

WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

CHRISTOPHER FRASCHETTI, *Applicant*

vs.

**CALIFORNIA HIGHWAY PATROL; STATE COMPENSATION INSURANCE FUND,
*Defendants***

**Adjudication Number: ADJ10340076
Riverside District Office**

**OPINION AND DECISION
AFTER RECONSIDERATION**

We previously granted reconsideration¹ in this matter to provide an opportunity to further study the legal and factual issues raised by the Petition for Reconsideration. Having completed our review, we now issue our Decision After Reconsideration.

Applicant seeks reconsideration of the September 24, 2021 Finding and Order (F&O), wherein the workers' compensation administrative law judge (WCJ) found that applicant, while employed as an officer from January 23, 1999 to February 23, 2016, did not sustain industrial injury to his right arm or right elbow.

Applicant contends that the reporting of Agreed Medical Evaluator (AME) Dr. Chun is not substantial evidence, and that the WCJ should have relied on the reporting of the primary treating physician (PTP) to find injury arising out of and in the course of employment (AOE/COE).

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. For the reasons discussed below, we will rescind the F&O and substitute new Findings of Fact that the reporting of primary treating physician Dr. Maywood is the more substantial and persuasive reporting in evidence, and based thereon, that applicant has sustained his burden of establishing injury AOE/COE to the right elbow.

¹ Commissioners Lowe and Sweeney, who were previously members of this panel, no longer serve on the Workers' Compensation Appeals Board. Other panelists have been appointed in their place.

FACTS

Applicant claimed injury to his right arm and right elbow while employed as an officer by defendant State of California highway Patrol from January 23, 1999 to February 23, 2016. Defendant denies injury AOE/COE.

The parties have selected Keola Chun, M.D., to act as the AME in orthopedic medicine. Applicant has also selected Robert Maywood, M.D., to act as PTP.

As relevant to these proceedings, applicant sustained a prior industrial injury to his left elbow and neck on April 6, 2011. Applicant filed a claim for workers' compensation benefits and the parties selected Keola Chun, M.D., as the AME in orthopedic medicine. The claim was ultimately resolved by Stipulated Award issued on June 24, 2020. (Award, Case No. ADJ8488323, dated June 24, 2020.)

On March 4, 2016, applicant filed a claim form alleging cumulative injury through February 23, 2016 to the *right* elbow.

The parties subsequently agreed to select Dr. Chun who had served as the AME on applicant's April 6, 2011 claim for the *left* elbow, to now serve as the AME for applicant's newly filed cumulative injury claim ending February 23, 2016 to the *right* elbow.

On April 12, 2016, PTP Dr. Maywood issued an initial orthopedic evaluation report. Therein, he noted applicant's complaints of a "cumulative trauma injury to the right elbow while performing his usual and customary duties for the California Highway Patrol ... [applicant] attributes the onset of his symptoms to overuse of the right arm due to inability to use the left arm from a previous injury in April 2011." (Ex. 6, Report of Robert Maywood, M.D., dated April 12, 2016, p. 1.) Applicant was noted to have reported his right elbow symptoms to his employer on February 23, 2016. (*Id.* at p. 2.) Dr. Maywood extensively catalogued applicant's job duties and noted that his clinical evaluation of applicant was positive for tenderness over the right lateral epicondyle, and pain on resisted wrist extension. (*Id.* at p. 3.) Dr. Maywood diagnosed a right elbow possible chondral lesion and right elbow cubital tunnel syndrome. Applicant was referred for an MRI study. (*Id.* at p. 4.)

On May 3, 2016, MRI studies confirmed "evidence for lateral epicondylitis, manifested by an extensive partial tear involving the common extensor tendon origin." (Ex. 9, MRI Report of Frank Mangano, M.D., dated May 3, 2016.)

On May 17, 2016, Dr. Maywood reevaluated applicant and updated his diagnoses to include a right elbow, partial tear, common extensor tendon, with lateral epicondylitis and right elbow cubital tunnel syndrome. (Ex. 4, Report of Robert Maywood, M.D., dated May 17, 2016, p. 2.) Dr. Maywood noted that applicant's right elbow symptoms had persisted for greater than one year, despite conservative treatment modalities including two prior cortisone injections. (*Ibid.*) Dr. Maywood recommended surgical repair of the right common extensor tendon.

