

Report of Medical Evaluation

Patient: Sample Patient

File #:12345

Referral Source

Company Name: Sample Insurance Company

Address: 200 Main Street, Big City234, MA 00001

Phone/Fax: Phone: (000) 000-0001 Fax: (000) 000-0002

Case Identifiers

Patient Name: Sample Patient

Patient Address: 1234 Walnut Hill Lane, San Francisco, CA 23456

Date of Birth: 01/25/1971

File #: 12345

Claim #: 54321

Date of Injury/Illness: 01/01/2006

Evaluation Date: 01/30/2006

Dominant Side: Right Side

**Sample Patient reached Maximum
Medical Improvement on 06/19/2019.**

**Total Whole Person Impairment:
44% WP**

Impairment Rating and Rationale

Peripheral Sensory	Ch 16, pp 480-483 (Tables 16:10 and 16:15)	L: 1% UE / R: 0% UE
Lumbar: Diagnosis Related Esti	Ch 15, pp 384-388 (Table 15:3)	5% WP
Knee: Range of Motion	Ch 17, pp 533-538 (Figure 17:4 and Table 17:10)	L: 0% LE / R: 30% LE
Knee: Disorders	Ch 17, p 546 (Table 17:33)	L: 37% LE / R: 0% LE
Hand: Arthroplasty	Ch 16, pp 505 - 506 (Table 16:27)	L: 3% Hand / R: 0% Hand
Pelvis Fractures	Ch 17, p 546 (Table 17:33)	L: 0% LE / R: 0% LE
Gait Derangement	Ch 17, p 529 (Table 17:5)	L: 0% WP / R: 7% WP
Tibial Shaft Fracture	Ch 17, p 547 (Table 17:33)	L: 0% LE / R: 0% LE
Cervical: Diagnosis Related Esti	Ch 15, pp 392-395 (Table 15:5)	0% WP
Corticospinal Tract Damage	Ch 15, pp 395-398 (Table 15:16)	0% WP
Cervical: Dislocations	Ch 15, p 404 (Table 15:7)	5% WP
Cervical: IVD/Soft Tissue	Ch 15, p 404 (Table 15:7)	0% WP
Cervical: Spondylolisthesis	Ch 15, p 404 (Table 15:7)	0% WP
Cervical: Stenosis	Ch 15, p 404 (Table 15:7)	0% WP

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Thoracic: Diagnosis Related EstCh 15, pp 388-391 (Table 15:5)

0% WP

Thoracic: Stenosis Ch 15, p 404 (Table 15:7)

0% WP

Pelvis: Fractures Ch 15, pp 427-428 (Table 15:19)

10% WP

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: 44%

DRE Method

Cervical Diagnosis Related Estimates

This portion of the evaluation was conducted by John Sample, DO on 5/22/2019.

The patient qualifies for Cervical DRE Category I, which is restricted to 0% WP impairment.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, pp 392-395 (Table 15:5)

Calculated Impairment

0% WP

Assigned Impairment

0% WP

Thoracic Diagnosis Related Estimates

This portion of the evaluation was conducted by John Sample, DO on 5/22/2019.

The patient qualifies for Thoracic DRE Category I, which is restricted to 0% WP impairment.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, pp 388-391 (Table 15:5)

Impairment

0% WP

Lumbar Diagnosis Related Estimates

This portion of the evaluation was conducted by John Sample, DO on 1/30/2006.

The patient qualifies for Lumbar DRE Category II, which allows 5%-8% WP impairment.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, pp 384-388 (Table 15:3)

Impairment

5% WP

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Corticospinal Tract Damage

This portion of the evaluation was conducted by John Sample, DO on 5/22/2019.

The patient's injury, and it's effects on the patient's Activities of Daily Living (ADL), is qualifies for the following impairments:

* The patient met the description for Class 4 , Impairment on One Upper Extremity to the dominant extremity, which allows for 40%-60% WP impairment (0% was selected). Class 4 is described as : Individual cannot use the involved extremity for self-care or daily activities.

* The patient met the description for Class 1 , which allows for 0%-19% WP impairment (0% was selected). Class 1 is described as : Individual has some degree of voluntary control but is impaired by urgency or intermitten incontinence.

