

Upper Extremity Injuries - California Impairment Ratings Using the AMA 5th Guides

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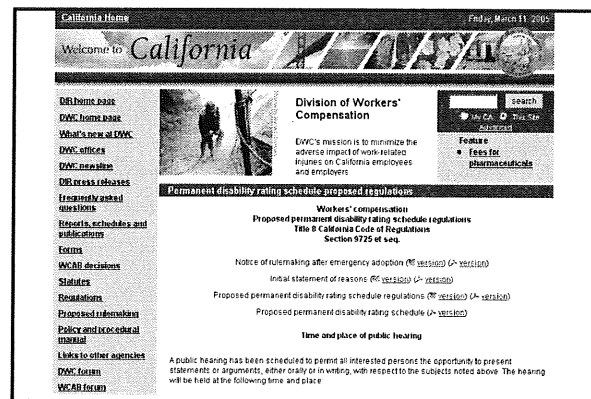
"The art of medicine lies in
keeping the patient amused,
whilst nature cures the
disease..."

Voltaire

Introduction

Return to Work

1. Capacity
2. Risk
3. Tolerance



California Impairment

- <http://www.dir.ca.gov/dwc/forms.html>
- <http://www.dir.ca.gov/dwc/dwcpropregs/pdrsregs.htm>
- <http://www.coassn.org/>

California Forms

- Application for Adjudication of Claim
- Declaration of Readiness to Proceed
- Declaration of Readiness to Proceed - Expedited Hearing (Trial)
- Petition for Reconsideration
- Notice of Dismissal of Attorney
- Petition for Commutation of Future Payments
- Appeal from Determination and Order of the Rehabilitation Unit
- Application for Benefits for Serious and Willful Misconduct of Employer
- Application for Discrimination Benefits Pursuant to Labor Code Section 132 (A)
- Petition to Reopen
- Request for Reconsideration of Summary Rating to the Administrative Director
- Notice and Request for Allowance of Lien
- Information Guidelines for Submission of Settlement Documents
- Pre-Trial Conference Statement
- Minutes of Hearing/Order and Decision on Request for Continuance/Order Taking Off Calendar/Notice of Hearing
- Vocational Rehabilitation

California Forms

- RU 90 Treating Physician Report of Disability
- RU 91 Description of Job Duties
- RU 94 Notice of Offer of Modified or Alternate Work
- RU 102 Rehabilitation Plan
- RU 103 Request for Dispute Resolution
- RB 105 Request for Conclusion
- RU 105 Notice of Termination
- RB 107 Declination for Date Of Injury's pre 1/1/90
- RU 107 Declination for Date Of Injury's 1/1/90 - 12/31/93
- RU 107A Declination for Date Of Injury's post 1/1/94
- RU 120 Evaluation Summary
- RU 121 Program Report
- RU 122 Settlement of Prospective Vocational Rehabilitation Services

California Forms

- DEU 100 Employee's Permanent Disability Questionnaire
- DEU 101 Request for Summary Rating Determination (of AME's or QME's Report)
- DEU 102 Request for Summary Rating Determination (of Primary Treating Physician's Report)
- DEU 103 Request for Reconsideration of Summary Rating by the Administrative Director
- DEU 105 Apportionment
- DEU 110 Notice of options following permanent disability rating
- DEU 200 Employee's Request for Informal Permanent Disability Rating
- DEU 201 Request for Informal Rating (by Insurance Carrier or Self-Insurer)
- Request for Consultative Rating

California Forms

- Audit Referral Form - Also available is a one-page guide for completing this form, developed by the DWC Information and Assistance Unit.

California Forms

- DLSR Form 5021, Doctor's First Report of Occupational Injury or Illness - Insurers, self-insured employers, doctors, clinics, hospitals and other persons may reproduce this form following specifications contained in Section 14007 of Title 8, California Code of Regulations.
- DWC Form 280 Petition for Change of Primary Treating Physician (.pdf, 60k) form

California Forms

- Judicial Ethics Complaint Form and Information
- Managed Care
- DWC 1194 HCO Enrollment Form
- HCO Application Instructions (under revision)
- HCO Application (under revision)

California Forms

- The Injured Worker Pamphlet
- Workers' Compensation Claim Form (DWC 1) and Notice of Potential Eligibility
- Notice to Employees Poster
- DLSR Form 5020, Employer's Report of Occupational Injury or Illness - Employers obtain this form from their workers' compensation claims administrator. Insurers and self-insured employers reproduce the form following all of the conditions contained in Section 14005 of Title 8, California Code of Regulations.