On June 20, 2016, defendant denied all liability for applicant's claim.

On July 26, 2016, AME Dr. Chun evaluated applicant and noted a history of right elbow pain developing in March, 2015, followed by treatment including cortisone injections to the right elbow in March, 2015 and again in October, 2015. Applicant experienced pain relief from both injections. (Ex. C, Report of Keola Chun, M.D., dated July 26, 2016, at p. 2.) Applicant further reported that in February, 2016, "he was training at the gun range and noted that he could not hold his weapon straight because of right elbow pain." (*Ibid.*) Following a clinical evaluation of applicant, Dr. Chun diagnosed right elbow lateral epicondylitis with nonindustrial causation, stating:

The patient is a credible historian, However, there is no rational mechanism of industrial injury to account for the right lateral epicondylitis. The patient is right-hand dominant. Therefore, there would be no excessive overuse while he recovered from surgery on his nondominant elbow. After today's evaluation and review of the available medical records, it is with all reasonable medical probability that I cannot support the patient's claim for industrial injury to the right elbow.

(*Id.* at p. 7.)

The parties submitted additional records for review by the AME, and Dr. Chun issued supplemental reports on June 30, 2017, and July 30, 2018 without a change to his previously stated opinions.

On April 9, 2019, the parties undertook the deposition of Dr. Chun, who acknowledged right elbow injury without industrial causation. (Ex. 2, Transcript of the Deposition of Keola Chun, M.D., dated April 9, 2019, at p. 16:19.)

The parties submitted additional records for review by the AME, and Dr. Chun issued supplemental reports on August 9, 2019, April 16, 2020, and December 31, 2020 without a change in his previously stated opinions.

On July 20, 2021, the parties undertook the deposition of PTP Dr. Maywood, who characterized applicant's injury as a "repetitive use injury to that arm that occurred over the course of the cumulative trauma which in my experience is actually a more common way of developing lateral epicondylitis or tennis elbow rather than from a direct trauma." (Ex. 1, Transcript of the Deposition of Robert Maywood, M.D., dated July 20, 2021, at p. 11:9.) Dr. Maywood further testified that following his review of applicant's job duties, he attributed the right elbow injury to cumulative, rather than specific, injury. (*Id.* at p. 12:15.)

On August 16, 2021, the parties proceeded to trial, framing issues of injury AOE/COE, attorney's fees, and the substantiality of the reporting of AME Dr. Chun. (Minutes of Hearing and Summary of Evidence (Minutes), dated August 16, 2021, at p. 2:18.) Applicant testified in relevant part that he experienced the onset of right elbow symptoms in January, 2015 and thereafter received two cortisone injections which provided temporary relief. (*Id.* at p. 5:6.) Applicant confirmed that he treated with PTP Dr. Maywood on his prior left elbow injury and continued to receive treatment from Dr. Maywood for the right elbow injury. (*Id.* at p. 5:20.) Following defendant's denial of liability for the right elbow claim, applicant received right elbow surgery on a nonindustrial basis and thereafter returned to regular duties. (*Id.* at p. 5:24.) When asked about whether he reported his right elbow symptoms at an AME evaluation with Dr. Chun with respect to his left elbow, applicant "confirmed that he saw Dr. Chun before but for other claims and that he was not asked, nor did he ask about his right elbow during those past examinations." (*Id.* at p. 6:13.)

On September 24, 2021, the WCJ issued his F&O, determining in relevant part that AME Dr. Chun found no cumulative injury to the right elbow or arm, and that the AME reports were substantial evidence. (Findings of Fact Nos. 2 & 5.) The WCJ determined that the reporting of the AME was more persuasive than the reporting of PTP Dr. Maywood, and based thereon, ordered that applicant take nothing. (Finding of Fact No. 6; Order.) In his accompanying Opinion on Decision, the WCJ observed that while the reporting of Dr. Maywood was deemed to be substantial evidence, "Dr. Chun's AME reporting is the more persuasive substantial medical evidence, and the court gives more weight to the AME." (Opinion on Decision, at p. 4.)

