



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:	D.O.B:
Address:		City:	State:	Zip:
Occupation:	SS#:	Phone:		
Claims Administrator:		DOI:		
Name:		Claim Number:		
Address:		City:	State:	Zip:
Phone:		Fax:		
Attorney Information:				
Name:		Claim Number:		
Address:		City:	State:	Zip:
Phone:		Fax:		

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

On June 2, 2006, patient was going to the store with his son in law. He was sitting on the front passenger side. They were waiting at red traffic light. When the patient was waiting for the light to turn green, a 2001 Saturn from the opposite incoming lane tried to do a U turn crossing the middle lane illegally. The Saturn made a left turn turning behind the patient's car when suddenly a truck hit the Saturn, causing the Saturn to spin out of control and strike the patient's car on the passenger side. Patient stated that his body jerked left and right causing some pain in his head. Patient hit the window with his face and the right side of his head, but the window did not break. He said that the police and ambulance got there and took the patient to the hospital. He says the paramedics placed a c-collar on his neck making it hard for him to breath. He tried to tell them that he couldn't breathe but no one understood him due to a language barrier. He was transported by ambulance to Vista Health where MRI, CT scan, and x-rays were done to his whole body. They also did urine and blood sample. The patient was released with prescription meds and with recommendations to follow-up with a Physician. A few days later, the patient went to see Dr. Winslow, a chiropractor and was examined thoroughly and then placed on therapy. The patient was treated several visits per week for approximately one month or up until the first or second week of July but was frustrated with the office because no one spoke Spanish and so asked where he could go through a translator he brought to their office. They recommended our office. The patient decided to treat himself on his own and therefore engaged into active therapy doing stretching and other related exercises at home that he received from the Dr. and further, continued to take medication prescribed along with OTC Meds. The patient continued to do this but found no relief and sought us out. Patient continues to have pain and feels it is getting worse. Patient presented to our office for further treatment and care.

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

Patient is here on vacation and took a leave of absence from his work in Mexico but has found that because of the accident, it was necessary for him to take a longer leave of absence from his work.

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

- 1) Neck pain and stiffness with ringing in ears;
- 2) Upper back pain and numbness down his arms;
- 3) Low back pain with difficulty sleeping at night. Patient is constantly turning at night due to pain;
- 4) Numbness down his legs with weakness and pain;
- 5) Pain in bilateral knees but more pain on the right knee;
- 6) Headache constant throughout his head and some on the right side where his head hit the window and door jam;
- 7) Blurred vision mainly at night;
- 8) Ringing in both ears that is constant;

INITIAL PERSONAL INJURY REPORT

DOI:
DOE:
RE:
CL#:

Subjective Complaints (Continued):

- 9) Photophobia;
- 10) Totally incapacitated at home and could not clean himself, or able to take a shower for at least 3 days after the accident;
- 11) Bowel difficulty due to low back pain and diarrhea four days after the accident;
- 12) Abdominal pain in right and left lower quadrants;
- 13) Anxiety and stress is magnified and very much stressed due to his financial situation visiting his family and his pain duration;
- 14) Right elbow pain throughout;
- 15) Right shoulder pain throughout;
- 16) Difficulty walking and weakness in his extremities;
- 17) Clicking and popping in his jaw on the right side with constant facial/cheek numbness;
- 18) Chest pain and sternum pain throughout, and had extreme breathing difficulty.

