

Lesley, MD

KNEE Impairment Rating Report

Patient: DEREK

File #: MADERIS909

Case Identifiers

Patient Name: DEREK
Date of Birth: 03/06/1953
File #: MADER
Claim #:
Date of Injury/Illness: 06/23/2012
Evaluation Date: 09/01/2019
Dominant Side: Left Side

DEREK reached Maximum Medical Improvement on 04/28/2006.

**Total Whole Person Impairment:
26% WP**

Diagnosis

924.11 - contusion knee
715.16 - loc prim osteoart-l/leg

Impairment Rating and Rationale

Arthritis	Ch 17, pp 544-545 (Table 17:31)	L: 20% LE / R: 50% LE
Knee: Range of Motion	Ch 17, pp 533-538 (Figure 17:4 and Table 17:10)	L: 0% LE / R: 0% LE

After the values from each region/body system are expressed in %WP, they are combined to produce the Total Whole Person Impairment.

Whole Person Impairment: 26%

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Knee Range of Motion

This portion of the evaluation was conducted by Lesley Anderson, MD on 9/7/2009.

Involved Side: Left & Right

Previous Injury: Right

Left Side:		
	Flex	Ext
Angle	125	0
Impairment	0%	0%
	Varus	Valgus
Angle		3
Impairment	0%	0%

Right Side:		
	Flex	Ext
Angle	105	5
Impairment	10	10
	Varus	Valgus
Angle		3
Impairment	0	0

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 17, pp 533-538 (Figure 17:4 and Table 17:10)

All range of motion impairment values are added.

Calculated Impairment

Left: 0% LE Right: 20% LE

Assigned Impairment

Left: 0% LE Right: 0% LE

Arthritis bundles the range of motion numbers and is not included in the rating per Table 17-7.

Degenerative Joint Disease (Arthritis)

Hip-to-Knee

This portion of the evaluation was conducted by Lesley Anderson, MD on 9/7/2009.

Involved Side: Right

Previous Injury: Right

Evaluation of Left Side:

The sacroiliac cartilage interval is normal (3 mm). The hip cartilage interval is normal (4 mm). The knee cartilage interval is 2 mm (20% LE). The patellofemoral cartilage interval is normal.

Evaluation of Right Side:

The sacroiliac cartilage interval is normal (3 mm). The hip cartilage interval is normal (4 mm). The knee cartilage interval is 0 mm (50% LE). The patellofemoral cartilage interval is normal.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 17, pp 544-545 (Table 17:31)

Impairment

Left: 20% LE Right: 50% LE

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Total Left Lower Extremity Impairment

20% LE (or 8% WP)

Total Right Lower Extremity Impairment

50% LE (or 20% WP)

Patient expressed having difficulty with Physical Activity in the following activities;

Climbing Stairs

Walking

Sitting

Standing

Patient expressed having difficulty with Travel in the following activities;

Driving

Disclosure Statement

I declare under penalty of perjury, that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated that I have received from others. As to that information, I declare under penalty of perjury, that the information accurately describes information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury, that I personally performed the evaluation of the patient and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

I further declare under penalty of perjury, that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

I further declare under penalty of perjury, that no one has performed any services in connection with the report, including diagnostic studies, other than clerical preparation. I further declare under penalty of perjury, that I devote annually greater than 1/3 of my time to medical treatment. I have not violated Labor Code 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

The opinions rendered in this report are based on the information available to me at the time of this evaluation. If further information is required to be reviewed, I reserve the right to change my opinion.

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San Francisco, CA 94115