

FILED:

**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF WORKERS' CLAIMS**

**MEDICAL REPORT OF JULES J. BAREFOOT, M.D.**

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**A. PLAINTIFF INFORMATION**

1. Plaintiff/Employee's name: [REDACTED]
2. Last four digits of Social Security Number/Green Card: [REDACTED]
3. Date of birth: [REDACTED]
4. Plaintiff/Employee's job title and employer: [REDACTED]
5. Date of examination(s): February 25, 2020
6. By whom was the examination requested: [REDACTED]
7. Prior examination by this physician (if any) and date(s): None

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**B. PLAINTIFF/EMPLOYEE HISTORY**

Plaintiff/Employee related history of complaints or alleged injury/hearing loss/psychological condition as follows: [REDACTED] reports that on July 15, 2019 while at work a tire exploded severely injuring his right lower extremity. He reports that he was transported to the hospital by EMS and was admitted for a severe fracture to his right lower extremity. He reports that during the hospitalization he underwent surgery. Following his discharge from the hospital, he attended physical therapy and continued in follow-up visits with his orthopedic physician, Dr. Genovese. He reports that he last saw Dr. Genovese in January 2020. He states he is scheduled for another follow-up visit with x-ray in April 2020. He has complaints of ongoing persistent pain of the medial aspect of his right ankle and lateral calf. He complains of some intermittent knee pain. He complains of loss of muscle mass and strength in his right lower extremity, as well as chronic swelling in his right ankle. He complains of diminished mobility present in his right ankle. He notes he is now able to walk for about 15 minutes on a flat level surface on a good day at a slow pace. He notes he has difficulty climbing and descending stairs. He denies a history of any prior ankle or right lower extremity problems before the above-noted work place incident.

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**C. TREATMENT - Prior and Current**

Based upon a review of records and/or history related by plaintiff/employee, treatment provided for this injury has been as follows: (Include periods of hospitalization.) An x-ray of the right lower extremity done at Owensboro Health on July 15, 2019 showed a comminuted, displaced, oblique fracture of the distal shaft and medial malleolus of the right tibia with soft tissue edema over the medial ankle. A CT scan done of the right lower extremity on July 15, 2019 showed a closed, comminuted spiral fracture involving the right tibial distal metadiaphyseal region extending into the right tibial medial malleolus with slight lateral displacement of the distal major fracture fragment and lower extremity subcutaneous edema.

A report by Kimberly Cecil-Riddle, ARPN, on July 26, 2019 notes an evaluation for his right leg cast feeling tight. It was noted that he had undergone “rods and percutaneous screws of the right distal tibia and had this pinned on July 16, 2019 by Dr. Genovese.” He had complaints of pressure and swelling in the cast. He was noted to have his cast removed and had bruising of his right lower extremity from his knee to his foot. There was a significant amount of swelling. His cast was removed and he was placed in a walking boot. A report by Dr. Vincent Genovese on November 21, 2019 notes his 8<sup>th</sup> post-surgical followup. He was noted to have soreness around his knee and inner ankle. An x-ray showed the fracture to be healing in excellent alignment. “I agreed to release him to return to work.” A report by Dr. Genovese on December 30, 2019 notes, “He complains of pain with activities and weakness symptoms.” It was reported that he was attending outpatient therapy. “He has not, but into the point where he feels capable returning back to work.” Report by Dr. Genovese on January 30, 2020 recommends return in three months, around April 30, 2020 with repeat x-rays.

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**D. PHYSICAL EXAMINATION**

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Results of physical examination, including objective medical findings to support complaints and/or diagnosis: Height is 71 inches and weight is 173 pounds. Examination of the lower extremities shows significant edema present in the right ankle. Multiple well-healed small scars were noted in the right lower extremity. There was significant loss of muscle mass present in the right calf when compared to the left. There was diminished mobility present in the left ankle when compared to the right. The right ankle measured 27cm in circumference while the left measured 25cm. The right calf measured 36.5cm in circumference while the left measured 39cm in circumference. Range of motion measurements were done of both ankles with plantar flexion on the right 12, extension 10, inversion 5 degrees, and eversion 4 degrees. He was noted to have full and normal mobility present in the left ankle with plantar flexion, extension, inversion, and eversion. Toe walk was noted to be poor. Tandem walk was normal. He was able to ambulate without the use of an assistive device.

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**E. DIAGNOSTIC TESTING/Injury**

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Include any testing reviewed and relied upon for medical conclusions. This will include X-rays, CT scans, MRIs, Myelograms, EMG/NCVs, or other (please specify).

Test	Date	Personally Reviewed	Summary of Results
X-ray, Right Tibia/Fibula	07/15/19	No	Comminuted, displaced, oblique fracture of the right distal shaft and medial malleolus.
CT Scan, Right Lower Extremity	07/15/19	No	Closed, comminuted spiral fracture involving the right tibial distal metadiaphyseal region extending to the right distal medial malleolus with slight lateral displacement of the distal major fracture fragment.

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**F. DIAGNOSTIC TESTING/Hearing Loss**

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Include any testing reviewed and relied upon for medical conclusions. This will include Comprehensive Audiometry, Immitance Audiometry, Otoacoustic Emissions, Communication Needs Assessments, or Other (please specify). N/A.

