

# NEWTON MEDICAL GROUP

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## **AME SAMPLE REPORT Buenor Puplampu, M.D. Neurosurgery**

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*CVs, Sample Reports and AME References available on website*

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RE: Mr. NASCAR TRACKS  
EMP: COMPANY S  
CLAIM NO: 000000000  
DOI: 4/14/08  
DOB: 10/13/58

Dear Gentlepersons:

I saw Mr. NASCAR TRACKS on 2/2/09 in my Sacramento office for this panel QME evaluation.

This report is submitted pursuant to 8 Cal. Code Regs. Section 9795 (b) & (c) as an ML102-95, Basic Medical-Legal Evaluation. Time spent face-to-face with the patient was 55 minutes.

#### **IDENTIFICATION AND OCCUPATIONAL HISTORY:**

Mr. NASCAR TRACKS is not very conversant in English. I had the translation expertise of Mr. Translator for this evaluation.

Mr. NASCAR TRACKS is a 50-year-old right-handed male who had been employed by COMPANY S Distribution Center as an order selector since 11/10/00. He tells me through the interpreter that his work activities are basically to select orders for the store, working at the warehouse to select orders for specific stores. It involves using a forklift occasionally. He was lifting up to 50 to 75 pounds on a regular basis, unloading trucks, using the forklifts and other transporters. The physical activities involved constantly walking and reaching, bending, stooping, pushing and pulling; frequently would lift between 15 to 40 pounds and occasionally 40 to 80 pounds.

He tells me that prior to working with COMPANY S Distribution Center, he was working with Company D in Union City, California. He was doing the same order selection for products. He worked with COMPANY D from 10/99 to 10/00. Prior to that, he was working with COMPANY A in Union City as a forklift operator, selecting orders for hospital supply, working from 9/98 to 8/99. Prior to that, he was working with Company Z, mainly as a forklift operator and machine operator. He also rewinds coils. He had done this work from 12/96 to 8/98.

#### **HISTORY OF PRESENT ILLNESS:**

Mr. NASCAR TRACKS tells me that on 4/14/08, he was doing his usual and customary work. He was selecting an order for a store. He bent down to pick up some item. He felt a sharp pain in the low back. He completed the order and started to wrap the pallet with

Saran Wrap. He felt terrible pain in the lower back going down into the right ankle. He reported this to a supervisor. The supervisor sent him to the emergency room at Sutter Medical Center, where was seen by physician assistants. He was given two Norco and Flexeril. For a short time, he came under the care of Dr. KANSAS SPEEDWAY. Dr. KANSAS SPEEDWAY wrote a prescription for Vicodin and had physiotherapy two times a week for three weeks or so. He also tells me that he received two epidural injections which did not really affect his pain at all. He tells me that at the time of this evaluation, he continues to see Dr. INFINEON RACEWAY, whom he has an appointment to see in a few weeks.

Currently, he is off work. He has not been able to go back to work since the injury. Currently, he is taking Norco, Kadian and Amitiza for constipation.

### **CURRENT COMPLAINTS:**

Currently, he is complaining of pain in the low back. This pain is described as a dull, aching pain which becomes sharp. The pain radiates into the left buttock and the left hamstring region as far as the knee. He tends to constipate. He also has some spasm type pain in the calves.

The review of symptoms indicates constipation and the medications produce some dizziness when he takes it. He feels irritable, unable to sleep, and quite moody.

When I asked about previous work injury, he denies any previous work injury. He denies any previous nonwork injury. He denies having been involving in any automobile accidents.

### **PAST MEDICAL HISTORY:**

The medical history indicates that his general health has been good. He has had asthma when he was a child. He really does not have any attacks at this time.

### **FAMILY HISTORY:**

The family history is strong in that his parents both have high blood pressure and the mother also had a stroke.

### **PERSONAL AND SOCIAL HISTORY:**

He was born in Angeles City in the Philippines. He is married, living with his spouse. He completed high school in the Philippines.

