

1                   **AGREEMENT PURSUANT TO WORKERS' COMPENSATION**  
2                   **ALTERNATIVE DISPUTE RESOLUTION PROGRAM FOR CITY OF LONG BEACH**

3                   THIS AGREEMENT is made and entered, in duplicate, as of July 22, 2015  
4 for reference purposes only, pursuant to a minute order adopted by the City Council of the  
5 City of Long Beach at its meeting on October 9, 2007, by and between ROBERT SHORR,  
6 M.D., whose address is 18455 Burbank Boulevard, #105, Tarzana, CA 91356,  
7 ("Physician"), and the CITY OF LONG BEACH, a municipal corporation ("City").

8                   WHEREAS, the City requires independent and experienced physicians to  
9 provide Independent Medical Evaluations with respect to workers' compensation claims  
10 filed by Long Beach Police Officers and Firefighters injured while in the employment of the  
11 City of Long Beach; and

12                   WHEREAS, the City of Long Beach wishes to reduce the delays inherent in  
13 the workers' compensation system which lead to increased costs and the unacceptable  
14 treatment of injured workers; and

15                   WHEREAS, the above mentioned Physician is willing and able to  
16 expeditiously provide said Independent Medical Evaluation required by the City at the rates  
17 indicated in Exhibit "A";

18                   NOW, THEREFORE, in consideration of the mutual terms, covenants and  
19 conditions herein, the parties agree as follows:

20                   1.     SCOPE OF WORK OR SERVICES:

21                   A.     The Physician shall provide the following medical services to  
22 the City at the rates shown on Exhibit "A" attached hereto and incorporated herein  
23 by this reference:

- 24                   i.     AOE - COE EXAMS, (exams for the determination of  
25 industrial causation).
- 26                   ii.    Evaluation for necessity of appropriate medical  
27 treatment.
- 28                   iii.   Assessment of employee's present ability to return to

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CHARLES PARKIN, City Attorney  
333 West Ocean Boulevard, 11th Floor  
Long Beach, CA 90802-4664

1 work, whether full duty or modified.

2 iv. Advise on condition of maximum medical improvement  
3 status.

4 v. Determine nature and extent of permanent disability,  
5 including factors of apportionment and need for future medical care.

6 vi. Resolve utilization review disputes.

7 vii. Determine the need for spinal surgery pursuant to Labor  
8 Code section 4062(b).

9 B. Physician shall perform the evaluation in full accordance with  
10 the standards defined by the Division of Worker's Compensation of the State of  
11 California and the AMA Guides to the Evaluation of Permanent Impairment, Fifth  
12 Edition. This requires a report of the injury, prior status, clinical chronology, current  
13 status, and past medical history. The physical examination will document all  
14 pertinent positive, negative, and non-physiological findings. For extremity injuries,  
15 measurements must be documented bilaterally. Additionally, Physician agrees to:

16 i. Provide that medical exams will be set within thirty (30)  
17 days of the date of appointment request, and

18 ii. Prepare a written report of medical findings within thirty  
19 (30) days of the date of exam or evaluation and provide a copy to the parties  
20 within said time frame. If testing is required to complete the report, the testing  
21 shall be completed within fourteen (14) days of the date of the exam and the  
22 report shall issue within thirty (30) days of the completion of testing.

23 C. The parties agree that the City is not obligated to pay  
24 compensation to the Physician except for agreed upon medical services and care.  
25 Failure of Physician to provide a written medical report within thirty (30) days of the  
26 date of the exam or the completion of testing, if required, subjects Physician to non-  
27 payment for services rendered.

28 D. Physician billing shall conform to the requirements listed in

1 Section 9795 of Title 8 of the California Code of Regulations. Charges for services  
2 rendered will be reviewed in accordance with Section 9795 to determine appropriate  
3 level of service.

4 E. City shall pay Physician pursuant to Exhibit "A" within forty-five  
5 (45) days following receipt from Physician of invoices for services rendered and for  
6 which payment has not previously been made, provided that: Physician shall submit  
7 all invoices within ninety (90) days after the date of service.

