladder to front face the products, when she turned to a customer to ask if he needed help. She stepped off of the ladder, folded it, and placed it to her right. As she turned she hit the tip of the ladder with her foot, causing her to fall forward. She landed on her hands, knees, and chest. She was not able to break the fall. She did put out her hands but still hit her chin and chest on the floor. The incident occurred at the end of the shopping aisle that was about five to six feet wide. She came to rest outside of the aisle. She felt immediate pain to her knees, hips, shoulders, neck, chin, hands, wrists, and elbows.

When she fell onto both of her knees, it was painful.

It was a hard fall. In addition to her knees, she hit both hips, both shoulders, both wrists, both hands, her chin, and her fingers on the floor when she fell. She does not recall any twisting or turning of her body when she fell. The fall was very painful. She hit the ground hard, and it knocked the wind out of her. She fell on what she believes is concrete.

Her knees, shoulders, chest, and hands hurt the worst at the time of the incident.

She was on the ground for approximately 20 to 30 minutes after the incident. Her supervisor, Maria, did not help her but rather yelled two or three times at her to get up from the floor of the store. A customer came to her right side, squatted down, said she was a nurse, told Maria that the applicant could not get up, and advised Maria to call 9-1-1.

9-1-1 was called and paramedics arrived within five minutes. After the paramedics arrived, they then asked her if she could get up, and she responded that she could not get up on her own. They put a neck brace on her. The paramedics had to flip her over. They asked her what side she wanted them to turn her, and she said right side. It was painful when the paramedics turned her over. She was then put on a board and transferred to a gurney. She was then taken by ambulance to St. Joseph's Hospital.

(MOH/SOE, 1/5/23, pp. 2-3.)

The emergency department report from St. Joseph's Hospital dated August 22, 2015 states, in pertinent part:

52 yo F trader joe's employee tripped over an item, landing on bilat knees and then FOOSH with landing on chest. Pt. with hx neck problems followed by a Dr. Rice in costa mesa, had 3 epidurals 1 month ago.  
c/o diffuse pain, worse on knee. 2x partial knee replacement by Dr. Barnett (Sr.) BIB EMS. Was unable to get up off floor. In C collar.  
c/o l. leg and hip pain and tenderness  
c/o off bilat shoulder pain too. denies chest pain.  
Onset/Duration/Timing: occurred approximately - PTA  
Where: work  
Severity/Pain scale: moderate, severe  
Context: tripped  
Location of Injury: neck, shoulder - bilat, wrist - bilateral, - knee bilat

(Ex. 3, p.1.)

X-Rays were taken, medication prescribed, and attending physician Matthew Mullarky diagnosed a cervical strain, bilateral wrist sprain, as well as "multiple contusions", and indicated that applicant is unable to work until reexamination and is totally disabled from any work until August 31, 2015. (Ex. 3, p. 10.)

Applicant followed up with additional medical care three days later on August 25, 2015 through her employer's medical provider at US HealthWorks. The narrative review indicates complaints to applicant's shoulders, neck, knees, and wrists. The diagnoses was:

**Diagnoses**

Contusion - Breast (922.0) Contusion - Chest Wall (922.1) Sprain/ Strain - Cervical (847.0)

Sprain/Strain Wrist/Hand Unspec Bilateral (842.00) Contusion - Knee Bilateral (924.11)

Sprain/ Strain - Shoulder Bilateral (840.9)

**First Aid:** This is not a first aid claim.

**Causation:** The findings on exam and diagnosis are consistent with the injury reported by patient. Prior factors such as injuries/ medical conditions/ diseases/ prior activities or exposures are not contributing to the findings. The findings can not be possibly produced by natural progression of pre-existing conditions or aging. The reported injury/ exposure is not causing an aggravation to the above pre-existing condition. The aggravation is likely to be temporary. In conclusion, the reported injury, more likely than not, is causing the current symptoms and findings.

(Ex. 8, p. 5.)

Applicant was taken off work by attending physician Randolph Jones M.D. until August 28, 2015, with an estimated period of total temporary disability of 14 days. (*Id.*, p. 5-6.)