Applicant's Petition contends that notwithstanding his status as AME, Dr. Chun's reporting is not substantial medical evidence. (Petition, at p. 6:21.) Applicant directs our attention to *Place v. Workmen's Comp. App. Bd.* (1970) 3 Cal.3d 372, 378 [35 Cal.Comp.Cases 525] for the

proposition that a physician's reliance on a perceived delay in an employee's reporting the onset of symptoms as a basis to deny industrial causation is inherently speculative. (*Id.* at p. 5:3; 6:21.) Applicant asserts that PTP Dr. Maywood offers a credible alternative to the AME reporting and constitutes substantial medical evidence. (*Id.* at p. 11:14.)

Defendant's Answer responds that AME Dr. Chun "has repeatedly explained why he believes that Applicant's right arm and right elbow injury are not industrial ... [a]pplicant himself denied suffering any specific injury to his right arm and right elbow." (Answer, at p. 4:18.)

The WCJ's Report describes why the WCJ felt the reporting of the AME to be the more persuasive, noting that "Dr. Chun's AME opinion was formulated after evaluating the Applicant, consideration of Applicant's job duties as reported by Applicant directly to the AME, and thorough review of Applicant's deposition transcript, as well as review of numerous medical records." (Report, at p. 5.)

DISCUSSION

The F&O finds that applicant did not meet his burden of establishing injury arising out of and in the course of employment to his right arm or right elbow. (Finding of Fact No. 2.) The WCJ's Opinion on Decision relies on the medical conclusion of the parties' AME, Dr. Chun, who identified no reasonable mechanism of injury. (Opinion on Decision, at p. 3.) Applicant challenges these findings, asserting the AME's opinions "are primarily based upon the fact that [a]pplicant did not report his injury sooner," and that the AME's opinions are inconsistent across multiple reports. (Petition, at p. 6:21.)

We begin our discussion by framing several legal principles applicable to the dispute at bar. Initially, we note that applicant bears the burden of establishing an industrial injury by a preponderance of the evidence. (Lab. Code §§ 3202.5, 5705; *McAllister v. Workers' Comp. Appeals Bd.* (1968) 69 Cal.2d 408, 416 [33 Cal.Comp.Cases 660].) We further observe that the parties to this matter have selected an AME, and that we will ordinarily follow the opinion of an AME because it is presumed the AME was chosen by the parties because of his or her expertise and neutrality. (*Power v. Workers' Comp. Appeals Bd.* (1986) 179 Cal.App.3d 775, 782 [51 Cal.Comp.Cases 114].)

However, we also observe that it is the WCAB, and not the AME, that is the ultimate trier-of-fact. (See *Klee v. Workers' Comp. Appeals Bd.* (1989) 211 Cal.App.3d 1519, 1522 [54

Cal.Comp.Cases 251]; *Robinson v. Workers' Comp. Appeals Bd.* (1987) 194 Cal. App.3d 784, 792–793 [239 Cal. Rptr. 841, 52 Cal.Comp.Cases 419].) Therefore, the WCAB is not bound by the opinion of an AME; rather, its only obligation is to give consideration to the AME's opinion (*Western Growers Ins. Co. v. Workers' Comp. Appeals Bd. (Austin)* (1993) 16 Cal.App.4th 227, 241 [58 Cal.Comp.Cases 323]) and the WCAB may decline to follow an AME's opinion if it finds the opinion to be unpersuasive. (*Brower v. David Jones Construction* (2014) 79 Cal.Comp.Cases 550 (Appeals Board en banc).)

Finally, “although the board is empowered to resolve conflicts in the evidence [citations], to make its own credibility determinations [citations], and upon reconsideration to reject the findings of the [WCJ] and enter its own findings on the basis of its review of the record [citations], nevertheless, any award, order or decision of the board must be supported by substantial evidence in the light of the entire record. (*Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d.312, 317 [35 Cal.Comp.Cases 500].)