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

Vitals are within normal limits. Observation shows right head tilt, left elevated shoulder, right head rotation, and left elevated iliac crest. His gait is slow and bent down. He is able to walk on his heels and toes. Range of motion for cervical spine is decreased in all directions with pain in all directions. Lumbar spine is decreased in all directions with pain in all directions. Bilateral shoulder range of motion is decreased in all directions. Cranial nerves are within normal limits. Reflexes decreased (+1) for upper extremities, and (+2) for lower extremities. Orthopedic examination: (+) Cervical compression, (+) bilateral shoulder depression, (+) soto-hall, (+) SLR at 40 degrees on the left and 55 degrees on the right, (-) Braggard's bilaterally, (+) Kemps bilaterally, (+) Nachlas and Ely's bilaterally, (+) minor sign. Circumferential measurements for upper and lower extremities is within normal limits except slight increase in right biceps and right forearm compared to the left side. Grip strength is within normal limits. Tenderness and spasm noted in bilateral cervical paraspinals, right levator scapulae, right trapezius, bilateral thoracic paraspinal, bilateral lumbar paraspinal, and bilateral gluteus medius muscles. Patient exhibits moderate pain levels with palpation at the cervical, thoracic and lumbar region and exhibits extensive stiffness upon any compression. Compression test causes moderate pain in the lumbar spine, mid to upper region of the t-sp and the mid section of the cervical spine. The patient has extreme muscle spasm throughout his cervical spine and lower back and seems overall, very tense and in a distressed disposition from the incident of 06/02/06.

Dx-DIAGNOSIS:

1. DISPLACED CERVICAL INTERVERT DISC	ICD-9 722.0
2. MENIERE'S DISEASE UNSPECIFIED	ICD-9 386.00
3. BRACHIAL NEURITIS/RADICULITIS OTHER	ICD-9 723.4
4. SPRAIN/STRAIN OF NECK-Chronic	ICD-9 847.0
5. THORACIC/LUMBAR SPRAIN-Chronic	ICD-9 847.1,2
6. HEADACHE-Posttraumatic	ICD-9 784.0
7. SPRAIN OF KNEE/LEG	ICD-9 844.8
8. THORACIC / LUMBOSACRAL RADICULITIS	ICD-9 724.4
9. DISTURBANCE OF SKIN SENSATION/ Paresthesia	ICD-9 782.0
10. MOTOR VEHICLE TRAFFIC ACCIDENT INVOLVING COLLISION WITH OTHER VEHICLE	ICD-9 E813.0
11. KNEE SPRAIN/STRAIN	ICD-9 844.9
12. BLURRED VISION	ICD-9 368.8

INITIAL PERSONAL INJURY REPORT

DOI:
DOE:
RE:
CL#:

13. PHOTOPHOBIA	ICD-9 368.13
14. DIARRHEA-Resolving	ICD-9 787.91
15. GENERALIZED ABDOMINAL PAIN/ Intestinal Disorder	ICD-9 789.07, 569.9
16. SHOULDER SPRAIN/STRAIN	ICD-9 840.9
17. ACUTE ANXIETY and STRESS	ICD-9 308.0
18. INFLAMMATION and SWELLING	ICD-9 716.95
19. ROTATOR CUFF INJURY/ Peripheral Joint	ICD-9 726.1
20. CONSTIPATION	ICD-9 564.0
21. C-sp, T-sp, L-sp SEGMENTAL DYSFUNCTION	ICD-9 739.1, 739.2, 739.3
22. MYOFASCITIS-Paraspinal	ICD-9 729.1
23. HYPOORDOSIS-C-sp and L-sp	ICD-9 737.8
24. TMJ DYSFUNCTION-Right Dominant	ICD-9 524.60

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

Seven view cervical, bilateral shoulder series, and thoracic series were performed. Cervical spine shows mild loss of disc height at C6/C7 and loss of curve. Misalignments are shown throughout. Radiologist report is pending.

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

High muscle tension at C2, C4, C6, T1, T3, T5, T7, T9, T11, L1, L3, and L5. Muscle tension moderately high at C2, C4, T11, L1, and L3. Mild thermal asymmetries noted at C4, C5, T5, and S1, and moderate at L5.