* The patient met the description for Class 1 , which allows for 0%-19% WP impairment (0% was selected). Class 1 is described as : Individual has reflex regulation but only limited voluntary control.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, pp 395-398 (Table 15:16)

Impairment

0% WP

Vertebral Dislocations

Cervical

This portion of the evaluation was conducted by John Sample, DO on 5/22/2019.

Reduced dislocations were noted at 1 levels.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, p 404 (Table 15:7)

Impairment

5% WP

IVD or Other Soft Tissue Lesions

Cervical

This portion of the evaluation was conducted by John Sample, DO on 5/22/2019.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, p 404 (Table 15:7)

Impairment

0% WP

Spinal Disorders, Unoperated

Cervical

This portion of the evaluation was conducted by John Sample, DO on 5/22/2019.

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There were no unoperated spondylolysis or spondylolisthesis meeting the minimum impairment evaluation criteria.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, p 404 (Table 15:7)

Impairment

0% WP

Spinal Disorders, Operated

Cervical

This portion of the evaluation was conducted by John Sample, DO on 5/22/2019.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, p 404 (Table 15:7)

Impairment

0% WP

Thoracic

This portion of the evaluation was conducted by John Sample, DO on 5/22/2019.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, p 404 (Table 15:7)

Impairment

0% WP

Pelvis Fractures

This portion of the evaluation was conducted by John Sample, DO on 5/22/2019.

Involved Side: Left & Right **Previous Injury:** No

Findings include:

- * Healed fracture(s) with displacement, deformity and residual signs involving:
 - * the sacrum (equivalent to 10% WP)

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, pp 427-428 (Table 15:19)

Impairment

10% WP

Calculated Impairment

10% WP

Assigned Impairment

10% WP

Total Spine/Pelvis Impairment

19% WP

Peripheral Nervous System

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Sensory Deficit/Dysesthesia

Sensory Grade Scale		
Grade	Description of pain/deficit	% Sensory Deficit
5	No loss of sensibility, abnormal sensation, or pain	0
4	Distorted superficial tactile sensibility, with or without minimal abnormal sensations or pain, that is forgotten during activity	1-25
3	Distorted superficial tactile sensibility, with some abnormal sensations or slight pain, that interferes with some activities	26-60
2	Decreased superficial cutaneous pain and tactile sensibility, with abnormal sensations or moderate pain, that may prevent some	61-80
1	Deep cutaneous pain sensibility present; absent superficial and tactile sensibility, with abnormal sensations or severe pain, that prevents most activity	81-99
0	Absent sensibility, abnormal sensations, or severe pain that prevents all	100

This portion of the evaluation was conducted by John Sample, DO on 1/30/2006.

Involved Side: Left

Previous Injury: No

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Nerve (Sensory Value)	Left Side			Right Side		
	Grade	% Sensory deficit	Impairment (% UE)	Grade	% Sensory deficit	Impairment (% UE)
Axillary (.05)			0%			0%
Medial antebrachial cut. (.05)			0%			0%
Medial brachial cutan. (.05)	4	25	1%			0%
Median above midforearm (.39)			0%			0%
Median below midforearm (.39)			0%			0%
Radial palmar digital of thumb (.07)			0%			0%
Ulnar palmar digital of thumb (.11)			0%			0%
Radial palmar digital of index finger (.05)			0%			0%
Ulnar palmar digital of index finger(.04)			0%			0%
Radial palmar digital of middle finger (.05)			0%			0%
Ulnar palmar digital of middle finger (.04)			0%			0%
Radial palmar digital of ring finger (.03)			0%			0%
Musculocutaneous (.05)			0%			0%
Radial upper arm (.05)			0%			0%
Radial elbow (.05)			0%			0%
Suprascapular (.05)			0%			0%
Ulnar above midforearm (.07)			0%			0%
Ulnar below midforearm (.05)			0%			0%
Ulnar palmar digital of ring finger (.02)			0%			0%
Radial palmar digital of little finger (.02)			0%			0%
Ulnar palmar digital of little finger (.03)			0%			0%

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 16, pp 480-483 (Tables 16:10 and 16:15)

Impairment

Left: 1% UE Right: 0% UE

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Hand/Joint Disorders

Hand Arthroplasty

Left Side	CMC/MP Joint	MP/PIP Joint	IP/PIP Joint	Hand Impairment
Left Thumb Outcome	N/A	Resection	N/A	
Impairment	0	3	0	0
Right Side	CMC/MP Joint	MP/PIP Joint	IP/PIP Joint	Hand Impairment

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 16, pp 505 - 506 (Table 16:27)

Impairment

Left: 3% UE Right: 0% UE

Total Left Upper Extremity Impairment

4% UE (or 2% WP)

Total Right Upper Extremity Impairment

0% UE (or 0% WP)

Gait Derangement

This portion of the evaluation was conducted by John Sample, DO on 5/21/2019.

