



Science

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INDEPENDENT MEDICAL EVALUATION

PATIENT NAME: [REDACTED]
DATE OF BIRTH: [REDACTED]
DATE OF VISIT: February 4, 2020
DATE OF INJURY: October 1, 2018
EXAMINING PHYSICIAN: Theodore L. Gerstle, M.D.
CLINIC LOCATION: Fenley Office Park, 4965 U.S. Highway 42, #1000,
Louisville, KY 40222
ATTORNEY: [REDACTED]

INTRODUCTION: The purpose of this report is to obtain a medical history, complete a physical examination, review medical records, derive a diagnosis with prognosis, and calculate an impairment rating if indicated.

HISTORY OF PRESENT ILLNESS: [REDACTED] is a 41-year-old right-hand dominant female who while employed at DaVita Dialysis as a dialysis technician was using a Hoyer lift to assist a patient who was in a wheelchair and suffered a right wrist hyperextension injury. She subsequently developed a ganglion cyst in the volar wrist and was treated with conservative management including splinting and physical therapy. She then underwent excision of a right volar wrist lesion in January of 2019. She was compliant with her physical therapy and then began to develop dysesthesias of the right hand, right forearm, and right arm.

She underwent nerve conduction testing in May of 2019, which alluded to right median neuropathy, although it was a technically limited study due to patient discomfort. Repeat EMG and nerve conduction study in November of 2019 demonstrated an essentially normal study with no right median or ulnar neuropathy or lesions in the brachial plexus or cervical plexus.

She has been unable to work since December of 2018 due to heaviness and aching and shooting pains from the right mid humeral level to the right fingertips.

PAST MEDICAL HISTORY: Significant for Scheuermann's kyphosis and fibromyalgia.

CHILDHOOD ILLNESSES: Scheuermann's kyphosis.

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ADULT ILLNESSES: Fibromyalgia.
MEDICATIONS: Gabapentin, Flexeril, hydrocodone, and Naprosyn.
ALLERGIES: Penicillin and sulfa.

REVIEW OF SYSTEMS:

RESPIRATIONS: No shortness of breath. No paroxysmal nocturnal dyspnea. No coughing. No hemoptysis.

CARDIOVASCULAR: No tingling or palpitations. She does have a cool right upper extremity.

GI: No diarrhea, constipation, nausea, vomiting, or recent weight loss.

GU: No urgency, frequency, pyuria, hematuria, or nocturia.

MUSCULOSKELETAL: She has weakness and a tremor in the right upper extremity.

NEUROLOGICAL EXAM: She has a constant heaviness and aching and shooting pains in the right upper extremity from the mid humeral level to the fingertips.

PHYSICAL EXAMINATION:

HEENT: Eyes: PERRLA. EOMI. Moist mucous membranes.

CHEST: Clear to auscultation bilaterally.

HEART: Regular rate and rhythm. No appreciable murmur.

BREASTS: Deferred.

ABDOMEN: Soft, nontender, and nondistended. No guarding. No hepatosplenomegaly.

SKIN: The patient has dysesthesias over the radial portion of the right hand with blisters visible over the dorsum. She has abnormal hair growth from the right elbow through the right dorsal hand. The skin appears shiny on the right compared to the left and is also diaphoretic on the right as opposed to the left. Decreased sensation to light touch in the right thumb, index finger, and long finger, but normal on the left. Two-point discrimination is 4mm on both the right and the left throughout. The skin of the right hand is mottled as opposed to the left, which is normal.

MUSCULOSKELETAL: Motor exam: Right wrist extension is 20 degrees, wrist flexion is 15 degrees, ulnar deviation is 15 degrees, and radial deviation is 15 degrees. The patient has full pronation and supination bilaterally. Left wrist flexion and extension are full, ulnar and radial deviation are full, and pronation and supination are full. Grip strength on the right is 3/5 and on the left is 5/5. Opposition is normal on the left and weak to the 5th digit on the right.

NEUROLOGICAL EXAM: The patient has 4mm two-point discrimination in all five digits of both hands. Triceps reflexes are 2+ on the right and 2+ on the left, biceps reflexes are 2+ on the right and 2+ on the left, brachial radialis reflexes are 2+ on the right and 2+ on the left, and patellar reflexes are 2+ on the right and 2+ on the left. Positive Tinel's sign on the right at the wrist and at the medial epicondyle.

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IMPRESSION: Combined median and ulnar neuropathy of the right upper extremity from the mid forearm level.

MEDICAL RECORDS REVIEWED:

1. Operative note from Dr. Nicoson dated January 29, 2019.
2. Baptist Pain Management dated February 21, 2019.
3. Physical therapy note dated March 8, 2019.
4. Note from Dr. Treese from a burn to the right upper extremity dated May 11, 2019.
5. Surveillance notes dated May 17, 2019.
6. EMG from Dr. Iyer dated May 21, 2019.
7. Post-operative followup notes from Dr. Nicoson dated July 19, 2019.
8. Dr. Scott from Baptist Neurology dated September 13, 2019.
9. EMG from Dr. Smith on November 13, 2019.
10. Second opinion from Dr. Luke Robinson at Norton Louisville Arm & Hand dated January 8, 2020.

IMPAIRMENT RATING AND RATIONALE: [REDACTED] would qualify for an impairment rating according to the American Medical Association *Guides to Evaluation of Permanent Impairment*, 5th Edition. One would use the diagnosis related estimates found in Table 16-5, Column 4 . In Column 4, the median neuropathy combined motor and sensory deficits maximum is 45% impairment and the patient is rated at 50% loss of motor and sensory function. Likewise, she has a 50% loss of the ulnar nerve below the mid forearm and is rated at a 50% impairment. These two neuropathies combine to a 42% upper extremity impairment.

In regards to her wrist function, Figure 16-28 rates her flexion of 15 degrees at 7% impairment and extension of 20 degrees at 7% impairment. Wrist deviation is found on Figure 16-31 and her 15 degrees of ulnar deviation correlates to a 3% upper extremity impairment and her 15 degrees of radial deviation correlates to a 2% upper extremity impairment.

Using the Combined Ratings Table on Page 604, we obtain a 53% upper extremity impairment. On Table 16-3, this correlates to a 32% whole person impairment.

All statements in this report are made with a reasonable degree of medical probability. Feel free to contact me with questions.

Sincerely,



Theodore L. Gerstle, M.D.
Plastic Surgeon

TLG/tmh