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INDEPENDENT MEDICAL EVALUATION

PATIENT NAME: [REDACTED]
DATE OF BIRTH: [REDACTED]
DATE OF IME: April 14, 2023
DATE OF INJURY: [REDACTED]
EXAMINING PHYSICIAN: David B. Britt, M.D.
CLINIC LOCATION: 9900 Corporate Campus Dr., #2400, Louisville, KY 40223
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: Ms. [REDACTED] is a 55-year-old right-hand dominant female, who while employed by the City of Henderson, Kentucky, injured her right shoulder on September 30, 2021. Her duties at work include lifting boxes on and off shelves, opening and closing valves, and using a fire hose. On the day of injury, she was lifting a box weighing 20 pounds, which she has done many times leading up to this day. When she lifted the box and placed it on the shelf, she felt a pop and developed instant pain in the right shoulder.

She was seen at Deaconess Urgent Care and COMP that same day, where she was diagnosed with a right bicep tear. She was referred to Orthopaedic Associates and saw James E. Goris, M.D. on October 5, 2021. She was diagnosed with right proximal biceps rupture of long head. It was Dr. Goris' medical opinion within a reasonable degree that her symptoms were the result of the work-related injury. She as placed on work restrictions of 5-pound lifting at waist level with no overhead.

She was seen in follow-up on October 25, 2021, continuing to have soreness and also at night. She was advised on exercises in increased lifting restriction to 10 pounds at waist level with no overhead.

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She was seen in follow-up on November 16, 2021. Her arm was feeling better, but continued with pain in the shoulder even with littlest/smallest activity. She underwent XR arthrogram of the right shoulder, which was consistent with a full thickness rotator cuff tear.

The patient stated a right shoulder muscle strain 10 years prior while working at Columbus Shoes when lifting boxes. She was treated for muscle strain with physical therapy and recovered to the job able to lift and perform with no restrictions.

On January 12, 2022, Douglas Lowery, M.D. performed arthroscopic subacromial decompression rotator cuff repair with long head of biceps tenotomy. Her post-operative diagnosis was massive cuff tear plus long head of biceps tear. She received post-operative care, along with physical therapy and work activity advanced.

On follow-up with Douglas Lowery, M.D., on February 5, 2022, she was released to full duty with no restrictions. At that appointment she expressed she could not swim or put on a bra in normal fashion due to the pain.

She now continues to complain of decreased range of motion. She states her pain is a 5/10 on a daily basis, including at work. She has difficulty sleeping and is unable to sleep on her right side. She states fatigue when writing.

PAST MEDICAL HISTORY: Positive for arthritis, hyperlipidemia, eczema, rosacea, and reactive airway disease. She had breast cancer in 2015 and was treated with chemotherapy, radiation, and surgery.

OPERATIONS: Carpal tunnel release, C-section in 1985, tunnel venous catheter placement on October 19, 2015, breast lumpectomy on April 20, 2016, and left breast biopsy on September 20, 2015.

MEDICATIONS: Levothyroxine, Pravachol, nonsteroidal anti-inflammatories, and Norco.

ALLERGIES: NKA.

REVIEW OF SYSTEMS:

RESPIRATIONS: Denies shortness of air, cough, or hemoptysis.

CARDIOVASCULAR: Denies chest pain, palpitations, syncope, or cold extremities.

GI: Denies diarrhea, constipation, bright red blood per rectum, melena, or weight changes.

GU: Denies dysuria, frequency, hesitancy, or heartburn.

NEUROLOGICAL: No loss of sensorium. Denies seizure disorder. No symptoms consistent with upper extremity radiculopathy.

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PHYSICAL EXAMINATION: Physical examination reveals a well-developed, well-nourished female in no acute distress.

HEENT: Head: Normocephalic. **Eyes:** Extraocular muscles are intact. Pupils equally round and reactive to light and accommodation. Sclerae are nonicteric. **Ears:** Unremarkable external auditory canal. Hearing intact. **Neck:** No lymphadenopathy, no thyromegaly.

CHEST/LUNGS: Lungs are clear.

HEART: Regular rate and rhythm.

ABDOMEN: Soft, nontender, and no guarding.

MUSCULOSKELETAL: (For range of motion, three values are obtained for each motion segment, but only largest is recorded.)

Right Shoulder - Inspection: There is no tenderness to deep palpation.

Right Shoulder - ROM: (Active) Flexion 140 degrees, extension 20 degrees, abduction 85 degrees, adduction 30 degrees, internal rotation 40 degrees, and external rotation 50 degrees. (Passive) Flexion 160 degrees, extension 30 degrees, abduction 95 degrees, adduction 40 degrees, internal rotation 50 degrees, and external rotation 60 degrees.

Left Shoulder - ROM: (Active) Flexion 180 degrees, extension 50 degrees, abduction 180 degrees, adduction 60 degrees, internal rotation 90 degrees, and external rotation 90 degrees.

NEUROLOGICAL EXAM:

Right Upper Extremity:

1. Reflexes: Biceps 5/5, triceps 5/5, and brachioradialis 5/5.
2. Sensation intact to light touch.
3. Manual muscle strength testing: Biceps 5/5, triceps 5/5, wrist extensors 5/5, wrist flexion 5/5, interossei 5/5, and grip strength 5/5.

Left Upper Extremity:

1. Reflexes: Biceps 5/5, triceps 5/5, and brachioradialis 5/5.
2. Sensation intact to light touch.
3. Manual muscle strength testing: Biceps 5/5, triceps 5/5, wrist extensors 5/5, wrist flexion 5/5, interossei 5/5, and grip strength 5/5.

IMPRESSION:

1. Massive right rotator cuff tear plus long head of biceps tear, caused from incident at work on September 30, 2021.
2. Status-post arthroscopic subacromial decompression rotator cuff repair with long head of biceps tenotomy.

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MEDICAL RECORDS REVIEWED:

1. Deaconess Urgent Care and COMP Henderson, medical records, September 30, 2021.
2. Orthopaedic Associates, medical records, October 5, 2021 through July 5, 2022.
3. Surgery report, dated January 12, 2022.

IMPAIRMENT RATING AND RATIONALE: Ms. [REDACTED] has a ratable injury according to the American Medical Association's Guides to the Evaluation of Permanent Impairment, 5th Edition. One uses the Range of Motion Method found in Figures 16-38 through 16-46 on Pages 474 through 479. In addition the range of motion values are needed that were obtained on physical examination. A 15% upper extremity value was calculated. One then converts this figure to a whole person number, which is accomplished by referring to Table 16-3 on Page 439. This results in a 9% whole body permanent partial impairment due to the injury [REDACTED] sustained to the right shoulder while at work on September 30, 2021.

CONCLUSIONS AND RECOMMENDATIONS: Ms. [REDACTED] has reached maximum medical improvement as of February 5, 2022.

She is back to her job with no restrictions.

She does have some decreased range of motion and pain. She is compensated by using her left shoulder more. Should she develop injury to her left shoulder in the future, it could be causally related to her right shoulder injury. It is my medical opinion the injury at work on [REDACTED] [REDACTED] was the sole cause of the right rotator cuff massive tear and biceps long head tear.

If she were my patient she could return to her orthopedic physician to consider steroid injection or reverse shoulder replacement should her pain increase and function decrease, requiring further treatment.

Finally, the opinions expressed in this report are all within a reasonable degree of medical probability.

Sincerely,



David B. Britt, M.D.
Internal Medicine Specialist
Kentucky Worker's Claim Physician Index Number 2643
DBB/tmh