



State of Illinois
Workers' Compensation Commission
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
PROGRESS REPORT UPDATE

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e. has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3 or IMC Form 81556.

<input checked="" type="checkbox"/> Periodic report (required 30-45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Discharged
<input type="checkbox"/> Change in Work Status	<input checked="" type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Info. Requested by: _____
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input checked="" type="checkbox"/> Other: <u>NEED FOR CONTINUED CARE</u>

Patient: *(see below) **Treatment Facility:** **SPINE INSTITUTE of WAUKEGAN, LLC**

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:		

Employer Name: _____ **Employer Phone:** _____

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective complaints:

Patient presents today for his second review of his condition. The patient has been doing the best that he can at work and states that he has done well trying not to hit it on anything while working, but finds that he will always strike his injured hand on something in the kitchen at least 7-10 times a shift and works approximately 9-10 hours a shift. He states that since he is back at work and is trying to keep the injury from getting hurt worse or rather trying to compensate his grip strength, he has been utilizing the first three finger instead of the last two and is finding now that his first three fingers are getting weaker. He has tingling, needles or numbness in the little pinky on the lateral surface. When he touches the scars, he will feel the pain increase and tingling at the end of the little finger. When he hits it on a metal spoon, bowl or the counter, etc... he will have increased pain for >5-10 minutes. Patient is able to sleep at night with no problems. He states that it is also bothersome when he is in the shower, the water will exacerbate his hand condition and he will feel the pain increase. Patient radial deviates the hand towards his body, he will feel increase in pain and numbness. He states that overall, he is feeling much better and feels that his strength has improved. Patient has no other complaints at this time.

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Patient recently was seen by the IME and was found to have problems as we noted, with his left hand. Dr. Stated that he may need surgery due to possible Neuroma that was secondary to the patients injury in the hand and scar tissue formed around the damaged nerves. This may also be contributing to the patient's abnormal nerve findings. NCV findings show positive findings for the motor and sensory ulnar nerve as being delayed and exhibiting abnormal findings. There are mainly decreased amplitudes exhibiting possible myelin sheath damage or injury however, the axon would appear intact meaning the patient did not sever the ulnar nerve completely. The patient's grip strength shows 82, 78 and 74 for the left side and 90, 82 and 78, an increase from last month which shows that the rehabilitation is absolutely helping. There is still a positive Tinel's test to the injury and tuning fork test is positive. The patient has sensitivity to the scar upon digital pressure directly to it. The pain and numbness will increase and shoot down his pinky causing tingling. He is able to decipher between sharp and dull upon neurologically testing his right and left side. There is still a scar showing and is very large. No other remarkable findings are found or noted.

Diagnoses:

1. Laceration, L - Mid-Hypothenar/ Abductor Digiti Quinti, 3-4cm	ICD-9 959.4
2. Post-Surgical/Suture Scar and Puncture, Left Pinky	ICD-9 959.5
3. Left Ulnar Injury causing secondary Paresthesia Intermittent	ICD-9 955.2, 782.0
4. *(Flexor Carpi Ulnaris, Retinaculum, Palmer Aponeurosis and Palmaris Longus.)/ Sup and Deep Muscle Spasm - 728.85	

Treatment Plan: Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation or acupuncture) Use of CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?

This patient recently was seen by a hand specialist and recommended that this patient be considered for surgery due to a possible neuroma near the scar that will continue to aggravate the patient and cause increased sensitivity. We will schedule the patient with Dr. Jeffrey L. Visotsky, MD, of ILLINOIS BONE and JOINT INSTITUTE, who specializes in Orthopedics

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EXAM DATE:

DOI:

RE: \

and upper extremity conditions. We had mentioned that there was a possibility of this and request this to be authorized as soon as possible.

It would also be recommended that the patient be allowed to be seen by a plastic surgeon for the unsightly scar once he is through with the Orthopedic specialist. Otherwise, the patient is going to continue with his Physical Therapy and work conditioning exercises as this appears to be what's helping him the most at this time. The IME Physician also recommended to the patient that since the therapy is helping, he should continue with it until he is MMI and that once he is through, to refer him back for a final evaluation. The patient will be cut back to only 2x's per week for four weeks.

If there are any further comments or concerns, please feel free to contact us, otherwise, we will update you on this patient's progress

<p>Work Status: this patient has been instructed to:</p> <p><input type="checkbox"/> Remain off work until: _____</p> <p><input checked="" type="checkbox"/> Continue modified work. <u>09/07/06</u> *WITH THE FOLLOWING RESTICTIONS: (List all specific restrictions re: standing, sitting, bending, use of hands, etc.): <u><i>Patient must continue to wear protective gloves that cover completely his hands and up past his wrist so that his injury does not touch dirty water. The scar is sensitive and bacteria could become problematic to it inside the tender region of the scar. He is not to lift anything >20lbs with his left hand.</i></u></p> <p><input type="checkbox"/> Continue at full duty: _____ with no limitations or restrictions.</p>

Primary Treating Physician: (Original signature, do not stamp)

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated any WCC Illinois Laws.

Date of exam: 09/07/06

IL Lic. #: 038-010349

Signature: _____

Executed at: Lake County, Illinois

Name: Dr. Kelly G. Worth, D.C., FAFICC, DACAN, DABCI

Address: 2634 Grand Avenue, Suite #100, Waukegan, IL 60085

Date: 09/07/06

Specialty: Chiropractic Neurology

Phone: (847) 775-0800

WCC Form PR-2 (Rev. 8/29/05)

(Use additional pages, if necessary)