

ATTACHMENT A

THE PROPOSED DECISION

**BEFORE THE
BOARD OF ADMINISTRATION
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
STATE OF CALIFORNIA**

In the Matter of the Application for Industrial Disability

Retirement of:

KARL B. TANG

and

**CALIFORNIA STATE UNIVERSITY AT SAN FRANCISCO,
Respondents.**

Agency Case No. 2022-0553

OAH No. 2022100647

PROPOSED DECISION

Administrative Law Judge, Michelle Dylan, State of California, Office of Administrative Hearings, heard this matter on February 7, 2022, by videoconference and telephone.

Attorney Nhung Dao represented the California Public Employees' Retirement System.

Attorney Kenneth Sheppard represented respondent Karl B. Tang. Attorneys Susan Westover and Alison Kleaver appeared on behalf of respondent California State University at San Francisco.

The record closed and the matter was submitted for decision on February 7, 2023.

FACTUAL FINDINGS

Introduction and Procedural History

1. Respondent Karl B. Tang (respondent) was employed as a police sergeant by respondent California State University at San Francisco (SFSU). By virtue of his employment, respondent is a state safety member of the California Public Employees' Retirement System (CalPERS) subject to Government Code section 21151.

2. On February 11, 2022, respondent signed an employer-originated application for industrial disability retirement, stating that his application was based on an orthopedic (right hand) condition, specifically "limited grip and strength on right hand."

3. Respondent's treating physician Sandra Joyce Lee, M.D., concluded that as a result of the injury to his right hand, respondent is substantially incapacitated from the performance of his usual duties as a police sergeant, and imposed permanent work restrictions.

4. Respondent was evaluated by orthopedic surgeon Don T. Williams, M.D., at the request of CalPERS. Dr. Williams concluded that respondent is not substantially incapacitated from performing his usual duties as a police sergeant.

5. On May 18, 2022, CalPERS sent a letter to respondent, denying his application for industrial disability retirement. Respondent and SFSU timely appealed the denial by letters dated May 25, 2022, and June 7, 2022, respectively. A statement of issues was issued by CalPERS on September 27, 2022. On November 4, 2022, respondent signed an application for service pending industrial disability retirement. This hearing followed.

Job Duties

6. In his position as a police sergeant for SFSU, respondent was responsible for protecting the safety and security of the university, the students, and the public, including enforcing laws and traffic regulations; performing law enforcement and emergency related duties; patrolling the campus and adjacent neighborhoods by vehicle, bicycle and on foot; conducting investigations; responding to violent incidents; apprehending, arresting and taking suspects into custody; providing security for large events; and supervising staff. Respondent's job duties included carrying and operating weapons; lifting/carrying 0 – 50 pounds frequently (2.5 to 5 hours), and 50 or more pounds occasionally (31 minutes to 2.5 hours); and frequent pushing and pulling, power grasping, handling (holding/light grasping), and fine fingering (pinching/picking). The position description also mandates that the person must be free from any physical condition which might adversely affect the exercise of powers of a police officer.

Orthopedic Condition and Subsequent Treatment

7. On September 13, 2017, respondent was patrolling on his bicycle when he fell and landed on his right (dominant) hand, injuring it. Respondent experienced sharp pain and was unable to continue working.

8. Respondent was seen in the early morning on September 14, 2017, by Dustin Paz, M.D., in the emergency department at Kaiser Permanente in South San Francisco. Applicant presented with pain and swelling to his right hand. An x-ray was taken, which showed a fourth metacarpal fracture. Respondent's hand was splinted prior to discharge, Motrin was prescribed for pain, and respondent was told to follow up with the occupational medicine clinic.

9. Respondent was seen by Dr. Lee at Kaiser Permanente on September 15, 2017. Dr. Lee testified persuasively at hearing, providing opinions consistent with her written reports. Dr. Lee is a licensed physician with Kaiser Permanente in the occupational medical group. She is board certified in physical medicine and rehabilitation and she treated respondent over several years for his injury. Dr. Lee does not specialize in orthopedic surgery, however she conferred with David W. Zeltser, M.D., an orthopedic specialist, in respondent's case. Respondent's complaints on September 15, 2017, included tenderness, soreness, and numbness of fingers, with pain aggravated by movement. Dr. Lee noted that the x-ray taken the day before showed acute overriding mildly displaced fracture of the fourth metacarpal shaft. Dr. Lee opined that respondent's fall was consistent with her clinical exam findings demonstrating fracture. Dr. Lee recommended keeping the hand elevated, and Tylenol for pain. Pursuant to an orthopedic consult with a colleague, Dr. Lee recommended a short arm cast for four weeks, and hand therapy. Applicant was taken off work for several weeks.

