



Spine Institute of Waukegan
Personal Injury and Workers Compensation Specialists
ACCIDENT and INJURY form FR3

PRIMARY TREATING PHYSICIAN'S FINAL REPORT (PIFR3)
FINAL UPDATED PERSONAL INJURY REPORT
OFFICIAL OFFICE FORM

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

Claims Administrator:**DOI:**

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

Attorney Information: (If applicable)

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

FINAL VALUES for IMPAIRMENT RATING**CASE HISTORY MODERATE:** (Describe pertinent details as to the accident or injury that has occurred.)

As stated in our previous initial report, on or around 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. A Mercury Cougar car suddenly came out of the gas station (located on the corner of Glen Flora and Lewis Ave.), and ran into the right side of the 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 causing swelling and inflammation throughout her cervical spine and collar bone immediately after the impact. 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 took care of her, examined her and prescribed pain meds and then released. 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 and was examined thoroughly and placed on a treatment regimen of 3-4x's per week for approximately 4 weeks when she was re-examined on 09/08/07 and found to be improving as anticipated with the exception of her right upper extremity numbness where she was referred out for an upper extremity EDX NCV evaluation with Spine and Nerve Testing. Test proved positive for malingering neuropathies of the upper extremities bilaterally which may not be due to the car accident but precipitated thereof magnifying the underlying problems already apparent. The patient was then cut back to 2-3 times per week until her next re-exam on 10/11/06 where we examined her and found her to be permanent and stationery. She was released with recommendations for monthly return of visits to maintain her level of health obtained and further to avoid flare-ups or reexacerbations. Her condition is such that if the x-rays and report are viewed, she has multiple challenges with abnormal skeletal biomechanics of her spine that will make her very vulnerable to excessive work or play. Home exercises were also given to her for assistance with continuing strengthening of her spine.

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.

Disability Status:

Patient was not taken off work since she is a full time Homemaker.

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SUMMARY OF CARE: (*Give a summary of all treatment administered and type.)

Short and Long Term Treatment Goals:

Short Term Goals: Passive intervention is to promote anatomical rest, to diminish muscular spasm, to reduce inflammation and alleviate pain overall. The initial plan of care was to begin the patient on passive modalities to reduce swelling and inflammation with pain as well as other items of mention previous.

X-rays were initially given. A 7 view Davis series of the Cervical spine followed by a 2-3 view right shoulder. A 2 view of her right elbow was also taken with finally a 2 view Thoracic and 5 view Lumbar spine was performed. There were significant findings throughout, particularly the Lumbar and Cervical spine. *(Report is Enclosed).

The patient received Interferential treatment or muscle stim to the areas of complaint, mainly the cervical, thoracic and lumbar paravertebral muscles. This was performed to assist in diminishing muscular spasm, reduce pain and enhance local metabolism, for 10-15 minutes at 1-150Hz's (Multifunction setting). MilliAmperes will vary depending upon patient tolerance level.

The application of Moist Heat at same areas as above for 10 minutes or more was to improve local metabolism and enhance vasodilation of tissues.

The patient received Ultrasonic Therapy to assist in subcutaneous and basilar layer of derma, increased metabolism and further deeper enhanced vasodilation and normalcy of cellular oscillation at or nearest to 70uV's.

CMT procedures or Chiropractic Manipulative Therapy technique for separation of the Cervical, Thoracic and Lumbar fixated facet joints/ articulations noted above utilizing low force, high velocity Diversified and Gonstead Techniques to increase the range of pain free motion and to minimize deconditioning.

Isokinetic Resistance/ Therapeutic Exercise was utilized to assist in facilitating correct skeletal biomechanical movement and translation of joints one among another, particularly the right shoulder and elbow, that have been misaligned as well as to strengthen extrinsic and intrinsic muscles of the spine and body that are consistent with the injuries at hand. Protocol consists of reps and sets with averages of 12-15 reps per set and up to 3-5 sets per exercise. The patient was involved with up to 5 strengthening machines, cables and elastic theraband and floor exercises. Focus was his right shoulder and low back.

Manual Therapy was also provided where the patient received deep Myofascial Release and/or Neuromuscular Massage work to different areas of the spinal paravertebral musculature and right shoulder to assist in increasing the overall range of motion of the spine and shoulder and to break up deeper tissue adhesions causing limitations thereof and producing chronic myofascial pain syndromes.

Lifestyle adaptations of home recommendations of rest, meditation, improved nutrition and light stretching to the lower spine, mid and upper as well as the cervical spine and right shoulder were promoted to further diminish anxiety and to mitigate the cost of recovery.

Long Term Goals: These were to return Ms Campos to as close to pre-injury status as possible and diminish potential deconditioning of injured tissue to prevent chronic pain syndrome(s).

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Treatment type, duration of treatment and frequency of care was within normal limits due to the severity of her injuries. Range of deficits and ligament instability were stabilized through a controlled functional recovery program.

Medical Specials: \$8,190.31
Lab/Testing: \$3,788.02
Property Damage: Unknown
Income Loss: Unknown

Dx-DIAGNOSIS and ICD-9 Injury Codes:

1. CERVICAL INTERVERT DISC INJURY/ SYNDROME	ICD-9 722.0 - MRI Needed
2. UNS THORACIC/CERV NEURITIS/RADICUL	ICD-9 723.4 - Intermittent
3. CERVICAL SPRAIN/ STRAIN	ICD-9 847.0 - Resolving
4. THORACIC SPRAIN and STRAIN-Upper	ICD-9 847.1 - RESOLVED
5. LUMBAR SPRAIN/ STRAIN	ICD-9 847.2 - RESOLVED
6. MUSCLE WEAKNESS	ICD-9 728.87
7. SPASM OF MUSCLE	ICD-9 728.85
8. *ROTATOR CUFF TEAR/ INJURY, Right*****	ICD-9 726.1***Resolving
9. SHOULDER SP/ST-Bilaterally	ICD-9 840 - Resolving
11. INSOMNIA / SLEEPLESSNESS	ICD-9 780.50 - Intermittent
12. ACUTE ANXIETY and STRESS	ICD-9 308.0
13. CERVICALGIA	ICD-9 723.1
14. LUMBAGO	ICD-9 724.2
15. MYOFASCIAL/ MUSCLE PAIN	ICD-9 729.1 - Intermittent
16. INFLAMMATION and SWELLING	ICD-9 716.95 - RESOLVED
17. ABDOMINAL/ TORSO CONTUSION/ TRAUMA	ICD-9 922.2 - RESOLVED
18. INTERSEGMENTAL DYSFUNCTION; Sacrum and Pelvis	ICD-9 739.4, 739.5
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. INTERSEGMENTAL DYSFUNCTION; UPPER EX-RIGH	ICD-9 739.7
23. POST-TRAUMATIC HEADACHE	ICD-9 784.0 - Resolving
24. PARESTHESIA, Right Upper Extremity	ICD-9 782.0 - Intermittent
25. CONTUSION OF ELBOW, RIGHT	ICD-9 923.11
26. SPONDYLOLISTHESIS, L5	ICD-9 738.4 - Permanent
27. SPRAIN/STRAIN ELBOW/FOREARM UNSPEC	ICD-9 841.9 - Resolving
28. CARPAL TUNNEL SYNDROME, Bilaterally	ICD-9 354.0
28. MOTOR VEHICLE COLLISON w/ ANOTHER VEHICLE	ICD-9 E815.0

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

Complaint / Treatment Recommended

CPT TREATMENT CODES:

99204, 99212, 99213, 99214, 93760, 96002, 95999, 98940, 98941, 98942, 97110, 97530, 97140, 97014, 97010, 97035, 97039, 72052, 73030, 72110, 72070, 73070, 97799, 76496, 95900, 95903, 95904, 95925, 95926, 95934, 99080, L0120.

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Recommended Treatment Protocol:

This patient received treatment in the form of Physical Therapy and CMT procedures daily for one to two weeks followed by then 3x's per week with a gradual reduction of weekly visits until such time the patient was released as stable and static. *(CAD Croft Guidelines are utilized in our facility specific for Motor Vehicular injuries, particularly where the Spine is injured. These Guidelines are based on specific criteria of initial rating of patient's condition. The Grades of Severity of Pain would be from Grade I-IV, Minimal, Slight, Moderate and Severe. Guidelines for Frequency and Duration of Care also Grade and are I-V ranging from 21 total visits or less for a Grade I up to 76 visits or less for a Grade III. Above this level would relate to surgical and even more severe injuries where over 100 visits would be warranted over a 56(+)wk period.) This patient is categorized as a GRADE II to III and would follow in between these Categories of Guideline Treatment of the Croft Guidelines for CAD Motor Vehicular Injuries.

Once the patient had begun treatment and had 3-4 weeks of care, she then engaged in the Rehabilitation and Conditioning or Therapeutic Exercise portion of our treatment starting on August 21, 2006 and continued with the initial CMT procedures and P/T, to improve the overall functional capacity of his spine. This by performing specific exercises through unique pieces of equipment that are made specifically for the spine. This was to increase their overall strength and endurance of the muscles collectively and of the spine. The patient or Ms Campos performed these exercises in conjunction with her care bringing her to a maximal medical improvement or static state with his condition on or around 10/11/06. Unfortunately she still had residual problems with her spine and right shoulder that was almost negligible at rest, but with excessive movement or lifting or with forced movement in the office through ranges of motion, there were increased pain factors. Upon examination, she still exhibited range of motion loss in both the lower and mid spinal regions as well as her right shoulder and neck. She was able to move close to normal but was forced and with pain. The patient was recommended to follow-up with the MD for further evaluation if indeed these areas continue to bother her, that she could have prescription meds, or testing, particularly MRI of her spine.

Injuries:

Neck, Back and Extremity Injuries, Anxiety, Difficulty Sleeping

ICD9 Injury Codes: E815.0, 722.0, 723.4, 847.0, 847.1, 847.2, 728.87, 728.85, **726.1, 840, 780.50, 308.0, 723.1, 724.2, 729.1, 716.95, 922.2, 739.4, 739.5, 839.08, 839.21, 839.20, 739.7, 784.0, 782.0, 923.11, 738.4, 841.9, 354.0, E815.0 - **COMPLICATING FACTORS:** *(738.5, 354.0)

Neck, Back and Extremity 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
Dr. Kelly G. Worth	33 (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

History of Complaints:

<u>Symptom</u>	<u>Physician</u>	<u>Date Noted</u>	<u>Duration</u>
Range of Motion	Dr. Kelly G. Worth	07/31/06	10/11/06
Spasm	Dr. Kelly G. Worth	07/31/06	10/11/06
Anxiety	Dr. Kelly G. Worth	07/31/06	10/11/06

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Difficulty Sleeping	Dr. Kelly G. Worth	07/31/06	10/11/06
Radiating Pain	Dr. Kelly G. Worth	07/31/06	10/11/06
Headaches	Dr. Kelly G. Worth	07/31/06	10/11/06

History Treatments:

<u>Treatment:</u>	<u>Duration</u>	<u>Provider</u>	<u>Times per week</u>	<u>Last Date Noted</u>
Physical Therapy	Prolonged Regular	Dr. Marcello Leao	3-4	10/11/06
Rehabilitation	Prolonged Regular	Dr. Marcello Leao	3-4	10/11/06
Self Exercise	Short Regular	Dr. Marcello Leao	3	10/11/06
Chiropractic	Prolonged Regular	Dr. Kelly G. Worth	3	10/11/06
ER	Short Regular	ER Physician/ MD	1	07/25/06
Medication	Short Regular	ER Physician/ MD	As Rx	07/25/06
Duties under Duress	6 Months	Dr. Kelly G. Worth		10/11/06
Loss of Enjoyment	6 Months	Dr. Kelly G. Worth		10/11/06

IMPAIRMENT CONSIDERATIONS:

This patient qualifies for a DRE CATEGORY II **5%** Impairment of the WHOLE PERSON for the CERVICAL SPINE. Ms. Campos also qualifies for a CATEGORY II **8%** Impairment of the WHOLE PERSON for the LUMBAR SPINE. These figures were derived from the AMA Guides to the *Evaluation of Permanent Impairment, 5th Edition; (Page 384, Chapter 15, Section 15.4, Table 15-3 - Criteria for Rating Impairment Due to Lumbar Spine Injury)*. Also; (*page 392, Chapter 15, Section 15.6, Table 15-5 - Criteria for Rating Impairment Due to Cervical Disorders*). This patient also qualifies for a **3%** Impairment of the WHOLE PERSON for the RIGHT SHOULDER due to her lack of range of motion in flexion/ extension and external and internal rotation. External and Internal rotation at 50 degrees equates to 1% and 2%. Flexion and Extension equates to 1% and 1% as derived from the AMA Guides to the *Evaluation of Permanent Impairment, 5th Edition; (Page 475-479, Chapter 16, Section 16.4i, and Page 439, Table 16-3 - Conversion of Impairment of the Upper Extremity to Impairment of Whole Person.)*

Page 604 of the COMBINED VALUE CHART issues the tables that allow combination of two or more WHOLE PERSON VALUES as in this patient’s case. Patient’s combined values exhibit a total from the combined chart table of **16%** TOTAL IMPAIRMENT. Total values were considered by objective and subjective information that followed the protocols consistent with the AMA guidelines noted in the patient’s exam findings. The 16% Impairment is a combined value of all injuries ratable at the time of the patient’s release but mainly his cervical, lumbar spine and right shoulder. 3% additional % was placed on the Lumbar spine due to the increase in difficulties with ADL’s and the Lower lumbar spine as apposed to the Cervical spine. Patient’s impairment rating in our professional opinion will not change either way within 1% for the next year or more. This patient’s condition is stable and static.

CURRENT MEDICAL EXPENSES: (These are actual 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-Final Visit</u>
\$1,428.52	Chiropractic	Dr. Kelly G. Worth	10/11/06
\$3,153.07	Rehabilitation	Dr. Marcello Leao	10/11/06

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\$2,510.56	Physical Therapy	Dr. Marcello Leao	10/11/06
\$Unknown	ER	Victory Memorial Hosp.	07/25/06
\$748.16	X-Rays	Dr. Kelly G. Worth	10/11/06
\$350.00	Misc: (Travel Assist, Report, Record Retrieval, etc.)		10/11/06

TOTAL EXPENSES \$8,190.31

FUTURE MEDICAL EXPENSES:

<u>Future Treatment</u>	<u>Future Cost</u>	<u>Physician</u>	<u>Chart Date</u>
Chiropractic Manipulative Therapy	\$1,473.60	Dr. Kelly G. Worth	10/11/06
Physical Therapy	\$4,239.36	Dr. Kelly G. Worth	10/11/06
Rehabilitation	\$0	Dr. Kelly G. Worth	10/11/06

*(Rehab has changed to Home Exercise)

Future Medical Expenses Discussed:

Ms Consuelo Campos suffered injuries to her Cervical, Thoracic and Lumbar region with further injuries to her right shoulder and elbow/ collar bone as a result of the motor vehicle collision that occurred on or about 07/25/06. Currently, Consuelo's condition is stable and static.

As such, her current prognosis for future treatment is probable. Due to the probability of returning symptomatology from increased levels of structural and muscular stress at home and as a full time homemaker, she will fail to sustain maximum therapeutic benefits and her condition will progressively deteriorate due to the withdrawal of active and/or passive care.

Since Consuelo's pain was severe enough that she admitted himself to the Hospital the same day and reported pain immediately in multiple areas of her neck, head and back and right shoulder, etc... right after the accident, according to the scientific literature, patients that report immediate symptoms are at higher risk of long term pain from whiplash and motor vehicular spinal trauma, (Radonov, BP et al., Long Term Outcome after Whiplash Injury...Medicine 1995: 74(5): 281-476).

It is well understood in the medical literature that severe ligament sprains of the Spine and Cervical spine are the result of traumatic tears of the anatomical structures uniting the vertebrae; disruption allows the vertebrae to be displaced beyond the physiologically normal range. The whiplash and spinal trauma sustained by Ms Campos from the accident/ injury collision, caused a significant ligamentous injury and instability pattern as noted by our x-ray findings and objective exam specific for the anterior and posterior longitudinal ligament.

The cervical injury sustained by Ms Campos, our patient; from this motor vehicular collision caused a macroscopic rupture of stabilizing soft tissue resulting in a biomechanical instability which may lead to future neurological impairment.

The whiplash and spinal trauma, sustained by the patient from the accident injury collision, caused a significant ligamentous injury that continues to compromise function to a degree, of normal daily activities as duly noted in final patient record dated 10/11/06. In regards to permanent impairment assessment, it was performed in accordance with the AMA Guides to the *Evaluation of Permanent Impairment, Fifth Edition*. Impairment is considered permanent when it has reached maximum medical improvement, meaning it is

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well stabilized and unlikely to change substantially in the next year with or without medical treatment. As such, for this patient, final exam findings exhibit loss of range of motion in both the cervical and lumbar regions as well as the right shoulder to a degree with residual myofascitis or chronic muscle spasm that continues to give pain to the patient.

I believe that she will need additional follow-up care up to 2 years (24 visits over the next 24 months) at \$238.04 per visit which includes Physical Therapy Modalities and CMT procedure to the entire spine. Consuelo will continue to perform duties under duress and loss of enjoyment will be ongoing at home. This will affect her mental and physical health. She will attempt to treat herself at home with self-exercise, improved nutrition and light stretching to diminish anxiety and again, mitigate cost of recovery. We have counseled Ms Campos that she becomes more physically active with regard to exercising the upper and lower body in general. Excellent exercises include swimming and walking. We also counseled her to follow-up with the Ortho MD for further evaluation with her shoulder and low back if indeed it gets worse.

Medical Expense Summary:

Physician Expenses (Chiro., P/T, Rehab, Exams, X-rays, Records, Reports, etc..)	\$8,190.31
Future Medical (As it relates to Chiropractic/ P/T / Rehab.)	\$5,712.96
Future Income Loss	Unknown
Other Medical, Ortho MD Consult, Cortisone Injections, Surgery, etc...	Unknown
<hr/>	
TOTAL MEDICAL EXPENSES	\$13,903.27

*(Future Medical is only an estimate and only relates to our Specialty)

VALIDATION of IMPAIRMENT RATING:

Impairment ratings were reviewed and final findings noted as being true Impairment rating scores directly from the *AMA GUIDES to Impairment rating, 5th Edition*. Dr. Kelly G. Worth is a **“Certified Disability Analyst”** with Diplomate status and qualifies for rating persons for Impairment residuals.

Thank you for you cooperation and appreciate final processing of this patient’s chart.

Respectfully,

Dr. Kelly G. Worth, DC, CTN, CMUA, FAFICC, FIACN, DACAN, DABCI
Fellow of the American Forensic Industrial Chiropractic Consultants
Fellow of the International Academy of Clinical Neurology
Diplomate American Chiropractic Academy of Neurology
Board Certified Chiropractic Neurologist
Diplomate American Board of Chiropractic Internists
Board Certified Chiropractic Internists
Certified Manipulation under Anesthesia
Board Certified Naturopathic Physician
Diplomate American Board of Pain Management
Diplomate American Board of Disability Analysts
Qualified Medical Examiner, CA 1991-1994, 1998-2006
Clinic Director

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CA Lic#: 19653;
WI Lic#: 4264-012;
IL Lic#: 038-010349

BASIS of OPINION:

The basis of our opinion is duly noted from our objective findings from our examinations and the patient's symptomatology ongoing. The findings were consistent with the injury of question. The patient shows no history of injuries that are in need of apportionment. Further, the patient shows no past history of injuries or health conditions that would warrant suspicion of the current injuries also being apportioned. That these injuries were solely and 100% from the auto accident of issue. Residual findings of the examination were noted and all examination and diagnostic findings were utilized for final impairment rating purposes.