California Forms

- PR-2 Primary Treating Physician's Progress Report
- PR-3 Primary Treating Physician's Permanent and Stationary Report (1997 Schedule)
- PR-4 Primary Treating Physician's Permanent and Stationary Report (2005 AMA Guides)

PR-2 Progress Report

- DWC Form PR-2
- In syllabus
- Can substitute or append a narrative report

PR-2 Progress Report - 1

- Periodic report
- Change in treatment plan
- Released from care
- Change in work status
- Need for referral or consultation
- Response to request for information
- Change in patient's condition
- Need for surgery or hospitalization
- Request for authorization
- Other

PR-2 Progress Report - 2

- Patient Info
- Claims Administrator
- Subjective Complaints
- Objective Findings
- Diagnoses
- ICD-9
- Treatment Plan

PR-2 Progress Report - 3

- Work Status
- Remain of work until
- Return to modified work on ____ with following limitations or restrictions
- Return to full duty on ____ with no limitation or restrictions

PR-3 Progress Report - 1

- 1997 Permanent Disability Rating Schedule
- Not to be used by QME or AME to report medical legal evaluation

PR-4 Progress Report - 1

- 2005 Permanent Disability Rating Schedule & the AMA Guides 5th Edition
- Not to be used by QME or AME to report medical legal evaluation

PR-4 Progress Report - 2

- Patient Info
- Claims Administrator/Insurer
- Employer
- Treating Physician
- Date of injury
- Date Last Worked
- Date Permanent & Stationary

PR-4 Progress Report - 3

- Date current examination
- Description of how injury/illness occurred
- Patient's Complaints
- Relevant Medical History
- Objective Findings

PR-4 Progress Report - 4

- Objective Findings (describe all relevant findings as required by AMA 5th)
- Diagnostic Tests Results
- Diagnoses + ICD-9
- Impairment Rating (report whole person (WPI) and explain how rating was derived) (tables & pages)

PR-4 Progress Report - 5

- Pain assessment – if the burden of the worker's condition has been increased by pain related impairment in excess of the pain component already incorporated in the WPI under Chapters 3-17, specify the additional whole person impairment rating (up to 3% WPI) attribute to such pain.

PR-4 Progress Report - 6

- Apportionment – effective April 19, 2004, apportionment shall be based on causation.
- Labor code section 4663 - requirement

PR-4 Progress Report - 7

- All permanent disability awards
 - Hearing
 - Vision
 - Mental and behavioral disorders
 - Spine
 - Upper (includes shoulder)
 - Lower (includes hip)
 - All others

PR-4 Progress Report - 8

- All permanent disability awards
 - Not to exceed 100%
 - Is the permanent disability directly caused, by injury or illness arising out of and in the course of employment?
 - Is the permanent disability caused, in whole or in part, by other factors besides this industrial injury or illness, including any prior industrial injury or illness?

PR-4 Progress Report - 9

- Apportionment
- Explain
- Future medical treatment
- Comments
- Functional capacity assessment

PR-4 Progress Report - 10

- Limited, but retains Maximum capacities to lift (including upward pulling) and or carry
 - 10 lbs, 20 lbs, 30 lbs, 40 lbs, 50 or more
- Frequent lift and carry
 - 10 lbs, 20 lbs, 30 lbs, 40 lbs, 50 or more
- Occasionally lift and or carry
 - 10 lbs, 20 lbs, 30 lbs, 40 lbs, 50 or more

PR-4 Progress Report - 11

- Stand and or walk a total of
 - Less than 2 hours / 8 hours
 - Less than 4 hours / 8 hours
 - Less than 6 hours / 8 hours
 - Less than 8 hours / 8 hours

PR-4 Progress Report - 12

- Sit a total of
 - Less than 2 hours / 8 hours
 - Less than 4 hours / 8 hours
 - Less than 6 hours / 8 hours
 - Less than 8 hours / 8 hours

PR-4 Progress Report - 13

- Push and or pull (including hand or foot controls)
 - Unlimited
 - Limited (describe degree of limitation)

PR-4 Progress Report – 14

- Activities Allowed
 - Frequently Occasionally Never
- Climbing
- Balancing
- Stooping
- Kneeling
- Crouching

PR-4 Progress Report – 15

- Activities Allowed
 - Frequently Occasionally Never
- Crawling
- Twisting
- Reaching
- Handling
- Fingering

PR-4 Progress Report – 16

- Activities Allowed
 - Frequently Occasionally Never
- Feeling
- Seeing
- Hearing
- Speaking

PR-4 Progress Report – 17

- Describe in what ways the impaired activities is limited.
- Environmental restrictions (heights, machinery, temp, dust, fumes, vibration)
- Can this patient now return to his/her usual occupation