10. Respondent was in a cast for approximately four to six weeks. He returned to work in a modified duty position, doing administrative work, until the position ended six months later. On October 13, 2017, an x-ray was taken which showed "[h]ealing fourth metacarpal shaft fracture with unchanged alignment and

partial callus formation." On October 17, 2017, respondent was evaluated by nurse practitioner LeeAnn Clements, N.P. She recommended a magnetic resonance imaging (MRI) scan of the right wrist to rule out scaphoid fracture due to the location of respondent's pain.

11. Respondent continued to see Dr. Lee regularly. Respondent was seen by Dr. Lee at Kaiser Permanente on October 24, 2017. Respondent's cast had been removed, and he reported continued pain aggravated by movement and relieved by rest. Dr. Lee's diagnoses included right fourth metacarpal shaft fracture, and right-hand joint pain. Work restrictions were noted as no lifting/carrying/pushing/pulling more than five pounds and use of the right hand was limited to up to 25 percent of shift.

12. An MRI scan of applicant's right hand performed on October 31, 2017, showed "[r]edemonstrated fourth metacarpal fracture, degenerative changes at the thumb CMC joint." On December 4, 2017, respondent was seen by nurse practitioner Clements. The MRI was interpreted to show that the fourth metacarpal fracture had healed. Respondent was also found to have CMC osteoarthritis that was not related to the industrial injury. Respondent continued with conservative treatment including hand therapy and massage.

13. On January 19, 2018, respondent was evaluated by Dr. Zeltser, an orthopedic hand surgeon, due to complaints of tightness and random spontaneous sharp stabbing pain in his right hand. Dr. Zeltser advised respondent that the fracture had healed and encouraged him to use the right hand as tolerated. According to Dr. Zeltser's report, the etiology of the pain was unclear to him, and he did not suspect nerve injury. He had no restrictions for respondent.

14. Respondent was seen by Dr. Lee on February 9, 2018. Respondent reported that although Dr. Zeltser assured him that the fracture had healed, respondent continued to have decreased grip strength and occasional, dull, sharp shooting pain along the fourth metacarpal that occurs sometimes at rest and sometimes with hand movement. Respondent reported that he dropped a hammer at home due to decreased grip. Work restrictions were noted as no lifting/carrying/pushing/pulling more than 15 pounds and use of the right hand was limited to up to 25 percent of shift.

15. On February 26, 2018, respondent was re-evaluated by Dr. Zeltser due to persistent intermittent spontaneous fleeting pain. Dr. Zeltser again advised respondent that the fracture was healed and recommended gradual increase in use of the right hand. Dr. Zeltser's report noted that he could not identify a structural cause for respondent's ongoing symptoms and he suspected that they would gradually improve with time. Dr. Zeltser did note reduced grip strength on the right compared to the left hand.

16. Respondent continued with physical therapy and acupuncture with some decrease in pain.

17. In a maximal medical improvement/permanent and stationary report dated May 29, 2018 (also noted as June 6, 2018, in the records), Dr. Lee opined that applicant was maximally medically improved as of May 29, 2018. Respondent reported "throbbing, shooting pain that comes and goes along the right fourth metacarpal," and "constant tightness in the dorsum of the right hand. He does not feel that he has regained full strength in the right hand. The pain is worse with gripping and grasping, holding chopsticks for a few minutes, and trying to move heavy items such as a sofa. The pain is improved with stretching." Diagnoses included right fourth metacarpal

shaft fracture. Dr. Lee noted impairment based on abnormal motion at the proximal interphalangeal (PIP) joint including impairment for right ring finger PIP joint flexion, and abnormal motion at the metacarpal phalangeal (MP) joint, including right ring finger MP joint flexion. Respondent's grip strength was also noted to be less in his right hand than in his left hand. Dr. Lee determined that causation was industrial. Dr. Lee opined that respondent is unable to perform his usual and customary occupation, and imposed permanent work restrictions of no lifting, carrying, pushing, pulling more than 20 pounds; and use of the right hand be limited to up to 75 percent of shift.