### **HABITS:**

He smokes about half a pack of cigarettes a day. He rarely drinks alcohol except on rare social occasions. He drinks a cup of coffee on a daily basis.

**PHYSICAL EXAMINATION:**

Physical examination at this time shows Mr. NASCAR TRACKS to be looking his stated age of 50. He stands 5'8" with a stated weight of 178 pounds. He is right-hand-dominant.

The head is normocephalic. The eyelids and conjunctivae are clear. The ears, nose, and throat are clear.

The neck is supple. He has a full range of motion. The carotids are palpable. There are no bruits.

The chest is clear to inspection. The thoracic cage expands well with adequate ventilation. He has normal thoracic kyphosis, no paraspinal muscle spasm. He has tenderness in the right quadratus lumborum, right gluteal muscles, trigger point tenderness the right quadratus lumborum, right gluteal muscles, and the right hamstring.

Straight leg raising in the supine position is 70 degrees bilaterally. The FABERE Patrick test is negative for any pathology in the hips. The Lasegue's test on the left is negative. On the right, there is tremendous hamstring tightness.

When he is standing, the pelvis is horizontal. There is no leg length discrepancy. He has trigger point tenderness over the right sacroiliac joint and over the low lumbar spine.

Mobility of the lumbar spine: Flexion is 60, extension is 10, rotation is 30 to the left and right, lateral flexion is 20 degrees to the left and to the right.

Neurologically, he is awake and oriented. The mood is euthymic. Affect is appropriate. Cortical function is adequate. Cranial nerves are entirely within normal limits. The motor examination shows normal tone in both upper and lower extremities. The sensory with respect to pin, touch and position is also normal. The deep tendon reflexes are brisk, and the plantars are downgoing.

**RECORD REVIEW:**

I have some medical records that I reviewed in the preparation of this report.

There is a Doctor's First Report of Occupational Injury submitted by Sutter Foundation. Date of injury 4/14/08. Date of first evaluation 4/14/08. Diagnosis: Acute right-sided sciatica.

4/21/08, Primary Physician's First Report. The primary physician's diagnosis is sciatica. KANSAS SPEEDWAY, M.D.

4/15/08, follow-up note, KANSAS SPEEDWAY.

4/24/08, physical therapy evaluation. The treatment is two times a week for three weeks. He is to have therapeutic exercises, manual therapy and PT education.

4/28/08, follow-up by Dr. KANSAS SPEEDWAY.

6/3/08, follow-up by Dr. KANSAS SPEEDWAY.

6/5/08, ultrasound, joint mobilization exercises.

6/5/08, MRI of the lumbosacral spine. Impression: 1) L5-S1 2 mm circumferential disc bulge with facet arthropathy; 2) 2 mm circumferential disc bulges at 2-3 and L5-S1 levels, no spinal canal stenosis, facet arthropathy throughout lower lumbar spine, moderate neural foraminal narrowing.

6/13/08, follow-up by Dr. KANSAS SPEEDWAY

6/23/08, 9-1/2 weeks post injury. Appointment set up to see Dr. INFINEON RACEWAY. Lumbar x-rays showed mild degenerative disc disease.

7/17/08, follow-up by Dr. KANSAS SPEEDWAY.

7/21/08, initial evaluation by Dr. INFINEON RACEWAY, M.D. Dr. INFINEON RACEWAY's diagnosis: Lumbar radiculopathy. Strength is 5 out of 5. No atrophy. "I will follow him as soon as his first epidural is done."

8/12/08, patient states medicines not allowed at work. MILWAUKEE MILE, M.D., 9/11/08.

9/16/08, pain management residual, MILWAUKEE MILE, M.D. This is a lumbar epidural injection, L4-5 right.

10/17/08, physical therapy.

Follow-up, 10/31/08, 11/3/08. Prior treater no longer practices medicine and Dr. INFINEON RACEWAY started his own clinic upstairs.

Job Task Analysis, COMPANY S. I reviewed the whole of this document, dated 1/29/09.

