WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

AMIR BAIGMORADI, ***Applicant***

vs.

NEP GROUP, INC.;
FEDERAL INSURANCE COMPANY, administered by
CHUBB GROUP OF INSURANCE COMPANIES, ***Defendants***

Adjudication Number: ADJ14053925
Van Nuys District Office

OPINION AND ORDER DENYING PETITION FOR RECONSIDERATION

We have considered the allegations of the Petition for Reconsideration, the Answer, and the contents of the report of the workers' compensation administrative law judge (WCJ) with respect thereto. Based on our review of the record, and for the reasons discussed below and in the WCJ's Report, which we adopt and incorporate, we will deny reconsideration.

I.

Former Labor Code section 5909[1] 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, 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.

[1] All section references are to the Labor Code, unless otherwise indicated.

Under 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 March 17, 2025, and 60 days from the date of transmission is May 16, 2025. This decision is issued by or on May 16, 2025, so that we have timely acted on the petition as required by section 5909(a).

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. 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 March 17, 2025, and the case was transmitted to the Appeals Board on March 17, 2025. 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 section 5909(b)(1) because service of the Report in compliance with section 5909(b)(2) provided them with actual notice as to the commencement of the 60-day period on March 17, 2025.

II.

In *Valdez v. Workers' Comp. Appeals Bd.*, the California Supreme Court analyzed the admissibility of medical reports in workers' compensation proceedings and opined in pertinent part:

> [T]he comprehensive medical evaluation process set out in section 4060 et seq. for the purpose of resolving disputes over compensability does not limit the admissibility of medical reports … . Under section 4064, subdivision (d), "no party is prohibited from obtaining any medical evaluation or consultation at the party's own expense," and "[a]ll comprehensive medical evaluations obtained by any party shall be admissible in any proceeding before the appeals board …" except as provided in specified statutes. The Board is, in general, broadly authorized to consider "[r]eports of attending or examining physicians." (§ 5703, subd. (a).)

> These provisions do not suggest an overarching legislative intent to limit the Board's consideration of medical evidence.

(*Valdez v. Workers' Comp. Appeals Bd.* (2013) 57 Cal.4th 1231, 1239 [78 Cal.Comp.Cases 1209].)

The Supreme Court held, further, that the Legislature's revisions to section 4616.6, through Senate Bill 863, did not:

> …narrow employees' right to seek treatment from doctors of their choice at their own expense, or bar those doctors' reports from admission in disability hearings. Rather, it provided that privately retained doctors' reports "shall not be the sole basis of an award of compensation." (§ 4605.) The clear import of this language is that such reports may provide *some* basis for an award, but not standing alone.

(*Ibid*.)

The Second District Court of Appeal, in *Batten v. Workers' Comp. Appeals Bd.*, further addressed the admissibility of consulting physician's reports, upholding the Board's definition of consulting physician under section 4605, as "a doctor who is consulted for the purposes of discussing proper medical treatment, not one who is consulted for determining medical-legal issues in rebuttal to a panel QME." (*Batten v. Workers' Comp. Appeals Bd.* (2015) 241 Cal.App.4th 1009, 1016 [80 Cal.Comp.Cases 1256].) The Court held,

> When an employee consults with a doctor at his or her own expense, in the course of seeking medical treatment, the resulting report is admissible.
>
> …
>
> Section 4605 permits the admission of a report by a consulting or attending physician, and section 4061, subdivision (i) permits the admission of an evaluation prepared by a treating physician. Neither section permits the admission of a report by an expert who is retained solely for the purpose of rebutting the opinion of the panel qualified medical expert's opinion.

(*Ibid*.)

Here, we agree with the WCJ that the *Batten* limitation on admission of medical reports is inapplicable, because Dr. Gonzalez was not retained to rebut a QME's opinion. (Report, at p. 3.) Rather, Dr. Gonzalez was retained to provide a treatment consultation, at the request of applicant's primary treating physician, Thomas A. Schweller, M.D. (4/26/23 Schweller Report, at p. 2.) Dr. Schweller then relied upon Dr. Gonzalez's reporting, in part, to reach his conclusions regarding the AMA impairment rating, work restrictions, causation/apportionment and future medical care.