18. Respondent was seen by Dr. Lee at Kaiser Permanente on April 30, 2019. Respondent reported occasional, sharp, shooting pain along the fracture site, and occasional stiffness of the right wrist, some achy pain along the right fourth metacarpal, and pain holding chopsticks. Objective findings included grip strength test results of 80, 90, and 80 on the right, compared to 110, 110, and 100 on the left.

19. In a supplemental maximal medical improvement/permanent and stationary report dated May 22, 2019, Dr. Lee clarified that she had received a copy of respondent's job description and that in addition to the previously imposed permanent work restrictions, respondent is permanently precluded from prolonged forceful gripping and grasping with his right hand. Dr. Lee testified that she imposed all of respondent's permanent work restrictions based on his complaints of pain and loss of strength, and his decreased range of motion in his physical exam on May 29, 2018.

20. Respondent was seen by Dr. Lee on August 24, 2021. Respondent reported that his right hand is unchanged, and that he feels that it is not as strong as before the injury. He sometimes feels a twinge of pain and has difficulty using chopsticks because his hand cramps. As it related to respondent's range of motion, Dr.

Lee noted that respondent is unable to place the palm of his right hand flat on a flat surface.

21. In an industrial work status report dated February 17, 2022, Dr. Lee's diagnosis was noted as right fourth metacarpal shaft fracture.

22. Dr. Lee opined in her Physician's Report on Disability to CalPERS dated March 30, 2022, and testified at hearing that respondent is substantially and permanently incapacitated from performance of the usual duties of the position of a police sergeant with his prior employer. She opined that respondent is unable to lift/carry/push/pull more than 20 pounds, use his right hand for more than 75 percent of his work shift, and engage in prolonged forceful gripping and grasping with his right hand. Dr. Lee opined that even after an injury such as a fracture heals, people can continue to have persistent symptoms related to the injury. Dr. Lee also noted that respondent was experiencing cramping in his right hand, and that in her medical opinion, respondent should not be allowed to operate a firearm. Furthermore, Dr. Lee noted respondent's decreased range of motion in his exam as an objective basis for her opinion.

23. Dr. Lee reviewed Dr. Williams's report discussed below and testified that it does not change her opinion. She noted that her opinion is based in part on respondent's complaints regarding his ability to use his right hand, which raises concern regarding his ability to act as a peace officer in an emergency situation.

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Respondent's Additional Evidence

RESPONDENT'S TESTIMONY

24. Respondent testified at hearing in a credible and forthright manner regarding his orthopedic condition, medical treatment, and work history. Respondent was hired as a parking officer by SFSU in 1996. He was promoted to a police officer in 1999 and a police sergeant in 2009. In addition to supervisory duties, respondent's duties as a police sergeant included all the duties of a police officer. Respondent's job duties included those listed in Factual Finding 5, and he performed those duties regularly while on full duty. Respondent was required to carry and operate firearms.

25. Respondent carried a duty bag that weighed over 30 pounds, took inventory of heavy equipment at the beginning of his shift, and operated emergency equipment including a hand operated radio and emergency light functions while inside his assigned vehicle. Respondent testified that gripping with his hands was very important when he was patrolling the campus and surrounding areas on a bicycle.

26. Respondent testified that suspects on campus were often under the influence of alcohol or drugs and made poor choices; and that approximately 90 percent of the time, suspects would resist arrest. Respondent was often involved in altercations with suspects that involved pushing, pulling, and grasping; and he had been "beaten up" a number of times in the course of his duties. Respondent reported that on one occasion he sustained injuries when he physically prevented several suspects from jumping off campus structures.

27. Respondent carried a handgun, a taser, baton and pepper spray while on full duty, and was required to qualify at the gun range several times per year.

Respondent had to grasp the firearms firmly when firing them as a requirement of his job.

28. On September 13, 2017, respondent fell off his bicycle and injured his right hand while working. Respondent was seen in the emergency room and then by Dr. Lee, who treated him on a consistent basis for a number of years. Respondent did not return to his full duty position after the 2017 injury to his right hand.

