



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: (If applicable)

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 07/25/06 around 9:00pm at night with good visibility, patient was sitting on the passenger side of their Mercury Sable traveling on Lewis Ave. approaching Glenflora Ave. intersection. Suddenly a Mercury Cougar car came out of the gas station (located on the corner of Glen Flora and Lewis Ave.), and ran into their car hitting the passenger side where the patient was sitting. The Mercury Cougar hit the patient so hard that the Mercury Cougar was dragged to the turning lane by the patient's car. Patient was wearing her seatbelt at time of impact and was pushed into the driver's side causing the seatbelt to tighten around her neck. Patient immediately started to have neck pain, shoulder pain, upper back pain, and right arm pain with numbness down her fingers. Patient did not call the police because the driver of the Mercury Cougar had probation problems, and didn't want to get arrested. Driver of Mercury Cougar did give patient his insurance information and phone number. Patient went to Victory hospital where they told her she had a sprain/strained neck, upper back, and shoulder. Patient was also given pain medications at the hospital. A few days later, her pain increased day by day and found it necessary to follow up with a Physician. She presented to our office 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 is a homemaker.

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

- 1) Neck pain mostly on the right side. She has to use her hand to rest her neck and to relieve tension.
- 2) Upper back pain.
- 3) Right shoulder pain and difficulty moving it.
- 4) Right elbow pain and swelling
- 5) Right hand numbness with pulling feeling of the forearm
- 6) Loss of strength in the right hand
- 7) Low back pain that is on and off
- 8) Numbness in leg

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 a right head tilt, right elevated shoulder, right elevated iliac crest, and a right head rotation. Her gait is slow. She is able to walk on her heels and toes. Cranial nerves and cerebellum tests are within normal limits. Cervical range of motion is decreased in all directions in pain in all directions. Lumbar range of motion is decreased in all directions with pain mostly in the neck area. Shoulder range of motion for the left side is within normal limits. Shoulder range of motion for the right side is decreased in all directions. Left elbow range of motion is within normal limits. Right elbow range of motion is within normal limits except a decrease in flexion and supination. Reflexes for upper and lower extremities are within normal limits. Orthopedic examination shows: (+) Cervical compression, Cervical distraction increases her pain, (+) Shoulder depression bilaterally eliciting severe pain in the right side, (+) soto-hall, (+) SLR bilaterally at 70 degrees, (+) Kemps bilaterally, (+) Nachlas and Ely's bilaterally, Valgus stress of the elbow is (-) on the left and (+) on the right, Varus stress of the elbow is (-) on the left and (+) on the right. Circumferential measurements for upper and lower extremities are within normal limits.

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Grip strength is significantly decreased on the right side compared to the left. Tenderness and spasm noted in bilateral cervical, thoracic, and lumbar paraspinal muscles. Tenderness and spasm also noted in right shoulder musculature including anterior and posterior deltoid, and rotator cuff muscles (SITS). Right elbow shows no bruising but with mild swelling, and tenderness in olecranon, medial, and lateral epicondyles.

Dx-DIAGNOSIS:

1. SPRAIN/STRAIN OF NECK	ICD-9 847.0
2. ROTATOR CUFF SYNDROME OF SHOULDER	ICD-9 726.1
3. SPRAINS OF SHOULDER AND UPPER ARM	ICD-9 840
4. SPRAIN/STRAIN ELBOW/FOREARM UNSPEC	ICD-9 841.9
5. DISTURBANCE OF SKIN SENSATION	ICD-9 782.0
6. THORACIC SPRAIN	ICD-9 847.1
7. LUMBAR SPRAIN	ICD-9 847.2
8. MUSCLE WEAKNESS	ICD-9 728.87
9. CONTUSION OF ELBOW, RIGHT	ICD-9 923.11
10. CERVICAL SEGMENTAL DYSFUNCTION	ICD-9 739.1
11. THORACIC SEGMENTAL DYSFUNCTION	ICD-9 739.2
12. LUMBAR SEGMENTAL DYSFUNCTION	ICD-9 739.3
13. MOTOR VEHICLE TRAFFIC ACCIDENT INVOLVING COLLISION WITH OTHER VEHICLE	ICD-9 E813.0

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

X-rays taken 5 view lumbar, 2 view thoracic spine, Davis series, 2 view right elbow, and 2 view right shoulder taken. Misalignments noted throughout. Cervical spine shows a decreased lordosis, thoracic spine shows a dextrosciosis. Radiologist report is pending.

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

sEMG shows high muscle tension in C2, C4, T1, T3, T5, T7, T9, T11, L1, L3, and L5. Moderately high at C2, C4, and C6. Thermoscan shows thermal asymmetries from C1-C3, C7, T4, T5, T7, T8, T10, T11, L3, L5 and S1.

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: 07/31/06 WITH THE FOLLOWING RESTRICTIONS: No lifting more than 15lbs. No prolonged stooping or bending at the waist, kneeling, climbing, or squatting. <input type="checkbox"/> Return to full duty on: with no limitations or restrictions;
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CPT TREATMENT CODES:

99204, 99212, 99213, 99214, 93760, 96002, 98941, 98942, 97110, 97530, 97140, 97014, 97010, 97035, 97039, 72050, 72110, 97799, 95900, 95903, 95904, 95925, 95926, 95934, 76496, L0120

Treatment Plan and Recommendations:

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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 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 may be seen by a medical specialist 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	07/25/06	Complaints/Treatment
Kelly G. Worth, DC	36 (scheduled)	07/31/06	Complaints/Treatment

<u>Hospitalization: # of times:</u>	<u>Dates:</u>	<u>Days:</u>	<u>ICU:</u>
1	07/25/06	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	07/31/06
Self Exercise	Short Regular	Kelly G. Worth, DC	Daily	07/31/06
Medication	Regular Prolonged	ER Physician, MD	As Prescribed	07/31/06
Duties under Duress	8 Weeks	Kelly G. Worth		07/31/06
Loss of Enjoyment	8 Weeks	Kelly G. Worth		07/31/06

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 possibly 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>
\$8,700	Chiropractic	Dr. Kelly G. Worth	07/31/06
\$3,600	Lab	Nerve Testing Center	07/31/06

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CURRENT and FUTURE MEDICAL: (continued)

\$2,700 Lab MRI 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 and impairment ratings with 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 visit/ exam: 07/31/06

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: 08/09/06

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)