
LC 4663 Apportionment Cases

—68-year old school teacher working for the school district at her U&C for about 30 years. Underwent scoliosis surgery in 1960 for AIS consisting of a T3 to L3 Fusion. Started working as a teacher in 1976 without restrictions. Then had an extended fusion from L3 to S1 in 1994. Returned to her U&C after 6 months. Had a specific spine injury in 1998 and 2005 both of which were treated conservatively and each case was settled with a stipulated award with future medical. Developed progressive spine symptoms and stopped working in 2010 because of her spine pain. Xrays revealed multiple broken rods and wires and surgery was performed consisting of a HWR and revision fusion at multiple levels

47 year old plumber morbidly obese, 40 pack year history of smoking, and medication controlled Diabetes fell at work in 2010 after which an MRI showed a Right FTRCT, AC-DJD and a lipoma in the subQ of the trapezius. He underwent surgery (RCR, DCR, SAD, and lipectomy). Developed numbness in the LF and RF from the Post op immobilization. EMG was + for a Cubital and Carpal Tunnel Syndromes and diabetic polyneuropathy. He then underwent a CTR and SMUNT and developed a post-op infection. PO Abx were not effective and IV Abx were started per the ID consultant. He then developed bloody diarrhea with C.Diff and an anal fissure requiring two surgeries. Persistent Right shoulder pain led to an MRI which showed a failed RCR for which he underwent a Revision RCR. He developed Adhesive Capsulitis and underwent a MUA which was complicated by an intraoperative humerus fracture with a radial nerve palsy. He then developed Left shoulder pain after which an MRI showed a Left FTRCT. Surgery was performed consisting of a RCR and SAD and developed Adhesive Capsulitis post op but refused further treatment

30 year old cafeteria worker developed LBP following a specific lifting injury. Xrays showed bilateral L5 Spondylolysis with Grade 1 Listhesis. An MRI showed these same findings in addition to central canal and neuroforaminal stenosis bilaterally. She was recommended for surgery and underwent an L5S1 Bilateral Laminotomy, Foraminotomy, Discectomy. After rehab, she RTW at her U&C and her case was settled with Standard Category A Work Restriction. 6 years later she developed progressive LBP and Xrays now showed Grade 2 Listhesis. She then underwent a L5S1 Anterior and Posterior fusion and eventually RTW once again at her U&C. 2 years later she developed LBP following a witnessed slip and fall. Xrays showed a successful fusion without HWF and an L45 HNP. Conservative treatment was undertaken but was unsuccessful after which she underwent an L45 ADR. Following her rehab program, she was unable to return to her position