INDEPENDENT MEDICAL EVALUATION

PATIENT NAME:
DATE OF BIRTH: December 26, 1971
DATE OF VISIT: March 10, 2016
DATE OF ACCIDENT: October 7, 2014 & November 12, 2014
EXAMINING PHYSICIAN: Jeffrey N. Fadel, M.D.
CLINIC LOCATION: 4965 U.S. Hwy. 42, #1000, Louisville, KY 40222
ATTORNEY:

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: Mr. is a pleasant 44-year-old male, who while working for Corporation, who manufactures brakes for automobiles was operating a forklift when after dismounting the forklift he was hit by another forklift in both lower extremities below the knees, over the anterior portion of both tibias on October 7, 2014. He resumed his work without medical treatment and was actually showing some improvement when a second incident developed at work on November 12, 2014.

Mr. was assigned at that time to check chemicals required for rust prevention on the automobile brakes. The substance is called "R.P. – 9 Solvent." He would fill large drums for the next shift prior to it beginning and noticed that most of the barrels used had defective hoses and some leaks noticeable at the base of the connection between the barrel and the hose itself. He has no idea exactly what transpired on November 12, 2014, but shortly after filling the drums, he developed burning and pain in both feet, but mostly in the left.

This case then takes on a complicated history with numerous physician referrals and surgical procedures actually to both lower extremities at the University of Louisville and Norton Hospital. The initial diagnosis of a chemical burn to both feet was made with possible psoriasis at the emergency room at St. Mary and Elizabeth Hospital. Later, his family physician reviewed his case at the Park-Duvalle Clinic, and felt he was developing a superficial cellulitis from the injury and was placed on antibiotics.

Without improvement, he again was evaluated in the emergency room, this time at Norton Hospital and there a diagnosis of a left foot abscess with necrotizing fasciitis was made requiring an emergency surgical procedure for an incision and drainage and fasciotomy of the left foot on December 3, 2014. However, symptoms never really improved and in fact, involved his right lower extremity even more so as well. The skin appeared dry with cracks and bleeding of both extremities, but mostly over the left foot near the plantar and dorsal portions of it. The right foot then began to look similar in its consistency. Chronic swelling also continued requiring use of compression socks to both lower extremities, as well as more severe pain developing frequently requiring at that time narcotic analgesics.

Referrals to dermatology and a vascular surgeon gave some advice, but not with any successful treatment for the skin. The vascular services at the University of Louisville felt Mr. had some type of venous reflux disease found in the left lower extremity and with that presumptive diagnosis, he underwent an invasive procedure called an endovascular laser ablation therapy of the deep saphenous vein on June 25, 2015. This procedure had really not resolved any chronic swelling to the left lower extremity to date.

Presently, Mr. major complaints appear to be bilateral foot and leg pain with the left foot averaging a pain level at 7-8/10 and the right leg pain at 6-7/10. He continues to have bilateral leg swelling and uses below-the-knee compression socks on a daily basis. He is being followed by his plastic surgeon, Terry McCurry, M.D., at least every six weeks and is contemplating a referral for a second opinion at a larger institution. The skin continues to appear almost alligator-like in its nature with small blistering and easily fracturing those blisters when touched. No local salves have been of any benefit to either lower extremity skin problems and Mr. requires a cane when walking long distances to help shift the weight usually from his left lower extremity. That extremity continues to be the most symptomatic.

PAST MEDICAL HISTORY:
OPERATIONS: 1) Incision and drainage of the left foot; 2) Debridement of the left foot; 3) Laser surgery of the greater saphenous vein of the left lower extremity; and 4) Debridement of the right foot.
HOSPITALIZATIONS: As above.
CHILDHOOD DISEASES: No unusual childhood diseases.
ADULT ILLNESSES: Essential hypertension and hypercholesterolemia.
MEDICATIONS: Losartan, gabapentin, and a statin.
ALLERGIES: Penicillin and cephalosporins.

REVIEW OF SYSTEMS:
RESPIRATIONS: No shortness of breath, no paroxysmal nocturnal dyspnea, no coughing, no hemoptysis.
CARDIOVASCULAR: No tingling, palpations, or cold extremities.

GI: No diarrhea, constipation, nausea, vomiting, or recent weight loss.
GU: No urgency, frequency, pyuria, hematuria, or nocturia.

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MUSCULOSKELETAL: The left lower extremity is painful and burns at a pain level at 7-8/10, which is mostly over the plantar aspect and dorsal aspect of the foot. The skin appears scaly like an alligator skin with petechiae and some color changes and blister formation. The right lower extremity is painful over the plantar and dorsal portions of the foot with a pain level at 5-6/10 with alligator-type skin and microblisters.