Petitioner contends that the AME's medical reporting was insubstantial based on an incorrect application of aggravation versus exacerbation when discussing applicant's claimed injuries. With respect to this contention, the WCJ indicates:

\*\*\*

When asked during his deposition of November 8, 2023 if the applicant suffered injuries (aggravation) or exacerbations to her hands, elbows, knees, neck or back as a result of the specific injury at Trader Joe's the doctor states that he does not see any permanent effects to those parts of body due to the slip and fall at defendant Trader Joe's (Joint Exhibit 15, pages 24-25). Applicant had an opportunity to question AME Feiwell on this issue and received a response that rises to the level of substantial medical evidence for purposes of the specific injury case. The fact that applicant does not agree with the doctor's opinion does not make it wrong or insubstantial.

(Report, p. 4.)

Specifically, when asked whether all the symptoms applicant had other than to the shoulders to be an exacerbation or an aggravation of her prior medical conditions, he opines:

\*\*\*

A The answer is -- and I know you are trying to find some legal fine point -- is that she did bruise her hands. She did fall on her knees. She had transient issues in those areas.

Q When you say "transient," you are saying it was an exacerbation, or are you saying there was an injury?

A Well, you are trying to say that there's new and further or an aggravation. It's an exacerbation by law, the definition that we used to us. I don't see any permanent effects to her hands, elbows, knees, neck, or back as a result of that fall.

Q Again, I am not referring to permanent disability. I am referring to the need for medical care to define --

A She certainly had some bangs and bruises that required some acute treatment. But then you are asking me: Is all of the treatment necessary? No. Because she already was getting treatment for much of the same body parts. I don't know where you want to draw that line. Do you want to ask about every specific treatment? We'll have to do it that way. But I can't say globally does she require treatment for having a bruise on her knee and on her hands, and the answer is yes. Maybe she needed some treatment for a few weeks for it, maybe some anti-inflammatory medications, but there's nothing more than that.

(Ex. 15, pp. 84-85; 14-25, 1-16.)

Dr. Feiwell stated that the claimed injuries to applicant's hands, elbows, knees, neck and back in the August 22, 2015 incident was an exacerbation of applicant's pre-existing condition because she was already getting treatment for much of the same body parts. It appears that his opinion is based on the improvement in applicant's symptoms and his finding there were no permanent effects to those parts of body due to her fall.

The acceleration, aggravation or 'lighting up' of a preexisting condition "is an injury in the occupation causing the same." (*Tanenbaum v. Industrial Acc. Com.* (1935) 4 Cal.2d 615, 617 [1935 Cal. LEXIS 590]; *Zemke v. Workers' Comp. Appeals Bd.* (1968) 68 Cal.2d 794 [69 Cal. Rptr. 88, 441 P.2d 928, 33 Cal.Comp.Cases 358]; *Reynolds Electrical & Engineering Co. v. Workers' Comp. Appeals Bd. (Buckner)* (1966) 65 Cal.2d 438 [55 Cal. Rptr. 254, 421 P.2d 102, 31 Cal.Comp.Cases 421].) An aggravation of a pre-existing condition is an industrial injury. (*Argonaut Ins. Co. v. Industrial Acc. Comm. (Harries)* (1964) 231 Cal.App. 2d 211 [29 Cal.Comp.Cases 279]; *Patco Trucking, Inc., Centre Insurance Co., Petitioners v. Workers' Compensation Appeals Board, (Everett)* (2004) 69 Cal.Comp.Cases 1167 (writ denied).) Also, as explained by the Supreme Court:

A 'disability' under the Workmen's Compensation Law connotes an inability to work. Where an employee has been temporarily disabled by an industrial injury, he is considered temporarily totally disabled if he is unable to earn any income during the period when he is recovering from the effects of the injury. For such a disability, the employee's disability payments are based on his earning capacity, the statute providing that the payment is [two-thirds] of his average weekly



earnings. [Citation.] An employee is considered temporarily partially disabled if he is able to earn some income during his healing period but not his full wages. The disability payment in such event is [two-thirds] of the employee's weekly wage loss." (*Herrera v. Workmen's Comp. Appeals Bd.* (1969) 71 Cal.2d 254, 257 [78 Cal. Rptr. 497, 455 P.2d 425, 34 Cal.Comp.Cases 382].)

