

I. Landing Page (Logo Top Right) across top Services, Stakeholders, Physicians, Guardian Gives Up

The Guardian Group (large letters)

Guardians of a Just and Timely Resolution (Small letters)

Three Buttons - Stakeholders, Physicians, Member Login

Text: The Guardian Group is a leader in Qualified Medical Evaluations and SIBTF cases in the State of California. Our doctors are dedicated to facilitating settlements through rapid, objective and well researched expert medical opinions.

Download most recent newsletters

**Our Recent Updates (Newsroom) : Thank you Veronica Frank and Sean Joffe for your
Esn style
Newsroom**

II. Stakeholders Page

A. Commitment to Highest Standard of Objective Medical Reporting

1. **Timely:** Unless special circumstances exist, you can expect to receive the report well ahead of DWC imposed deadlines
2. **Clear, Concise and Readable:** So your valuable time is not wasted
3. **Impartial:** (all of our reports are reviewed by a 3rd party for Objectivity
4. **High Level Review of Records:** Done by Physicians with Commentary
5. **Medical History:** Detailed and Comprehensive
6. **No Conclusory Findings:** Thoroughly discussed conclusions for Apportionment, Causation and Impairment that are medical evidence based. Include the "How and Why"

7. **Comprehensive Analysis:** All injured body parts focused on the medical aspects, not legal aspects of the case
8. **Prioritize questions :** Provide answers to all questions stated in the Cover Letter
9. **Future Medical Care Section:** Thoughtful and addresses both the short term and long term needs of the applicant

B. CLICK HERE TO SPEAK WITH A PHYSICIAN ADVISOR

C. Continuing Education (separate section)

1. Event Calendar
2. Educational events by industry-leading QMEs
3. “Lunch and learn” events with button to RSVP

III. Services Page (copied content from previous website)

A. Subsequent Injuries Benefits Trust Fund

1. THE SUBSEQUENT INJURIES BENEFITS TRUST FUND (SIBTF)

- a) **The Subsequent Injuries Benefits Trust Fund (SIBTF)** was formerly known as the Subsequent Injuries Fund (SIF). These are complex cases involving catastrophic injuries. A SIF case is present when pre-existing disability combines with subsequent industrial injury to produce a current disability of seventy percent (70%) or more. The idea behind SIF cases is for the State to pay handicapped workers who suffer a subsequent industrial injury. The employer is insulated from liability and thus they are encouraged to hire handicapped or disabled workers.

Specifically, SIF cases provide additional benefits under specified circumstances when an employee with prior disability suffers a subsequent workplace injury. The SIF provides compensation “for the remainder of the combined permanent disability existing after the last injury” (§ 4751) less the amount of all benefits received by the employee on account of the preexisting disability (§ 4753). The payments come from the Subsequent Injuries Benefits Trust Fund (SIF), a state supervised trust funded by surcharges imposed upon employers in proportion to their payrolls (§§ 62.5, subds. (d), (e), 4751 et seq.). Thus, for the most serious injuries, the SIF allows the employee to obtain compensation commensurate with his or her overall disability without making the employer liable for more than the amount due for the most recent industrial injury. The purpose of this provision, is encourage hiring and retention of disabled workers. (State of California v. Ind. Acc. Com. (1957) 147 Cal.App.2d 818, 822, disapproved on other grounds by Subsequent Injuries Fund v. Industrial Acc. Com. (1961) 56 Cal.2d 842, 846.)

SIF cases are governed by Labor Code Section 4751 : If an employee who is permanently partially disabled receives a subsequent compensable injury resulting in the additional permanent partial disability so that the degree of disability caused by the combination of both disabilities is greater than that which would have resulted from the subsequent injury alone, and the combined effect of the last injury and previous disability or impairment is a permanent disability equal to 70 percent or more of total, he shall be paid in addition to the compensation due under this code for the permanent

partial disability caused by the last injury compensation for the remainder of the combined permanent disability existing after the last injury as provided in this article; provided, that either (a) the previous disability or impairment affected a hand, an arm, a foot, a leg, or an eye, and the permanent disability resulting from the subsequent injury affects the opposite and corresponding member, and such latter permanent disability, when considered alone and without regard to, or adjustment for, the occupation or age of the employee, is equal to 5 percent or more of total, or (b) the permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or the age of the employee, is equal to 35 percent or more of total.

