



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:		

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

Patient states that on 12/11/05 at 7:15 pm, he was traveling in his vehicle as a driver going southbound on Greenbay Rd, in the city of Waukegan. He indicates that he was driving his 95' Chevy Blazer and states that while he was driving, a 99' Mazda 626 pulled out of Jewel Osco going left and hit the left side of his vehicle very hard, causing his vehicle to spin counter clockwise five to six times into the oncoming traffic. Fortunately no other cars were involved.

The driver of the Mazda attempted to take off but was not successful as the car was not running right, it was not drivable. The police came and filed an accident report. A tow truck was then called to take the Mazda away. The estimate for the damages to the patient's car caused on behalf of the 99' Mazda was \$5,300(+), and the car was not drivable. Both of the tires in the left side went flat and the entire left side was demolished. Mr. Melendez then parked the car, nearby, at the Jewel Osco parking lot for a few days.

During the accident Mr. Melendez felt his right shoulder hit something in the car causing him immediate pain. Regardless, the patient was taken home that night. That night the patient felt very sore and took over the counter Tylenol to relieve the pain. The next day the pain was worse so he decided to take more Tylenol, yet it was not enough to alleviate the pain. So the following day he went to Victory Memorial Hospital, this is in the corner of West Glen Flora Ave and Sheridan Rd., where the doctor examined him. No x-rays or medications were given making the patient very unhappy. Therefore the patient started searching for a physician but was having problems finding one because due to the Christmas and New Year season, all the doctors were gone on vacation. Patient then presented to our facility for further evaluation and treatment.

Mr. Melendez was off of work for fourteen full weeks and one day, from 12/11/06 until 03/20/06. He is described by his employer as a very hard worker with a great conduct.

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

Patient works full time, seasonal for Continental Landscaping and has done so for 8 years, as a professional landscape/hardscape and a construction foreman. He works 55(+) hours a week, on and off during the winter. He is a plant foreman and does not do heavy lifting. His salary is \$22.80 per hour, and gets time in a half, \$32.40, for overtime.

Disability Status:

Patient was off work for fourteen full weeks and one day, from 12/11/06 until 03/20/06.

(continued)

Social and Past History:

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Patient denies any other car accidents, work injuries, surgeries, etc.. He has a fiancé and two children, a son of 12 and a daughter of 7. He smokes and drinks occasionally.

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

- 1) Patient is experiencing a sharp pain in his right shoulder, right on the bony segment, posterolateral. Pain will refer into his arm and back. His first and second digits get numb on and off.
- 2) Neck pain throughout the neck but mainly on the right side.
- 3) Constant, sharp pain throughout middle to upper back.
- 4) Low back pain is non-radiating but it is strong and localized throughout and also sharp.
- 5) Insomnia due to the pain throughout.

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

PHYSICAL EXAM: Height 5lbs 4in., Weight 168lbs, Temperature 98.6, Pulse 60 and regular, Respirations 16. Alert, awake, and oriented x 3. Heart, Lungs and Abdomen normal. Patient is right handed.

CERVICAL SPINE: Range of motion in flexion 50° with pain, extension 35° with pain, R. Lateral flexion 25° with pain, L. Lateral flexion 25° with pain, R. Rotation 65° with pain, and L. Rotation 60° with pain. **INSPECTION:** Normal skin appearance. No deformity noted. There is no swelling. There is no discoloration. Mild kyphosis present. **PALPATION:** No crepitation present. Trigger points noted throughout paraspinal muscles bilaterally. Tenderness and spasms throughout paraspinal muscles bilaterally. Tender cervical spinous process at C4-C7. Flattening of the Cervical Spinal curve to a hypolordotic position. No effusion. No mass noted. **SPECIAL TESTS:** Cervical compression (+), Shoulder depression (+) bilaterally. Grip strength 82, 86, and 84 for Left and 26, 25, and 22 for right.

THORACOLUMBAR: Range of motion in flexion 20° with pain, extension 10° with pain, R. Lateral flexion 20° with pain, L. Lateral flexion 15° with pain, R. Rotation 15° with pain, and L. Rotation 15° with pain. **INSPECTION:** No ecchymosis. No erythema. No deformity or swelling noted. **PALPATION:** Trigger points with mild spasm noted throughout right paraspinal, and bilateral paraspinal muscles in the lower back. Moderate tenderness in sacroiliac joints. Vertebrae compression moderately tender at L4-S1. **SPECIAL TESTS:** (+) SLR bilaterally, (+) Braggard's bilaterally, (+) Kemps left, (+) Nachlas bilaterally, (+) Ely's bilaterally.

SHOULDER: All Left shoulder ranges of motion are within normal limits; right shoulder ranges of motion are limited as follows; R shoulder flexion is 160 degrees, R shoulder extension shows 50 degrees, R shoulder interior rotation is 80 degrees, R shoulder exterior rotation is 50 degrees with pain, R shoulder adduction is 60 degrees with pain, R shoulder abduction is 110 degrees. Bilateral elbows are all within normal limits. Bilateral wrists are all within normal limits.

