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AME SAMPLE REPORT
Robert M. Murphy, M.D.
Orthopaedics

Locations: Oakland & Sacramento

SCHEDULING DEPARTMENT

Ph: 510-208-4700

Fax: 510-463-0194

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RE: Mr. BASEBALL TEAMS
EMP: COMPANY B
WCAB NO: FRE 00000
CLAIM NO: 0000000-000
DOI: 4/19/05

Dear Attorney X and Attorney Y:

At your request, I interviewed and examined Mr. BASEBALL TEAMS in my Oakland office on 8/5/08 with regard to injuries he reportedly incurred while employed by COMPANY B. The evaluation was conducted with the assistance of a Spanish-English interpreter. It is my understanding that I am acting as an Agreed Medical Examiner in this case.

This report is submitted pursuant to 8 Cal. Code Regs. Section 9795(b)&(c) as an ML104-94, Comprehensive Agreed Medical-Legal Evaluation Involving Extraordinary Circumstances and meets the requirement of ***four complexity factors***. These factors include:

(4) 4+ hours spent on any combination of two of the complexity factors (1)-(3), which shall count as **two complexity factors**;
(6) addressing the issue of medical causation, which shall count as **one complexity factor**;
(7) addressing the issue of apportionment, which shall count as **one complexity factor**.

Time spent in face-to-face contact with the patient was one hour and five minutes. Time spent reviewing records was three hours. Time spent preparing the report was 45 minutes. Total time spent on this case was four hours and 50 minutes. Complexity is further reflected by the involvement of multiple body parts. Legal documents were also reviewed.

JOB DESCRIPTION:

At the time of his injury, Mr. BASEBALL TEAMS was employed as a "journeyman carpenter," having been hired the week before. His specific duties depended upon the job in which the company was engaged, but involved putting plywood on walls, placing beams, framing and other general labor construction activities. It required lifting up to probably 60 pounds or so, he estimates, and he utilized tools that weighed up to ten pounds, including hammers, saws and other equipment. He would also have to handle all of the materials used in construction, including wood and sheets of plywood. His job, therefore, included use of the upper extremities in hammering, lifting, pushing and pulling, overhead work, as well as significant lifting and bending, moving and climbing ladders–all of the

usual tasks associated with a journeyman carpenter in the construction industry. It was a physically demanding position.

Previous Work:

Prior to his employment by COMPANY B, he had been employed in the construction industry with a variety of companies, often with jobs secured through his union. Immediately prior to his employment with COMPANY B, he had worked for Z Enterprises, participating in the building of steel frame buildings. He helped place beams, attach sheet metal and other assigned tasks, which included driving a forklift. Before his employment by Z Enterprises, he worked for COMPANY Y for four years in a similar position to that which he enjoyed with COMPANY B.

Subsequent to the specific injury at issue, Mr. BASEBALL TEAMS was off work for a period of time and then, according to Dr. BOSTON RED SOX, in his report of 4/10/06, he returned to work in his own business (COMPANY X) in August of 2005. Mr. BASEBALL TEAMS does not offer that history today, but reports that he did return to work in September of 2006, making steel buildings for a company whose name he did not recall, and putting laminate sheets on walls. He worked for them about six months before returning to work for COMPANY Y, again putting up laminate for about nine months. He returned to Z Enterprises recently, again constructing steel buildings as a foreman and continues to work for them until the present time, working full time (50 hours per week).

HISTORY OF INJURY FROM PATIENT:

Mr. BASEBALL TEAMS was working on a scaffold at a school his company was building and putting parts up on the ceiling. His arms were overhead and the scaffold moved and he lost his balance and fell 8-10 feet onto the x-bars of the scaffold and then onto the concrete below. He is not sure how he landed. He bounced around a bit, and believes that he lost consciousness for a few minutes. When he awakened, he noticed pain in his head and pain in his low back and later, over the next several days, developed pain in his left wrist, left foot and his left chest wall.

The injury was obvious but, nonetheless, reported immediately, and he was taken to a medical clinic where x-rays were obtained and he was given prescription medications. He followed up with a workers' compensation clinic about three days later where he was treated conservatively for nearly a year, ultimately returning to work in either August of 2005 for COMPANY X (BOSTON RED SOX, 4/10/06) or by the history offered today for a steel building construction company in September of 2006. He has worked continuously since that time, for that company and subsequently for COMPANY Y and, currently, for Z Enterprises once again.

PAST MEDICAL HISTORY:

Mr. BASEBALL TEAMS denies any previous injuries to, or problems with, his neck, left wrist or left ankle/foot prior to the specific injury at issue.