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

Complaint / Treatment Recommended

DISABILITY STATUS/ WORK RESTRICTIONS:

Work Status: this patient has been instructed to:
<input checked="" type="checkbox"/> Remain off work: Patient is TTD until further notice or until his pain symptoms decrease.
<input type="checkbox"/> Return to modified work on: _____ WITH THE FOLLOWING RESTRICTIONS: (List all specific restrictions re: standing, sitting, bending, use of hands, etc.):
<input type="checkbox"/> Return to full duty on: 04/21/06 with no limitations or restrictions;

CPT TREATMENT CODES:

99204, 97140, 97014, 97010, 97035, 98942, 98941, 72052, 73030, 72070, L0120, 99212, 97110, 27194, 97032, 97039, 99082, 99199

Treatment Plan and Recommendations:

Mr. Chavez-Ontivero will receive treatment in the form of Physical Therapy and CMT procedures daily for two weeks or until pain symptoms decrease, then 3x'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, he will then engage in the Rehabilitation and Conditioning to improve the overall functional capacity of his 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 NCV/SSEP test for the upper extremities is necessary for further evaluation of his numbness and the patient will be referred. An MRI may be necessary if symptoms do not improve as expected. He was given a custom cervical brace for support. The patient may be seen by a medical specialists for co management on treatment and care.

INITIAL PERSONAL INJURY REPORT

DOI:
DOE:
RE:
CL#:

History of Treatment:

Neck and Back Injuries

<u>Provider Name</u>	<u># of Treatments</u>	<u>Last Treatment Date</u>	<u>Prognosis</u>
ER Physician	1	06/02/06 -06/03/04	Complaints/Treatment
ER LAB	1	06/02/06-06/03/06	Complaints/Treatment
Thomas Winslow, DC	10	07/06/06	Complaints/Treatment
Kelly G. Worth, DC	30 (scheduled)	09/25/06	Complaints/Treatment

<u>Hospitalization; # of times:</u>	<u>Dates:</u>	<u>Days:</u>	<u>ICU:</u>
1	06/02/06	1	No

<u>Treatment:</u>	<u>Duration</u>	<u>Provider</u>	<u>Times per week</u>	<u>Last Date Noted</u>
Chiropractic	Prolonged Regular	Thomas Winslow, DC	3	06/12/06
Physical Therapy	Prolonged Regular	Kelly G. Worth, DC	5	09/25/06
Self Exercise	Short Regular	Kelly G. Worth, DC	Daily	09/25/06
Chiropractic	Prolonged Regular	Marcello Leao, DC	5	09/25/06
Medication	Prolonged Regular	Chip Halpern, MD	As Prescribed	06/02/06
Duties under Duress	16 Weeks	Kelly G. Worth, DC		09/25/06
Loss of Enjoyment	8 Weeks	Kelly G. Worth, DC		09/25/06

IMPAIRMENT CONSIDERATIONS:

Because of the seriousness of the patient’s injuries and the chronicity thereof, 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 with digitized x-rays and reviewed with third party MEDICAL ADMINISTRATION for MEDICAL CONFIRMATION and validation of all summary findings.

CURRENT and FUTURE MEDICAL: (These are estimated costs of necessary medicals and medicals already given based on the patients’ current exam findings and history of injuries and other notes and records. 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>
\$2,700	Chiropractic	Kelly G. Worth, DC	09/25/06
\$2,650	Rehabilitation	Dr. Marcello Leao	09/25/06
\$2,950	Physical Therapy	Dr. Marcello Leao	09/25/06
\$3,600	Lab	Shaku Chhabria, MD	09/27/06

INITIAL PERSONAL INJURY REPORT

DOI:
DOE:
RE:
CL#:

CURRENT and FUTURE MEDICAL: (continued)

\$1,300	Chiropractic	Thomas Winslow, DC	06/12/06
\$2,700	Lab	MRI CENTER	Unknown at this time
\$300	Medicine	Chip Halpern, MD	06/02/06
\$1,100	Medical	Chip Halpern, MD	06/02/06
\$6,700	LAB/X-RAY	William C. Finger, MD	06/02/06

CLOSING COMMENTS:

This report is an initial report only and best estimates of past, present and future care and costs, treatment and other. There will be a final report that will be submitted with final billing, impairment and Physician Disability Analyst Certified validation signatures. This patient is still treating at this time. We will inform you when he has completed care.

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

Date of visit initial exam: 09/25/06

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

Signature: _____

Executed at: Lake County, Illinois

Date: 10/23/06

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

IRF Form (Rev. 8/29/05)