



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#: N/A	Phone:		

Claims Administrator: American Family Insurance **DOI: 09/03/06**

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

Attorney Information: (If applicable)

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

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

On or around September 3, 2006, patient was on her way to work. She was walking to the agency on Grand Ave. and was stopped at the corner ready to cross. She saw a vehicle stop at the stop sign on the corner and so she proceeded to cross. Patient states that the person in the vehicle was only looking towards the left side to see if any oncoming traffic was coming and did not realize the patient was crossing the street. The vehicle accelerated and hit the patient before her head. The vehicle had big bars on the front bumper and that is what hit the patient. At first the patient held on to the bars and then the vehicle hit her stomach. The driver realized he had hit the patient and stepped on the brakes causing the patient to lose her grip and fall to the ground. She hit her back on the ground and started to feel pain on her back, stomach, and legs. She doesn't remember if she hit her head but thinks so and states that it happened so fast. She couldn't feel her legs for about 3 minutes due to numbness and was not able to get up. The driver of the car helped the patient up from the street and told her to get into his vehicle that he would personally take her to the hospital. When they arrived at the hospital x-rays were taken and the patient was evaluated. X-rays were negative for fractures or dislocations. She was given pain and anti-inflammatory medications, and was told to follow up with a doctor they referred her to. Patient doesn't understand why they didn't find anything wrong when she continues to have severe pain. Patient presented to our office today for further evaluation and treatment.

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

Patient works for a staffing temp agency on Grand avenue. She works at a company named CCL where she assembles lotion bottle caps and puts them in boxes. Her schedule is Monday-Friday sometimes Saturday and Sundays for 8 hours a day. She has not worked since the injury/ accident and continues to be on disability. The patient was given work restrictions but they were too much and the agency and her job said she'd have to be close to 100% before she could go back to work. They are afraid to have her come back due to being liable for a probable work injury. She is just not there at this time and suffers from a loss of enjoyment from her work and job where she enjoyed going to work and have an income.

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

- 1) Patient is experiencing pain in her neck with hard time rotating her head. She has difficulty holding her head up and must tilt her head laterally some to ease the pain. She wears a collar for support.
- 2) Mid back pain and soreness that is throughout and goes down to her low back.
- 3) Low back pain and discomfort that travels down to her hips more on the right side. Patient has a hard time sitting or laying for a long time. Her lower back pain is the most significant pain of all and radiates down her lower extremities.
- 4) Hip pain on both sides but more on the right side with pain on the inner side of thigh.
- 5) Pain in her left thigh from where the bumper hit her.
- 6) Numbness down her legs bilaterally.

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Subjective Complaints: (continued)

- 7) Left knee pain from when the vehicle hit her left mid thigh anterior and caused her to fall on her left knee.
- 8) Left heel pain bad where she cannot walk.
- 9) Throbbing headache mainly in the posterior region and mostly at night.
- 10) Patient is having difficulty sleeping and cannot find a comfortable position.
- 11) Severe anxiety and stress due to what’s occurred and the aftermath of her injuries and the circumstances of her job and finances.
- 12) Torso and/or Stomach pain.
- 13) Left shoulder pain from falling onto the pavement of the street.
- 14) Patient is having extreme difficulty with her home activities and self grooming where she cannot successfully clean herself, perform any chores, go to the bathroom, cook, etc... without extreme pain and must do very slowly if at all.
- 15) Depression due to her condition.

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

Alert and oriented X 3 patient with vitals 100/80 seated left arm, pulse 60 and regular, and respirations of 17. Heart, lungs, and abdomen are within normal limits. Postural observations show a right head tilt, right elevated shoulder, right iliac crest, and a right head rotation. Patient showed difficulty getting up and walking around the room. Patient is able to walk on her heels and toes but has pain in her low back. Cervical spine range of motion is decreased in all directions with: 20° flexion with pain, 10° extension with pain, 15° R. Lateral flexion with pain, 5° L. Lateral flexion with pain, 35° R. Rotation with pain, and 15° in L. Rotation with pain. Lumbar spine range of motion was also decreased in all directions with: 25° flexion with pain, 15° with pain, 5° R. Lateral flexion with pain, 15° L. Lateral flexion with pain, 10° R. Rotation with pain, and 20° in L. Rotation with pain. Cerebellum tests were within normal limits. Left knee range of motion is 120° in flexion and -5° in extension. Right knee was within normal limits. Reflexes for upper extremities were (+1) bilaterally, lower extremities is (+3) bilaterally for patellar, and (+1) for Achilles bilaterally. Orthopedic tests were: (+) Cervical compression, (+) Shoulder depression bilaterally, (+) SLR bilaterally at 70°, (+) Kemp’s bilaterally, (+) Nachlas and Ely’s bilaterally, (+) Faber on the right side. Circumferential measurements for upper and lower extremities are within normal limits. Grip strength was 15, 15, and 13 for the left side, and 14, 15, 15 for the right side which is extremely weak; patient is right handed. Muscle testing for lower extremities showed more decrease in right side compared to the left. Pain, tenderness, and muscle spasm noted in cervical, thoracic, and lumbar paraspinals. Muscle spasm was severe in rhomboid major and minor. Patient has a very sad expression and at times will have tears due to her condition.