PR-4 Progress Report – 18

- List information you reviewed in preparing this report, or relied upon for the formulation of your medical opinions:
 - Medical records
 - Written job description
 - Other

PR-4 Progress Report – 19

- I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code 139.2

California Impairment

- QME = Qualified Medical Evaluator
- AME = Agreed Medical Evaluator
- The Qualified or Agreed Medical Evaluator Findings Summary Form 111
- DEU100 (Disability Evaluation Unit)
- DEU101 (Disability Evaluation Unit)

QME or AME

Functions

- Examines an Individual
- Reviews Records
- Generates an AME Report

QME or AME

Possible Issues for QME or AME

- Claim Acceptance/Denial
- Treatment vs. Permanent & Stationary
- Residual Disability
- Work Restrictions
- Causation/Apportionment
- Future Medical Care

QME or AME

Types of Reports

- Entry Into The System
- Treatment/Define Clinical Pathways
- Leaving The System
- Disability Evaluation

QME or AME

Report must contain:

- Addresses the substantive evidence Of each position
- Must reach reasonable conclusions
- Answers to questions to allows the attorneys to settle the case or issue

Labor Code Section 4660

-- "the nature of the physical injury or disfigurement" shall incorporate the descriptions and measurements of physical impairments and the corresponding percentages of impairments published in the *AMA Guides to the Evaluation of Permanent Impairment* (5th Edition)

Labor Code Section 4660

"an employee's diminished future earning capacity shall be a numeric formula based on empirical data and findings that aggregate the average percentage of long-term loss of income resulting from each type of injury for similarly situated employees."

Labor Code Section 4660

"the administrative director shall formulate the adjusted rating schedule based on empirical data and findings from the Evaluation of California's Permanent Disability Rating Schedule, Interim Report (Dec. 2003), prepared by the Rand Institute of Civil Justice Rating Schedule, and upon data from additional empirical studies."

Labor Code Section 4660

"In determining the percentage of the physical injury or disfigurement, the occupation of the injured employee, and his/her age at the time of injury, consideration being given to an employee's diminished future earning capacity"

Labor Code Section 4660

Schedule timeline:

Apply to only those permanent disabilities that result from compensable injuries occurring on and after the effective date of adoption of the schedule

and

Labor Code Section 4660

Will apply for compensable claims arising before January 1, 2005:

If there is no medical-legal report
or

no report by a treating physician
indicating the existence of permanent
disability

Labor Code Section 4660

"on or before January 1, 2005, the administrative director shall adopt regulations to implement the changes made to this section"

Impairment

AMA Guides definition:

"a loss, loss of use or derangement of anybody part, organ system or organ function"

Labor Code Section 4660

Will apply for compensable claims arising before January 1, 2005:

If there is no medical-legal report
or
no report by a treating physician
indicating the existence of permanent
disability

Labor Code Section 4660

"on or before January 1, 2005, the administrative director shall adopt regulations to implement the changes made to this section"

Definitions

- Impairment and disability ratings are not the same
- *AMA Guides* definition: "a loss, loss of use or derangement of anybody part, organ system or organ function"
- Considered permanent

Definitions

- Maximal Medical Improvement (MMI) = Well stabilized and unlikely to change substantially in the next year with or without medical treatment
- The term impairment in the Guides refers to only to Permanent impairment

Evaluate Impairment

Evaluated using one of three methods:

- Anatomic loss – eg. musculoskeletal system
- Functional loss – eg. heart enlargement
- Diagnosis related estimates – spine injury

Evaluate Impairment

Orthopaedic evaluations:

- Mostly based on anatomic loss objective measurements of the musculoskeletal system
- Subjective criteria can be used eg. Pain, grip loss etc – but carefully)

Evaluate Impairment

- Multiple impairments can be combined to submit a single impairment rating using the *Guide* tables
- Requires a medical assessment performed by a Physician

Disability

AMA *Guides* definition: "an alteration of an individual's capacity to meet personal, social or occupational demands on statutory or regulatory requirements because of impairment."

Disability

Impairment is only one aspect of disability
Other information considered:

- Skills
- Education
- Adaptability
- Age
- Environmental requirements and modifications
- Job history - occupation

Disability

- The *Guides* is not intended to be used for direct estimates of work disability
- Impairment percentages derived according to the *Guides* do not measure work disability

Disability

"the administrative director shall formulate the adjusted rating schedule based on empirical data and findings from the Evaluation of California's Permanent Disability Rating Schedule, Interim Report (Dec. 2003), prepared by the Rand Institute of Civil Justice Rating Schedule, and upon data from additional empirical studies."