8 2. TERM:

9 A. The term of this Agreement shall be for the duration of the  
10 Labor-Management Workers' Compensation Supplemental Dispute Resolution  
11 Agreement ("Dispute Resolution Agreement").

12 B. Either party hereto may terminate this Agreement at any time  
13 by giving to the other party written notice thereof at least thirty (30) days prior to the  
14 effective date of such termination. Physician agrees that withdrawal from this  
15 agreement is conditioned upon completion of all work in progress.

16 C. Any notices required or desired to be given hereunder shall be  
17 in writing and personally served or deposited in the U.S. Postal Service, first class,  
18 postage prepaid to: Jamelle Peck, Claims Manager, 333 West Ocean Boulevard,  
19 8th Floor, Long Beach, California 90802. Notice shall be deemed given on the date  
20 deposited in the mail or on the date personal delivery is made, whichever occurs  
21 first.

22 3. INSURANCE:

23 As a condition precedent to the effectiveness of this Agreement, Physician  
24 shall procure and maintain at Physician's expense for the duration of this Agreement from  
25 insurance companies that are admitted to write insurance in California or from authorized  
26 non-admitted insurance companies that have ratings of or equivalent to A:VIII by A.M. Best  
27 Company:

28 (a) Commercial general liability insurance equivalent in scope to ISO

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form CG 00 01 11 85 or CG 00 01 1093 in an amount not less than One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) general aggregate. Such coverage shall include but not be limited to broad form contractual liability, cross liability independent contractors liability, and products and completed operations liability. The City, its officials, employees and agents shall be named as additional insured by endorsement on the City's endorsement form or on an endorsement equivalent in scope to ISO form CG 20 10 11 85 or CG 20 26 11 85, and this insurance shall contain no special limitations on the scope of protection given to the City, its officials, employees and agents.

(b) Workers' Compensation insurance as required by the Labor Code of the State of California and employer's liability insurance in an amount not less than One Million Dollars (\$1,000,000.00) per occurrence.

(c) Professional (Medical Malpractice) or errors and omissions liability insurance in an amount not less than One Million Dollars (\$1,000,000.00) per claim.

Any self-insurance program, self-insured retention, or deductible must be separately approved in writing by City's Risk Manager or designee and shall protect City, its officials, employees and agents in the same manner and to the same extent as they would have been protected had the policy or policies not contained retention or deductible provisions. Each insurance policy shall be endorsed to state that coverage shall not be reduced, non-renewed or canceled in coverage except after thirty (30) days prior written notice to City, and shall be primary and not contributing to any other insurance or self-insurance maintained by City, its officials, employees and agents. Physician shall notify the City in writing within five (5) days after any insurance required herein has been voided by the insurer or cancelled by the insured.

Physician shall require that all contractors and subcontractors which Physician uses in the performance of services hereunder maintain insurance in compliance

1 with this Section unless otherwise agreed in writing by City's Risk Manager or designee.

2 Prior to the start of performance hereunder, Physician shall deliver to City  
3 certificates of insurance and required endorsements, including any insurance required of  
4 Physician's contractors and subcontractors, for approval as to sufficiency and form. The  
5 certificates and endorsements for each insurance policy shall contain the original signature  
6 of a person authorized by that insurer to bind coverage on its behalf. In addition, Physician  
7 shall, within thirty (30) days prior to expiration of the insurance required hereunder, furnish  
8 to City certificates of insurance and endorsements evidencing renewal of such insurance.  
9 City reserves the right to require complete certified copies of all said policies of Physician  
10 and Physician's contractor and subcontractors at any time. Physician shall make available  
11 to City all records and other information relating to the insurance coverage required herein  
12 during normal business hours.

13 Any modification or waiver of the insurance requirements herein shall only be  
14 made at the request of the City department administering this Agreement and with the  
15 written approval of the City's Risk Manager or designee. Not more frequently than once a  
16 year, the City's Risk Manager or designee may require that Physician, Physician's  
17 contractors and subcontractors change the amount, scope or types of coverages required  
18 herein if, in his or her sole opinion, the amount, scope, or types of coverages are not  
19 adequate.