(10/3/23 Schweller Report, at pp. 2-7.) Dr. Gonzalez was also retained after the Utilization Review (UR) Department had issued determinations, on May 24 and October 22, 2021, that a neuropsychological evaluation with testing was certified. (5/24/21 UR Authorization; 10/22/21 UR Authorization.)

Moreover, as acknowledged by the Court in *Valdez*, sections 4060, 4064(d) and 5703 suggest an expansive rather than limiting approach by the Legislature regarding the admissibility of medical evidence. (*Valdez*, *supra*, at p. 1239.) Thus, there is no bar, under *Valdez*, which would prohibit the admission into evidence of Dr. Gonzalez's medical reporting. The medical reporting of Dr. Gonzalez was properly admitted into evidence.

III.

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].) To constitute substantial evidence ". . . a medical opinion must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and it must set forth reasoning in support of its conclusions." (*Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 621 (Appeals Board en banc).) "Medical reports and opinions are not substantial evidence if they are known to be erroneous, or if they are based on facts no longer germane, on inadequate medical histories and examinations, or on incorrect legal theories. Medical opinion also fails to support the Board's findings if it is based on surmise, speculation, conjecture or guess." (*Hegglin v. Workmen's Comp. Appeals Bd.* (1971) 4 Cal.3d 162, 169 [36 Cal.Comp.Cases 93, 97].)

In *Vigil v. County of Kern* (2024) 89 Cal.Comp.Cases 686 [2024 Cal. Wrk. Comp. LEXIS 23] (Appeals Board en banc), the Appeals Board held that the Combined Values Chart ("CVC") in the Permanent Disability Rating Schedule ("PDRS") may be rebutted, and impairments may be added, where the applicant establishes the impact of each impairment on the activities of daily living (ADLs) and either (a) there is no overlap between the effects on ADLs as between the body parts rated, or (b) there is overlap but the overlap increases or amplifies the impact on the overlapping ADLs. The Board explained that medical expertise (as opposed to vocational expertise) is required: "In determining whether the application of the CVC table has been rebutted

in a case, an applicant must present evidence explaining what impact applicant's impairments have had upon their ADLs. Where the medical evidence demonstrates that the impact upon the ADLs overlaps, without more, an applicant has not rebutted the CVC table. Where the *medical evidence* demonstrates that there is effectively an absence of overlap, the CVC table is rebutted, and it need not be used." (*Vigil, supra*, 89 Cal.Comp.Cases at p. 692, italics added.)

Here, the WCJ correctly concluded that the medical reporting and opinions of Dr. Gonzalez constitute substantial medical evidence. (Report, at p. 3.) In addition, we agree with the WCJ that, under the *Vigil* standard, Dr. Gonzalez appropriately added rather than combined applicant's neurological and psychiatric impairments. (Report, at pp. 4-5.)

IV.

An employee bears the burden of proving injury AOE/COE by a preponderance of the evidence. (*South Coast Framing v. Workers' Comp. Appeals Bd.* (*Clark*) (2015) 61 Cal.4th 291, 297-298, 302 [80 Cal.Comp.Cases 489]; Lab. Code, §§ 3600(a), 3202.5.) Labor Code section 4660.1 governs how to determine permanent disability for injuries occurring on or after January 1, 2013. (Lab. Code, § 4660.1.) Section 4660.1 bars an increase in the employee's permanent impairment rating for a psychiatric disorder arising out of a compensable physical injury occurring on or after January 1, 2013 unless the injury falls under one of the statutory exceptions. (Lab. Code, § 4660.1(c)(1) and (2).) Section 4660.1(c) provides, in relevant part, as follows:

> (c) (2) An increased impairment rating for psychiatric disorder is not subject to paragraph (1) if the compensable psychiatric injury resulted from either of the following:
> (A) Being a victim of a violent act or direct exposure to a significant violent act within the meaning of Section 3208.3.