#### **DIAGNOSES:**

1. Chronic lumbosacral sprain with right myofascial pain syndrome.
2. Lumbar degenerative disc disease.

**DISCUSSION:**

Mr. NASCAR TRACKS is a 50-year-old right-handed male who was working at COMPANY S Distribution Center as an order selector. On 4/14/08, he was doing his customary work picking up an order, which involves repeated bending. He experienced pain in the low back. He reported this injury, was seen in the emergency room and treated with physiotherapy, analgesics and muscle relaxants. He also was given two epidural injections without any improvement in his pain.

At this point, he does not have any evidence of radiculopathy, even though he has what is clearly a myofascial type pain including the right gluteal and hamstrings. His description of the therapy also does not involve adequate stretch, and even though at the time of this evaluation, he does not manifest any radiculopathy, the MRI that was done on 6/6/08 indicates right-sided disc protrusion without any nerve root impingement. I am unable to elicit any radiculopathy at this time even though the straight leg raising on the right side is slightly limited.

**PERMANENT AND STATIONARY STATUS:**

At this point, he most likely is permanent and stationary at this time. He is best rated per the AMA Guidelines. Using the AMA Guidelines, he has a right-sided myofascial type pain involving the right gluteal and hamstrings. This puts him into Category II with respect to the lumbar DRE method, which is the most appropriate at this time. He continues to manifest pain and reduced mobility in the lumbar spine associated with constipation. He is rated, therefore, with 8% whole person impairment as a result of this industrial injury.

**CAUSATION:**

With respect to causation, Mr. NASCAR TRACKS did sustain an injury to his low back in the course of his employment on this date. The need for medical care and disability are related to this specific injury.

**APPORTIONMENT:**

Apportionment is now related to causation of permanent partial disability. One is allowed to apportion to such things as silent pathologic conditions so long as the apportionment is based on substantial medical evidence. I also understand that all my opinions must be expressed to a reasonable degree of medical probability, and that no guessing or speculating is allowed. I have used those concepts in reaching my apportionment conclusions.

In this case with NASCAR TRACKS, he has some degenerative disc disease in the lumbar spine which appears to be compatible with his age and habitus. Consequently, it is my

opinion that 100% of the present permanent partial disability is related to his industrial injury.

**FUTURE MEDICAL CARE:**

With respect to future medical care, I think Mr. NASCAR TRACKS should add stretching exercises to his regimen of physiotherapy. I doubt whether another course of epidural injections would help him. However, trigger point at the sacroiliac joint might be useful in alleviating his pain once he undertakes these stretch exercises with physiotherapy. If he is not responding to another six weeks of physiotherapy, at this point, an EMG and nerve conduction studies should be undertaken, and if positive, then he could be a candidate for appropriate nerve root decompression.

**WORK RESTRICTIONS:**

With respect to work restrictions, he most likely cannot go back to what he had been doing before. He is restricted from doing repeated lifting more than 20 pounds. He is also restricted from very heavy work. He cannot, therefore, go back to the original work activity that he was doing prior to this injury. He is a candidate for vocational rehabilitation.

Kindly let me know if I may provide any additional information or answer any specific questions you might have.

I certify that I took the complete history from the patient conducted the physical examination, reviewed and summarized available records, and composed and drafted the conclusions of this report. The conclusions contained within this report are solely mine. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Pursuant to 8 Cal. Code Regs. Sections 49.2-49.9, I have complied with the requirement for face-to-face time with the patient in this evaluation.

I have discussed apportionment in the body of this report. If I have assigned disability caused by factors other than the industrial injury, that level of disability constitutes the apportionment. The ratio of non-industrial disability, if any, to all described disability represents my best medical judgment of the percentage of disability caused by the industrial injury and the percentage of disability caused by other factors, as defined in Labor Code Section 4663 and 4664.

Sincerely yours,

**SAMPLE REPORT**

\_\_\_\_\_  
Buenor Puplampu, M.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
County

cc: Insurance Company