NEUROLOGICAL EXAMINATION: He has some localized pain, but it seems to be mostly general over the entire left foot and over the plantar aspect of the right foot. He has no loss of sensorium or history of seizure disorder.

PHYSICAL EXAMINATION:
HEENT: Head: Normocephalic. **Eyes:** Extraocular muscles are intact. Sclerae - clear. Conjunctivae - clear. Pupils equal and reactive to light. **Ears:** External auditory meatus clear. **Nose:** Nasal mucosa well hydrated. **Neck:** No lymphadenopathy, no venous distention, or palpable thyroid.
CHEST/LUNGS: Lungs are clear to P and A; no rhonchi or rales.
HEART: Regular sinus rhythm. No murmurs. PMI at fifth intercostal space.
BREASTS: Deferred.
ABDOMEN: Soft. No distention, no guarding, no hepatosplenomegaly discernable.

MUSCULOSKELETAL:
Left Lower Extremity: On inspection, he has alligator-like skin with microblistering and skin discoloration over the dorsal portion and plantar aspects of the foot. There is a palpable dorsalis pedis and posterior tibial artery. There is some pitting edema beginning 4cm below the anterior tibial tubercle extending distally into the foot.
Right Lower Extremity: On inspection, he has alligator-like skin with microblisters over the dorsal portion of the right foot. There is some over the plantar aspect as well, but there is also skin discoloration. There is a palpable dorsalis pedis and posterior tibial pulse with pitting edema over the distal tibia from the anterior tibial tubercle into the foot.

NEUROLOGICAL EXAM: He has hypersensitivity to light touch mostly over the dorsal portions of both feet. His deep tendon reflexes are normal. His straight leg raises are also normal.

IMPRESSION:
1. Chronic venostasis of both lower extremities, caused from the accident at work on November 12, 2014.
2. Chemical burns to skin of the right and left foot, caused from the accident at work on November 12, 2014.

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MEDICAL RECORDS REVIEWED:

1. University of Louisville, Surgical Associates, Terry McCurry, M.D., Plastic Surgeon, medical records.
2. Amit Dwivedi, M.D., Vascular Surgeon, University of Louisville, medical records.
3. Anig Moore, M.D., University of Louisville Family Physicians, medical records.
4. Norton Hospital, CAT scan of left leg, Doppler studies of both lower extremities, medical records.
5. Medical Center East, Jewish Hospital, medical records.
6. Crystal Johnson, M.D., Park-Duvalle Medical Center, medical records.

IMPAIRMENT RATING AND RATIONALE: Obtained from the American Medical Association's *Guides to the Evaluation of Permanent Impairment*, 5th Edition. Mr. has two ratable categories; the first is the skin injury caused from the chemical burns and the second is from chronic swelling to both lower extremities. Defining the swelling portion to both lower extremities, one needs to refer to the "Guides 5th Edition," Table 4-5, Page 76. Both extremities would fall into a Class 2 category with a 20% value assigned to the lower extremity of each. Therefore, using Table 17-3, Page 527, one then converts to a whole person, equating to 8% for each lower extremity. These are then added using the Combined Value Chart on Page 604, which then translates to 15% whole person permanent partial impairment due to the vascular insult to both lower extremities, causing the chronic swelling.

Next, the skin impairment is relatively straightforward when one refers to the explanation outlined in Table 8-2 on Page 178 of the "Guides 5th Edition." Mr. would fall into a Class 3 category assigning a 30% whole body impairment to his injury. Therefore, adding the 30% and the 15% using the Combined Value Chart on Page 604, Mr. would have a 41% whole body permanent partial impairment from the chemical burns and exposure to both lower extremities, which happened on November 12, 2014.

CONCLUSIONS AND RECOMMENDATIONS: Mr. , in his present clinical state, would be unable to retain any type of gainful labor employment, since walking causes increased pain and swelling in his lower extremities. Standing more than 15 minutes in one place, repetitive stair climbing, continuous walking for more than five minutes, and operating foot pedals on an eight-hour shift would be impossible for this gentleman. A sedentary office-type job would be the only form of employment that this gentleman would be able, in my view, be fit to attempt.

I do think that a second opinion from a larger institution, such as the Cleveland Clinic and their dermatology department might be of some help defining the specific skin problem more accurately possibly and also the likelihood of treatments in a trial format that may not be available in the general medical community here in Louisville.

The date of maximum medical improvement, therefore, would be July of 2015, since his operative procedure done for the venous insufficiency was completed in late June and no dramatic changes have been seen despite the plethora of treatments. As always, the opinions held within this report are all within a reasonable degree of medical probability.

Sincerely,

Jeffrey N. Fadel, M.D.
Orthopedic Surgeon
JNF/tmh