He does described two previous low back injuries, the first was a lifting incident in 1999 or 2000 when he was working for COMPANY Y, following which he lost two weeks of work but recovered completely with treatment. He does not describe the recurrent injury to his low back in 2005 that he did relate to Dr. BOSTON RED SOX and discussed in his deposition. He recovered completely from that injury as well, allowing him to engage employment with COMPANY B on 4/19/05. He does not believe that he received any kind of an award or settlement for his two prior industrial injuries to his low back.

Although he was involved in a motor vehicle accident on a non-industrial basis in 1996, he was not injured.

He describes a minor injury to his right knee in 2004, treated with medication and a knee support, but healing completely without further difficulty.

Mr. BASEBALL TEAMS considers his general health to be good. He has no chronic illnesses. He has had no previous surgical procedures. Current medications include Naprosyn twice a day and an occasional Vicodin for pain. He believes he takes a medication for stomach symptoms, as well as a muscle relaxant, but cannot recall the names of those drugs.

He last saw his treating physician, now Dr. NY YANKEES, on 7/17/08.

CURRENT COMPLAINTS:

Mr. BASEBALL TEAMS's two major complaints are pain in his neck and pain in his low back. He has occasional discomfort in his left wrist with power gripping, in his left ankle with prolonged walking, and some discomfort in his left knee that began about a year after the subject injury, which he does not clearly relate to it.

The low back pain is the worst. He describes it as constant and ranging from 5-9/10, on the usual numeric scale. It is exacerbated by prolonged walking, repeated bending or pushing heavy things. Medication seems to help.

The pain in his neck has persisted from the time of his injury until the present as well. It does not change and is always at a 5/10 in intensity. Originally, he had headaches that were occipital, very severe and almost constant. Those headaches have largely disappeared, although a couple of times per week, he notices discomfort in the same location that typically lasts for an hour or so.

CURRENT ACTIVITIES:

Mr. BASEBALL TEAMS is working as a construction foreman for Z Enterprises, 50 hours per week. He lives with his wife and three children, ages 1-1/2, 8 and 13 years. He works outside the house. His wife does all the household chores, except he will help her with the mowing and walks and plays with the children after work. He has never been athletically inclined and has no outside interests that he reports to me today.

PHYSICAL EXAMINATION:

Mr. BASEBALL TEAMS presented as a 35-year-old man with a stated height of 5'7" and weight of 179 pounds. He is right-hand dominant. He was pleasant, cooperative throughout the evaluation, and was comfortable throughout his interview. He was noted to arise from his chair without support and to walk with a normal gait, with normal head carriage. He used no assistive devices nor ambulatory aids.

Cranial nerves 2-12 were intact. Cervicothoracic alignment was normal and there was no tenderness over the posterior cervical spine region or upper back. Range of motion of the cervical spine, however, was painful at extremes and measured 70 degrees of forward flexion, 40 degrees of extension. Right lateral rotation was measured at 70 degrees, left lateral rotation at 60 and lateral bending was full and symmetrical in both directions.

He demonstrated a full range of motion of all joints of both upper extremities, including the left wrist, whereas the motion in his neck was painful, that in the upper extremities was not. His left elbow actually hyperextended about 10-15 degrees.

Neurologic examination of the upper extremities was normal with the exception of slight decrease to pin prick in a nondermatomal distribution over the dorsum of the left hand.

Biceps, triceps and brachioradialis reflexes were active bilaterally. Triceps reflex on the right side was 3+. All others were 2+ and Hoffman signs were absent. All motor groups were functioning normally and there was no evidence of intrinsic atrophy in either hand. Phalen's test was negative bilaterally and Tinel's sign over the median nerves was negative bilaterally as well. Elbow flexion test was negative.

Forearm circumferences measured 11-1/8 inches on the right side, 11 inches on the left side.

Jamar dynamometer grip strength measurements at positions 1 through 5 on the right side, measured 78/95/90/82/70, while on the left side, 50/73/85/80/65.

Grip measurement was associated with volar wrist pain on the left side but not on the right. Distal skin color, texture and temperature were normal.

In the low back and lower extremities, leg lengths were equal and alignment was normal. True forward flexion of the lumbar spine was measured at 45 degrees, extension at 30 degrees, lateral bending was full. He was able to heel and toe walk without difficulty.

Deep tendon reflexes were 2+ and symmetrical at the knees, 1+ and symmetrical at the ankles. Babinski signs were negative. Sciatic tension test and sitting straight leg raising tests were both negative. Supine straight leg raising test was slightly positive with low back pain only at about 80 degrees. Manual testing of motor strength in both lower extremities was normal. Sensation was intact with the exception of a slight decrease to pin prick in a nondermatomal distribution over the dorsum of the left foot.