29. Respondent was accommodated by SFSU with temporary modified duty positions twice as a result of his injury. The first time he worked in an administrative capacity for six months. The second time he acted as an administrative sergeant and handled logistics, scheduling, maintaining equipment, administrative training and sometimes dispatching. Respondent was not allowed to work in the field while working on modified duty. Respondent remained in the second modified duty position for almost three years until it ended.

30. Respondent tried various treatments including physical therapy, exercise, medication, and acupuncture to treat his right hand. However, he feels that he did not regain function in his right hand, and his symptoms did not improve to a degree that would allow him to perform the full duties of a police sergeant. SFSU ultimately filed an application for industrial disability on his behalf.

31. Respondent greatly enjoyed protecting the safety of the students, staff, and public at SFSU as a police sergeant, and did not want to retire.

32. Respondent reported that the symptoms in his right hand have not improved since Dr. Lee imposed permanent work restrictions. Respondent does not think that his hand healed properly after the injury. Respondent had a surgical consultation with an orthopedic specialist who told him that the lump in his

metacarpal bone would resolve itself over time, but he reports that it has not, and that he is missing a knuckle due to the injury. Respondent continues to experience symptoms in his right hand including throbbing pain, shooting pain, soreness, stiffness, and cramping. He cannot hold a chop stick for over a minute without experiencing cramping. If he grips the steering wheel tightly while driving, he feels pain and throbbing. Just recently, he was trying to move a table when he lost his grip and dropped it on his toe. Respondent can ride a bicycle while predominantly using his left hand, but he cannot grip with his right hand without feeling pain and cramping.

33. Respondent agrees with the work restrictions imposed by Dr. Lee. Respondent believes that he is substantially incapacitated from performing the usual duties of a police sergeant with SFSU due to his right-hand condition.

34. No doctor has told respondent that any medical procedure could allow him to return to the position of a full duty police sergeant.

35. Respondent has not worked for any employer since he worked for SFSU.

TESTIMONY FROM SFSU STAFF

36. Reginald Parsons, the chief of the SFSU police department and vice-president of the division for campus safety testified in a credible and forthright manner at hearing. Chief Parsons has been employed by SFSU for over 26 years and understands the duties of police officers and sergeants in their capacity as peace officers at SFSU. He has been the chief of police for two and half years, and has previously acted as the interim chief, and deputy chief.

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37. Chief Parsons was respondent's supervisor at SFSU. Chief Parsons confirmed the job duties of respondent's position with their required frequencies as set forth in Factual Finding 5. As an example, Chief Parsons stated that officers are required to wear and carry heavy equipment including a duty vest, duty belt, boots, and a duty bag, weighing approximately 35 to 40 pounds. At the start of their shift, officers are required to load their duty bag, duty rifle and taser into their assigned patrol vehicle and confirm that the equipment in the vehicle is functioning, including the spare tire and the fire extinguisher.

38. Chief Parsons is aware of respondent's injury to his right dominant hand which is the hand respondent used to fire a gun and engage other use of force options. Chief Parsons is also aware of the permanent work restrictions imposed on respondent by Dr. Lee. Chief Parsons opined that as a result of these restrictions, respondent cannot perform the full duties of his position. Chief Parsons explained that modified duty at SFSU is a temporary accommodation, not a permanent assignment. His understanding is that SFSU cannot offer a permanent modified position to a peace officer because it is not in the collective bargaining agreement. Furthermore, the department is small and every officer, including the chief himself, is required to be able to work in the field and always perform the normal and customary job duties to protect the health and safety of students, employees, and those on campus. Chief Parsons opined that it would be huge risk to life and safety if respondent were to be reinstated to his position at SFSU.

39. Ingrid C. Williams, the associate vice president of human resources at SFSU, testified at hearing in a credible and forthright manner. Williams has a bachelor's degree, and a master's degree and a doctorate in education, and testified that she is familiar with an employer's obligations under the Americans with Disabilities Act and

the Fair Employment Housing Act. Williams has been in her role at SFSU since November 2019. Williams is familiar with respondent's permanent work restrictions. Respondent also had an employer-requested fitness for duty evaluation completed by Concentra on February 4, 2020, which indicated that respondent could not use his right hand at work until released by an orthopedic surgeon/specialist. Williams confirmed that respondent worked temporarily in modified duty as an administrative sergeant. However, when the university returned to on-site classes, they were unable to accommodate respondent in a permanent modified position due to the collective bargaining agreement.

