

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

**Insurance Name and Address:** National Carrier. Fax: (555) 555-1234.

**Claim Number:** WC12345-1

**Employer Name:** Any Company

**Nature of Business:** Delivery service

**Patient Name:** Any Smith

**Sex:** Male

**Date of Birth:** 10/02/1968

**Patient Address:** 200 Main Street, Anyplace, CA 94000

**Patient Telephone number: Cell:** (555) 555-4321

**Occupation:** Delivery Driver

**Injured at:** Field

**Date of current exam:** 08/16/2022

**Date and Hour of Injury or Onset of Illness:** 02/29/2020

**Date and Hour of First Examination or Treatment:** 04/19/2021, 8:00 a.m.

### History of Injury/Illness:

Mr. Any Smith is a right-handed 54 year-old male who worked at Any Company at the time of his injury. Job title at time of injury: Delivery Driver. His industrial injury occurred on 02/29/2020. At the time of his injury, patient had worked 29 years at his job. Location of the injury/condition: injured due to repetitive use. His left shoulder was injured. Mechanism of injury: Repetitive use for over 29 years There were no witnesses to the injury. The injury/condition was reported to: supervisor. After the injury occurred, he went home.

### Subjective Complaints

#### Shoulder - Left

He describes his pain/symptoms quality as burning. He describes the intensity of his pain/symptoms as 8 out of 10. He rates the frequency of his pain/symptoms as occurring 50% of the time. Ice makes the pain/symptoms better. Lifting makes the pain/symptoms worse. For pain/symptoms medication, Mr. Smith currently takes Tylenol.

#### Activities of Daily Living

##### Self-care, personal hygiene

The left shoulder limits the activity of bathing. Can't reach behind back.

##### Physical activity

The left shoulder limits the activity of walking. Shoulders get sore after long walks.

##### Non-specialized hand activities

The left shoulder limits the activity of lifting.

## **Travel**

The left shoulder limits the activity of driving. Driving long distances causes discomfort.

## **Sleep**

The employee's sleep is unaffected by the injury. Wake up multiple times to change positions.

## **Relevant Medical History:**

### **Therapy/Ancillary Treatments to Date**

Mr. Smith has had 20 physical therapy treatments, 0 chiropractic treatments, 0 acupuncture treatments. The claim has involved durable medical equipment. Sling after surgery.

### **Prior Care Facility/Case Consult Providers**

Mr. Smith's prior care facility/case consult providers include orthopedics.

### **General Health Conditions/Past Medical History**

Patient has had non-contributory prior illness. He has a history of prior surgery. His prior surgery history includes orthopedic. Right shoulder Arthroscopy 09/22/2020

Left shoulder Arthroscopy 1/11/2022.

He currently takes medication for a contributory condition. Benazepril, Amlodipine, Rosuvastatin. He has no known allergies.

### **General Review of Systems**

**Constitutional:** Negative.

**Eyes/vision:** Negative.

**Ears/Nose/Throat:** Negative.

**Cardiovascular/Heart/Circulation:** Positive. Heart murmur.

**Respiratory/Breathing:** Negative.

**Gastrointestinal/Digestive:** Negative.

**Genitourinary/Urinary or Reproductive:** Negative.

**Musculoskeletal/Joints:** Negative.

**Skin:** Negative.

**Neurological/Dizziness/Weakness/Sensory:** Negative.

**Psychiatric/Depression/Anxiety/History of Suicidal Thoughts/Addictions:** Negative.

**Endocrine/Diabetes or Thyroid:** Negative.

**Hematological/Lymphatic/Bruising/Bleeding or Swollen Areas:** Negative.

**Allergic/Immunologic/Drug Intolerance etc:** Negative.

### **Surgery for this injury - Shoulder – Left**

Surgery for this injury was performed on 01/11/2022. Any Doctor, M.D. Any Smith comes in for his initial post

op follow-up after undergoing left shoulder arthroscopic upper subscapularis rotator cuff repair and biceps tenodesis followed by superior labral debridement performed on January 11, 2022.

**Social History:**

Marital status: married. At present, he is unemployed. 29 yrs Delivery Driver. Alcohol usage history is remarked as positive. Mr. Smith's level of education is at the college level. His hobbies include outdoor activity.

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

His temperature is 98.6 Fahrenheit. He is 5 feet 7 inches tall. He weighs 240 pounds.

**Arm Circumference**

Right Mid Bicep (cm): 37 Left Mid Bicep (cm): 36  
Right Mid Forearm (cm): 31 Left Mid Forearm (cm): 29

**Joint Circumference**

Right Elbow (cm): 32 Left Elbow (cm): 32  
Right Wrist (cm): 19 Left Wrist (cm): 19

**Shoulder - Left**

**Inspect:** No swelling/effusion, no erythema, no deformity, and surgical scars well healed.

**Palpation:** Tender; Greater tuberosity (humerus).

**Shoulder Ranges of Motion Figure Table A1 page 596, Corrected with Errata March 2002: AMA Estimated Normal: Flexion (180D), Extension (40D), Abduction (180D), Adduction (30D), External Rotation (90), Internal Rotation (80D). Motion is measured with goniometer and is reported right over left side in Degrees (D).**