FABERE maneuvers were negative. He demonstrated a full range of motion of the hips, knees, ankles, and subtalar joints, without local tenderness or swelling.

Calf circumferences measured 1-1/8 inches on the right side, 15 inches on the left. Thigh circumferences measured 19-1/2 inches on the right side, 19 inches on the left.

Peripheral pulses were full and distal skin color, texture and temperature were normal. There was no lumbar spine or paraspinal muscle tenderness.

RECORDS REVIEW:

All records provided were reviewed. They were contained in two volumes, one of which was exclusively devoted to the patient's deposition taken on 10/6/05, 51 pages, and the second a medical file of 106 pages. These files contained, but were not limited to, the following specific reports.

I. D. NY YANKEES, D.O., clinic visits, 6/7/06, 6/22/06, 7/11/06, 7/28/06, 9/25/06, and 4/23/07.

II. S. DETROIT TIGERS, M.D., neurologic consultation, 6/22/05; doctor's first report of injury (by Mr. Vargas) 6/22/05; followup clinic visit, 3/29/06; supplemental report, 11/5/05, reviewing medical records and his own electrodiagnostic testing performed on 7/5/05 which he reports as normal.

III. Physical Therapy, initial evaluation and progress reports from 5/3/05 through 5/20/05.

IV. K. MINNESOTA TWINS, D.C., 12/2/05, chiropractic consultation.

V. KC ROYALS, M.D., clinic visits, 5/10/05 and 5/27/05.

VI. M. CHICAGO WHITE SOX, M.D., 5/31/05, MRI scan, lumbar spine, normal.

VII. S. BALTIMORE ORIOLES, M.D., 4/1/06, MRI scan, lumbar spine, normal.

VIII. T. SEATTLE MARINERS, M.D., multiple clinic visits dated 5/13/05, 5/20/05, 6/2/05, 6/9/05, and 6/16/05.

IX. K. TEXAS RANGERS, M.D., doctor's first report of injury, 4/19/05.

X. J. ATLANTA BRAVES, M.D., orthopedic QME reevaluation, 12/11/06; QME supplemental report, 12/18/07.

XI. J. BOSTON RED SOX, M.D., 4/10/06, orthopedic QME report.

XII. S. BASEBALL TEAMS, 10/6/05, patient's deposition.

XIII. M. CHICAGO CUBS, D.O., clinic visits dated 4/21/05, 4/27/05 and 5/3/05.

No Applications for adjudication of claim or DWC 1 claim forms were available for review. Dr. ATLANTA BRAVES's original QME report was not provided. MRI scan of the lumbar spine referred to in Dr. ATLANTA BRAVES's reevaluation report of 12/11/06 was not provided nor was the MRI scan report referred to in that same document as having occurred on 10/6/06.

DIAGNOSTIC TESTS:

No further diagnostic tests are required at this time.

DIAGNOSES:

1. Cervicalgia.

2. Lumbalgia.

3. Left wrist and left ankle/foot pain.

SUMMARY/DISCUSSION:

On 4/19/05, Mr. BASEBALL TEAMS was injured at work when he fell off an eight-foot scaffold onto a portion of the scaffold and then the concrete below. Shortly after the injury, Mr. BASEBALL TEAMS developed headache, minimal cervical spine pain and moderate low back pain in addition to pain over the lateral aspect of his left foot and ankle.

All symptoms have largely resolved with the exception of cervical spine pain and lumbar spine pain with conservative treatment provided. After a trial return to work to his usual and customary job in May of 2005, he developed left hand and wrist pain which, although it persists until the present time, occurs now only with power gripping and does not interfere with the patient's work related responsibility or activities of daily living.

More recently, he reports a development of left knee pain, although there is no reference to the left knee in the medical records nor treatment for it, nor does it seem to be related to the subject injury. It is not clear whether he returned to work in his own business in August of 2005 as Dr. BOSTON RED SOX reports, but it is clear from the patient's history that he returned to his construction work, albeit with a different company, in September of 2006 and has worked full time from then until the present time.

Although Dr. BOSTON RED SOX found the patient to be permanent and stationary on 4/10/06, with regard to his cervical and lumbar spines, but not his left wrist, Dr. ATLANTA BRAVES felt that additional workup including the MRI scan that Dr. BOSTON RED SOX had also recommended for the left wrist, as well as a repeat lumbosacral MRI scan should be performed before finding the patient permanent and stationary. They were, and Dr. ATLANTA BRAVES found the patient to be **permanent and stationary on 12/11/06**, a date with which I concur.

