



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: I	Zip:
Occupation:	SS#: N/A	Phone:		

Claims Administrator:**DOI:**

Name:	Claim			
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.)

On or around September 3, 2006, the patient was on her way to work on foot. She was walking to the agency on Grand Ave. and was stopped at the corner ready to cross. She saw a vehicle stop at the stop sign on the corner and so she proceeded to cross. Patient states that the person in the vehicle was only looking towards the left side to see if any oncoming traffic was coming and did not realize the patient was crossing the street. The vehicle accelerated and hit the patient before her head. The vehicle had big bars on the front bumper and that is what ultimately hit the patient. At first the patient held on to the bars and then the vehicle hit her stomach. The driver realized he had hit the patient and stepped on the brakes causing the patient to lose her grip and fall to the ground. She hit her back on the ground and started to feel pain on her back, stomach, and legs. She doesn't remember if she hit her head but thinks so and states that it happened so fast. She couldn't feel her legs for about 3 minutes due to numbness and was not able to get up. The driver of the car helped the patient up from the street and told her to get into his vehicle that he would personally take her to the hospital. When they arrived at the hospital x-rays were taken and the patient was evaluated. X-rays were negative for fractures or dislocations. She was given pain and anti-inflammatory medications, and was told to follow up with a doctor they referred her to. Patient doesn't understand why they didn't find anything wrong when she continues to have severe pain. Patient presented to our office for further evaluation and treatment where she was examined and placed on Physical Therapy and eventually rehabilitation with CMT procedures. During the course of the patient's care she was given re-examinations to chart her progress. Below is a list of the therapies given and why.

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.

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.

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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 September 15, 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 3-4x's per week until her first re-examination of 10/05/06 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 which was performed on 11/01/06 where she was further evaluated and treatment was again cut back. Her last re-exam was performed on 12/11/06 where she was re-evaluated and seen only one time after that on the 20th of the same month where she was released for 1-2 months to see how she was to do back at work with no restrictions and further, with her job responsibilities and home life. She returned on March 01, 2006 and received her last interview/ evaluation with recommendations as dictated in future medical section of this report.

Long Term Goals: These were to return Laura Quiroga 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 her lower extremity paresthesia and numbness with pain. The patient's lower extremities went numb at the accident and did not allow her to stand or walk for at least three minutes according to the patient. The patient qualified for this procedure medically speaking due to her injury, onset and objective findings noted in her exam. On or around 09/26/06, this patient was referred out and received a lower extremity NCV/SSEP which showed predominant findings on the right side with the Peroneal and Tibial SSEP's, both F-Waves and the Tibial H-Reflex which was markedly delayed as well on the right consistent with an S1 Radiculopathy.

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<u>Treatment:</u>	<u>Duration</u>	<u>Provider</u>	<u>Times per week</u>	<u>Last Date Noted</u>
Chiropractic	Prolonged Regular	K. G. Worth, DC, DACAN	5	03/01/07
Medication	Prolonged Regular	Chip Halpern, MD	As Prescribed	09/04/06
Duties under Duress	6 Months	K. G. Worth, DC, DACAN		03/01/07
Loss of Enjoyment	6 Months	K. G. Worth, DC, DACAN		03/01/07

IMPAIRMENT CONSIDERATIONS:

This patient qualifies for a DRE CATEGORY II **5%** Impairment of the WHOLE PERSON for the Cervical Spine. Laura Quiroga 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).

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 **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 her 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	03/01/07
\$2,380.56	Rehabilitation	Dr. Marcello Leao	03/01/07
\$4,552.68	Physical Therapy	Dr. Marcello Leao	03/01/07
\$3,192.88	Lab	Shaku Chhabria, MD	09/26/06
\$350.00	Misc: (Travel Assist, Report, Record Retrieval, etc.)		03/01/07

TOTAL EXPENSES \$13,006.75

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	03/01/07
Physical Therapy	\$4,239.36	Kelly G. Worth, DC	03/01/07
Rehabilitation	\$0	Kelly G. Worth, DC	03/01/07

*(Rehab has changed to Home Exercise)

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Future Medical Expenses Discussed:

Mrs. Laura Quiroga suffered injuries to her Cervical, Thoracic and Lumbar region with further injuries to her shoulders, hips and knees as a result of an auto vs pedestrian injury that occurred on or about 09/03/06. 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 will progressively deteriorate due to the withdrawal of active and/or passive care.

Since the patient was sent to the Hospital the same day and reported pain immediately in multiple areas of her 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). 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 the 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 and extremity injuries sustained by Laura Quiroga, our patient; from this motor vehicular injury/ pedestrian involvement 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 03/01/07. 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 she will need additional follow-up care up to 2 years (24 visits over the next 24 months) at \$275.84 per visit which includes Physical Therapy Modalities and CMT procedure to the entire spine. The patient 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 the 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..)	\$9,813.87
Future Medical (As it relates to Chiropractic/ P/T / Rehab.)	\$6,620.16
Future Income Loss	Unknown

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TOTAL MEDICAL EXPENSES \$16,434.03

*(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 automobile hitting her that is 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, 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, 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