In the present matter, the record indicates that applicant received emergency medical treatment as well as follow up care and was determined to be temporarily totally disabled by two physicians immediately after the August 22, 2015 incident. Under these circumstances it appears that applicant may have sustained an injury to certain additional parts of body which was the "lighting up" i.e. an aggravation, of her pre-existing conditions, regardless of whether there were any permanent effects or impairments to those parts claimed as injured.

## II.

It is well established that decisions by the Appeals Board must be supported by substantial evidence. (Lab. Code, §§ 5903, 5952(d); *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274 [39 Cal.Comp.Cases 310]; *Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 312 [35 Cal.Comp.Cases 500]; *LeVesque v. Workmen's Comp. Appeals Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16].) "The term 'substantial evidence' means evidence which, if true, has probative force on the issues. It is more than a mere scintilla, and means such relevant evidence as a reasonable mind might accept as adequate to support a conclusion...It must be reasonable in nature, credible, and of solid value." (*Braewood Convalescent Hospital v. Workers' Comp. Appeals Bd. (Bolton)* (1983) 34 Cal.3d 159, 164 [48 Cal.Comp.Cases 566], emphasis removed and citations omitted.)

Further, it is well established that a medical report predicated upon an incorrect legal theory does not constitute evidence to support a denial of compensation for an industrially caused disability." (*Zemke v. Workmen's Comp. Appeals Bd.* (1968) 68 Cal.2d 794 [33 Cal.Comp.Cases 358, 363].)

The Appeals Board has the discretionary authority to develop the record when the record does not contain substantial evidence or when appropriate to provide due process or fully adjudicate the issues. (§§ 5701, 5906; *Tyler v. Workers' Comp. Appeals Bd.* (1997) 56 Cal.App.4th 389, 394 [65 Cal. Rptr. 2d 431, 62 Cal.Comp.Cases 924] ["The principle of allowing full development of the evidentiary record to enable a complete adjudication of the issues is consistent

with due process in connection with workers' compensation claims.”]; see *McClune v. Workers' Comp. Appeals Bd.* (1998) 62 Cal.App.4th 1117 [72 Cal. Rptr. 2d 898, 63 Cal.Comp.Cases 261]; *Rucker v. Workers' Comp. Appeals Bd.* (2000) 82 Cal.App.4th 151, 157-158 [65 Cal.Comp.Cases 805]; *Gangwish v. Workers' Comp. Appeals Bd.* (2001) 89 Cal.App.4th 1284, 1295 [66 Cal.Comp.Cases 584].)

The Appeals Board also has a constitutional mandate to “ensure substantial justice in all cases.” (*Kuykendall v. Workers' Comp. Appeals Bd.* (2000) 79 Cal.App.4th 396, 403 [65 Cal.Comp.Cases 264].) The Board may not leave matters undeveloped where it is clear that additional discovery is needed. (*Id.* at p. 404.)

Here, it is unclear from our preliminary review whether the joint findings of fact, order, award, legal conclusions, and/or recommendations of the WCJ as to the nature and extent of applicant's injuries are supported by substantial medical evidence, as well as whether further development of the record may be necessary with respect to the issues noted above.

### III.

In addition, under our broad grant of authority, our jurisdiction over this matter is continuing.

A grant of reconsideration has the effect of causing “the whole subject matter [to be] reopened for further consideration and determination” (*Great Western Power Co. v. Industrial Acc. Com. (Savercool)* (1923) 191 Cal.724, 729 [10 I.A.C. 322]) and of “[throwing] the entire record open for review.” (*State Comp. Ins. Fund v. Industrial Acc. Com. (George)* (1954) 125 Cal.App.2d 201, 203 [19 Cal.Comp.Cases 98].) Thus, once reconsideration has been granted, the Appeals Board has the full power to make new and different findings on issues presented for determination at the trial level, even with respect to issues not raised in the petition for reconsideration before it. (See Lab. Code, §§ 5907, 5908, 5908.5; see also *Gonzales v. IndustrialAcci. Com.* (1958) 50 Cal.2d 360, 364.) “[t]here is no provision in chapter 7, dealing with proceedings for reconsideration and judicial review, limiting the time within which the commission may make its decision on reconsideration, and in the absence of a statutory authority limitation none will be implied.”]; see generally Lab. Code, § 5803 [“The WCAB has continuing jurisdiction over its orders, decisions, and awards. . . . At any time, upon notice and after an

opportunity to be heard is given to the parties in interest, the appeals board may rescind, alter, or amend any order, decision, or award, good cause appearing therefor.]