In the instant matter, the parties agreed to select Dr. Chun who was already serving as AME for applicant's 2011 specific injury to the left elbow and neck, to act as AME with respect to the newly filed cumulative injury to the right arm and elbow. Dr. Chun's evaluation regarding the 2015 cumulative injury noted applicant to be a “credible historian,” but nonetheless concluded “there is no rational mechanism of industrial injury to account for the right lateral epicondylitis.” (Ex. C, Report of Keola Chun, M.D., dated July 26, 2016, at p. 7.) The AME posited that because applicant was right-hand dominant, “there would be no excessive overuse while he recovered from surgery on his nondominant elbow.” (*Ibid.*) Accordingly, “it is with all reasonable medical probability that I cannot support the patient's claim for industrial injury to the right elbow.”

In deposition testimony, Dr. Chun's analysis of causation focused on the lack of right elbow symptoms reported in Dr. Chun's September 16, 2015 evaluation of applicant's separate and preexisting left elbow injury:

A: I appreciate your efforts in pointing out that his job was -- did require forceful gripping and grasping and -- and crawling under things. So we have the potential for injury. But if indeed that did contribute on his condition, it's painful. You would say so. He didn't say so. I don't know the reasons for him saying or not saying so. But in two opportunities in two visits with him, he did not give me a history of work exposure contributing to the cause or aggravating a preexisting condition.

Q. Now I just want to clarify. You mean in your prior -- in your AME appointments prior to this claim being filed?

A. Yes.

...

Q. And specifically, you saw him on 9/16 of '15. And so I -- I assume you're referring to that visit; that at that time, he didn't report any symptoms or complaints to you regarding the right elbow; correct?

A. In the 9/16/15 report, he did not have any complaints, in regards to the upper extremities, of pain [or] paresthesias.

...

Q. Okay. So, Doctor, just to be clear, then, if he had reported it when he first felt the symptomatology, you're saying that that would have --that could have impacted your opinion on causation; correct?

A. Yes.

Q. Okay. And I'm not asking you to say how it would have impacted it. But you're saying it may have been a different outcome, had he reported it along with the onset of symptomatology; correct?

A. Yes.

(Ex. 2, Transcript of the Deposition of Keola Chun, M.D., dated April 9, 2019, at p. 24:1.)

In addition, Dr. Chun testified that the severity of applicant's right arm and elbow injury would typically cause a patient to seek medical treatment and to file a claim for industrial injury:

A. Epicondylitis of the lateral elbow, when severe, is quite debilitating. It affects your grip strength. And [applicant] would -- or should have immediately noticed how it affects or it is associated by his work activities. And yet, he did not make a claim; but instead, went to seek out care on a private basis in March of 2015, when he almost incidentally noted the discomfort to his primary care physician and then sought out private nonindustrial care.

So in my initial AME of July 26, 2016, under "Causation" -- this would be page 7 -- when I felt that there was no rational mechanism for industrial injury to account for the right lateral epicondylitis, to expand upon that, any activity requiring gripping, forceful gripping, wrist extension would be very painful and immediately obvious to the sufferer that you've got a problem in your elbow. And yet, that wasn't the history that was obtained.

(Ex. 2, Transcript of the Deposition of Keola Chun, M.D., dated April 9, 2019, at p. 16:19.)

Dr. Chun thus identified a series of evolving factors relevant to his determination that applicant's injuries are nonindustrial. In his initial report, Dr. Chun opined that because applicant was right-handed, "there would be no excessive overuse while he recovered from surgery on his nondominant elbow." It is unclear from the record, however, what the AME meant by this assertion, and in this respect the July 26, 2016 report offers only the physician's conclusion without citation to supporting evidence or reasonable explication of his analysis. (Ex. C, Report of Keola Chun, M.D., dated July 26, 2016, at p. 7.) Nor did the AME clarify his reasoning in subsequent supplemental reporting or in his deposition testimony.