2. THE 5% "OPPOSITE AND CORRESPONDING" MEMBER REQUIREMENT

- a) For the 5% opposite and corresponding member criteria, the subsequent injury must only affect the opposite and corresponding member; it need not injure that member directly. This was detailed in the case of *Hard v. WCAB* (1974) 2 CWCR 48. In the *Hard* case the applicant had lost his left leg prior to the industrial injury. The industrial injury involved a back injury that caused problems into the applicant's right leg. The WCAB panel held "applicant qualifies for subsequent injuries fund benefits because the back injury affected the right leg which is the opposite and corresponding member to the previously impaired left leg." See also: *Gillispie v. Plastech* (SIBTF) (2010) 38 CWCR 304 (WCAB) wherein the WCAB held that LC Section 4751 requires only that the subsequent injury "affect the opposite and corresponding member" (such as radicular sx's in the leg as result of a back injury); it does not require that the opposite member have pathology or be injured.

The "Opposite and Corresponding" requirement is not limited to extremities. In *SIF v. IAC* (Hanson)(1963) 217 Cal. App. 2d 322, on May 28, 1959, the applicant, Bruce S. Hanson, was injured in an automobile accident.

The major effect of this industrial injury was to accelerate existing diabetic retinitis to produce blindness of the right eye. Prior to the injury and as a result of the same disease process, applicant had already suffered practically complete loss of vision in the left eye. Here the eye injuries were Opposite and Corresponding members. A similar case was *SIF v. IAC* (Patterson) 1952 39 Cal.2d 83. In *Patterson* the subsequent industrial right eye injury rated at 26% PD. When combined with the pre-existing left eye injury, SIF liability was present.

The 5% disability to the opposite and corresponding member does not have to be completely within the injured member. For example, if the subsequent industrial injury involves the neck and arm, then the arm injury need not rate 5% as long as neck combined with the arm combine to produce a 5% disability. In addition to not needing subsequent injury causing 5% disability in opposite and corresponding member, the subsequent injury need only affect the opposite and corresponding member and cause an overall disability of 5% or more. *SIF v. WCAB* (Post) (1976) 41 CCC 436.

3. THE 35% THRESHOLD

- a) The 35% threshold calculates before adjustment for occupation and age. The DFEC modifier must also be factored in when determining the rating of subsequent injury before adjustment for occupation and age. The plain and unambiguous language of LC 4751 excludes only adjustment for age and occupation. Since a WPI determination does not consider work disablement, and only considers the impact of an injury on

activities of daily living, for the permanent disability determination in LC 4751 to be relevant to work disablement, the DFEC adjustment must be included.

There are conflicting panel decisions from the WCAB as to whether the DFEC modifier is considered in the 35% threshold. *Khandikian vs. SIBTF* (2015) ADJ9150217 (Van Nuys) states that you do consider the DFEC in determining whether the 35% threshold is met, whereas a WCAB Panel in *Malen v. Kitchen Works* (2011) 2011 Cal.Wrk.Comp. P.D. LEXIS 84 approved the determination that when calculating the permanent disability from a subsequent injury, the industrial disability must be considered before adjustment for DFEC

4. THE PRE-EXISTING DISABILITY

- a) As quoted in *Escobedo v. Marshalls* (2005) 70 CCC 604, 19 [en banc], "...the chief requirement for SIF benefits is that the condition must have been 'labor disabling' prior to occurrence of the subsequent industrial injury. (*Ferguson v. Industrial Acc. Com.*(1958) 50 Cal.2d 469, 477 [326 P.2d 145]23 CCC 108]; *Franklin v. WCAB* 79 Cal.App.3d at pp. 237-238.)"

The Pre-existing disability for SIF purposes must have been present at the time of the subsequent industrial injury. Under the 1957 *Bachrach* case (*SIF v. IAC* (*Bachrach*)) 147 Cal. App. 22 818 , the existence of a non-disabling pathological condition is not sufficient to justify entitlement to SIF benefits. And per *Franklin v. WCAB* (1978) 79 Cal. App.3rd 224, a retroactive prophylactic work restriction will not support SIF liability. Further, an SIF applicant cannot rely upon a retroactive assignment of disability in absence of contemporaneous evidence to meet applicant's burden of proof (see opinion and order denying petition for reconsideration in ADJ3447817(SJO 0260464).