TEMPORARY DISABILITY:

Following his injury, Mr. BASEBALL TEAMS was returned to modified work until May of 2005. At that time, following less than a week of an attempt at his usual and customary job, and finding it impossible to perform, he was again placed on modified work restrictions, remaining so until his P&S date. The patient's history and statements by providers in the medical record suggest that no modified work was available at COMPANY B and Mr. BASEBALL TEAMS was effectively, therefore, TTD for all those periods of TPD until his P&S date, assuming the accuracy of the report of lack of accommodation at his job.

PERMANENT DISABILITY:

There is a degree of residual permanent disability referable to his cervical spine and lumbar spine. Although the degree of his cervical spine pain is moderate at worsebest, and his loss of motion minimal, he does, however, fall under Cervical DRE category II as described by the *AMA Guidelines*, with a **5% whole person impairment.** No add on for additional pain or interference with activities of daily living is appropriate. In the absence of unusual pain or significant interference with ADLs, his impairment remains at the low end of the Category II scale of WPI.

Similarly, with regard to the lumbar spine, there is also asymmetric motion of the lumbar spine and slightly abnormal imaging studies that, together with the patient's pain, appropriately place him within Lumbar DRE category II also resulting in a **5% whole person impairment**. Although Dr. ATLANTA BRAVES, in his most recent supplemental report, considers that his impairment is at the upper range for the Category, he does not

give a rationale for that, and I could find none today. The patient's level of pain is consistent with that expected of his lumbar spine injury and does not interfere with activities of daily living to a significant degree. In fact, he is working full time for Z Enterprises Company.

There are no ratable factors with regard to Mr. BASEBALL TEAMS's left wrist or left foot and ankle. There is no loss of motion in the left wrist, left ankle or left subtalar joint. MRI scan of the left wrist is normal, symptoms are infrequent and do not interfere with activities of daily living. The 5% loss in grip strength on the left side, compared with the expected normal on that side, based upon his uninjured right dominant extremity, is not a ratable organic factor on two accounts. One, it was associated with pain. In Section 16.8a, the *Guidelines* clearly state that decreased strength cannot be rated in the presence of painful conditions. Furthermore, even if it were considered, the amount of grip strength loss does not meet the 10% threshold contemplated in Table 16-34. Impairment with regard to his **left wrist**, therefore, is **zero percent whole person impairment**, as it is with regard to his left foot and ankle.

Summarily, therefore, with regard to Mr. BASEBALL TEAMS's injury of 4/19/05, there is 5% whole person impairment with regard to his cervical spine and 5% whole person impairment with regard to his lumbar spine.

CAUSATION:

The patient's description of the accident that occurred on 4/19/05 is consistent with the development of neck and low back pain (as well as left wrist and ankle pain) and their need for treatment. Industrial causation is established.

APPORTIONMENT:

With regard to the cervical spine, under Labor Code 4663, there is no history of prior injury to, or problems with, his neck before the incident of 4/19/06 and, therefore, no issue of apportionment. It is my opinion, to within a reasonable degree of medical probability, that 100% of his current residual permanent disability is caused by the specific injury at issue.

Under the same Labor Code, with regard to his lumbar spine, consideration was given to the prior injuries to his low back discussed above. There is no evidence to support ongoing permanent disability related to those prior incidents and no evidence of preexisting changes discovered on his lumbar spine MRI scans. It is my opinion, therefore, to within a reasonable degree of medical probability, that 100% of his residual permanent disability, referable to the lumbar spine, is caused by the specific injury at issue.

FUTURE MEDICAL TREATMENT/VOCATIONAL REHABILITATION:

An award for further medical treatment to the patient's neck and low back is warranted. It should consist in access to a treating physician for prescription analgesic and anti-inflammatory medication. Flare of symptoms may require the appropriate utilization of

physical therapy, not to exceed 12 sessions per year. With a normal neurologic examination, normal imaging studies, and near normal physical examinations at the time of this evaluation, no more aggressive interventional treatment is required or appropriate and no surgical treatment is anticipated.

With regard to the left ankle/foot and left wrist, no further medical treatment is warranted.

Mr. BASEBALL TEAMS has returned to his U&C job, albeit with a different employer, and Vocational Rehabilitation, therefore, is not required.

If I may be of further help or clarify my comments in any way, 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, reviewed all submitted medical records, and composed and drafted the conclusions of this report. 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,

SAMPLE REPORT

Alameda

Robert M. Murphy, M.D. Date County

RMM:bjm

cc: INSURANCE COMPANY