

FILED:

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

MEDICAL REPORT OF DR. RICHARD T. HOLT

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: Machine operator / [REDACTED]
5. Date of examination(s): April 12, 2018
6. By whom was the examination requested [REDACTED]
7. Prior examination by this physician (if any) and date(s): None.

B. PLAINTIFF/EMPLOYEE HISTORY

Plaintiff/Employee related history of complaints or alleged injury/hearing loss/ psychological condition as follows: Ms [REDACTED] was injured on November 1, 2016, when a door hit her on the head after a machine was operated by a colleague on the job. She was evaluated at U.S. Health Systems on the day of the injury and for two or three consecutive times. She was officially released and returned to work. Due to continued pain, she sought out Dr. Vemuri after her previous surgeon, Dr. Lewis was not available. She had a discectomy at C5-6 performed by Dr. Lewis in 2009 or 2008. Dr. Vemuri and staff evaluated the patient, sent her to physical therapy at KORT, and she eventually underwent a surgery, which was an anterior cervical discectomy and fusion at C5-6. Indications for the surgery were foraminal stenosis at the C5-6 level. Prior to the surgery she had primarily neck pain and trapezial pain. After the surgery, she experienced a period of right upper limb numbness and tingling, which has resolved. She now has near daily neck pain and neck stiffness. She has limitations in performing activities of daily living such as housekeeping, which causes her early fatigue and neck pain, as well as sitting for long periods of time, interacting with her grandchildren, and she has difficulty lifting them. She finds driving to be challenging with neck rotation.

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.) Record review shows evaluation on 11/03/2016 at U.S. HealthWorks. She treated with ice, heat, stretching, nonsteroidal anti-inflammatory drugs, Flexeril, and work restrictions. She was seen on 02/09/2017 by Dr. Vemuri up to 05/16/2017. She was also seen by KORT Physical Therapy on 03/27/2017 through 04/17/2017. She had surgery on 08/28/2017 by Dr. Vemuri. She was seen in followup multiple times by Dr. Vemuri with the last time being in January of 2018. She has since sought new employment in a sit-down job.

D. PHYSICAL EXAMINATION

Results of physical examination, including objective medical findings to support complaints and/or diagnosis: She is alert, oriented, and cooperative. Her speech, hearing, and affect are appropriate. Her neck motion is limited with extension to 30 degrees, flexion to 45 degrees, right rotation to 40 degrees, lateral rotation to 60 degrees. In her upper limbs, she has a full range of motion of shoulders, elbows, wrists, and hands bilaterally. Deep tendon reflexes are symmetrical and intact at the elbows and wrists. Motor exam for finger abductors, thumb abductors, wrist flexors and extensors, and elbow flexors and extensors are symmetrical and intact. In the lower limbs, hip flexion, knee extension, and ankle dorsiflexion and plantar flexion are symmetrical and intact. Her toe walk, heel walk, and tandem gait are intact. On the anterior aspect of her neck is a 5cm scar over the right anterior aspect of her neck.

E. DIAGNOSTIC TESTING/Injury

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
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Cervical MRI report 03/24/2017, no images were provided to me, shows C5-6 bilateral foraminal stenosis.			
Cervical x-ray report, shows degenerative changes at C5-6.			

F. DIAGNOSTIC TESTING/Hearing Loss

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

G. DIAGNOSTIC TESTING/Psychological

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.

H. SURGICAL PROCEDURE(S)

Specify type and date of any surgical procedure. Include operative note if surgery performed by this physician. 08/28/2017, C5-6 discectomy and fusion by Dr. Vemuri.

I. DIAGNOSIS

Status post C5-6 fusion for right cervical radiculopathy.

J. CAUSATION

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 even described above? Yes No.
3. If yes, what is that cause and impairment attributable to that cause? She did have pre-existing degenerative changes present, which were dormant at the time of her injury.
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. N/A

K. IMPAIRMENT

1. Using the 5th edition of the AMA Guides to the Evaluation of Permanent Impairment, the Plaintiff/Employee's permanent whole person impairment is: 25%.
2. Chapter, Tables, and Pages utilized to arrive at impairment rating for injuries.

Body Part or System	Chapter Number	Table & Page Number	% Impairment of the Whole Person
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Using DRE Category IV, Page 394, Example 5-15

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: January 23, 2018.

L. RESTRICTIONS

1. The plaintiff/employee described the physical requirements of the type of work performed at the time of injury as follows: Her job was a machine operator.
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?
3. Which restrictions, if any, should be placed upon plaintiff/employee's work activities as the result of the injury? In my opinion, she should be limited to a 30-pound weight-lifting restriction.

M.

CERTIFICATION and QUALIFICATIONS of PHYSICIAN

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: April 12, 2018

Richard T. Holt, M.D.
Orthopedic Surgeon

**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.**