Preparing AME Reports

1. Narrative history
2. Work history (optional)
3. Current clinical status
4. Diagnostic study results
5. Maximal medical improvement discussion
6. Diagnosis, impairments

Preparing Reports

7. Causation, apportionment, aggravation (if requested)
8. Impairment rating criteria, prognosis, residual function and limitations
9. Job or ADL restrictions (if requested)
10. Calculate the impairment rating
11. Discuss how the impairment rating was calculated (refer to figures, graphs etc.)

Major Differences

History

- Unchanged little from present
- More detailed ADL related questions
- Includes detailed list of prior evaluations

Major Differences

Physical Examination

- Accurate measurements of:
 - joint motion
 - angulation
 - rotation
 - length
- The measurements must be reproducible by other examiners

Major Differences

Physical examination

- The standard AAOS measurement system is used
- Full extension = 0 degrees (not present 180°)

Major Differences

Physical Examination

- Goniometer and measurement tools required
- Grip test and other subjective evaluations are recorded but represent minor impairment values

Major Differences

Physical Examination

- Subjective pain can be rated using a questionnaire or other methods of observation

Major Differences

Physical Examination

- The spine examination is usually based on the "diagnosis-related estimates method (DRE)"
- The spine range of motion method is only used if the DRE method is not applicable (no verifiable injury)

Major Differences

Clinical Studies Images

- Spine images showing fractures or alteration of motion segment integrity can be measured to determine a spine DRE category

Major Differences

Impairment rating

- Various measurement can be used individually. (eg. ROM, alignment, vascular etc.)
- Use the single method with the greatest percentage of impairment

Major Differences

Impairment rating

- Impairment of a body part is converted to whole person impairment
- Impairment schedules are based on an average worker performing an average job

Major Differences

Impairment rating

Peripheral nerve lesion impairment includes:

- Decreased motion
- Atrophy
- Vasomotor changes
- Trophic changes
- Reflex changes

Major Differences

Eliminated

- Permanent and stationary term
- Subjective factors of disability
- Work restriction measurements
- Future medical care
- Qualified injured worker
- Vocational rehabilitation

If requested will have no numeric impairment value

AME Fee Schedule

- ML101
 - Follow up Medical-Legal Evaluation
 - \$62.50 / 15 minutes or portion thereof
- ML102
 - Basic Comprehensive Medical-Legal Evaluation
 - \$625

AME Fee Schedule

- ML103
 - Complex Comprehensive Medical-Legal Evaluation
 - \$937.50
- ML104
 - Comprehensive Medical-Legal Evaluation Involving Extraordinary circumstances
 - 62.50 / 15 minutes or portion thereof

Billing Modifiers

- -94
 - AME modifier
 - Add 25% to QME fee
- -93
 - Interpreter
 - Add 10% to QME fee
- If both -93 and -94
 - Add 35% to QME fee

ML101 Follow-up Medical-Legal Evaluation

- Face-to-face encounter
- Bill in 15 minute increments or portion thereof
- Document time for:
 - Face-to-face with injured worker
 - Review of records
 - Preparation of report

ML102: Basic Comprehensive Medical–Legal

- Most common evaluation
- Face-to-face time:
20 minutes

ML103: Complex Comprehensive Medical

- Must document performance of 3 or more complexity factors
- Most common combination:
 - Address causation
 - Address apportionment
 - Over two hour records review
- Other possible complexity factor options

ML104: Comprehensive Medical–Legal

- Also includes:
 - Medical–Legal Testimony
 - Supplemental Medical–Legal Evaluation
- Bill in 15 minute increments or portion thereof
- Document time for:
 - Records review
 - Report preparation

Comparison

- 99213
 - 15 minutes face-to-face time
 - Additional documentation time
- 99214
 - 25 minutes face-to-face time
 - Additional documentation time
- ML102 or ML103
 - 20 minutes face-to-face time
 - Records review time
 - Additional documentation time

Upper Extremity Injuries - California Impairment Ratings Using the AMA 5th Guides

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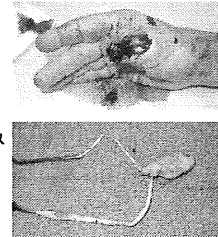
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Case 1 Thumb Amputation

- Bill Smith 48 with a avulsion amputation of the right thumb at the MCP joint
- Surgery with revision amputation and flap
- Returns back to regular work
- Slight pain at the tip 4 months after injury