**Flexion:** Right 146 D 151 D Left 143 D 142 D

**Extension:** Right 34 D 38 D Left 34 D 34 D

**Abduction:** Right 162 D 162 D Left 158 D 162 D

**Adduction:** Right 33 D 36 D Left 36 D 33 D

**External Rotation:** Right 90 D 92 D Left 65 D 62 D

**Internal Rotation:** Right 58 D 57 D Left 58 D 58 D

**Shoulder Manual Muscle Testing:** 5/5 all directions.

**Special Testing:** Impingement: positive. Instability: negative.

**Distal Neurovascular Exam:** Intact light touch, intact 5/5 motor and intact reflexes.

**X-ray and Laboratory Results:**

**X-Ray**

**Shoulder - Left**

Date: 05/19/2021. AP, axillary lateral and supraspinatus outlet view of the left shoulder performed on May 19, 2021, demonstrate evidence of severe degenerative changes within the acromioclavicular joint approaching bone on bone formation inferiorly without significant marginal osteophytes.

## **MRI**

### **Shoulder - Left**

Date: 08/09/2021. MRI evaluation of the left shoulder performed on August 9, 2021, demonstrates evidence of full-thickness tear involving the anterior supraspinatus tendon. There is also evidence of fluid within the subacromial bursa, in addition to down sloping of the anterior and lateral aspect of the acromion leading to narrowing of the subacromial outlet and causing impingement on the underlying rotator cuff. There is otherwise no evidence of labral tear. The bicep labral complex is intact. No significant tendinosis or inflammation of the bicep labral tendon to include the intra-articular as well as extra-articular portions are noted.

### **Diagnoses:**

#### **Shoulder - Left**

M75.42 Impingement syndrome of left shoulder, M75.52 Bursitis of left shoulder, M19.012 Primary osteoarthritis, left shoulder, M75.122 Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic, M75.22 Bicipital tendinitis, left shoulder, S43.432D Superior glenoid labrum lesion of left shoulder, subsequent encounter.

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

#### **Shoulder - Left**

#### **Rating Chapter: 16 The Upper Extremities**

#### **Results Verified by RateFast™ Digital Injury Mapping Analytics™**

**The functional rating signature is adjusted for full activity spectrum of the left shoulder based on RateFast Thin Data Analytics™: 1/10 pain/symptoms, 100% pain/symptom frequency, 0/34 ADLs pain only and 4/34 ADLs limited.**

#### **Amputations: 0%UE**

Calculations: Table 16-4, Page 440.

#### **Evaluating Abnormal Motion: 2%UE**

**Comment: Validated ratable loss adjusted for the opposite side in the plane(s) of Flexion 1%UE, Extension 1%UE, Abduction 0%UE, Adduction 0%UE, External Rotation 0%UE, and Internal Rotation 0%UE.**

**Calculations: Section 1.5d Page 20, Section 16.4 Page 451, Section 16.4c Page 452-454, Figure 16-40 Page 476, Figure 16-43 Page 477, Figure 16-46 Page 479.**

**Peripheral Nerve Disorders: 0%UE**

Calculations: Table 16-10 Page 482, Table 16-11 Page 484, Table 16-12a Page 485, Table 16-12b Page 486, Table 16-47 Page 487, Table 16-48 Page 488, Table 16-13 Page 489, Figure 16-49 Page 490, Figure 16-50 Page 490, Table 16-14 Page 490, Table 16-15 Page 492, Combining Values Chart Page 604-606.

**Complex Regional Pain Syndromes (CRPS, CRPS 1, CRPS 2): 0%UE**

Calculations: Table 16-16 Page 496. CRPS 1: Table 1-2 Page 4, Section 16.4 Pages 450-479, Table 16-10a Page 482, Table 16-12a Page 485, Table 16-13 Page 489, Figure 16-48 Page 488, Figure 16-49 Page 490, Figure 16-50 Page 490, Table 16-14 Page 490, Table 16-15 Page 492, Combining Values Chart Page 604-606. CRPS II: Section 16.4 Pages 450-479, Section 16.5, Table 16-10a Page 482, Table 16-12a Page 485, Table 16-13 Page 489, Figure 16-48 Page 488, Figure 16-49 Page 490, Figure 16-50 Page 490, Table 16-14 Page 490, Table 16-15 Page 492, Table 16-11 Page Table 16-13 Page 489, Table 16-14 Page 490, Table 16-15 Page 492, Combining Values Chart Page 604-606.

**Vascular Disorders: 0%UE**

Calculations: Table 16-17 Page 498.

**Joint Swelling Due to Synovial Hypertrophy: 0%UE**

Calculations: Table 16-18 Page 499, Table 16-19 Page 500.

**Shoulder Instability: 0%UE**

Calculations: Table 16-18 Page 499, Table 16-26 Page 505.

**Arthroplasty: 0%UE**

Calculations: Table 16-27 Page 506.

**Manual Muscle Testing: 0%UE**

Calculations: Table 16-11 Page 484, 16-35 Page 510.

**Final: 2%UE; 1%WPI**

Calculations: Table 16-3 Page 439, Combining Values Chart Page 604-606.