(Lab. Code, § 4660.1(c)(2).)

In *Larsen v. Securitas Security Services* (2016) 81 Cal.Comp.Cases 770 [2016 Cal. Wrk. Comp. P.D. LEXIS 237], a security guard was struck by a car from behind while on a walking patrol causing her to fall, hit her head and lose consciousness. She reported hitting her head so hard when she was hit by the car that she thought she was going to die. She was taken by ambulance to the emergency room. The panel in *Larsen* defined a "violent act" for purposes of section 4660.1, subdivision (c)(2)(A), as an act that is characterized by either strong physical force, extreme or intense force, or an act that is vehemently or passionately threatening. (*Id.* at pp. 774-775.) Applying this definition, the panel concluded that "[b]eing hit by a car under these circumstances

constitutes a violent act" and thus, applicant was entitled to additional permanent disability for her psyche injury as an exception to section 4660.1(c). (*Id.* at p. 775; see also *Madson v. Michael J. Cavaletto Ranches* (2017) (2017 Cal. Wrk. Comp. P.D. LEXIS 95 [a truck driver pinned and crushed in his vehicle with a fractured neck while fearing that the truck would catch fire before he was extricated qualified as a violent act outlined in *Larsen*].)

Subsequent decisions since *Larsen* and *Madson* have followed the definition of a "violent act" for purposes of section 4660.1 as an act that is characterized by either strong physical force, extreme or intense force, or an act that is vehemently or passionately threatening. (See *Lopez v. General Wax Co., Inc.* (2017 Cal. Wrk. Comp. P.D. LEXIS 291 [candle maker's partial finger amputation in a machine was a violent act]; *Allen v. Carmax* (2017 Cal. Wrk. Comp. P.D. LEXIS 303) [accident after car brakes failed when the applicant attempted to avoid hitting a pedestrian resulting in collision with a cement pillar was a violent act]; *Greenbrae Mgmt. v. Workers' Comp. Appeals Bd.* (*Torres*) (2017) 82 Cal.Comp.Cases 1494 (writ den.) [landscaper's fall from a tree hitting his head multiple times and losing consciousness was a violent act].) In *Wilson v. State Cal Fire,* the en banc Board held that, "[e]valuation of whether an injury resulted from a 'violent act' under section 4660.1(c)(2)(A) focuses on the *mechanism* of injury. This focus on the mechanism of injury comports with the statute's language, which emphasizes the *event causing the injury*, rather than the injury itself…" (*Wilson v. State Cal Fire* (2019) 84 Cal.Comp.Cases 393, 406 (Appeals Board en banc), emphasis in original.)

Here, the WCJ concluded that applicant's psyche injury was compensable under section 4660.1, subdivision (c)(2)(A), because applicant's experience of being crushed by a 600 to 800-pound LED screen falling on him constitutes a "violent act" within the meaning of that statute. (Report, at p. 5.) We agree with the WCJ's conclusion. There was ample evidence suggesting that applicant's severe injuries resulted from a strong, extreme or intense physical force. (*Larsen*, *supra,* at pp. 774-775.) The mechanism of injury here – applicant being crushed by an extremely heavy object—leads to the same conclusion that the injury resulted from a "violent act." (*Wilson*, *supra*, at p. 406.) Thus, the WCJ correctly determined that applicant met his burden to show that he was a victim of a violent act, and that he was thus entitled to an increased impairment rating pursuant to section 4660.1(c)(2).

Accordingly, defendant's petition is denied.

