



State of Illinois  
 Workers' Compensation Commission  
**PRIMARY TREATING PHYSICIAN'S (PRR) REPORT**  
**FOLLOW-UP REPORT / PERMANENT RESTRICTIONS NOTICE**

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 WCC 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 checked="" type="checkbox"/> Final Patient Update
<input type="checkbox"/> Change in Work Status	<input 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: <b><u>PERMANENT RESTRICTIONS</u></b>

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

Last:	First:	MI:	Sex:	D.O.B:
Address:		City:	State:	Zip:
Occupation:		SS#:	Phone:	

<b>Claims Administrator:</b>		<b>DOI:</b>		
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:**

\*( See Previous Report-Subjective Unchanged. )

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

I am in receipt of a functional capacity evaluation dated 09/22/06 from, Condell Medical Center by Allie Mitchell, Licensed and Certified Physical Therapist and FCE Evaluator.

Conclusions of report were that the patient showed minor inconsistencies with the paper work matching with the actual output at the time he performed the physical demand. Where paper work would exhibit that he in fact cannot do or perform certain tasks with capacity as he should when in fact, he was able to perform some of these during the physical demand testing. Otherwise, the final result was that the patient should be able to withstand medium to heavy work. I was given a summary of the lifting he performed and would agree that he should be able to perform these but only on a limited basis. It would be difficult for him to do these for an 8 hour period in my opinion given the MRI findings and his objective results from his exam.

Where the FCE test is fairly accurate in the sense that the patient will have an end result of what he can and cannot do, it should also be understood that the accuracy is only true to the degree of the test and is not always or almost ever going to be accurate for a complete 8-10 hour work day for the patient. In other words, we can extrapolate the final results but must take these and apply to the objective findings such as the MRI scans, other related tests and procedures performed along the way that show us physiological change and utilize them with the final concluding comments and disability factors on the patient for rating purposes. I have enclosed the summary report for your review.

**FINAL Diagnoses:**

1. L5/S1 Central and Right Paracentral 5mm Lumbar Disc Injury/ Bulge w/ Extrusion of Discal Material	ICD-9 722.10 - Permanent
2. L4/L5 3mm Central Disc Protrusion	ICD-9 722.10 - Permanent
3. Lumbar Radiculopathy, right lower extremity, Intermitt.	ICD-9 724.4 - Static and Stationary
4. Lumbar sprain/strain	ICD-9 847.2 - RESOLVED
5. Lower Extremity Paresthesia, Occasional	ICD-9 782.0 - Resolving

**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?

\*( See Previous Report - Subjective Unchanged. )

**PROGRESS REPORT**

DOI:  
RE:  
CL#:

His permanent restriction in my professional opinion, given the result provided and further his MRI findings and his current symptomatology would categorize him to Medium lifting with Occasional Heavy Lifting as posted in the FCE report. Weight categorized is noted in the FCE report. Further, because of the MRI findings and other realized, he should also be recommended to follow the below restrictions that are further recommended.

Work Status: this patient has been instructed to:

Remain off work until: \_\_\_\_\_

**PERMANENT RESTRICTIONS: No Excessive Bending, stooping or prolonged sitting; No Excessive Twisting at the waist. Patient should wear lumbar support brace while working as needed. LIFTING CAPACITY: 53LBS ACCEPATBLE for carrying occasionally only; up to 33lbs can be lifted from floor to overhead combined from values of FCE - This can be done on a fairly consistent basis but not continuous for 8 hours; Up to 120lbs for push and pulling but only 1-2 times per hour. This all is under the assumption that the patient will be able to perform without pain. If indeed his pain level increases, he is to stop the lifting immediately so as to not re-injure his herniated discs.**

Return to full duty on \_\_\_\_\_ with no limitations or restrictions.

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

Date of exam: 09/28/06

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 Illinois WCC laws.

IL Lic. #: 038-010349

Signature: \_\_\_\_\_

Executed at: Lake County, Illinois

Date: 09/28/06

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

Specialty: Chiropractic Neurology and Rehabilitation

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

Phone: (847) 775-0800

WCC Form PRR (Rev. 8/29/05)

**(Use additional pages, if necessary)**