



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: ALLSTATE INSURANCE		DOI: 11/28/06		
Name:		Claim Number:		
Address:		City:	State:	Zip:
Phone:		Fax:		
Attorney Information: (If applicable)				
Name:		Claim Number:		
Address:		City:	State:	Zip:
Phone:		Fax:		

CASE HISTORY BRIEF:

Patient states that he was driving eastbound on Washington Ave. He was driving a 1999 Ford Contour. At the time the patient had a green light. There was a pick-up truck that was turning left onto Milwaukee Ave. The patient proceeded to cross Milwaukee Avenue going at about 50 m.p.h. when suddenly, the pick-up truck turned in front of him from the opposite side. The impact of the crash caused the airbag to deploy and the patient to be thrown forward and then back onto his seat which resulted in a high level of pressure and discomfort in the cervical and lower back area immediately. The patient was instantly overwhelmed by severe pain in his neck and back. Due to the pain, the patient felt it was wise not to move and therefore remained in his car and waited for the police and ambulance to arrive. Car totaled???

Once the ambulance had arrived, workers helped him out of his severely damaged car which was totaled and placed him into a C-Collar and Back Board. The patient was then sent to the Victory Hospital Emergency Room for X-rays and a CT scan to be taken. The patient stated later on that dizziness, chest pain, and the pain in his low back began immediately after the accident. Additional symptoms began to appear a couple of hours later. He began to experience pain in his neck along with the pain in his lower back. He felt a great deal of discomfort with any form of movement.

The patient states that ever since the day of his accident he has been in constant pain. He presented to our office for further evaluation and care due to his ongoing pain.

Work History:

The patient works for Ducts Unlimited Inc. as a housekeeper and Ducts cleaner. Some of his responsibilities include bending over to complete tasks such as sweeping, lifting moderately sized objects, and routine cleaning. The patient works M-F and some Saturdays, full time.

Subjective Complaints:

- 1) Patient had been experiencing low back pain occasionally before the accident occurred, but after the accident the pain in his lower back intensified and became much worse. He now feels severe bilateral Low Back pain.
- 2) Patient is also experiencing pain in his right and left lower extremities. The pain is more severe in his right leg.
- 3) He is experiencing Chest pains on both sides.
- 4) The patient is also experiencing pain in his jaw mainly on the right side.
- 5) He exhibits to a moderate level mid-back and upper back pain that is dull and aches on an ongoing basis with sharp pains at times.

Subjective Complaints: (Continue)

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- 7) The patient has bilateral shoulder pain.
- 8) Headaches on both sides that are continual in nature.
- 9) Nausea Intermittent
- 10) Episodes of dizziness
- 11) Knee pain throughout bilaterally. The patient doesn't remember whether or not his knee's hit the dash board. Patient essentially went head on into a vehicle and plunged forward into the steering wheel and dash with his entire body, it is reasonable to consider the dash board as the source of his pain from contact in the accident from both his knees'.

Objective Exam Findings:

Alert and oriented X 3 patient with vitals 118/78 seated left arm, pulse 72 and regular, and respirations of 14. Postural observations show a left head tilt, right elevated shoulder, right iliac crest, and a left head rotation. Patient showed difficulty getting up and walking around the room. Patient is able to walk on his heels and toes but has pain in his low back. Cervical spine range of motion is decreased in all directions with: 50° flexion without pain, 40° extension without pain, 35° R. Lateral flexion with pain, 35° L. Lateral flexion with pain, 70° R. Rotation without pain, and 70° in L. Rotation without pain. Lumbar spine range of motion was also decreased in all directions with: 40° flexion with pain, 10° extension with pain, 25° R. Lateral flexion with pain, 26° L. Lateral flexion with pain, 40° R. Rotation without pain, and 35° in L. Rotation with pain. Reflexes for upper extremities were (+2) bilaterally, lower extremities is (+2) for left patellar, (+3) for the right, and (+2) for Achilles bilaterally. Orthopedic tests were: (-) Cervical compression, (-) Shoulder depression bilaterally and Soto Hall's, (+) SLR bilaterally at 60°, (+) Kemp's bilaterally, (+) Nachlas and Ely's bilaterally. Circumferential measurements for upper and lower extremities are within normal limits. Grip strength was 60, 62, and 60 for the left side, and 18, 19, 18 for the right side. Muscle testing was also performed for the lower extremities, cervical spine and shoulders. Findings exhibited weakness throughout. Palpatory examination exhibited spasms, tenderness and vertebral subluxation throughout the cervical, thoracic and lumbar region with limitations in movement throughout. The patient experienced pain in his chest throughout the anterior region and the sternum as well. There was also tenderness with both knees throughout as well as the shoulders. No serious bruising was noted but slight swelling was noted. There are no other remarkable findings as noted

Dx-DIAGNOSIS and ICD-9 Injury Codes:

1. DISPLACED LUMBAR INTERVERT DISC injury	ICD-9 722.10
2. UNS THORACIC/CERV NEURITIS/RADICUL	ICD-9 723.4
3. SPRAIN/STRAIN LUMBAR REGION	ICD-9 847.2
4. THORACIC SPRAIN and STRAIN	ICD-9 847.1
5. NECK SPRAIN and STRAIN	ICD-9 847.0
6. MUSCLE WEAKNESS	ICD-9 728.87
7. SPASM OF MUSCLE	ICD-9 728.85
8. HEADACHE	ICD-9 784.0
9. INFLAMMATION and SWELLING	ICD-9 716.95
10. INSOMNIA / SLEEPLESSNESS	ICD-9 780.50
11. ACUTE ANXIETY and STRESS	ICD-9 308.0
12. CERVICALGIA	ICD-9 723.1
13. LUMBAGO	ICD-9 724.2
14. MYOFASCIAL/ MUSCLE PAIN	ICD-9 729.1
15. SHOULDER SP/ST-Bilaterally	ICD-9 840
16. ABDOMINAL/ TORSO CONTUSION/ TRAUMA	ICD-9 922.2
17. KNEE CONTUSION-Bilaterally	ICD-9 924.11

Dx-DIAGNOSIS: (CONTINUED)

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18. CHEST/ TORSO CONTUSION/ TRAUMA	ICD-9 922.1
19. MULTIPLE VERTEBRAE DISPLACED-C/SP	ICD-9 839.08
20. MULTIPLE VERTEBRAE DISPLACED-T/SP	ICD-9 839.21
21. MULTIPLE VERTEBRAE DISPLACED-L/SP	ICD-9 839.20
22. MOTOR VEHICLE COLLISON w/ ANOTHER VEHICLE	ICD-9 E815.0
23. DIFFICULTY IN WALKING	ICD-9 719.7
24. TMJ DISORDER secondary to Whiplash Trauma	ICD-9 524.60
25. KNEE SPRAIN-Bilateral	ICD-9 844.8

X-ray Findings:

A 5 view Lumbar series was performed along with a 2 View Thoracic and 7 View Davis series of the Cervical spine (Radiologist report is pending).

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

Thermo readings appear to be within normal limits at this time. sEMG readings exhibit positive neuromuscular activity noted throughout the cervical, thoracic,

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: 12/05/06 WITH THE FOLLOWING RESTICTIONS: No lifting more than 20 pounds. No prolonged stooping, bending, kneeling. Time off to receive treatment.
<input type="checkbox"/> Return to full duty on: with no limitations or restrictions;

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, L0120, L0627

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. He will also be given an adequate home exercise program that will assist him in his healing. The patient will also undergo further training or rehabilitation specifically for his spine utilizing specific pieces of equipment that are used only for targeted areas of the spinal column and made to rehabilitate injuries. This will assist in the patient's overall functional capacity and allow him to participate in an active form of treatment instead of passive which under most nationally recognized guidelines, is what is recommended and proven to be most effective and cost effective as well. An NCV/SSEP test for the lower 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. The patient may be seen by a medical specialists for co-management on treatment and care.

History of Treatment:

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Neck and Back Injuries

<u>Provider Name</u>	<u># of Treatments</u>	<u>Last Treatment Date</u>	<u>Prognosis</u>
ER Physician	1	11/28/06	Complaints/Treatment
Kelly G. Worth, DC	48 (scheduled)	11/29/06	Complaints/Treatment

<u>Hospitalization; # of times:</u>	<u>Dates:</u>	<u>Days:</u>	<u>ICU:</u>
1	11/28/06	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	Marcello Leao, DC	3-4	11/29/06
Rehabilitation	Prolonged Regular	Marcello Leao, DC	3-4	11/29/06
Chiropractic	Prolonged Regular	Kelly G. Worth, DC	3	11/29/06
Self Exercise	Short Regular	Kelly G. Worth, DC	Daily	11/29/06
Medication	Regular Prolonged	Glenn H. Murakami, MD	As Prescribed	11/28/06
X-Ray/CT-Scan	Regular Prolonged	ER Radiologist, MD	As Prescribed	11/28/06
Duties under Duress	4 Weeks	Kelly G. Worth, DC, DACAN		11/29/06
Loss of Enjoyment	2 Weeks	Kelly G. Worth, DC, DACAN		11/29/06

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 Physician’s ADMINISTRATION for Physician 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>
\$3,700	Chiropractic	Dr. Kelly G. Worth	11/29/06
\$4,680	Physical Therapy	Dr. Marcello Leao	11/29/06
\$1,560	Rehabilitation/Ex.	Dr. Marcello Leao	11/29/06
\$1,700	ER TREATMENT	Glenn H. Murakami, MD	11/28/06
\$4,600	Lab/ X-ray	RADIOLOGIST, MD	11/28/06

CURRENT and FUTURE MEDICAL: (Continued)

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\$3,198	Lab	Neuro-Diagnostic Eval.	12/13/06
\$2,700	Lab	MRI CENTER	Unknown at this time
\$300	Medicine	Glenn H. Murakami, MD	11/28/06

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 Physician 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 initial visit: 11/29/06

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: 12/21/06

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)