



"Setting the Standard" since 1977

Quality and Timely Reports

Med-Legal Evaluations

Newton's Pyramid of Success

Panel QME SAMPLE REPORT

Paul D. Anders, M.D.

Ophthalmology

Location: Sacramento

SCHEDULING DEPARTMENT

Ph: 510-208-4700

Fax: 510-463-0194

PUBLIC RELATIONS DEPARTMENT

510-208-4700 ext. 265

CVs, Sample Reports and AME References available on website

www.newtonmedicalgroup.com

RE: Mr. BASKETBALL TEAMS
EMP: COMPANY R
CLAIM NO: 0000000
DOI: 11/30/05

Dear Gentlepersons:

At the request of the parties, Mr. BASKETBALL TEAMS was seen in my Sacramento office on July 2, 2008. This report concerns the visual system. Time spent in face-to-face contact with the patient was 1 hour.

This report is submitted pursuant to 8 Cal. Code Regs. Section §9795(b)&(c) as an ML102-93-94-95, Panel QME Basic Medical-Legal Evaluation with interpreter assistance. Time spent face-to-face with the patient was one hour.

DOCUMENTS REVIEWED:

1. Doctor's First Report by OAKLAND WARRIORS, D.O., dated 11/30/05. Diagnosis: corneal foreign body.
2. Doctor's Supplemental Report by SAC KINGS, M.D., dated 12/6/05. Diagnosis was residual corneal scar.
3. Doctor's Supplemental Report by Dr. SAC KINGS, dated 12/13/05. Patient fit for duty as of 12/6/05.
4. Eye Examination Sheet by Dr. SAC KINGS, dated 6/4/07. Vision 20/40 on the left with a -0.75 +0.25 axis 19 20/50 vision.
5. Report by Dr. SAC KINGS, dated 9/4/07. Dr. SAC KINGS says his vision is 20/50 due to astigmatism.
6. Disability Assessment by Dr. SAC KINGS, dated 11/12/07. Dr. SAC KINGS rates the patient as having 20/50 best correction in the left eye. His Functional Acuity Score is 96 and acuity-related impairment is 4%.

WORK HISTORY:

The patient was working for COMPANY R for approximately four to five years until the present time. He works building pallets. Before this, he worked in the field, picking oranges.

HOSPITALIZATION:

The patient has never been hospitalized in the past.

MEDICATIONS:

The patient was on no medications at the time of injury.

EYE HISTORY:

The patient has never had any problems with his eyes according to the patient. He can see far and near. The patient says he has never had an eye examination in the past.

HISTORY OF INJURY:

On 11/30/05, the patient says while working building pallets using an air hammer, he felt sand entering his left eye. He told his boss and was taken to a doctor, who then sent him to a second doctor, Dr. SAC KINGS, who was an ophthalmologist. He saw this doctor approximately five times and was discharged approximately one month later. He went to work approximately five days after his injury.

COMPLAINTS:

1. Blur. The patient says when reading, his left eye is not as clear as his right eye.
2. At night, the lights appear bigger in the left eye when he is looking at lights.

EXAMINATION:Vision:

On the right, with a -1.0 +0.75 axis 180, the patient sees 20/20. On the left eye, with a plano +0.75 axis 180, the patient sees 20/25. Please note this 20/25 vision has been got after a lot of urging on the part of the doctor.

External Examination:

The lids and conjunctiva are clear. Extraocular muscles are full. The pupils are round and react to light and accommodation. Muscle balance is ortho.

Slit Lamp Examination:

The cornea, aqueous, iris and lens are clear on the right eye. On the left eye, there is a round slightly brownish appearing spot approximately at 6:00 at the pupillary margin. The

spot is not near the center of the axis, but is actually at the pupillary margin, approximately 3 mm from the center of the pupil.

Funduscopy Examination:

The disk CD ratio is 0.3 in both eyes. The disk is sharp and pink. The retina is normal in both eyes except for some very pale yellowish spots near the macula. On the right eye, there are approximately four of these spots. On the left eye, there are two of these spots and these spots are not in the center of the macula, but towards the edge of the macula.

Visual Field Test:

Normal in both eyes.

OBJECTIVE FINDINGS:

1. Corneal scar, left eye.
2. Retinal scar, both eyes.
3. Astigmatism, both eyes.
4. Myopia, right eye.

CAUSATION:

The patient appears to have a corneal scar in the left eye. The scar appears to be the result of an industrial accident, dated 11/30/05. The documentation and the story as told by the patient and the physical examination are all compatible with this conclusion. The patient also has some astigmatism in both eyes. The astigmatism is approximately the same in both eyes, 0.75 diopters. The patient also has some myopia in the right eye. It is felt that the patient has had the astigmatism in both eyes, even before the accident because the patient has a symmetric type of astigmatism in the right eye, which was not affected. For this reason, it is felt that the astigmatism is not due to the industrial accident. Macular scar. The patient has some retinal scars in both eyes. These are not due to the accident, as he has them in both eyes, and also, the type of accident the patient has does not lead to retinal scars.

PERMANENT AND STATIONARY:

The patient appears permanent and stationary at the present time.

DISABILITY:

The patient has had some disability from this accident.

1. Temporary disability. He has a temporary disability of approximately five days.
2. Permanent disability. The patient has some decreased vision in the left eye as a result of this scar. Using the AMA Guides, 5th Edition, page 284, Table 12-2, it is noted the patient has 20/25 vision, which gives him a Visual Acuity Score of 95. Using Table 12-3, it can be calculated the patient has 99% Functional Visual Score. Because his visual fields are normal, this Visual Acuity Score is actually used as the Functional Vision Score. This also gives us a disability of 1%. This figure is also the same as his whole body disability of 1%.

FUTURE CARE:

The patient does not appear to require any future care as far as his cornea is concerned. As far as his refractive changes, the patient appears to have had refractive error in both eyes and so as far as the supplying of glasses, this would be not included as far as the industrial injury is concerned. Even though his refractive error has change in the left error, basically, it most likely changed from one type of refractive error to a slightly different type of refractive error. In other words, he required glasses even before his industrial injury. For this reason, the payment for the glasses should not be put upon the industrial insurance company.

PRECLUSIONS:

The patient is not precluded from any type of work.

APPORTIONMENT:

There is no apportionment in this case, as 100% of his disability is due to his work-related injury.

DISCUSSION:

Please note that the interpreter was Spanish-speaking interpreter was used when refracting the patient. He appears somewhat reluctant to proceed with the refraction, but with a certain amount of coaxing, I was able to refract the patient to 20/25. Without a translator, it may have been not possible to properly refract the patient. For this reason, it is felt that my refraction is more accurate than the physician taking care of the patient, Dr. SAC KINGS. He may or may not have had a translator during the refraction.

If further information is required, please do not hesitate to contact me.

I certify that, unless otherwise indicated, I took the complete history from the patient, conducted the physical examination, performed the EMG and nerve conduction study, reviewed all submitted medical records, and composed and drafted the conclusions of this report. All studies are conducted under the direct supervision of staff clinicians. 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

Paul D. Anders, M.D.
Ophthalmology
Panel QME Sample Report

Newton Medical Group

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 by Labor Code Section §4663 and §4664.

Sincerely,

SAMPLE REPORTS

Paul D. Anders, M.D.

Date

Alameda
County

PDA:bl