**Body system calculator version: v01062020; 9.3.15. Data integrity: 97%. Almaraz Guzman I-III is considered and is NOT applied as the strict "Four Corner" AMA rating has adequately described the impairment load for this individual and there is no additional alteration of this individual's capacity to meet personal, social, or occupational demands because of excessive, "unusual" or "extraordinary" impairment. The results of this impairment report are internally validated and demonstrate substantial impairment evidence by way of comparison to percent of activity of daily living loss.**

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**Rating Chapter: 8 The Skin**

**Results Verified by RateFast™ Digital Injury Mapping Analytics™**

Elements for basis of determination:

- a) Exposure Mechanism (Page 174): Mechanical
- b) Clinical Course/Permanence (Page 174): Constant
- c) Severity (Page 174): Absent
- d) ADL Impact (Page 174): None
- e) Medical Treatment (Page 174): None anticipated

**Class Assignment: (1)**

**Comment: Signs present (surgery scars); No scar symptoms. No treatment indicated for scar.**

**Final Skin Rating (Weight Averaged): 2%WPI**

**Calculations: Rating Table/Figure: Table 1-2 Page 4, Scars are rated separately: "Any skin impairment due to significant scarring would be rated separately in the skin chapter and combined with the impairment from the upper extremity chapter." Page 19, Table 8-2 Page 178. Impairment weight average applications in the AMA Guides 5<sup>th</sup> Edition: Pages 284, 289, 296 and 328. "In some cases, limitations in the ability to perform daily activities are based on symptoms. This information may be subjective and possibly misinterpreted, and it should not serve as the sole criterion for impairment rating decisions. Rather, obtain objective data about the extent of the limitation and integrate findings with subjective data to estimate the permanent impairment rating." Section 8.1a Page 175.**

**Body system calculator version: v21.4. Data integrity: 78%. Almaraz Guzman I-III is considered and is NOT applied as the strict "Four Corner" AMA rating has adequately described the impairment load for this individual and there is no additional alteration of this individual's capacity to meet personal, social, or occupational demands because of excessive, "unusual" or "extraordinary" impairment. The results of this impairment report are internally validated and demonstrate substantial impairment evidence by way of comparison to percent of activity of daily living loss.**

**Combine Left Upper Extremity 1%WPI and Skin 2%WPI = 3%WPI**

**Calculations: Combined Values Chart Page 604-606.**

Whole Person Impairment: 3% WPI

**Shoulder - Left total: 3% WPI**

**Final Claim Summary**

Shoulder - Left: 3% WPI

**Final Impairment Rating: 3% 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 indicated.** There are prior injuries, ongoing disease processes, or subsequent injuries that apply. The following discussion is provided with reasonable medical certainty and probability and based on accepted scientific

knowledge. Comment: The following apportionment is determined using weight averaged AMA Guides 5<sup>th</sup> Edition values where applicable. Scalars are based on objective clinical data and adjusted for industrial vs. non-industrial resultant permanent disability.

## **1. Upper Extremity - Left Shoulder**

**A. Non-industrial arthritis causes shoulder pain. The severe degenerative changes at the acromioclavicular joint when weight averaged (Table 16-18 page 499) and impairment load tested in accordance with the AMA Guides 5<sup>th</sup> Edition, is statistically determined to be a 12% contribution for non-industrial apportionment.**

Citation: <https://www.mayoclinic.org/symptoms/shoulder-pain/basics/causes/sym-20050696>

**Final Non-Industrial Shoulder Apportionment: 12%**

## **Future Medical Treatment**

### **Shoulder - Left**

Treatment is indicated for the left shoulder. Access to medication should be made available in the future. In the future, therapy should be made available for this injury. Access to injections should be available in the future. Orthopedics Access to diagnostic tests should be available in the future. Durable medical equipment is indicated. Use of tens unit may be required in the future. Use of h-wave unit may be required in the future. Use of wheelchair may be required in the future.

### **Pain Related Impairment**

According to Chapters 3-17 of the AMA Guides 5th Edition, no WPI (0%) is indicated.

### **Functional Limitations**

Return to clinic: No. Patient discharged from care, may follow up on an as-needed basis.

### **Ability to Resume Usual and Customary Occupation**

The employee cannot presently return to his occupation.

Comment: Patient retired due to inability to return to work in a full duty status.

### **Documentation**

Clinic chart notes, health plan chart notes, consultant notes and imaging/diagnostic studies were reviewed. This information was necessary for the formulation of medical opinions.

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

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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. Pursuant to AB 3660, I declare under penalty of perjury that the

information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to the information that I have indicated I have received from others. As to that information, I declare under penalty of perjury that that information accurately describes the information provide to me as noted herein, I believe it to be true. 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.

### **Time Disclaimer**

I verify under penalty of perjury that the total time I spend on the following activities is true and correct:

It took me 40 minutes to review the medical records.

I spent 30 minutes face-to-face time with the patient.

Complete preparation of this entire report took me 60 minutes.

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Specialty: Orthopedic Surgery, Orthopedic Surgery/Orthopedic Sports Medicine

December 16, 2022

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