The pre-existing condition must have been labor disabling, but that has been defined by the Courts as any condition that would be ratable if it had been caused by an industrial injury. To be entitled to SIBTF benefits, applicant's prior permanent disability need not have caused actual earnings loss; it must simply be a disability for which partial permanent could be made if it were industrial. In *Brown v. WCAB & SIF* 36 CCC 627 (1971), at page 9 of the Lexis cite, the Court stated: "Although the prior disability need not be reflected in the form of loss of earnings, if it is not, it must be of a kind upon which an award for partial permanent disabilities could be made had it been industrially caused. This is necessary to distinguish it from a "lighting up" aggravation, or acceleration of the pre-existing physical condition where the employer is to be held liable for the whole."(36 CCC 635).

Current AMA ratings under the 2005 PDRS will satisfy the pre-existing PD requirement as the 2005 schedule for rating permanent disability is prima facie evidence of the percentage of permanent disability which must be followed unless it has been successfully rebutted. (*Almarez/Guzman II* 74 Cal.Comp. Cases at 1103-1104; affirmed *Milpitas Unified School District v. WCAB* (2010) 187 Cal.Ap. 4th 808). Thus if the applicant shows a disability under the AMA guides, SIBFT may choose to offer evidence to rebut the rating under the AMA guides. However, in all cases the applicant carries the burden to establish that prior to the subsequent injury the applicant had a pre-existing labor disabling condition upon which the award of permanent disability could have been based.

In case of multiple prior WCAB awards of permanent disability, the prior awards are

simply added without dilution through the use of either the Multiple Disabilities Table (MDT) from the 1997 PDRS or the Combined Values Chart (CVC) from the 2005 PDRS. Labor Code Section 4751 refers to "combined disability, and ordinarily the MDT and CVC are used to combine disabilities. However neither applies where there are multiple disabilities. MDT and CVC are both only applicable to combine disabilities from one injury to multiple body parts of the body in order to avoid "pyramiding" and to avoid exceeding the 100% limit for one injury. This concept is discussed in the 5/18/11 Notice of Intention to Recind WCJ's Decision and Return Matter to Trial Level for Further Development of Medical Record in ADJ3143756//ADJ317043 signed by Ronnie G. Caplane with Alfonso J. Moresi and Frank M. Brass concurring.

5. HOW SIF AWARDS RELATE TO SSDI BENEFITS

- a) Under POMS Section: DI 52120.030, the SSA sets out their rules for Offsets In SIF cases. Under this section, the basic WC payment is offsettable, however, the additional payments which are made from the Subsequent Injuries Fund are not offsettable. Reverse offset applies to SIF payments.

6. SIF CREDITS

- a) IF Credits are governed by California Labor Code Section 4753 which provides:

California Labor Code Section 4753

Such additional compensation is not in addition to but shall be reduced to the extent of any monetary payments received by the employee, from any source whatsoever, for or on account of such preexisting disability or impairment, except as to payments being made to the employee or to which he is entitled as a pension or other compensation for disability incurred in service in the armed forces of the United States, and except as to payments being made to him or to which he is entitled as assistance under the provisions of Chapter 2 (commencing with Section 11200), Chapter 3 (commencing with Section 12000), Chapter 4 (commencing with Section 12500), Chapter 5 (commencing with Section 13000), or Chapter 6 (commencing with Section 13500) of Part 3, or Part 5 (commencing with Section 17000), of Division 9 of the Welfare and Institutions Code, and excluding from such monetary payments received by the employee for or on account of such preexisting disability or impairment a sum equal to all sums reasonably and necessarily expended by the employee for or on account of attorney's fees, costs and expenses incidental to the recovery of such monetary payments. All cases under this section and under Section 4751 shall be governed by the terms of this section and Section 4751 as in effect on the date of the particular subsequent injury.

