

Primary Treating Physician's Permanent and Stationary Report (PR-4)

Insurance Name and Address: NorthStar Work Comp., 556 Wilson Ave., Van Nuys, CA 92105

Claim Number: WC445667

Employer Name: Acme Production Services

Employer Address: 120 High Street Ave., Santa Ana, CA 92060

Nature of Business: Retail

Patient Name: Karen K. Smith

Sex: Female

Date of Birth: 11/13/1981

Patient Address: 662 Flowers Ln., Palo Alto, CA 95666

Patient Telephone number: Home: (707) 331-2222

Occupation: Retail

Social Security Number: 111-22-3333

Injured at: 40 West Monte Ave, Palo Alto, CA 95666

Date of current exam: 05/02/2018

Date and Hour of Injury or Onset of Illness: 10/16/2017, 2:30 p.m.

History of Injury/Illness:

Ms. Karen Smith is an ambidextrous 36 year-old female who worked at Acme Production Services at the time of her injury. Her industrial injury occurred on 10/16/2017. Her lumbar spine was injured due to lifting. DFR: She states that the trauma involves her back and legs. The mechanism of the injury was bending over, with arms stretched out (awkward leverage) and lifting and moving a very heavy box of frozen food weighing approx. up to 60 pounds.

Subjective Complaints

Ms. Smith and I discuss her current complaints.

Lumbar Spine

The lumbar spine injury does not currently cause symptoms in the legs. The employee had leg pain/symptoms in the past. The symptoms were in the right leg. Pain/symptoms occurred below the right knee. We discuss current quality of pain/symptoms. Not documented. She states that radiating right leg pain completely resolved at this point. She states that she did have some leakage of urine the time of her initial injury which has completely resolved at this point. She describes the intensity of her pain/symptoms as 5 out of 10. She rates the frequency of her pain/symptoms as occurring 25% of the time. We discuss ways of making pain/symptoms better. PT, Acupuncture, HEP. Symptoms can be made worse. Not documented. Ms. Smith currently does not take any pain/symptoms medication.

Activities of Daily Living

We went over each of the 34 activities of daily living, self-care, personal hygiene, communication, physical activity, sensory function, non-specialized hand activities, travel, sexual functioning, and sleep. The lumbar spine limits the activity of lifting.

Therapy/Ancillary Treatments to Date

Ms. Smith has had 6 physical therapy treatments; 6 acupuncture treatments.

Objective Findings (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Ms. Smith's blood pressure is 124/80 mmHg. Her heart rate is 88 beats per minute. Her respiratory rate is 12 breaths per minute. Her temperature is 99.1 Fahrenheit. She is 5 feet 1 inches tall. She weighs 121 pounds. Her body mass index is calculated as 22.86 Kg/m².

Lumbar Spine

Palpation: Chris Hall, MD 4/26/2018: On physical examination there is no interval change since last office visit. She continues to have weakness of 4/5 right EHL. Otherwise she is neurologically intact on motor and sensory evaluation. Negative right straight leg raise. Normal range of motion of lumbar spine.

Lumbar Ranges of Motion Table A-2 page 597: AMA Estimated Normal: Flexion (60D), Extension (25D), Lateral Bend (Right and Left) (25D). Motion is reported right over left side in Degrees (D).

Measurements are obtained with an inclinometer (two location method).

Lumbar Flexion: Not Provided. Not Provided. Not Provided.

Lumbar Extension: Not Provided. Not Provided. Not Provided.

Lumbar Lateral Bend Right: Not Provided. Not Provided. Not Provided.

Lumbar Lateral Bend Left: Not Provided. Not Provided. Not Provided.

Maximum Flexion Sacrum S1: Not Provided.

Maximum Extension Sacrum S1: Not Provided.

Straight-Leg Raised Angle : Right Side Not Provided. Left Side Not Provided.

Neurologic Exam L1-S1 Bilateral: not provided.

X-ray and Laboratory Results:

MRI

Lumbar Spine

Date: 11/30/2017. Brian Dillson, MD. MRI of The Lumbar Spine. Impression: Unremarkable MRI of the lumbar spine with no significant degenerative disease and no acute abnormality.

Diagnoses:

Lumbar Spine

722.2 M51.9 M51.14 Displacement of unspecified disc, without myelopathy

724.S M54.5 Back pain.

**Whole Person Impairment (WPI) rating using the AMA Guides 5th Edition
Lumbar Spine**

Rating Chapter: Lumbar Spine/15 The Spine

Lumbar Spine: DRE Method

DRE Category (III) is selected reasons of Category III objective signs of radiculopathy; right EHL weakness 4/5. Ten percent (10%) WPI is selected for impact on ADLs.

Lumbar Spine DRE Rating: (10%WPI)

Conditions Represented: Radiculopathy, (1)

Calculations: Table 1-2 Page 4, Table 15-3 Page 384.