“The WCAB . . . is a constitutional court; hence, its final decisions are given res judicata effect.” (*Azadigian v. Workers’ Comp. Appeals Bd.* (1992) 7 Cal.App.4th 372, 374 [57 Cal.Comp.Cases 391; see *Dow Chemical Co. v. Workmen’s Comp. App. Bd.* (1967) 67 Cal.2d 483, 491 [32 Cal.Comp.Cases 431]; *Dakins v. Board of Pension Commissioners* (1982) 134 Cal.App.3d 374, 381 [184 Cal.Rptr. 576]; *Solari v. Atlas-Universal Service, Inc.* (1963) 215 Cal.App.2d 587, 593 [30 Cal.Rptr. 407].) A “final” order has been defined as one that either “determines any substantive right or liability of those involved in the case” (*Rymer v. Hagler* (1989) 211 Cal.App.3d 1171, 1180; *Safeway Stores, Inc. v. Workers’ Comp. Appeals Bd. (Pointer)* (1980) 104 Cal.App.3d 528, 534-535 [45 Cal.Comp.Cases 410]; *Kaiser Foundation Hospitals v. Workers’ Comp. Appeals Bd. (Kramer)* (1978) 82 Cal.App.3d 39, 45 [43 Cal.Comp.Cases 661]), or determines a “threshold” issue that is fundamental to the claim for benefits. Interlocutory procedural or evidentiary decisions, entered in the midst of the workers’ compensation proceedings, are not considered “final” orders. (*Maranian v. Workers’ Comp. Appeals Bd.* (2000) 81 Cal.App.4th 1068, 1070, 1075 [65 Cal.Comp.Cases 650].) [“interim orders, which do not decide a threshold issue, such as intermediate procedural or evidentiary decisions, are not ‘final’ ”]; *Rymer, supra*, at p. 1180 [“[t]he term [‘final’] does not include intermediate procedural orders or discovery orders”]; *Kramer, supra*, at p. 45 [“[t]he term [‘final’] does not include intermediate procedural orders”].)

Labor Code section 5901 states in relevant part that:

No cause of action arising out of any final order, decision or award made and filed by the appeals board or a workers’ compensation judge shall accrue in any court to any person until and unless the appeals board on its own motion sets aside the final order, decision, or award and removes the proceeding to itself or if the person files a petition for reconsideration, and the reconsideration is granted or denied. . . .

Thus, this is not a final decision on the merits of the Petition for Reconsideration, and we will order that issuance of the final decision after reconsideration is deferred. Once a final decision is issued by the Appeals Board, any aggrieved person may timely seek a writ of review pursuant to Labor Code sections 5950 et seq.

#### IV.

Accordingly, we grant applicant's Petition for Reconsideration, and order that a final decision after reconsideration is deferred pending further review of the merits of the Petition for Reconsideration and further consideration of the entire record in light of the applicable statutory and decisional law.

While this matter is pending before the Appeals Board, we encourage the parties to participate in the Appeals Board's voluntary mediation program. Inquiries as to the use of our mediation program can be addressed to [WCABmediation@dir.ca.gov](mailto:WCABmediation@dir.ca.gov).

For the foregoing reasons,

**IT IS ORDERED** that applicant's Petition for Reconsideration of the Joint Findings, Award and Order issued on August 5, 2024 is **GRANTED**.

**IT IS FURTHER ORDERED** that a final decision after reconsideration is **DEFERRED** pending further review of the merits of the Petition for Reconsideration and further consideration of the entire record in light of the applicable statutory and decisional law.

**WORKERS' COMPENSATION APPEALS BOARD**

/s/ JOSÉ H. RAZO, COMMISSIONER

**I CONCUR,**

/s/ JOSEPH V. CAPURRO, COMMISSIONER

CRAIG SNELLINGS, COMMISSIONER  
CONCURRING NOT SIGNING



**DATED AND FILED AT SAN FRANCISCO, CALIFORNIA**

**November 7, 2024**

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

**SOCORRO CASTILLO  
LAW OFFICES OF JAMES RUCKER  
GREENUP, HARTSTON & ROSENFELD**

**LAS/abs**

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