SIF is not entitled to Credit for Veteran's Benefits//Service Connected Disabilities. In *Webineer v. WCAB (SIF)* (1975) 40 CCC 774 – , the Subsequent Injuries Fund was entitled to a credit for payments made to an injured employee under a Veterans Administration pension and Social Security disability benefits only to the extent to which these payments were for a non-service connected disability which pre-existed the industrial injury. [See also Hanna, California Law of Employee Injuries & Workmen's Compensation, Vol. 1, § 9.05[4][a].] SIF is entitled to Credit for SSDI benefits for the percentage of SSDI that is related to the pre-existing PD. The formula is (100%-Comp. PD= % x SSDI benefits = offset). The SSDI credit will end once the worker reaches retirement age and SSDI benefit converts to retirement benefits. Calculating the Social Security credit can be rather complex. To properly assess the credit four things need to be known: 1. Date of Entitlement to SSDI benefits and the beginning date of these benefits; 2. Dates and amount of changes in monthly SSDI benefits after deductions; 3. If SSDI benefits have been terminated, the date reason

for the termination must be known; finally, 4. Date of Entitlement of Retirement. This information should be obtained from the Social Security Administration. We have seen the information provided on SSA form WNPSC-3070E (9/07).

7. STATUTE OF LIMITATIONS FOR SIBTF CASES

- a) There is no statute of limitations that directly applies to SIBTF cases. The SIBTF application must be filed within a reasonable time after an applicant knows or reasonably should know that there is a substantial likelihood that he or she has a claim for such benefits. If the SIBTF claim is filed within the five year period under Labor Code Section 5410, it is timely filed (although the five year limitation period described in section 5410 does not apply to claims for SIBTF benefits). The issue is more complex when the SIBTF application is filed more than 5 years after the date of injury. SIBTF cases are often very complex and the filing of an SIBTF application within a reasonable time of a WCAB finding on the issue of permanent disability will be timely if your case is complex and the applicant could not reasonably know there was a substantial likelihood that there was a viable SIF claim before the 5 year mark in LC 5410. The California Supreme Court issued a number of dispositions in companion cases addressing this issue. It is important to read *Subsequent Injuries Fund v. WCAB (Talcott)* (1970) 2 Cal.3d 56 [35 CCC 80] together with *Subsequent Injuries Fund v. WCAB (Baca)* (1970) 2 Cal.3d 74 [35 CCC 94]. The Talcott court held: "That where, prior to the expiration of five years from the date of injury, an applicant does not know and could not reasonably be deemed to know that there will be substantial likelihood he will become entitled to subsequent injuries benefits, his application against the Fund will not be barred – even if he has applied for normal benefits against his employer – if he filed a proceeding against the Fund within a reasonable time after he learns from the Board's findings on the issue of permanent disability that the Fund has probable liability." In *Baca*, the SIF claim was barred as there was a Petition to Reopen (and thus a WCAB finding on PD) and the applicant did not file the SIF case within a reasonable time of the WCAB finding on PD. If there is a petition to reopen filed and there is any chance of an SIF case, then the SIF case should be filed at the time of the Petition to Reopen or certainly within the 5 year period under LC 5410 or it risks being barred under *Baca*.

B. Independent Medical Evaluation

1. Independent Medical Examination (IME) occurs when a physician who has not previously been involved in a person's care examines an individual. There is not doctor-patient relationship. IMEs may be conducted to determine the cause, extent and medical treatment of a work-related or other injury where liability is at issue; whether an individual has reached maximum benefit from treatment and whether any permanent impairment remains after treatment. An IME may be conducted at the request of an employer or an insurance carrier to obtain an independent opinion of the clinical status of the individual.
2. Insurance carriers, auto insurance carriers, and self-insured employers have a legal right to this request. Should the doctor performing the IME conclude that a claimant's medical condition is not related to a compensable event, the insurer may deny the claim and refuse payment. We respect and care for all the claimants we provide medical-legal evaluations for and our physicians are determined to provide the most comprehensive evaluation for you.

C. Qualified Medical Evaluation

1. A qualified medical evaluator (QME) is a physician who evaluates you when there are questions about what benefits you should receive. A physician must meet educational and

licensing requirements to qualify as a QME. They must also pass a test and participate in ongoing education on the workers' compensation evaluation process. If you have an attorney, you and your claims administrator might agree on a doctor to resolve medical disputes. This doctor is called an agreed medical evaluator (AME). An AME or a panel QME will be used to resolve medical disputes in your workers' compensation case.

