



Spine Institute of Waukegan
PERSONAL INJURY and WORKERS COMPENSATION SPECIALISTS
ACCIDENT and INJURY form PIFR-3
PRIMARY TREATING PHYSICIAN'S FINAL REPORT (PIFR-3)
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:**

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

Attorney Information: (If applicable)

Name: N/A	Claim Number:			
Address:	City:	State:	Zip:	
Phone:	Fax:			

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

As you will remember, this patient was involved in an auto accident on or around 10/04/06 where she was traveling in her vehicle, a 2001 Dodge Intrepid, and while waiting at a traffic light, was struck from behind by another vehicle causing her to slam into the car in front of her. She states that there were two cars behind her and the last vehicle hit the car behind her causing the chain reaction eventually striking her vehicle with much force.

She states that immediately after the accident she got out and was seeing that everyone was okay, not aware of her own injuries because of her concern for the others. Police and ambulance eventually came and she opted not to go to the Hospital because she felt she was okay. That evening she was a little sore and went to bed. The next morning, she could not get up out of bed because she had so much pain. The patient called in sick and rested taking OTC medication. This wasn't helping her as she had hoped and sought further treatment. She presented to our facility for further treatment and care on 10/06/06 when she was fully evaluated and treated several times per week for 9 visits in October, 4 visits in November and 3 visits in December getting released on January 04, 2007 as stable and static. She was instructed to return if she was in need of further care due to re-exacerbations or flare-ups.

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

Patient states that she had worked for Cardinal Health for over 4 years as an assembler. She states that she works 8-10 hour days and enjoys her work. She states that she also will do packing when needed packing mainly Hospital supplies. She states she had missed 2 full days from work due to her injury.

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. This being a precursor to the adjustment of her spine to warm the area.

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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/ 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.

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 neck and spine and to break up deeper tissue adhesions causing limitations thereof and producing chronic myofascial pain syndromes. *(This therapy is hand performed and done between 5-15 minutes and is usually done to areas of the spine and paravertebral musculature as well as involved extremities, that have been injured.)

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. This was only for the first and second week. However, due to her job and transportation difficulties, she was not able to make it in as recommended. She was then reduced to three times per week thereafter gradually reducing her weekly visits until she was released on or around January 04, 2007.

On October 23, 2006, the patient slowly began the rehabilitation and further extensive Physical Therapy. The active role the patient played in her treatment and overall care assisted in her recovery. On the third week of care, the patient was dropped to 2-3x's per week and closely monitored during this course of treatment with mini re-exams that allowed us to chart her progress. She performed well with the exercises and treatment. Re-exam was done on November 30, 2006 where it showed she was making improvement.

Long Term Goals: These were to return Ms Camarena 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:

This patient received X-rays the day of her exam which were sent out and read by the Radiologist. A 5v Lumbar series was performed along with a 2v T-sp, 7v Cervical spine.

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The Lumbar read showed multiple biomechanical changes along with the Thoracic spine. The most severe read was the Cervical spine which indicates translation of vertebrae and probable ligamentous disruption secondary to the whiplash injury.

Lastly, there was a static EMG and Thermographic Temperature Study performed on the patient’s Cervical, Thoracic and Lumbar spine which further ads to the instability of her spine overall. Findings with the Thermograph were mainly autonomic abnormal neurophysiology in the upper region of the Thoracic and Cervical spine indicating thermal asymmetries consistent with vertebral misalignment and/or subluxation. The sEMG readings showed further abnormal muscle activity throughout consistent with acute trauma.

Both these findings exhibit medical necessity of further treatment in the form of Physical Therapy and CMT procedures with additional limited rehabilitation.

Medical Specials: \$5,769.72
Property Damage: Unknown
Income Loss: Unknown

Injuries:

Neck, Back Injuries, Anxiety, Difficulty Sleeping

ICD9 Injury Codes: E813.0, 847.2, 847.1, 847.0, 728.87, 728.85, 784.0, 716.95, 780.50, 308.0, 723.1, 724.2, 729.1, 840, 739.1, 739.2, 739.3, 739.4, 739.5

CPT Treatment Codes: 97140, 97014, 97010, 97035, 98942, 98940, 72052, 72070, 72110, 99204, L0515, 99212-25, 98941, 97110, 97032, 97039, 99082, 99199, 99214-25, 95999, 93760, 96004, 99090, 99213-25, 99080.