NEURO: Reflexes for upper and lower extremities 2+ bilaterally and symmetrical. Pathological reflexes negative. Cranial nerves 1 through 12 all within normal limits.

Past Medical History: None

Past Surgical History: None

Allergies: None

Medications: None

Social History: Occasionally smokes and drinks. Denies IV drug abuse.

Family History: Negative

Review of Systems: Unremarkable. Patient denies bowel or bladder changes.

Dx-DIAGNOSIS and ICD-9 Injury Codes:

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1. CERVICAL INTERVERT DISC INJURY/ SYNDROME	ICD-9 722.0
2. UNS THORACIC/CERV NEURITIS/RADICUL	ICD-9 723.4
3. CERVICAL SPRAIN/ STRAIN	ICD-9 847.0
4. THORACIC SPRAIN and STRAIN-Upper	ICD-9 847.1
5. LUMBAR SPRAIN/ STRAIN	ICD-9 847.2
6. MUSCLE WEAKNESS	ICD-9 728.87
7. SPASM OF MUSCLE	ICD-9 728.85
8. *ROTATOR CUFF TEAR/ INJURY, Right*****	ICD-9 726.0***
9. SHOULDER SP/ST-Bilaterally	ICD-9 840
11. INSOMNIA / SLEEPLESSNESS	ICD-9 780.50
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
16. INFLAMMATION and SWELLING	ICD-9 716.95
17. ABDOMINAL/ TORSO CONTUSION/ TRAUMA	ICD-9 922.2
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
22. POST-TRAUMATIC HEADACHE	ICD-9 784.0
22. MOTOR VEHICLE COLLISON w/ ANOTHER VEHICLE	ICD-9 E815.0

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

Cervical, Thoracic, Lumbar Spine and Pelvis and Right Shoulder: There is an increase in the lumbar lordosis as well as other findings. Thoracic Spine: There is flattening of the thoracic kyphosis. Cervical Spine: There is flattening of the cervical lordosis or loss of the Cervical curve as well as other skeletal biomechanical alterations.

*(Please see enclosed report)

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

Thermoscan reading exhibits positive autonomic neurophysiology in the Cervical, Thoracic and Lumbar areas consistent with the patient's objective exam findings and further, the patient's symptomatology. Findings are positive for boney misalignments that are or could be causing disruption in the normal patterns of the physiology in those areas, hence, swelling and/or inflammation secondary to injury. These findings would qualify the patient for CMT procedures to the spine.

Surface EMG study was performed and exhibits positive neuromuscular activity readings that are consistent with acute muscle spasm in the areas surrounding the Cervical, Thoracic and Lumbar spine. This also is consistent with the patients injuries and is consistent with the symptomatology and support rehabilitation/ strengthening program with further physical therapy and passive modalities to reduce swelling and inflammation.

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:

Patient TTD until 03/28/06

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Work Status: this patient has been instructed to:

- Remain off work until:
 Return to modified work on: _____ **WITH THE FOLLOWING RESTRICTIONS:** (List all specific restrictions re: standing, sitting, bending, use of hands, etc.):
 Return to full duty on: 03/28/06 with no limitations or restrictions;

CPT TREATMENT CODES:

99204, 99212, 99213, 99214, 93760, 96002, 95999, 98940, 98941, 98942, 97110, 97530, 97140, 97014, 97010, 97035, 97039, 72050, 73030, 72100, 72070, 73050, 97799, 76496, 95900, 95903, 95904, 95925, 95926, 95934, RE0730, A4630, A4557, A4556

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 III and would follow the Grade III Category 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, he then engaged in the Rehabilitation and Conditioning or Therapeutic Exercise portion of our treatment 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 Mr. Melendez performed these exercises in conjunction with his care bringing him to a maximal medical improvement or static state with his condition on or around 03/16/06. Unfortunately he still had residual problems with his lower back and right shoulder. Upon examination, he still exhibited range of motion loss in both the lower and mid spinal regions as well as his right shoulder he could move close to normal range but found it very painful. The patient was referred to the MD for further evaluation, but was very expensive for the patient and do not know whether or not the patient will be able to follow through with this since there are positive findings on the MRI. He was given instructions on what to do at home with stretching and other simple exercises and to follow-up with the Orthopedist.

Diagnostic Testing:

X-rays were performed in our office on January 03, 2006 of the cervical, thoracic and lumbar spine along with the right shoulder. The findings noted with the spine do indicate abnormal biomechanical shift with the spine with secondary discal wedging in the lumbar spine and alterations of the normal lordosis of the cervical spine. More details can be noted with the reports. There was also an MRI performed on January 24, 2006 whereby there was noted a rotator cuff tendonopathy and other related changes in the near by acromio-clavicular joint where the patient was experiencing pain and symptomatology. Findings appear to be consistent with the patient's symptomatology. *(Please see enclosed report.)