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Lumbar Spine: Range-of-Motion Method

Element 1

Diagnosis Based Table 15-7; Part (n/a); Sections (n/a); (0%WPI)

Element 2

Range-of-Motion (0%WPI)

Element 3

Neurologic:(1%WPI)

Right Lower Extremity Nerve(s) considered:

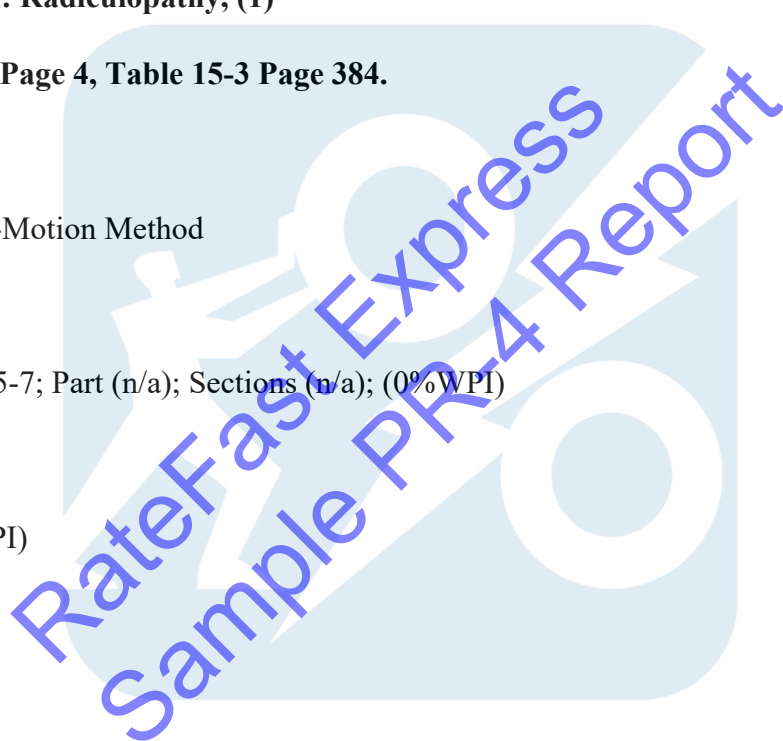
L5:

Sensory Loss (Pain): Grade: 5, % Deficit: 0, %WPI: 0

Loss of Power: Grade: 4, % Deficit: 4, %WPI: 1

Combined (1%WPI)

Lumbar Spine ROM Rating (1%WPI)



Conditions Represented: Radiculopathy, (1)

Calculations: Table 15-7, Page 404, Table 15-8, Page 407, Table 15-9, Page 409, Table 15-15; 15-16, 15-18, Page 424, Table 17-37, Page 552. Combining Values Chart Page 604-606.

Final Lumbar Spine :(10%WPI)

Comment: Use the ROM method when the impairment is not caused by an injury or when an individual's condition is not well represented by a DRE category. Chapter 15 Page 374. Instances in which both the ROM and DRE methods can both be used, evaluate the individual with both methods and award the higher rating. Section 15.2 Page 380. The DRE and ROM methods are equal representations of the individual's condition. The DRE rating is recommended as it allows the higher rating award.

Calculations: Combining Values Chart Page 604-606.

Whole Person Impairment: 10% WPI

Lumbar Spine total: 10% WPI

Final Claim Summary

Lumbar Spine: 10% WPI

Final Impairment Rating: 10% WPI

Apportionment: If permanent disability (functional or administrative, i.e., a permanent disability rating calculated based on the findings of this report) is found to be present, **non-industrial apportionment is not indicated**. There are prior injuries, ongoing disease processes, or subsequent injuries that apply. **Future Care:** Indicated. Medication, therapy, imaging, injections, access to specialty care for pain flares not responding to conservative care.

Additional Pain Related Add On: According to Chapters 3-17 of the AMA Guides 5th Edition, no WPI (0%) is indicated.

Functional Limitations

Ability to Resume Usual and Customary Occupation

Comment: Return to modified duty; No lifting > 50 lbs. Bending at the waist 10 times/hour.

Documentation

I declare under penalty of perjury that: 1) I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report; 2) I have reviewed the report for internal consistency and compliance with the AMA Guides 5th Edition; 3) My evaluation of the patient was performed and the time spent performing the evaluation was in compliance with the guidelines established by the Industrial Medical Council and/or the administrative director pursuant to paragraph (6) of subdivision (j) of Section 139.2 and Section 5307.6 of the California Labor Code; 4) I personally performed the evaluation of the patient and am responsible for the accuracy and completeness of the information and report; 5) I personally performed the cognitive services necessary to produce the report; 6) I have reviewed this report and if adopted as my opinion, I have done so based upon the exercise of my own independent medical judgment; 7) The information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief; and 8) As to information that was provided by others, such information accurately describes the information provided to me and, except as noted here in, and I believe such information to be true. This report was composed, in part, using RateFast. RateFast is owned and operated by Alchemy Logic Systems, Inc. and was developed in part by John W. Alchemy M.D., President of Alchemy Logic Systems, Inc.

e-signed by
RateFast Tech, 001
2:54 p.m., May 2, 2018
signing for Chris Hall MD

RateFast Express
Sample PR-4 Report