For the foregoing reasons,

IT IS ORDERED that the Petition for Reconsideration is **DENIED**.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

I CONCUR,

/s/ ANNE SCHMITZ, DEPUTY COMMISSIONER

/s/ JOSEPH V. CAPURRO, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

May 16, 2025

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

AMIR BAIGMORADI
ASVAR LAW, P.C.
LAW SCHWARTZ LEGAL GROUP

MB/*ara*

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

REPORT AND RECOMMENDATION OF WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE ON PETITION FOR RECONSIDERATION

INTRODUCTION:

On March 17, 2025, the Defendant filed a timely and verified petition for reconsideration dated March 15, 2025, alleging that the undersigned WCJ erred in his Findings of Fact, Award & Order dated February 25, 2025. The Defendant contends that the undersigned WCJ erred in admitting the neuropsychological consultative reports of Fernando Gonzalez, Ph.D., dated June 1, 2023 and October 16, 2024. In addition, the Defendant contends that Dr. Gonzalez's reporting failed to constitute substantial medical evidence, including, but not limited to, his alleged lack of competence, the substance of his opinions, and his adding versus using the combined values chart Table 13-8 impairment rating in the AMA Guides and global assessment of function score to achieve permanent total disability. Finally, the Defendant contends that Labor Code § 4660.1(c) bars any psychiatric permanent disability for the Applicant's injury.

STATEMENT OF FACTS:

The Applicant, while employed as a light-emitting diode and live video technician, sustained an industrial injury to his head, cervical spine, lumbar spine, both upper and lower extremities, left shoulder, left hip, both feet, urological system (in the form of sexual dysfunction), bladder, auditory system (in the form of tinnitus), and psychiatric system when he was crushed by a 600 to 800-pound LED screen that fell on him from a roller cage cart after a concert.

The parties appeared before the undersigned WCJ for trial on February 5, 2025, to address the issues of the admissibility of Dr. Gonzalez's reporting and whether the medical evidence supports a finding that the Applicant was permanently totally disabled.

Per the minutes of hearing and summary of evidence, Dr. Gonzalez's consultative medical reports were authorized by utilization review dated October 2021, at the designation of Thomas A. Schweller, M.D., the primary treating physician. (MOH/SOE, 02/05/2025, 5:7-12; Applicant's Exhibit "10")

On February 11, 2025, the undersigned WCJ issued the following formal rating instructions to the disability evaluation unit:

> "Please determine the percentage(s) of permanent disability based on the American Medical Association (AMA) Guides to the Evaluation of Permanent Disability (5th edition) for the brain neurological system (in the form of cognition), circadian system (in the form of a sleep disorder) and psychiatric system in the consultative report of Fernando Gonzalez, Ph.D., dated June 1, 2023, (Applicant's Exhibit "6") on pages 17 to 19 and his supplemental report dated October 16, 2024 (Applicant's Exhibit "7") on page 2. You are to combine by addition Table 13-8 impairment rating, as noted in Dr. Gonzalez's supplemental report dated October 16, 2024, on page two, referencing his original report dated June 1, 2023, on page 19, and the Global Assessment of Functioning, as noted in his original report dated June 1,

2023, on page 17, in your calculation. Pursuant to Labor Code § 4663, you are to apportion 100% of the permanent disability to the April 18, 2019 date of injury."

On February 11, 2025, Mike Tarakhchyan, disability evaluator, issued the following permanent disability rating:

The recommended rating is 100% payable at $1,877.07 a week for life.

PSYCHE: GAF 40 = 51 WP
14.01.00.00 - 51 - [1.4]71 - 380H - 76 - 73 PD

EMOTIONAL OR BEHAVIORAL DISORDERS: 29 WP (Table 13-8)
13.06.00.00 - 29 - [1.4]41 - 380H - 47 - 43 PD

COMBINE BY ADDITION 73 + 43 = 116 PD

Mr. Tarakhchyan issued a memorandum that the whole person impairment factors were consistent with the AMA Guides.

After considering the Defendant's objections, the undersigned WCJ issued his Findings of Fact, Award & Order dated February 25, 2025, admitting into evidence Dr. Gonzalez's reporting and finding the Applicant permanently totally disabled.

Aggrieved by the undersigned WCJ's decision, the Defendant filed its petition for reconsideration.