In deposition testimony, the AME disclaimed industrial causation because applicant failed to report right elbow symptoms during a September 16, 2015 evaluation *for a different injury* involving applicant's neck and left elbow. (Ex. 2, Transcript of the Deposition of Keola Chun, M.D., dated April 9, 2019, at p. 24:1.) Dr. Chun testified that he would have expected applicant to report a "history of work exposure contributing to the cause or aggravating a preexisting condition." (*Id.* at p. 24:8.) We note in the first instance, however, that the September 16, 2015 report of Dr. Chun is not in evidence. We also observe that as of September 16, 2015, applicant had not yet filed a claim with respect to his right elbow. Applicant did not file his claim for workers' compensation benefits until approximately six months later, in March, 2016, after the elbow injury became labor disabling. (Minutes, at p. 5:12; DWC-1 Claim Form, dated March 4, 2016.) In addition, applicant testified at trial credibly and without rebuttal, that prior to his initial right elbow evaluation with Dr. Chun on July 23, 2016, he was never asked about, nor did he inquire regarding his right elbow complaints. (Minutes, at p. 6:13.) We also observe that applicant received two cortisone injections in 2015 to his right elbow, enjoying temporary symptom relief each time. (*Id.* at p. 5:3.) Thus, the AME's opinion regarding nonindustrial causation rests in part on applicant's alleged failure to report an injury at a medical evaluation for a different injury, wherein applicant testified no one inquired regarding the right elbow injury, at a time when the right elbow injury had been successfully, if temporarily, treated with cortisone injections. We therefore find the AME's analysis in this regard to be unpersuasive.

The AME further testified that given the severity of the elbow injury, "any activity requiring gripping, forceful gripping, wrist extension would be very painful and immediately obvious to the sufferer that you've got a problem in your elbow. And yet, that wasn't the history

that was obtained.” (Ex. 2, Transcript of the Deposition of Keola Chun, M.D., dated April 9, 2019, at p. 17:7.) However, the record reflects that upon the initial development of symptoms applicant did seek medical treatment through his personal physician, resulting in right elbow cortisone injections on two occasions in 2015. (Ex. C, Report of Keola Chun, M.D., dated July 26, 2016, at p. 2; Minutes, at p. 5:6.) In the months following the second cortisone injection, applicant’s symptoms worsened to the point where the injury became labor disabling, at which time applicant promptly reported the injury to his employer and initiated a claim for benefits. (Minutes, at p. 5:16.)

We also note that insofar as the AME initially opined that there was no “rational mechanism of mechanism of industrial injury to account for the right lateral epicondylitis,” the AME later admitted under cross-examination that “it was certainly possible” that applicant’s job activities contributed to the right elbow condition. (Ex. 2, Transcript of the Deposition of Keola Chun, M.D., dated April 9, 2019, at p. 12:14.) The AME declined to further analyze the issue, however, demurring that “that was not the history obtained.” (*Ibid.*)

Based on the foregoing, the AME’s analysis appears to rest on an inconsistent premise and an incomplete application of the facts of the case to the required legal analysis, resulting in a medical opinion that does not adequately explain the physician’s underlying reasoning.

Under these circumstances, the WCAB “may act to develop the record with new evidence if, for example, it concludes that neither side has presented substantial evidence on which a decision could be based, and even that this principle may be appropriately applied in favor of the employee.” (*San Bernardino Cnty. Hosp. v. Workers’ Comp. Appeals Bd. (McKernan)* (1999) 74 Cal.App.4th 928, 937-938 [64 Cal.Comp.Cases 986].) This is because the WCJ and the Appeals Board have a duty to further develop the record where there is insufficient evidence on a threshold issue. (Lab. Code, §§ 5701, 5906; *McClune v. Workers’ Comp. Appeals Bd.* (1998) 62 Cal.App.4th 1117, 1121-1122 [63 Cal.Comp.Cases 261]; *McDuffie v. Los Angeles County Metropolitan Transit Authority* (2001) 67 Cal.Comp.Cases 138, 141 (Appeals Bd. en banc); *Tyler v. Workers’ Comp. Appeals Bd.* (1997) 56 Cal.App.4th 389 [62 Cal.Comp.Cases 924].)

Here, however, applicant contends the reporting of PTP Dr. Maywood constitutes substantial medical evidence in support of a finding of injury AOE/COE. (Petition, at p. 11:14.) In evaluating this assertion, we note that irrespective of deficiencies of the analysis of AME, applicant still bears burden of establishing injury AOE/COE to a preponderance of the evidence. (Lab. Code,

§ 5705; *Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604 [2005 Cal. Wrk. Comp. LEXIS 71] (Appeals Bd. en banc).)

