



State of Illinois  
 Department of Professional Regulations  
 DIVISION of INSURANCE  
 ACCIDENT and INJURY IR FORM  
**PRIMARY TREATING PHYSICIAN'S INITIAL PI REPORT (IRF)**  
**INITIAL PERSONAL INJURY REPORT**

Last:	First:	MI: .	Sex: F	D.O.B:
Address: .		City:	State:	Zip:
Occupation:	SS#:	Phone:		

**Claims Administrator: TEAM 40** **DOI: 10/04/06**

Name:	Claim Number:
Address:	City: State: Zip:
Phone:	Fax:

**Attorney Information:** (If applicable)

Name: N/A	Claim Number:
Address:	City: State: Zip:
Phone:	Fax:

**CASE HISTORY BRIEF:** (Describe pertinent details as to the accident or injury that has occurred.)

Patient states that on or around 10/04/06 she was traveling in her vehicle, a 2001 Dodge Intrepid, and while waiting at a traffic light, was struck from behind by another vehicle causing her to slam into the car in front of her. She states that there were two cars behind her and the last vehicle hit the car behind her causing the chain reaction eventually striking her vehicle with much force.

She states that immediately after the accident she got out and was seeing that everyone was okay, not aware of her own injuries because of her concern for the others. Police and ambulance eventually came and she opted not to go to the Hospital because she felt she was okay. That evening she was a little sore and went to bed. The next morning, she could not get up out of bed because she had so much pain. The patient called in sick and rested taking OTC medication. This wasn't helping her as she had hoped and sought further treatment. She presented to our facility for further treatment and care on 10/06/06.

**Work History:** (Brief overview of job duties, loss of work time and how injury has affected patient so far, if applicable.)

Patient states that she had worked for Cardinal Health for over 4 years as an assembler. She states that she works 8-10 hour days and enjoys her work. She states that she also will do packing when needed packing mainly Hospital supplies. She states she had missed 2 full days from work due to her injury.

**Subjective Complaints:** (Details of any/ all injuries and complaints related to the accident or injury.)

- 1) Patient has moderate to severe neck pain that causes headaches making it difficult for her to concentrate on her work and home daily activities. She states that she cannot turn her head or rotate in a fashion necessary for her to successfully perform her job duties, responsibilities at home or drive her car in a manner that allows her to view her blind spots and other drivers.
- 2) She also complains of upper back pain that is stiff and sore and feels cold.
- 3) She complains of middle back pain, stiffness and discomfort that will seem to get worse upon prolonged sitting or standing.
- 4) Lower back pain that is moderate and will magnify to a higher level upon prolonged sitting.
- 5) Headaches that are continual and at times, worse than others. Her head feels heavy.
- 6) Anxiety and Stress/ Nervousness since the accident.
- 7) Intermittent Dizziness.

**Objective Exam Findings:** (Details of initial exam findings that relate to the injury and that are consistent with the initial working diagnosis.)

Patient was given a complete spinal examination and vitals checked. Patient's blood pressure and heart rate were within normal limits. Height was 5'2" with a weight of 112lbs. The patient passed the cerebral vascular screening and is indicated for Chiropractic maneuvers. Her gait is slow but not altered. Heel and toe walk are within normal limits. Postural examination appears to be abnormal with head tilt to the right, left shoulder elevated on the left; iliac crest elevated on the right with head rotation to the right.