DISCUSSION:

ADMISSIBILITY OF THE MEDICAL REPORTS OF FERNANDO GONZALEZ, PH.D.

Labor Code §§ 4061(i) and 4605 permit the admission of a report by a treating, consulting or attending physician, but does not permit the admission of a report by a medical expert retained solely to rebut the opinion of a panel qualified medical evaluator. [Workers' Comp. Appeals Bd. (Batten) (2015) 80 Cal. Comp. Cases 1256, 1261] In fact, the California Supreme Court has held that the provisions of the Labor Code do not suggest an overarching legislative intent to limit the admissibility of medical evidence but instead mandate an expansive approach to admissibility of medical evidence. [Valdez v. Workers' Comp. Appeals Bd. (2013) 78 Cal. Comp. Cases 1209, 1216; Fields v. The Regents of the Univ. of California (2024) 2024 Cal. Wrk. Comp. P.D. LEXIS 269, *15 (Appeals Board noteworthy panel decision)]

In this case, unlike in Batten, Fernando Gonzalez, Ph.D., was not retained solely to rebut the opinion of a panel qualified medical evaluator, but a physician in the Defendant's medical provider network who was authorized to provide neuropsychological consultative reports. Therefore, for those reasons, the undersigned WCJ did not err in admitting his two consultative medical reports.

SUBSTANTIALITY OF THE MEDICAL REPORTS OF FERNANDO GONZALEZ, PH.D.

While the WCAB may reject the findings of a WCJ and enter its own findings based on its review of the record, [Labor Code § 5907] when a WCJ's findings are supported by solid, credible evidence, they are to be accorded great weight and should be rejected only based on contrary evidence of considerable substantiality. [Lamb v. Workers' Comp. Appeals Bd. (1974) 39 Cal. Comp. Cases 310, 314.] In other words, an aggrieved party's professed dissatisfaction with the conclusions of a WCJ and the unsupported imputation of unreliability of the well-grounded evidence he or she has relied upon, preferring to rely on other evidence felt more desirable, is not sufficient to disturb a WCJ's decision. [Shepard v. County of Los Angeles (2021) 2021 Cal. Wrk. Comp. P.D. LEXIS 151, *7-8 (Appeals Board noteworthy panel decision); Lee v. Mitrant U.S.A. Corp. (2013) 2013 Cal. Wrk. Comp. P.D. LEXIS 610, *5 (Appeals Board noteworthy panel decision).]

For an expert's medical opinion to be substantial evidence it must be framed in terms of reasonable medical probability that is based on pertinent facts, an adequate examination, an accurate history and set forth proper reasoning in support of its conclusions. [Escobedo v. Marshalls (2005) 70 Cal. Comp. Cases 604, 621 (Appeals Board en banc).] Reports and opinions are not substantial evidence if they are known to be erroneous, based on facts no longer germane, contain inadequate medical histories and examinations, or are based on incorrect legal theories, surmise, speculation, conjecture, or guess. [Hegglin v. Workmen's Comp. Appeals Bd. (1971) 36 Cal. Comp. Cases 93, 97.]

In this case, notwithstanding the Defendant's various complaints regarding Dr. Gonzalez and assertion that he is not competent to opine on the Applicant's permanent disability, Dr. Gonzalez did not speculate or guess in providing his medical opinions nor were they outside of his field of expertise. He took an adequate medical history and conducted an adequate medical examination. Since his opinions relied on germane facts and reasonable medical probability, they are substantial medical evidence. As such, in matters that require scientific medical knowledge, a WCJ may not reject them merely because an aggrieved party is dissatisfied with them.

[E.L. Yeager Construction v. Workers' Comp. Appeals Bd. (Gatten) (2006) 71 Cal. Comp. Cases 1687, 1693.]