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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.

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, 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.

Re-Examinations: The patient was re-examined on three different occasions for progress of his condition; 01/23/06, 02/21/06 and finally release of 03/16/06. Patient was released with a TEN's unit for control of his ongoing pain. Rental of the unit was first distributed on 01/20/06 and seemed to help the patient with his pain outside of the office while treating. He will continue to utilize this on his own now released.

Long Term Goals: These were to return Mr. Melendez 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 his injuries. Range of deficits and ligament instability were stabilized through a controlled functional recovery program.

Medical Specials: \$9,316.41
Property Damage: \$5,300(+)
Income Loss: Unknown

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, **726.0, 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, **COMPLICATING FACTORS:** *(N/A)

CPT Treatment Codes: 97140, 97014, 97010, 97035, 98942, 72050, 73030, 72070, 73050, 72100, 99205, 99212, 99211, 98941, 98940, 97110, 97032, 97039, 99082, 99199, 99214, 95999, 93760, A4630, A4557, A4556, RE0730, E0730

Neck, Back and Extremity Injuries

<u>Provider Name</u>	<u># of Treatments</u>	<u>Last Treatment Date</u>	<u>Prognosis</u>
ER Physician	1	12/14/05	Complaints/Treatment
Kelly G. Worth, DC	27 (scheduled)	03/16/06	Complaints/Treatment

<u>Hospitalization; # of times:</u>	<u>Dates:</u>	<u>Days:</u>	<u>ICU:</u>
1	12/14/05	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	01/03/06	03/16/06
Spasm	Kelly G. Worth, DC, DACAN	01/03/06	03/16/06
Anxiety	Kelly G. Worth, DC, DACAN	01/03/06	03/16/06
Difficulty Sleeping	Kelly G. Worth, DC, DACAN	01/03/06	03/16/06
Radiating Pain	Kelly G. Worth, DC, DACAN	01/03/06	03/16/06
Headaches	Kelly G. Worth, DC, DACAN	01/03/06	03/16/06

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. Kelly G. Worth	3-4	03/16/06
Rehabilitation	Prolonged Regular	Dr. Kelly G. Worth	3-4	03/16/06
Self Exercise	Short Regular	Kelly G. Worth, DC, DACAN	Daily	03/16/06
Chiropractic	Prolonged Regular	Kelly G. Worth, DC, DACAN	3	03/16/06
ER	Short Regular	Michael Heinrich PA-C	1	12/14/05
Medication	Short Regular	Michael Heinrich PA-C	As Rx	12/14/05
Duties under Duress	6 Months	Kelly G. Worth, DC, DACAN		03/16/06
Loss of Enjoyment	6 Months	Kelly G. Worth, DC, DACAN		03/16/06

IMPAIRMENT CONSIDERATIONS:

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This patient qualifies for a DRE CATEGORY II **5%** Impairment of the WHOLE PERSON for the CERVICAL SPINE. Mr. Melendez 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 his 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>
\$3,126.85	Chiropractic	Dr. Kelly G. Worth	03/16/06
\$1,574.00	Rehabilitation	Dr. Kelly G. Worth	03/16/06
\$3,580.00	Physical Therapy	Dr. Kelly G. Worth	03/16/06
\$324.60	ER	Vista Health/ VM Hospital	12/14/05
\$1,298.56	Misc: (Travel Assist, Report, Record Retrieval, etc.)		03/16/06
TOTAL EXPENSES			\$9,904.01

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	03/16/06
Physical Therapy	\$4,239.36	Kelly G. Worth, DC	03/16/06
Rehabilitation	\$0	Kelly G. Worth, DC	03/16/06

*(Rehab has changed to Home Exercise)

Future Medical Expenses Discussed:

Mr. Juan Melendez suffered injuries to his Cervical, Thoracic and Lumbar region with further injuries to his right shoulder as a result of the motor vehicle collision that occurred on or about 12/11/05. Currently, Juan's condition is stable and static.

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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 full time landscaper 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.

Since Juan's pain was severe enough that he admitted himself to the Hospital two days later and reported pain immediately in multiple areas of his 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). In addition, Juan did not receive care from our facility until his condition was already subacute and going into a chronic state. 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 Mr. Melendez 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 Mr. Melendez, 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 03/16/06. 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 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 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. Juan 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. He will also utilize the TEN's unit that was medically necessary for his residual impairment pain. We have counseled Juan that he becomes more physically active with regard to exercising the upper and lower body in general. Excellent exercises include swimming and walking. We also counseled him to follow-up with the Orthopedic for further evaluation with his right shoulder and lower back.

Medical Expense Summary:

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Physician Expenses (Chiro., P/T, Rehab, Exams, X-rays, Records, Reports, etc..)	\$9,904.01
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

TOTAL MEDICAL EXPENSES \$15,616.97

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

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, 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. 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

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.