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Range of motion was measured in the spine. The cervical spine measured short of normal and was abnormal in all ranges with pain in right lateral flexion and right and left rotation. There was muscle spasm noted throughout. The lumbar spine too was noted as being abnormal with range of motion and the patient had pain and spasm in all ranges. The muscle spasm lingered up from the lower back and down from the cervical spine into the thoracic spine with bilateral paravertebral spasm and pain upon digital pressure. There was isolated pain and discomfort upon pressure to the cervical spine, mid to low and the thoracic spine upper and mid with moderate pressure placed on the spinous processes. The lumbar spine too was additionally the same at the L4 and L5 regions. Again, muscle tight and in spasm with pain. Orthopedic tests were (+) for Soto Halls in the lower back and (+) Kemp's. There was a positive compression noted in the cervical spine. Reflexes were within normal limits bilaterally. Upper and lower extremity measurements were performed and within normal limits. The grip strength was equal bilaterally although weak under normal averages for someone of her gender, height and weight. Patient is right handed. Muscle testing was weak bilaterally, although able to perform for the lower extremities and lower back. For the cervical spine, there was moderate to severe limitation with strength in all directions and so poundage was minimal between 1-3lbs. There were no other remarkable finding found or noted.

**Dx-DIAGNOSIS:**

1. MOTOR VEHICLE COLLISION w/ ANOTHER VEHICLE	ICD-9 E813.0
2. SPRAIN/STRAIN LUMBAR REGION	ICD-9 847.2
3. THORACIC SPRAIN and STRAIN-Upper	ICD-9 847.1
4. NECK SPRAIN and STRAIN	ICD-9 847.0
5. MUSCLE WEAKNESS	ICD-9 728.87
6. SPASM OF MUSCLE	ICD-9 728.85
7. HEADACHE	ICD-9 784.0
8. INFLAMMATION and SWELLING	ICD-9 716.95
9. INSOMNIA / SLEEPLESSNESS	ICD-9 780.50
10. ACUTE ANXIETY and STRESS	ICD-9 308.0
11. CERVICALGIA	ICD-9 723.1
12. LUMBAGO	ICD-9 724.2
13. MYOFASCIAL/ MUSCLE PAIN	ICD-9 729.1
13. SHOULDER SP/ST-Bilaterally	ICD-9 840
14. MULTIPLE VERTEBRAE DISPLACED-C/SP	ICD-9 839.08
15. MULTIPLE VERTEBRAE DISPLACED-T/SP	ICD-9 839.21
16. MULTIPLE VERTEBRAE DISPLACED-L/SP	ICD-9 839.20

**X-ray Findings:** (Brief overview of what is noted on films, if applicable and if radiological report from Radiologist is pending.)

5V Lumbar spine was performed along with 2V T-sp and a Davis series of the Cervical spine. Lumbar spine exhibits pelvic unleveling with other biomechanical alterations. The cervical spine also shows loss of the Cervical curve secondary to spasm. Radiological report pending.

**sEMG and Thermo Readings:** (Brief overview of what's noted on initial scans or graphs.)

Thermoscan exhibits moderate to severe and severe readings in the cervical and upper thoracic spine. The sEMG findings also show positive neuromuscular activity in the entire spine starting from the c-sp to the l-sp. It would appear that the lower spine is most involved at uV readings as high as 152.2uV's. Reading >5-10uV's are abnormal.

**Prognosis:** (What is professional opinion of patient's future outcome at this point; If unknown, state unknown at this time.)

Complaint / Treatment Recommended.

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**DISABILITY STATUS/ WORK RESTRICTIONS:**

Patient is working with restrictions. Patient missed two full days from work.

Work Status: this patient has been instructed to:

Remain off work until:

Return to modified work on: **10/09/06 WITH THE FOLLOWING RESTICTIONS:** (List all specific restrictions re: standing, sitting, bending, use of hands, etc.): No repetitive bending, stooping or prolonged sitting or standing >3hrs at a time. No heavy lifting >15-20lbs. Patient can use her hands and upper extremities to the capacity that she can while working. If it is to become too much, she will need to stop temporarily while she regains her strength.

Return to full duty on: 11/09/06 with no limitations or restrictions; Depending on patient's progress with treatment.