40. Respondent's position was eliminated and SFSU filed the application for industrial disability retirement on respondent's behalf. Williams supports the application and believes that respondent should receive industrial disability retirement based on the industrial injury to his right hand. Williams stated that it would be problematic for the university if the application is denied and respondent reinstated at SFSU because his permanent work restrictions create a risk to the safety of the students, faculty, staff and public. Williams believes it is a "liability" issue because respondent is unable to safely discharge his duties as a police sergeant.

Medical Evaluation and Opinion of Dr. Williams

41. Dr. Williams performed an independent medical evaluation of respondent in connection with the disability retirement application. Dr. Williams is board-certified in orthopedic surgery. He has been in private practice in orthopedic surgery since 1986. Prior to that, he was an orthopedic surgeon for the United States Army. Approximately half of his current practice is devoted to acting as a Qualified Medical Examiner in workers' compensation cases and as an Independent Medical

Examiner for CalPERS. Dr. Williams has been conducting exams for CalPERS for seven years.

42. Dr. Williams testified at hearing and wrote a report on May 3, 2022, after reviewing respondent's medical records and job description, taking a history of respondent's injury, and examining respondent.

43. Dr. Williams met with respondent for approximately 45 minutes. He spent roughly half of that time taking a history from respondent and the other half examining him. Respondent reported to Dr. Williams at the time of the evaluation that his current symptoms were as follows: "Presently, he has some stiffness in the right ring finger at the metacarpophalangeal joint. He does get some cramps when he holds chopsticks and gets aching in the right hand. It is better with rest, worse with activities." Respondent further reported that he is not as independent as he used to be due to weaker grip and stiffness.

44. Dr. Williams noted that respondent can do most activities of daily living, including dressing himself, walking, climbing, riding his bicycle, and sitting; but that he has discomfort with cooking, cleaning, holding a pen or holding chop sticks, and sports. Dr. Williams did not note the activities of daily living that respondent is unable to do. Dr. Williams did not ask respondent if he was able to hold and discharge a firearm, nor whether doing so would cause him discomfort. Dr. Williams testified that if he were respondent's treating physician, and respondent's cramping interfered with his ability to operate a firearm, he would advise respondent to go to the firing range and gradually increase the strength in his right hand.

45. Dr. Williams performed a physical examination of respondent. Dr. Williams noted that respondent's right hand has a palpable fracture deformity on the

fourth metacarpal such that there is slight depression of the ring finger metacarpal compared to the long and little finger. However, Dr. Williams noted that the respondent could make a fist, and that his range of motion was still within the normal range at the MP joint (also known as the knuckle), the PIP joint, and the distal interphalangeal joint (DIP). Dr. Williams administered the grip strength test three times with each of respondent's hands and noted that respondent's grip strengths were diminished at 80, 80, 80 pounds force on the right versus 120, 120, 120 pounds force on the left. Dr. Williams opined that the grip strengths for an adult male should be equal in both hands, but that the results were still within the normal range which is between 60 and 100 pounds. Dr. Williams noted a slight lack of effort in his report. However, he testified that respondent performed the test three times with each hand with consistent results, and a lack of effort often results in inconsistent results.

46. Dr. Williams testified that he recorded most of the results of the physical tests. Dr. Williams could not recall if he asked respondent to lay his hand flat on a surface. Dr. Williams did not conduct any testing that would measure respondent's functional abilities to lift, push, pull or carry objects of weight, nor did he ask respondent about his ability to do so.

47. Dr. Williams reviewed a summary of x-rays taken on September 14, 2017, and October 13, 2017, and a summary of the MRI performed on October 31, 2017. Dr. Williams testified that the summary of the x-rays showed that the fracture was already beginning to heal; and that the summary of the MRI showed that the fracture had healed; and that respondent has osteoarthritis at the right thumb carpal metacarpal joint unrelated to the industrial injury. Dr. Williams also testified that no other abnormalities were noted in the MRI.