Dr. Maywood's first report reflects an initial orthopedic evaluation of April 12, 2016 which included a competent clinical evaluation, and a review of applicant's job history and daily job activities. (Ex. 6, Report of Robert Maywood, M.D., dated April 12, 2016, at p. 2.) Dr. Maywood reviewed applicant's job duties in detail, including exertional requirements and job history, and in light of the clinical findings, determined that applicant's "description of the mechanism of the accident as well as the findings on physical examination are consistent with the injury." (*Id.* at p. 3.)

Dr. Maywood reiterated the basis for his medical-legal determination in his July 20, 2021 deposition testimony, wherein the physician stated:

A: Yes, I do feel that the right elbow was a work-related condition and I believe I stated so in my initial report in regard to the right elbow when I saw him on April 12th of 2016.

Q: Okay. And specifically did you consider the nature of his job when you first came to that opinion?

A: Yes, I was aware of his job. Obviously his deposition is even in more detail as to what his job description is, but it felt very clear to me that his job duties were responsible for the symptoms that he was having and that he had in regard to his upper extremities a very arduous job.

Q: Okay. Now, in the end it will be for Mr. Fraschetti to testify about what he recalls about the onset of symptoms and, you know, those kinds of things, but it appears from record that in 2015 he presented to his own physician, received treatment, appeared to continue to work throughout 2015 before coming to you in early 2016. Is that what your recollection is or based on reviewing the record?

A: Yes, yes, he treated with his private primary treating doctor and then also received, I believe, two cortisone injections prior to coming to our office.

(Ex. 1, Transcript of the Deposition of Robert Maywood, M.D., dated July 20, 2021, at p. 9:23.)

When asked to describe the mechanism of injury, Dr. Maywood testified that "it would be a repetitive use injury to that arm that occurred over the course of the cumulative trauma which in my experience is actually a more common way of developing lateral epicondylitis or tennis elbow rather than from a direct trauma." (*Id.* at p. 11:9.)

Thus, the PTP has accomplished a competent clinical evaluation of the applicant, has reviewed relevant medical records and diagnostic imaging studies, has evaluated applicant's work history and daily job activities, and concluded that based on the totality of the record that applicant's right elbow injury was related to his work exposures. The reporting of the PTP aligns with the medical record and with applicant's unrebutted trial testimony. Based on the foregoing analysis and following our review of the entire evidentiary record occasioned by applicant's petition, we conclude that the reporting of Dr. Maywood is the better reasoned and more persuasive analysis. (*Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d.312, 317 [35 Cal.Comp.Cases 500]; *Jones v. Workmen's Comp. App. Bd.*, (1968) 68 Cal.2d 476, 478 [33 Cal.Comp.Cases 221].)

Accordingly, we will rescind the F&O and substitute new Findings of Fact that the reporting of primary treating physician Dr. Maywood is the more substantial and persuasive reporting in evidence, that applicant has sustained his burden of proving injury arising out of and in the course of employment, and that the issue of attorney fees is deferred.

For the foregoing reasons,

IT IS ORDERED, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the decision of September 24, 2021 is **RESCINDED**, with the following **SUBSTITUTED** therefor:

FINDINGS OF FACT

1. Applicant Christopher Fraschetti, while employed during the period of January 23, 1999 to February 23, 2016, as an officer, Occupational Group Number 490, at Riverside County, California, by State of California Highway Patrol, claims to have sustained injury arising out of and in the course of employment to the right arm and right elbow.
2. The reporting of primary treating physician Robert Maywood, M.D., is the more well-reasoned and persuasive reporting in evidence.

3. Applicant has sustained his burden of establishing injury arising out of and in the course of employment to the right arm and right elbow.
4. The issue of attorney fees is deferred.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE A. ZALEWSKI, CHAIR

I CONCUR,

/s/ LISA A. SUSSMAN, DEPUTY COMMISSIONER

/s/ JOSEPH V. CAPURRO, COMMISSIONER



DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

December 22, 2025

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

**CHRISTOPHER FRASCHETTI
O'MARA & HAMPTON
STATE COMPENSATION INSURANCE FUND**

SAR/abs

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