**CPT TREATMENT CODES:**

99204, 99212, 99213, 99214, 93760, 96002, 98941, 98942, 97110, 97530, 97140, 97014, 97010, 97035, 97039, 72052, 72110, 72070, 97799, 95900, 95903, 95904, 95926, 95934, 76496

**Treatment Plan and Recommendations:**

This patient will receive treatment in the form of Physical Therapy and CMT procedures 3x a week for 4-6 weeks, then 2x's per week with a gradual reduction of weekly visits until such time the patient can be released as stable and static. Once the patient has had a few treatments, she will then engage in the Rehabilitation and physical therapy exercises to improve the overall functional capacity of her spine by performing specific exercises through unique pieces of equipment that are made specifically for the spine and increasing overall strength and endurance of the muscles collectively and of the spine. An MRI may be necessary if symptoms do not improve as expected. The patient may be seen by a medical specialist for co-management on treatment and care.

**History of Treatment:**

**Neck and Back Injuries**

<b><u>Provider Name</u></b>	<b><u># of Treatments</u></b>	<b><u>Last Treatment Date</u></b>	<b><u>Prognosis</u></b>
Kelly G. Worth, DC	24 (scheduled)	10/06/06	Complaints/Treatment

<b><u>Hospitalization: # of times:</u></b>	<b><u>Dates:</u></b>	<b><u>Days:</u></b>	<b><u>ICU:</u></b>
0	N/A	0	N/A

<b><u>Treatment:</u></b>	<b><u>Duration</u></b>	<b><u>Provider</u></b>	<b><u>Times per week</u></b>	<b><u>Last Date Noted</u></b>
Physical Therapy	Prolonged Regular	Marcello Leao, DC	3	10/06/06
Chiropractic	Prolonged Regular	Kelly G. Worth, DC	3	10/06/06
Self Exercise	Short Regular	Marcello Leao, DC	3	10/06/06
OTC Medication	Regular Prolonged	NONE	As Prescribed	10/06/06
Duties under Duress	3 Weeks	Kelly G. Worth, DC		10/06/06
Loss of Enjoyment	1 Week	Kelly G. Worth, DC		10/06/06

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**IMPAIRMENT CONSIDERATIONS:**

In all probability, this patient will have a Whole Person Impairment Rating >5%. When the patient’s condition has become static or when a period of time has passed since treatment has stopped and the patient’s condition has not improved, the impairment rating will be calculated from objective disability findings noted in the exam and digitized x-rays and possibly reviewed with third party MEDICAL ADMINISTRATION for MEDICAL CONFIRMATION and validation of all summary findings and/or signature from Board Certified Disability Analyst.

**CURRENT and FUTURE MEDICAL:** (These are estimated costs of necessary medicals based on the patients’ current exam findings and history of injuries. This does not include all probable future medical expenses upon static and stable condition and release with impairment.)

<u>Amount: \$</u>	<u>Type:</u>	<u>Physician:</u>	<u>Chart Date-Initial Visit</u>
\$1,700	Chiropractic	Kelly G. Worth, DC	10/06/06
\$2,800	Physical Therapy	Dr. Marcello Leao	10/06/06
\$1,400	Rehabilitation	Dr. Marcello Leao	10/06/06
\$2,700	Lab	MRI CENTER	Unknown at this time

**CLOSING COMMENTS:**

This report is an initial report only and best estimates of future care, treatment and other. There will be a final report that will be submitted with final billing, impairment and MD validation signatures if necessary. This patient is still treating at this time. We will inform you when she has completed care.

**Treatment Plan and Recommendations:**

Primary Treating Physician: (Original signature, do not stamp)

Date of visit / exam: 10/06/06

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated any Illinois Ins. Laws.

IL Lic. #: 038-010349

WI Lic#: 4264-012

Signature: \_\_\_\_\_

Executed at: Lake County, Illinois

Date: 11/17/06

Name: Dr. Kelly G. Worth, D.C., FAFICC, DACAN, DABCI

Specialty: Chiropractic Neurology and Rehabilitation

Address: 2634 Grand Avenue, Suite #100, Waukegan, IL 60085

Phone: (847) 775-0800