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48. Dr. Williams reviewed Dr. Zeltser's report dated January 19, 2018, described in Factual Finding 13. He agrees with Dr. Zeltser's assessment that no work restrictions are required, and that respondent needs to build confidence in his hand. Dr. Williams reviewed Dr. Zeltser's report dated February 26, 2018, described in Factual Finding 15. Dr. Williams agrees with Dr. Zeltser's assessment that he could not identify a structural cause for respondent's symptoms, that he had no restrictions for respondent, and that respondent should be able to build up strength in his hand.

49. Dr. Williams diagnosed: (1) healed right fourth metacarpal shaft fracture, mild angular deformity; and (2) mild right first carpometacarpal arthritis. Dr. Williams opined that respondent is able to perform the usual duties of a police sergeant with SFSU. He opined that respondent does not have an actual and present orthopedic (right hand) impairment that rises to the level of substantial incapacity to perform his usual job duties. Dr. Williams opined that although respondent does have a palpable healed fracture deformity, x-rays and an MRI show that the fracture has healed, respondent maintains full motion of the MP joint, the PIP joint, and the DIP joint, and respondent's grip strengths, although diminished on the right hand, are within a functional range.

Ultimate Factual Findings

50. Dr. Lee testified credibly as to her medical opinion that respondent is substantially incapacitated for performance of duty, and as to the basis for her opinion. Dr. Lee's opinion regarding respondent's disability and work restrictions is consistent with applicant's medical records and job duties, and the testimony from respondent, Ingrid Williams, and Chief Parsons at hearing. Dr. Lee treated respondent on numerous occasions over several years, and persistently noted his inability to perform the usual and customary duties of his position, specifically lifting, carrying,

pushing and pulling more than 20 pounds (or less in earlier reports), and using his right hand for the duration of his shift, despite obtaining treatment including casting, physical therapy, medication, and acupuncture. Dr. Lee also explained that even after an injury such as a fracture heals, people can continue to have persistent symptoms, and she doubted respondent's ability to operate a firearm and safely discharge his duties as a peace officer in an emergency situation. Dr. Williams's opinion that respondent is not substantially incapacitated for performance of duty is less persuasive because he only met with respondent once for 45 minutes, he did not provide functional testing to determine if respondent could lift, carry, push and pull objects of weight (a usual requirement of respondent's position), he did not appear to consider whether respondent could hold and operate a firearm (another usual requirement of respondent's position) important to his opinion, nor did he appear to consider the frequency of altercations and arrests that respondent was engaged in, nor the concerns raised by the testimony of Dr. Lee, respondent and the witnesses from SFSU that respondent could not safely exercise his police duties.

51. The medical evidence establishes that at the time of his application, respondent was substantially incapacitated for the performance of his usual and customary duties as a police sergeant for SFSU, based on his orthopedic right hand condition.

LEGAL CONCLUSIONS

1. Pursuant to Government Code section 21151, subdivision (a), a state safety member who becomes incapacitated for the performance of his usual duties as the result of an industrial disability shall be retired for disability. The burden of proof is on the employee to establish that he is incapacitated, by a preponderance of the

evidence. (*Harmon v. Board of Retirement* (1976) 62 Cal.App.3d 689, 691; *Rau v. Sacramento County Retirement Board* (1966) 247 Cal.App.2d 234, 238; *Lindsay v. County of San Diego Retirement Board* (1964) 231 Cal.App.2d 156, 160-162; Evid. Code, § 115.)

2. The terms “disability” and “incapacitated for the performance of duty” mean “disability of permanent or extended and uncertain duration . . . on the basis of competent medical opinion.” (Gov. Code, § 20026.) An applicant is “incapacitated for performance of duty” if he is substantially unable to perform the usual duties of his position. (*Mansperger v. Public Employees’ Retirement System* (1970) 6 Cal.App.3d 873, 876; accord *Hosford v. Board of Administration* (1978) 77 Cal.App.3d 854, 859-860.) Mere discomfort or difficulty is not sufficient to meet the standard of substantial incapacity for performance of duty. (*Hosford, supra*, 77 Cal.App.3d at p. 862.)

3. Respondent has met his burden of establishing by a preponderance of the evidence that he was substantially incapacitated for the performance of his usual duties as a police sergeant. (Factual Finding 51.) Accordingly, his application must be granted.

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ORDER

The application of Karl B. Tang for industrial disability retirement is granted.

DATE: **03/09/2023**

Michelle Dylan

MICHELLE DYLAN

Administrative Law Judge

Office of Administrative Hearings