With respect to Dr. Gonzalez's combination by adding Table 13-8 of the AMA Guides and the Global Assessment of Functioning was appropriate. (2:23 to 3:2) Pursuant to Vigil v. County of Kern (2024) 89 Cal. Comp. Cases 686, 688-689 (Appeals Board en banc), the WCAB held as follows:

> "The Combined Values Chart (CVC) in the Permanent Disability Ratings Schedule (PDRS) may be rebutted and impairments may be added where an applicant establishes the impact of each impairment on the activities of daily living (ADLs) and that either (a) there is no overlap between the effects on ADLs as between the body parts rated; or (b) there is overlap, but the overlap increases or amplifies the impact on the overlapping ADLs."

Here, Dr. Gonzalez, in his supplemental report dated October 16, 2024, on page two, addressed this issue as follows:

> **1. In order for the reader to accurately understand your findings on the synergistic nature of Mr. Baigmoradi's multiple ailments (as outlined in Dr. Kent and Dr. Patterson's reports) and the neuropsychological injuries suffered by this applicant, kindly explain whether you believe there is in fact a synergistic relationship between the two class of injuries and whether the impairments should therefore be "added" as opposed to "combined".**
>
> In such complex cases involving multiple intertwined psyche/body injuries, the level of severity of injury associated with individual injuries often results in greater levels of impairment and poorer outcomes than that same level of severity of injury produces when the injury is seen in isolation. Adding, therefore, rather than combining, more accurately reflects that the individual injuries are interrelated and have a compounding effect on one another, resulting in a greater level of disability for each injury and subsequently, a greater level of disability overall. Under the current rating system, the only way to capture the compounding effects of the complex, intertwined relationships between the individual injuries is [sic] to add rather than combine the ratings.
>
> **2. Specific to your own findings with respect to the AMA Guides Chapter 13 ratings and the GAF score you provided, kindly explain whether you believe the GAF score has a synergistic relationship with, for instance, Table 13-8 impairment rating arising from Mr. Baigmoradi's emotional and behavioral disorder, and why that may be the case.**
>
> As noted on page 325 of the AMA guides, emotional, mood, and behavioral disturbances illustrate the relationship between neurology and psychiatry. Emotional disturbances originating in verifiable neurological impairments (e.g., stroke, head injury) are assessed using the criteria in this chapter (13). Mr. Baigmoradi's emotional disturbance, cognitive issues, his overreaction to his environment, and his inability to manage stress and cope with his environment and loss of function, all reflect the interplay between neurological and psychological factors and how emotional disturbance is reinforced by both neurological and psychological processes in a synergistic manner. Therefore, the only accurate approach to combining his Table 13-8 impairment rating and his GAF score would be additive or synergistic, so as to capture that synergistic effects and not lose the reality of the patient's current circumstances."

As noted above, while there is overlap between the Applicant's neurological and psychiatric condition as they both involve his cognitive functions, in their combination, they have caused an amplification in managing his ability to cogently function in his environment. As such, Dr. Gonzalez's use of addition in his calculation was consistent with Vigil.

Therefore, for the reasons set forth above, the undersigned WCJ did not err in relying on the medical opinions of Dr. Gonzalez.

APPLICABILITY OF LABOR CODE § 4660.1(c)

Pursuant to Labor Code § 4660.1(c)(2)-(A), an increased impairment rating for rating permanent disability is allowed if the injury resulted from a violent act. Here, the Applicant sustained injury when he was crushed by a 600 to 800-pound LED screen that fell on him from a roller cage cart after a concert. This is sufficient to constitute a violent act. [See Larsen v. Securitas Sec. Servs. (2016) 2016 Cal. Wrk. Comp. P.D. LEXIS 237 (Appeals Board noteworthy panel decision) (the WCAB held that an applicant struck by a vehicle while walking through a parking lot was a violent act).] Therefore, this contention advanced by the Defendant must fail.

RECOMMENDATION:

The undersigned WCJ respectfully recommends that the Defendant's petition for reconsideration dated March 15, 2025, be denied.

Date: March 17, 2025

Transmitted: March 17, 2025

DAVID L. POLLAK
WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE