



State of Illinois  
 Department of Professional Regulations  
 ACCIDENT and INJURY form FR3  
**PRIMARY TREATING PHYSICIAN'S FINAL REPORT (FR3)**  
**FINAL UPDATED 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:			

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

As you will remember, this patient was involved in a motor vehicular accident on or around 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. He presented to our facility for further evaluation and treatment on 09/25/06 when he was thoroughly evaluated and then placed on a treatment regimen for 6-8 weeks ending on 11/16/06.

**SUMMARY OF CARE:** (\*Give a summary of all treatment administered and type, MD referrals, MRI/ NCV referrals, etc...)**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.

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.

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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 was utilized to assist in facilitating correct skeletal biomechanical movement and translation of joints one among another, 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.

Manual Therapy was also provided where the patient received deep Neuromuscular Massage work to different areas of the spinal paravertebral musculature to assist in increasing the overall range of motion of the spine 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 was promoted to further diminish anxiety and to mitigate the cost of recovery.

Patient was placed on a 4-5 times per week Physical Therapy program that initially consisted of the CMT procedures along with the passive modalities. On October 05, 2006, the patient slowly began the rehabilitation and further extensive Physical Therapy. The active role the patient played in his treatment and overall care assisted in his recovery. On the third week of care, the patient was dropped to 3-4x's per week until his first re-examination of 10/25/06 where the patient was evaluated and was recommended to stop using the neck brace and to continue with treatment 2-3 times per week until next re-exam.

Long Term Goals: These were to return Jose L. Ontiveros-Chavez to as close to pre-injury status and diminish potential deconditioning of injured tissue to prevent chronic pain syndrome(s). Treatment type, duration of treatment and frequency of care was within normal limits due to the severity of his injuries. Range of deficits and ligament instability were stabilized through a controlled functional recovery program.

### **Diagnostic Testing:**

During the course of this patient's treatment, it was necessary to refer the patient out for further testing of his lower extremity paresthesia and numbness with pain. The patient had been experiencing this for some time prior to ever seeing us. The patient qualified for this procedure since it was beyond a reasonable time period having the symptoms and the initial accident being several months prior. He was referred and received a lower extremity NCV/SSEP which showed bilateral Tibial and left Peroneal SSEP delays consistent with Spinal Stenosis, etiology unknown. There were also several sensory peripheral neuropathies noted. He also received numerous CT scans of his body namely, Chest, Head and Neck from the Hospital which showed degenerative changes in the spine but nothing fractured or dislocated. Finally, x-rays were performed at our facility and referred out with radiologist read.

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Findings were a dextrorotary scoliosis in the mid to upper thoracic region, cervical spine exhibited mild Discogenic Spondylosis at the mid to lower regions with 20% loss of disc height. There was shoulder views noted bilaterally that would also exhibit probable rotator cuff injury/ tear.

Medical Specials: \$8,595.30  
Property Damage: Unknown  
Income Loss: Unknown

### Injuries:

Neck and Back Injuries, Anxiety, Difficulty Sleeping

**ICD9 Injury Codes:** E813.0, 784.0, 386.00, 524.60, 368.8, 368.13, 739.1, 723.4, 847.0, 721.1, 782.0, 905.7, 847.1, 739.2, 729.1, 728.85, 737.8, 847.2, 724.4, 787.91, 789.07, 569.9, 739.3, 737.8, 564.0, 716.95, 726.1, 840.9, 308.0, 307.43, 844.8 - **COMPLICATING FACTORS:** \*( 737.39, 721.1, 721.2, 721.3)

**CPT Treatment Codes:** 97140, 97014, 97010, 97035, 98942, 72052, 73030, 72070, 99204, L0120, 99212, 98941, 97110, 97032, 97039, 99082, 99199, 99214, 95900, 95903, 95904, 95926, 95934, 95999, 93760

### 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	26 (scheduled)	11/16/06	Complaints/Treatment

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

### History of Complaints:

<u>Symptom</u>	<u>Physician</u>	<u>Date Noted</u>	<u>Duration</u>
Range of Motion	Kelly G. Worth, DC, DACAN	09/25/06	11/16/06
Spasm	Kelly G. Worth, DC, DACAN	09/25/06	11/16/06
Anxiety	Kelly G. Worth, DC, DACAN	09/25/06	11/16/06
Difficulty Sleeping	Kelly G. Worth, DC, DACAN	09/25/06	11/16/06
Radiating Pain	Kelly G. Worth, DC, DACAN	09/25/06	11/16/06
Headaches	Kelly G. Worth, DC, DACAN	09/25/06	11/16/06

### History Treatments:

<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	07/06/06
Physical Therapy	Prolonged Regular	Dr. Marcello Leao	3-4	11/16/06
Rehabilitation	Prolonged Regular	Dr. Marcello Leao	3-4	11/16/06
Self Exercise	Short Regular	Kelly G. Worth, DC, DACAN	Daily	11/16/06
Chiropractic	Prolonged Regular	Kelly G. Worth, DC, DACAN	5	11/16/06
Medication	Prolonged Regular	Chip Halpern, MD	As Prescribed	06/02/06
Duties under Duress	6 Months	Kelly G. Worth, DC, DACAN		11/16/06
Loss of Enjoyment	6 Months	Kelly G. Worth, DC, DACAN		11/16/06

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**IMPAIRMENT CONSIDERATIONS:**

This patient qualifies for a DRE CATEGORY II **5%** Impairment of the WHOLE PERSON for the Cervical Spine. Jose 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, 5<sup>th</sup> 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).

Page 604 of the COMBINED VALUE CHART issues the tables that allow combination of two or more WHOLE PERSON VALUES as in Jose’s case. Patient’s combined values exhibit a total from the combined chart table of **13%** 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 13% Impairment is a combined value of all injuries ratable at the time of the patient’s release but mainly his cervical and lumbar spine. 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-Initial Visit</u>
\$2,530.63	Chiropractic	Kelly G. Worth, DC	11/16/06
\$1,643.72	Rehabilitation	Dr. Marcello Leao	11/16/06
\$4,400.56	Physical Therapy	Dr. Marcello Leao	11/16/06
\$2,848.09	Lab	Shaku Chhabria, MD	09/27/06
\$776.84	Misc: (Travel Assist, Report, Record Retrieval, etc.)		11/16/06

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TOTAL EXPENSES \$12,199.84

**FUTURE MEDICAL EXPENSES:**

<u>Future Treatment</u>	<u>Future Cost</u>	<u>Physician</u>	<u>Chart Date</u>
Chiropractic Manipulative Therapy	\$1,473.60	Kelly G. Worth, DC	11/16/06
Physical Therapy	\$4,239.36	Kelly G. Worth, DC	11/16/06
Rehabilitation	\$0	Kelly G. Worth, DC	11/16/06

\*(Rehab has changed to Home Exercise)

**Future Medical Expenses Discussed:**

Mr. Jose L. Ontivero-Chavez suffered injuries to his Cervical, Thoracic and Lumbar region with further injuries to his shoulders and knees as a result of the motor vehicle collision that occurred on or about 06/02/06. Currently, Jose’s condition is stable and static. As such, his 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 part time worker, he will fail to sustain maximum therapeutic benefits and his condition will progressively deteriorate due to the withdrawal of active and/or passive care.

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Since Jose was sent to the Hospital the same day and reported pain immediately in multiple areas of his neck, head and back and chest, 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). In addition, Jose did not receive care from our facility until his condition was already chronic. It was much more difficult in getting his condition reversed and then back to a level of health that we could work with to bring him to a permanent and stationery status. Historically speaking, chronic conditions are always more difficult to treat and take longer.

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 Jose Chavez 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 Jose Chavez, our patient; from this motor vehicular collision caused a 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 of normal daily activities as duly noted in final patient record dated 11/16/06. 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 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 region with residual myofascitis or chronic muscle spasm that continues to give pain to the patient.

I believe that he 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. Jose will continue to perform duties under duress and loss of enjoyment will be ongoing at home. This will affect his mental and physical health. He will attempt to treat himself at home with self-exercise, improved nutrition and light stretching to diminish anxiety and again, mitigate cost of recovery. We have counseled Jose that he becomes more physically active with regard to exercising the upper and lower body in general. Excellent exercises include swimming and walking.

### Medical Expense Summary:

Physician Expenses (Chiro., P/T, Rehab, Exams, X-rays, Records, Reports, etc..)	\$9,351.75
Future Medical ( As it relates to Chiropractic/ P/T / Rehab. )	\$5,712.96
Future Income Loss	Unknown

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<b>TOTAL MEDICAL EXPENSES</b>	<b>\$15,064.71</b>
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\*(Future Medical is only an estimate and only relates to our Specialty)

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### **BASIS of OPINION:**

The basis of our opinion is duly noted from our objective findings from our examinations and the patients 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.

### **VALIDATION of IMPAIRMENT RATING:**

Impairment ratings were reviewed with Physician's below with final findings and noted as being true Impairment rating scores directly from the *AMA GUIDES to Impairment rating, 5<sup>th</sup> Edition*. Dr. Kelly G. Worth is a "*Certified Disability Analyst*" with Diplomate status and qualifies for rating persons for Impairment residuals.

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

Respectfully,

Dr. Marcello Leao  
Assisting Treating CMT Physician  
Rehabilitation and Physical Therapy Coordinator

Respectfully,

Dr. Kelly G. Worth, DC, ND, 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

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