



Science

Trust

INDEPENDENT MEDICAL EVALUATION

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PATIENT NAME: [REDACTED]
DATE OF BIRTH: [REDACTED]
DATE OF EXAMINATION: June 18, 2020
DATE OF INJURY: [REDACTED]
EXAMINING PHYSICIAN: Michael R. Heilig, M.D.
CLINIC LOCATION: 318 Highland Park Dr., Richmond, KY 40475
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 pleasant 49-year-old male, who while working for [REDACTED] as a company driver was closing a tarp on a covered wagon, when he sustained pain and stiffness in the left shoulder the following morning. He was initially seen at Concentra.

He had an MRI of the shoulder on November 20, 2018, which revealed a less than 50% thickness tear of the supraspinatus. He had an MRI of the cervical spine on December 12, 2018, which demonstrated a disc extrusion, severe to the left at C4-5 with mild disc herniation at C5-6 and C6-7. He had an EMG on July 3, 2019, which revealed a left C6-7 radiculopathy – moderate, per Dr. Leung.

He underwent a surgery on January 16, 2019, per Dr. Rice, which was a cervical spine fusion from C4 to C7 with partial relief. He had two injections in the shoulder in October of 2019 and February of 2020 with about three months of relief each.

He does complain of persistent stiffness in the cervical spine, as well as pain in the left shoulder and left wrist. He does still use a thumb spica brace on the left wrist. He has not been able to return to work. He denies any problems with these areas prior to this injury.

PAST MEDICAL HISTORY: None.

PAST SURGICAL HISTORY: Cervical spine fusion.

MEDICATIONS: None currently.

ALLERGIES: None.

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REVIEW OF SYSTEMS:

RESPIRATIONS: No shortness of breath, no coughing, and no hemoptysis.

CARDIOVASCULAR: No tingling, palpitations, or cold extremities.

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

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

PHYSICAL EXAMINATION:

HEENT: Head: Normocephalic, atraumatic. **Eyes:** Extraocular muscles are intact. Sclerae are clear. Pupils equal and reactive to light. **Ears:** External auditory meatus is clear. **Nose:** Nasal mucosa is well hydrated.

ABDOMEN: Soft. No distention and no guarding.

MUSCULOSKELETAL:

Cervical Spine: He has a well-healed wound on the cervical spine from the fusion. He does have significantly decreased range of motion with some persistent paraspinal musculature tenderness and guarding.

Left Shoulder: The left shoulder does have full range of motion. He does have positive impingement signs, as well as a negative AC, a negative Yergason's test, a negative empty can test. His skin is intact.

Left Hand/Wrist: The left hand and wrist reveals decreased sensation into the thumb, index, and long fingers with two-point discrimination. He has full range of motion. He has decreased grip strength on the left, compared to the right. The skin is intact.

IMPRESSION:

1. Persistent cervical spine pain and stiffness with left upper extremity radiculopathy, status-post C4 to C7 fusion.
2. Left shoulder partial rotator cuff tear.

MEDICAL RECORDS REVIEWED:

1. Concentra Urgent Care.
2. Kentucky Orthopaedic and Spine.
3. AIC Radiology.
4. Dr. Leung, EMG.

IMPAIRMENT RATING AND RATIONALE: Obtained from the American Medical Association's *Guides to the Evaluation of Permanent Impairment*, 5th Edition. Utilizing Table 15-3 on Page 384, Mr. Cane would be a DRE Lumbar Category IV with a 23% impairment of the whole person.

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The impairment for the left shoulder would be 2%, as found in Table 18-7 on Page 584. Utilizing the Combined Values Chart on Page 604, he would have a 25% whole person impairment rating for this work-related injury.

CONCLUSIONS AND RECOMMENDATIONS: [REDACTED] in his present clinical state would not be able to retain any type of gainful employment. He has not been able to work since the time of his injury. He has persistent pain in the cervical spine and left shoulder, as well as numbness, pain, and weakness down the left arm into the hand.

[REDACTED] would benefit from continued treatment to include further physical therapy, anti-inflammatories, and regular doctor visits to include medications and injections. He may ultimately require left shoulder arthroscopy to include rotator cuff repair, which would likely run approximately \$40,000.00.

His date of maximum medical improvement would be July 16, 2019.

As always, the opinions held within this report are all within a reasonable degree of medical probability.

Sincerely,

Michael R. Heilig, M.D.
Orthopedic Surgeon
MRH/tmh