Involved Side: Right **Previous Injury:** No

The patient's gait derangement is classified as Mild (antalgic limp with shortened stance phase and documented moderate-to-advanced arthritic changes of the hip, knee or ankle). This classification is equivalent to 7% WP impairment.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 17, p 529 (Table 17:5)

Impairment

7% WP

Range of Motion/Ankylosis

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Knee Range of Motion

This portion of the evaluation was conducted by John Sample, DO on 1/30/2006.

Involved Side: Right

Previous Injury: No

Left Side:		
	Flex	Ext
Angle	110	0
Impairment	0%	0%
	Varus	Valgus
Angle		3
Impairment	0%	0%

Right Side:		
	Flex	Ext
Angle	663	5
Impairment	0	10
	Varus	Valgus
Angle	2	3
Impairment	20	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.

Impairment

Left: 0% LE Right: 30% LE

Diagnosis Based Estimates (Specific Disorders)

Pelvis Disorders

This portion of the evaluation was conducted by John Sample, DO on 5/21/2019.

Involved Side: Left & Right

Previous Injury: No

Impairment Calculation/Discussion

Refer to Chapter 17, p 546 (Table 17:33)

Impairment

Left: 0% LE Right: 0% LE

Knee Disorders

This portion of the evaluation was conducted by John Sample, DO on 5/21/2019.

Involved Side: Left

Previous Injury: No

Evaluation of Left Side:

A total knee replacement with good results carries a 37% LE impairment.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 17, p 546 (Table 17:33)

Impairment

Left: 37% LE Right: 0% LE

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Tibial Shaft Fracture

This portion of the evaluation was conducted by John Sample, DO on 5/21/2019.

Involved Side: Left

Previous Injury: No

For the left lower extremity, the tibial shaft fracture with 0 degrees of malalignment is assigned 0% LE.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 17, p 547 (Table 17:33)

Impairment

Left: 0% LE

Right: 0% LE

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Peripheral Nervous System

Sensory Deficit/Dysesthesia

Sensory Grade Scale		
Grade	Description of pain/deficit	% Sensory Deficit
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2	Decreased superficial cutaneous pain and tactile sensibility, with abnormal sensations or moderate pain, that may prevent some	61-80
1	Deep cutaneous pain sensibility present; absent superficial and tactile sensibility, with abnormal sensations or severe pain, that prevents most activity	81-99
0	Absent sensibility, abnormal sensations, or severe pain that prevents all	100

This portion of the evaluation was conducted by John Sample, DO on 5/22/2019.

Involved Side: Left & Right

Previous Injury: No

Nerve (Sensory Value)	Left Side			Right Side		
	Grade	% Sensory deficit	Impairment (% LE)	Grade	% Sensory deficit	Impairment (% LE)
Femoral (.02)	4	20	0%	3	50	1%
Lat. femoral cutaneous (.09)	4	20	0%	3	50	1%
Sciatic (.27)	4	20	3%	3	50	9%
Common peroneal (.10)	4	20	1%	3	50	3%
Superficial peroneal (.10)	4	20	1%	3	50	3%
Sural (.07)	4	20	0%	3	50	1%
Medial plantar (.14)	4	20	1%	3	50	3%
Lateral plantar (.14)	4	20	1%	3	50	3%

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, pp 427-428 (Table 15:19)

Calculated Impairment

Assigned Impairment

7% LE

23% LE

Left: 0% LE

Right: 0% LE

Total Left Lower Extremity Impairment

37% LE (or 15% WP)

Total Right Lower Extremity Impairment

43% LE (or 17% WP)

Discussion

Work Ability/Restrictions

Comments on this patient's work restrictions go here...

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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.

John Sample, DO

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