20 The procuring or existence of insurance shall not be construed or deemed as  
21 a limitation on liability relating to Physician's performance of services or as full performance  
22 of or compliance with the indemnification provisions of this Agreement.

23 4. INDEPENDENT CONTRACTOR:

24 In performing services hereunder, Physician is an independent contractor  
25 and not an employee, agent, or representative of the City. Physician acknowledges and  
26 agrees that the City will not secure workers' compensation or pay unemployment insurance  
27 to, for on Physician's behalf nor provide any of the usual rights, benefits or privileges of  
28 City employees.

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5. INDEMNITY:

Physician shall defend, protect, indemnify and hold the City, its officials, employees, and agents harmless from and against any and all claims, suits, causes of action, losses, damages, demands, liabilities, costs and expenses including reasonable attorney's fees, whether or not reduced to judgment or paid through settlement, which may be asserted against City, its officials, employees and agents attributable to or caused directly or indirectly by Physician, its employees or agents in the performance of this Agreement, or caused by any alleged negligent or intentional act, omission or misrepresentation by Physician, its employees or agents, which act, omission or misrepresentation is connected in any way with performance of this Agreement.

6. AMENDMENT:

This Agreement, including all exhibits, shall not be amended nor any provision or breach thereof waived except in writing signed by the parties.

7. LAW:

This Agreement shall be governed by and construed according to the laws of the State of California. Physician shall comply with all laws, ordinances, rules and regulations of and obtain such permits, licenses, and certificates required by all federal, state, and local governmental authorities.

8. CONFLICT OF INTEREST:

Physicians who act as an employee's independent medical examiner ("IME") under this agreement shall not act as the same employee's treating physician for the injury in dispute, unless otherwise mutually agreed by the City and the employee.

9. ENTIRE AGREEMENT:

This Agreement including all exhibits constitutes the entire understanding of the parties and supersedes all other agreements, oral or written, with respect to the subject matter herein.

10. COSTS:

In the event that there is any legal proceeding between the parties to enforce

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CHARLES PARKIN, City Attorney  
333 West Ocean Boulevard, 11th Floor  
Long Beach, CA 90802-4664

1 or interpret this Agreement or to protect or establish any rights or remedies hereunder, the  
2 prevailing party shall be entitled to its costs and expenses, including reasonable attorney's  
3 fees.

4 11. WAIVER:

5 The acceptance of any services or the payment of any money by the City  
6 shall not operate as a waiver of any provision hereof, or of any rights or remedies  
7 hereunder. The waiver of any breach of any provision of this Agreement shall not constitute  
8 a waiver of any other or subsequent breach.

9 IN WITNESS WHEREOF, the parties have caused this document to be duly  
10 executed with all formalities required by law on the date first stated above.

11 ROBERT SHORR, M.D.

12  
13 11/28, 2015 By [Signature]  
14 ROBERT SHORR Physician  
15 Type or Print Name  
16 "Physician"

17 CITY OF LONG BEACH, a municipal corporation

18 November 21, 2015 By [Signature] EXECUTED PURSUANT  
19 City Manager TO SECTION 301 OF  
20 "City" Assistant City Manager THE CITY CHARTER.

21 This Agreement is approved as to form on 10/29, 2015.

22 CHARLES PARKIN, City Attorney

23 By [Signature]  
24 Principal Deputy  
25  
26  
27  
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EXHIBIT A  
FEE SCHEDULE

**AOE-COE Exam**

In the case of a simple AOE-COE examination for the determination of Industrial causation, reimbursement will be at the basic rate with a modifier of 1.35. This would equal \$675.00. Conditions anticipated in this category would be hearing loss, skin cancer, hernia, conjunctivitis, eye strain and dermatitis. This may not include all types in this category.