Neck, Back and Left Knee Injuries

<u>Provider Name</u>	<u># of Treatments</u>	<u>Last Treatment Date</u>	<u>Prognosis</u>
ER Physician	0		Complaints/Treatment
ER LAB	0		Complaints/Treatment
Dr. Kelly G. Worth	17 (scheduled)	01/04/07	Complaints/Treatment

Hospitalization; # of times: 0 Dates: Days: 0 ICU: No

History of Complaints:

<u>Symptom</u>	<u>Physician</u>	<u>Date Noted</u>	<u>Duration</u>
Range of Motion	Dr. Kelly G. Worth	10/06/06	01/04/07
Spasm	Dr. Kelly G. Worth	10/06/06	01/04/07
Anxiety	Dr. Kelly G. Worth	10/06/06	01/04/07
Difficulty Sleeping	Dr. Kelly G. Worth	10/06/06	01/04/07
Radiating Pain	Dr. Kelly G. Worth	10/06/06	01/04/07
Headaches	Dr. Kelly G. Worth	10/06/06	01/04/07

(continue)

History Treatments:

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<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	01/04/07
Rehabilitation	Prolonged Regular	Dr. Marcello Leao	3-4	01/04/07
Self Exercise	Short Regular	Dr. Kelly G. Worth	Daily	01/04/07
Chiropractic	Prolonged Regular	Dr. Kelly G. Worth	5	01/04/07
Medication	Prolonged Regular	OTC - self		10/04/07
Duties under Duress	10 weeks (+)	Dr. Kelly G. Worth		01/04/07
Loss of Enjoyment	10 weeks (+)	Dr. Kelly G. Worth		01/04/07

IMPAIRMENT CONSIDERATIONS:

This patient qualifies for a DRE CATEGORY II 5% Impairment of the WHOLE PERSON for the Lumbar Spine only. 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). 5% TOTAL IMPAIRMENT.*

The 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.

FUTURE MEDICAL EXPENSES:

<u>Future Treatment</u>	<u>Future Cost</u>	<u>Physician</u>	<u>Chart Date</u>
Chiropractic Manipulative Therapy and		Dr. Kelly G. Worth	01/04/07
Physical Therapy	\$2,856.48	Dr. Kelly G. Worth	01/04/07
Rehabilitation	\$0	Dr. Kelly G. Worth	01/04/07

*(Rehab has changed to Home Exercise)

Future Medical Expenses Discussed:

Ms Norma Camarena suffered injuries to her Cervical, Thoracic and Lumbar as a result of the motor vehicle collision that occurred on or about 10/04/06. Currently, the patient’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 worker, she will fail to sustain maximum therapeutic benefits and her condition may progressively deteriorate due to the withdrawal of active and/or passive care.

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 this patient 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 and lumbar injury sustained by Ms Camarena, our patient; from this motor vehicular collision caused a rupture of stabilizing soft tissue resulting in a biomechanical instability noted in x-ray and the exam, which may lead to future neurological impairment.

The whiplash and spinal trauma, sustained by the patient from the accident injury collision, caused a ligamentous injury that does not continue to compromise function of normal daily activities as duly noted in final patient record dated. In regards to permanent impairment assessment, it was performed in accordance

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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 she will need additional follow-up care up to 1 year (12 visits over the next 12 months) at \$238.04 per visit which includes Physical Therapy Modalities and CMT procedure to the entire spine. Ms Camarena should not continue to perform duties under duress and loss of enjoyment should not be ongoing at home. This will affect her mental and physical health in a positive matter. 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 this patient that she 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..)	\$5,769.72
Future Medical (As it relates to Chiropractic/ P/T / Rehab.)	\$2,856.48
Future Income Loss	Unknown
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TOTAL MEDICAL EXPENSES	\$8,626.20

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

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.

TREATMENT GUIDELINES USED:

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 thereafter 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 Cervical 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 and would follow the Grade II Category of Guideline Treatment of the Croft Guidelines for CAD Motor Vehicular Injuries. As you can see from our treatment given, we are largely under the standard acceptable range for treatment both in visits and time length. This is due to our sophisticated rehab center and maturity of the Physicians on staff with experience in injuries. Our goal is to

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also mitigate costs and expenses as quickly as possible by providing the patient with multiple exercises and other necessary home programs that essentially cut the treatment time down a third to one half. The patient does not have serious ligamentous instabilities in her cervical spine, and it is not operable and does not require surgery since there is no neurological component involved. Hence, her injuries were mainly soft tissue with some ligamentous disruption that will give her challenges at a later time with both her neck and lower back.

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

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