D. Agreed Medical Evaluation

1. An Agreed Medical Evaluator (AME) is when both parties 'agree' on a physician to perform an Independent Medical Evaluation. If you have an attorney, your attorney and the claims administrator may agree on a doctor without going through the California state system used to pick a Qualified Medical Evaluator (QME). The doctor your attorney and the claims administrator agree on is called an agreed medical evaluator (AME)
2. THE DIFFERENCE BETWEEN AN AME AND QME
 - a) A Qualified Medical Evaluator (QME) is picked from a list of state-certified doctors issued by the DWC Medical Unit. QME lists are generated randomly. An AME can only be used if you are represented by an attorney. Once you see an AME you are not entitled to see a QME. An AME may be used regardless of the year of injury. An AME physician may be a QME, but does not have to be one

IV. Physician Page

A. The Guardian Group

Guardians of your Reputation

Guardians of Your Most Valuable Asset, your Time

Our dual mandate

- a) To support our Physicians in achieving the pinnacle of medical legal report writing
- b) To minimize physician time spent (While operating with compliance with DWC guidelines) to minimize physician time spent
- c) DWC compliance

B. Medical Reporting and Strategy and Analytics Button

1. Medical Reporting Button (NEW PAGE)

- a) **Elite History Taking:** The DWC requires all QMEs to complete applicant histories. Our team of medically educated historians provide our QMEs with a the highest quality, foundation to that process and deliver comprehensive professionally written medical history prior to each exam

- (1) Serves as the Substantive base of a DWC Compliant Physician Authored Medical History
- (2) "CLICK HERE TO REVIEW OUR HISTORY QUESTIONNAIRE"

b) Recently Updated Exam Note Template:

Template Overview: Our enhanced QME exam form template is designed to address key aspects of medical-legal evaluations, ensuring a comprehensive and defensible report. This comprehensive approach is the culmination of insights gathered from the DWC, the DWC writing committee, educational modules for continuing medical education credit, extensive consultations with legal professionals, insight from our Chief Medical Officer (Dr. Nevarez), and surveys conducted among our substantial database of Worker's Compensation attorneys.

Important highlights include:

1. **Patient History Analysis**: It prompts a detailed commentary on the patient's history, emphasizing its relevance to the current medical condition, thereby providing a solid foundation for the evaluation.
2. **Status Justification**: It requires a clear justification for determining whether the applicant has reached a permanent and stationary status, grounding your conclusions in robust medical reasoning.
3. **Medical Records Review**: The form ensures a thorough commentary on the review of medical records, highlighting its importance in shaping the medical opinion.

4. **Apportionment Justification**: It guides you in providing a well-reasoned justification for apportionment, considering all relevant factors to support your conclusion.

5. **Causation Justification**: The template aids in elucidating the rationale behind causation, ensuring that your report addresses this critical component with clarity and precision.

6. **Impairment Rating Justification**: It facilitates a detailed justification for the impairment rating, enhancing the report's credibility and reliability.

7. **Considering Alternative Opinions**: An innovative feature that encourages the inclusion of alternative med-legal determinations, thereby strengthening the report's comprehensiveness and objectivity.

8. **Provision for Additional Records**: It offers the flexibility to request additional medical records if necessary, ensuring that your med-legal opinion is as informed and accurate as possible.

9. **Legal Precedent Consideration**: The form is designed with a keen awareness of the need to consider necessary legal precedents, especially when deliberating apportionment and causation, ensuring that your report aligns with established legal standards.

Records Review

c) **High Level Medical Report Editing:** We provide our QMEs with the highest-quality editing service by the most medically qualified editors in the QME industry:

d) **Our Editing Team**

- (1) Photo
- (2) Editor name
- (3) Quick background / CV

C. Our Doctors (Under Physician Page)

- 1. List of names, with hyperlink, of every doctor in our roster
 - a) Name
 - b) Specialty
 - c) Degree, Residency, Fellowship, Diplomate training, subspecialty, etc.
 - (1) Picture?
 - (2) Sample



(a)