A more complex exam that involves review of records, tests and expert opinion will be reimbursed at the ML 103 with the 1.35 modifier. This would be at \$1,012.50. It is anticipated this would include new vs. old injuries, internal exams, orthopedic exam with prior injuries or non-industrial conditions, cardiovascular cases, respiratory conditions, pneumonia, bronchitis, blood born pathogens, overuse syndromes and any CT type claim.

**TREATMENT AND TEMPORARY DISABILITY ISSUES**

When there is an issue on treatment or the employee's ability to perform some modified duty and an exam is not necessary the reimbursement would be at the ML 102 with the 1.35 modifier. This would be \$675.00. If an exam is needed to resolve the issue the payment would be \$1012.50. This would include issues regarding spinal surgery.

**PERMANENT AND STATIONARY (MMI)**

All Permanent and Stationary exams will be at the \$1012.50 level. If the parties agree the exam will reach a ML 104 the reimbursement will be at rate of \$350.00 per hour. The factors needed to support the ML 104 are outlined in Cal. Code of Regulations 9795.

**DEPOSITION FEE**

The hourly rate for depositions will be \$350.00, payable in quarter hours.

**REVIEW OF RECORDS**

The hourly rate for review of records will be \$350.00, payable in quarter hours.





COOPERATIVE OF AMERICAN PHYSICIANS

CERTIFICATE OF COVERAGE

Coverage through December 31, 2015

Member: Robert J. Shorr, MD
Address: 18455 Burbank Blvd., #105
Tarzana, CA 91356

This certificate confirms that, on the date below, the above-named physician is a member of the Cooperative of American Physicians, Inc. (CAP) and a participant in the Mutual Protection Trust (MPT). MPT is an unincorporated interindemnity arrangement organized under California Insurance Code section 1280.7. This certificate confers no rights upon the member and does not amend, extend or alter the coverage afforded under the terms, conditions and exclusions of the MPT Agreement.

Table with 4 columns: Membership Number (7368), Medical Specialty (Neurology), Coverage Date (January 1, 1995), Retroactive Coverage Date (October 15, 1981). Includes a section for Coverage (Claims made and paid) and Current Limits of Liability (\$1,000,000 and \$3,000,000).

The member must remain a Member in good standing or arrange for Tail Coverage for any open or potential Claim that may arise during the Coverage Period. Neither CAP nor MPT undertake any obligation to advise any party, other than the named member, of any changes to or termination of this coverage.

Cooperative of American Physicians, Inc.

[Signature]

Alfred De Leon
Vice President, Membership Services
Mutual Protection Trust

August 13, 2015

Date

ANNE C. LATTIME
Principal Deputy City Atty

OCT 29 2015

Handwritten notes: 'Lattime', 'Approved as to form'

APPROVED AS TO SUFFICIENCY
[Signature: Michael Alvarado]
CITY OF LONG BEACH
DATE: 10/19/15

Reviewed by: [Signature]
Risk Management
Consultant 10-13-2015



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/13/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> CAP PHYSICIANS INSURANCE AGENCY, INC. 333 S. HOPE ST. 8TH FLOOR LOS ANGELES, CA 90071	<b>CONTACT NAME</b> PHONE (A/C, No, Ext) (888) 516-1335 FAX (A/C, No) 866-828-2424 E-MAIL Certificate@hanover.com ADDRESS
<b>INSURED</b> ROBERT J SHORR MD INC P.O. BOX 01147520 SIOUX FALLS, SD 57186	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A Citizens Ins Co of America NAIC # 31534 INSURER B Hanover American Ins Co 36064 INSURER C INSURER D INSURER E INSURER F

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR. Y/YD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		OB3 A535019 00	04/15/2015	04/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO. SECT <input checked="" type="checkbox"/> LOC					\$
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		OB3 A535019 00	04/15/2015	04/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTIONS					\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WZ3 A664859 00	09/04/2015	09/04/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH. ER \$ 1,000,000 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)

ISSUED AS TO EFFICIENCY

*Michael O'Neil*

10/19/15

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
FOR INFORMATIONAL PURPOSES ONLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>A. Nigam</i>

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