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**G. DIAGNOSTIC TESTING/Psychological**

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Include any testing reviewed and relied upon for medical conclusions. This will include Neuropsychological (e.g., Luria-Nebraska, Halstead-Reitan), Academic/Achievement (e.g., WRAT-R), Intellectual Capacity, Personality (e.g., MMPI, Million, etc.), Brain Imaging (MRI, CT, SPECT), or Other (please specify). N/A.

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**H. SURGICAL PROCEDURE(S)**

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Specify type and date of any surgical procedure. Include operative note if surgery performed by this physician. July 16, 2019, rods and percutaneous screws to the right distal tibia.

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**I. DIAGNOSIS**

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1. History of a comminuted, oblique spiral fracture of the right tibial distal metadiaphyseal region extending into the right medial malleolus.
  2. Status post right distal tibial rodding with placement of percutaneous screws, July 16, 2019.
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**J. CAUSATION**

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1. Do you believe the work event as described to you is the cause of the impairment found?  Yes  No.
  2. Is any part of the impairment due to a cause other than the work event described above?  Yes  No.
  3. If yes, what is that cause and impairment attributable to that cause? N/A.
  4. If applicable, do audiograms and other testing establish a pattern of hearing loss compatible with that caused by hazardous noise exposure in the work place?  Yes  No. N/A.
  5. If applicable, within reasonable medical probability, is plaintiff/employee's hearing loss related to repetitive exposure to hazardous noise over an extended period of employment?  Yes  No. N/A.
  6. If applicable, within reasonable medical/psychological probability, is plaintiff/employee's psychological condition the direct result of the physical work-related injury?  Yes  No.
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**K. IMPAIRMENT**

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1. Using the 5<sup>th</sup> edition of the AMA Guides to the Evaluation of Permanent Impairment, the Plaintiff/Employee's permanent whole person impairment is: 5%.
2. Chapter, Tables, and Pages utilized to arrive at impairment rating for injuries.

<b>Body Part or System</b>	<b>Chapter Number</b>	<b>Table &amp; Page Number</b>	<b>% Impairment of the Whole Person</b>
<b>a.</b> Lower Extremity	17	17-11, 537	3%
	17	17-12, 537	2%
	17	17-6, 530	0%
<b>b.</b> Calf			2cm equals 4%
<b>c.</b> Lower Extremity	17	17-2, 526	Range of motion not combined with muscle atrophy. As noted on Page 527, "more than method can be used, the method that provides the higher rating should be adopted." Therefore, he has a 5% impairment.

3. Plaintiff/Employee had an active impairment prior to this injury.  Yes  No.  
A. If yes, specify condition producing active impairment.  
B. If yes, specify percentage of impairment due to the prior active condition.
4. Date on which maximum medical improvement was reached: Today's date, February 25, 2020.

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**L. RESTRICTIONS**

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1. The plaintiff/employee described the physical requirements of the type of work performed at the time of injury as follows: Yes. He works as an installer for a heating and air company.
2. Does the plaintiff/employee retain the physical capacity to return to the type of work performed at the time of injury?  Yes  No. If not, why? With restrictions.
3. Which restrictions, if any, should be placed upon plaintiff/employee's work activities as the result of the injury? He must be allowed to sit and rest intermittently for relief of pain and discomfort in his right lower extremity. Difficulty with climbing and descending stairs. He would have difficulty walking over extended surfaces. He should not work on ladders, scaffolding, or heights unprotected. He would have difficulty operating machinery at work that has foot controls.

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**M. CERTIFICATION and QUALIFICATIONS of PHYSICIAN**

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I hereby certify that the above information is correct and that all opinions were formulated within the realm of reasonable medical probability. A copy of my curriculum vitae is attached if I have not obtained a Department of Workers' Claims Physician Index Number.

**Date:** February 25, 2020

  
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Jules J. Barefoot, M.D.

**8253**  
**Department of Workers' Claims**  
**Physician Index Number**

## Instructions for Completion of Form 107

The medical report forms of the Department of Workers' Claims are designed to provide relevant medical information to administrative law judges to assist in determining the occupational implications of a work-related injury or an occupational disease. Therefore, it is important that each section of the forms be carefully and fully completed.

1. All information must be typed or neatly printed.
2. The Department of Workers' Claims maintains a Physician Index with curricula vitae of physicians. Physicians may be included in the index by tendering a copy of a current curriculum vitae with a request for inclusion to: Physicians Index Clerk, **Department of Workers' Claims**, 657 Chamberlin Avenue, Frankfort, Kentucky 40601.
3. The AMA Guides to the Evaluation of Permanent Impairment is mandated by statute. Prior to the completion of the Form, the Physician should become familiar with the edition currently directed by statute and regulation to be used. Reference should be made to chapters, page numbers, and tables for all physical injuries. For psychiatric conditions, the class of impairment should be stated, with reference to impairment ratings provided in prior editions.
4. Objective medical findings to support a medical diagnosis means information gained through direct observation and testing of the plaintiff/employee, applying objective or standardized methods. KRS 342.0011(33).
5. Medical opinions must be founded on reasonable medical probability, not on mere possibility or speculation. Young v. Davidson, Ky., 463 S.W.2d 924 (1971).
6. **Any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.**