Dx-DIAGNOSIS and ICD-9 Injury Codes:

1. DISPLACED LUMBAR INTERVERT DISC	ICD-9 722.10
2. UNS THORACIC/LUMB NEURITIS/RADICUL	ICD-9 724.4
3. DISTURBANCE SKIN SENSATION	ICD-9 782.0
4. SPRAIN/STRAIN LUMBAR REGION	ICD-9 847.2
5. THORACIC SPRAIN	ICD-9 847.1
6. NECK STRAIN	ICD-9 847.0
7. MUSCLE WEAKNESS	ICD-9 728.87
8. SPASM OF MUSCLE	ICD-9 728.85
9. ABDOMINAL PAIN	ICD-9 789.0
10. HEADACHE	ICD-9 784.0

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Dx-DIAGNOSIS and ICD-9 Injury Codes: (continued)

11. DIFFICULTY IN WALKING	ICD-9 719.7
12. INSOMNIA / SLEEPLESSNESS	ICD-9 780.50
13. ACUTE ANXIETY and STRESS	ICD-9 308.0
14. CERVICALGIA	ICD-9 723.1
15. LUMBAGO	ICD-9 724.2
16. KYPHOSIS (ACQUIRED)	ICD-9 737.10
17. SCIATICA	ICD-9 724.3
18. MYOFASCIAL/ MUSCLE PAIN	ICD-9 729.1
19. ROTATOR CUFF INJURY	ICD-9 840.4
20. SHOULDER SP/ST-LEFT	ICD-9 840
21. ABDOMINAL CONTUSION/ TRAUMA	ICD-9 922.2
22. THIGH CONTUSION-LEFT	ICD-9 924.00
23. HIP / THIGH SP/ST-UNSPECIFIED	ICD-9 843.9
24. KNEE SP/ST-LEFT	ICD-9 844.9
25. CALCANEAL-FIBULAR SP/ST-LEFT	ICD-9 845.02
26. MULTIPLE VERTEBRAE DISPLACED-C/SP	ICD-9 839.08
27. MULTIPLE VERTEBRAE DISPLACED-T/SP	ICD-9 839.21
28. MULTIPLE VERTEBRAE DISPLACED-L/SP	ICD-9 839.20
29. MOTOR VEHICLE COLLISION w/ PEDESTRIAN	ICD-9 E814.0

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

Five view lumbar and five view cervical spine x-rays taken. Cervical spine shows a left listing with loss of gravity line. Lumbar spine shows pelvic unleveling. All other radiographs were requested from the Hospital. Depending on what was taken will depend on further necessary views. For immediate treatment purposes, further and more detailed x-rays were taken. (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 L3. Mild thermal asymmetries noted at C5, C6, T1, T2, T3, T4, T10, and T11.

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 type="checkbox"/> Remain off work until:
<input checked="" type="checkbox"/> Return to modified work on: No lifting more than 25lbs. No excessive bending at the waist. WITH THE FOLLOWING RESTRICTIONS: (List all specific restrictions re: standing, sitting, bending, use of hands, etc.):
<input type="checkbox"/> Return to full duty on:

CPT TREATMENT CODES:

99204, 99212, 99213, 99214, 93760, 96002, 98941, 98942, 97110, 97530, 97140, 97014, 97010, 97035, 97039, 72050, 72110, 97799, 95900, 95903, 95904, 95926, 95934, 76496

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Treatment Plan and Recommendations:

This patient 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, she will then engage in the Rehabilitation and Conditioning 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 NCV/SSEP test for the lower extremities is necessary for further evaluation of her pain and numbness and the patient will be referred. An MRI may be necessary if symptoms do not improve as expected. She was given a custom cervical brace for support. The patient will be seen by a medical specialists for co management on treatment and care.

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	09/04/06	Complaints/Treatment
Kelly G. Worth, DC	48 (scheduled)	09/06/06	Complaints/Treatment

<u>Hospitalization: # of times:</u>	<u>Dates:</u>	<u>Days:</u>	<u>ICU:</u>
1	09/04/06	1	No

<u>Treatment:</u>	<u>Duration</u>	<u>Provider</u>	<u>Times per week</u>	<u>Last Date Noted</u>
Physical Therapy	Prolonged Regular	Kelly G. Worth, DC	3-4	09/06/06
Self Exercise	Short Regular	Kelly G. Worth, DC	Daily	09/06/06
Medication	Regular Prolonged	ER Physician, MD	As Prescribed	09/03/06
Duties under Duress	8 Weeks	Kelly G. Worth		09/06/06
Loss of Enjoyment	8 Weeks	Kelly G. Worth		09/06/06

IMPAIRMENT CONSIDERATIONS:

Because of the seriousness of the patient's injuries, 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 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 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>
\$9,700	Chiropractic	Dr. Kelly G. Worth	09/06/06
\$3,600	Lab	Nerve Testing Center	09/26/06

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CURRENT and FUTURE MEDICAL: (continued)

\$2,700	Lab	MRI CENTER	Unknown at this time
\$300	Medicine	Chip Halpern, MD	09/04/06
\$1,100	Medical	Chip Halpern, MD	09/04/06

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. This patient is still treating at this time. We will inform you when she has completed care.

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

Date of Initial exam: 09/06/06

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

Signature: _____

Executed at: Lake County, Illinois

Date: 10/11/06

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