D. QME Strategy and Analytics (New Page)

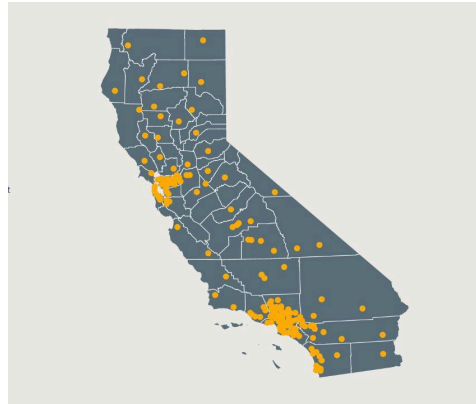
1. Marketing

- a) Dedicated marketing staff that will:
 - (1) work with attorney and insurance partners to illuminate our member physicians qualifications
 - (2) Create informative press releases
 - (3) Establish your digital presence in the QME industry
 - (4) Host and market special informational events delivered by our member physicians

2. Location selection

- a) Guardian's analytics team studies multiple years of DWC provided panel data across all specialties

- b) Proprietary algorithm ranks over 500 individual zip codes across all specialties based on expected panel volume
- c) Our real estate portfolio that includes over 350 locations is the largest in the QME industry



d)

3. Real Estate Portfolio

- a) Just cites, no addresses

STREET ADDRESS / SUITE	CITY	STATE	Zip
16425 W Olympic Blvd., Ste N1-105	Los Angeles	CA	90045
1711 W Temple Street, Suite 4607	Los Angeles	CA	90026
1800 Century Park East Suite 600	Los Angeles	CA	90067
1800 North Vine Street Hollywood	Los Angeles	CA	90024
1901 Avenue Of The Stars 2Nd Floor	Los Angeles	CA	90067
2007 Wilshire Blvd Suite 818	Los Angeles	CA	90057
2029 Century Parks East Suite 400N	Los Angeles	CA	90067
3415 South Sepulveda Blvd, Suite 1100	Los Angeles	CA	90034
445 S. Figueroa Street, Suite 3100	Los Angeles	CA	90071
4721 S. Broadway Blvd.,	Los Angeles	CA	90037
515 S. Flower Street, 18Th Floor	Los Angeles	CA	90071
603 E. Manchester Ave., Suite A	Los Angeles	CA	90001
6200 Wilshire Blvd., Ste 910	Los Angeles	CA	90048
633 West Fifth Street, 26Th Floor	Los Angeles	CA	90802
6333 Wilshire Blvd Ste. 301	Los Angeles	CA	90048
777 S. Alameda 2Nd Floor	Los Angeles	CA	90021
811 W 7Th St	Los Angeles	CA	90017
925 North La Brea Ave 4Th Floor	Los Angeles	CA	90038
Howard Hughes Center 6080 Center Drive 6Th Floor	Los Angeles	CA	90045
11123 Long Beach Boulevard	Lynwood	CA	90262
3737 Martin Luther King Jr. Blvd., Ste 605B	Lynwood	CA	90262

b)

V. Guardians Give Back

A. Our Vision

1. At the Guardian Group, we envision a future where the medical-legal system operates with seamless efficiency, unencumbered by the delays and inefficiencies that can impede justice. Our vision is to contribute to a system that is characterized by its expediency, effectiveness and adherence to the highest ethical standards.
2. Efficiency in Practice
3. Elevating Ethical Standards

4. Advocate for Quality
5. Educational Leadership
6. A Future of Fair Resolutions

B. Guardian of Charitable Endeavors

1. List of Affiliated Charities
2. Pictures of charity logos
3. Sample?

C. Mentorship Program

1. The Guardian Group believes in the need to help train our country's future medical professionals. We provide a mentorship program where the goal is to help aspiring doctors connect, learn, and develop through the guidance of our team of doctors
2. Medical experience through
 - a) Medical Assisting
 - (1) Gain experience in interacting with both doctors and patients in a clinic environment. Observe and learn from how our QME doctors provide the best possible assessment
 - b) History taking
 - (1) Gain experience in talking with patients. Learn to establish rapport, while also developing your skill in collecting important medical information to create a thorough and well-versed patient history
 - c) Medical report editing
 - (1) Learn through our doctors detailed reports, exploring their clinical assessments and recommendations, while also providing your own questions and feedback.
 - d) **Contact us to participate!**

VI. Feedback Space

- A. The Guardian Group operates in a constant state of improvement, and your feedback, both positive and negative helps us grow as a company. Please let us know what you think.
- B. If you have any feedback please let us know through this form!
 1. Name
 2. Email Address

3. Feedback