Case 1 Thumb Amputation

- How would you rate?
- PR-4 = Primary treating physician's permanent and stationary report
- PR-4 know what you need
- AMA Guides Figure 16-1a & 16-1b



Case 1 Thumb Amputation

- Dx = Thumb amputation level of MCP joint
- ICD-9 = 885.0
- Page 6 item (E) The upper extremities, including the shoulders

Case 1 Thumb Amputation

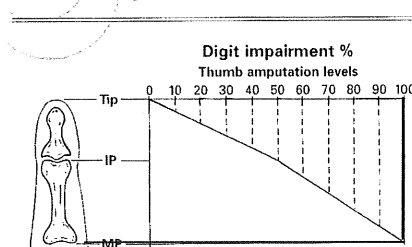
- Identify level of amputation from clinical examination and x-rays
- Determine appropriate table in Section 16.2
- Figure 16-4 = Digital Impairment for Thumb
- MCP = 100% of thumb

Case 1 Thumb Amputation

- Impairment for amputations
- Identify level from clinical examination and x-rays
- Determine appropriate table in Section 16.2
- Figure 16-4 = Digital Impairment for Thumb
- Other considerations Section 16.2d & 16.4

Case 1 Thumb Amputation

Figure 16-4 Digit Impairment Percent for Thumb Amputation at Various Levels



Case 1 Thumb Amputation

- Section 16.2d – residual stump
- Soft tissue
- Peripheral nerve
- Vascular system
- Bone
- Rate separately then combine (Figure 16-1a & 16-1b)

Case 1 Thumb Amputation

- Section 16.4 – ROM loss
- Full extension = 0
- Compare to other side
- Active and passive ROM
- Only use active ROM for impairment
- ROM loss is additive for thumb only

[illegible]

Case 1 Thumb Amputation

Abnormal Motion				Asymmetry		Sensory Loss		Other Disorders		Hand Impairment	
Flexion/Extension/Supination/Pronation/Abduction/Extension %				Black/White Finger/Hand %		None/High/Low Finger/Hand %		Multiple % Impairment %		• Confusion/Impair % • Reaction/Impair %	
THUMB	Wrist	Angle	Imp %	Force	Extension	Abduction	Imp %				
	MP	Angle	Imp %								
	MP	Angle	Imp %								
INDEX	Wrist	Angle	Imp %								
	MP	Angle	Imp %								
	MP	Angle	Imp %								
MIDDLE	Wrist	Angle	Imp %								
	MP	Angle	Imp %								
	MP	Angle	Imp %								
RING	Wrist	Angle	Imp %								
	MP	Angle	Imp %								
	MP	Angle	Imp %								
PINKY	Wrist	Angle	Imp %								
	MP	Angle	Imp %								
	MP	Angle	Imp %								
Add digit impairment %				CMC % MP % IP %							
Force				Extension	Abduction	Imp %					

Case 1 Thumb Amputation

- Thumb picture has 3 flexion creases
- 1 abnormal motion = none
- 2 amputation = 100%
- 3 sensory = none
- 4 Other = none
- Total = 100% of Thumb

Case 1 Thumb Amputation

- Report in two formats in handouts
- Case 1 using PR-4 format
- Case 1 using custom format

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

This form is required to be used for ratings prepared pursuant to the 1997 Permanent Disability Rating Schedule. It is designed to be used by the primary treating physician to report the initial evaluation of permanent disability to the claims administrator. It should be completed if the patient has residual effects from the injury or may require future medical care. In such cases, it should be completed once the patient's condition becomes permanent and stationary.

This form should not be used by a Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) to report a medical-legal evaluation.

Patient:

Last Name Smith Middle Initial First Name Bill Sex Male Date of Birth 01-01-1951
Address 1234 Palisades Drive City Los Angeles State CA Zip 99999
Occupation Drummer in a Band (The Beach Boys) Social Security No. 123-45-6789 Phone No. 555-555-5555

Claims Administrator/Insurer:

Name Shirley Jones Claim No. 99-99999 Phone No. 555-555-5555
Address 1444 North Liability Drive City Los Angeles State CA Zip 99999

Employer:

Name Capital Records Phone No. 555-555-5555
Address Sunset and Hollywood City Los Angeles State CA Zip 99999

You must address each of the issues below. You may substitute or append a narrative report if you require additional space to adequately report on these issues.

Date of Injury 01-01-2005 Last date worked 01-01-2005 Date of current examination 05-05-2005 Permanent & Stationary date 05-05-2005

Description of how injury/illness occurred (e.g. Hand caught in punch press; fell from height onto back; exposed 25 years ago to asbestos):

Right thumb caught in belt pulley while at work.

Patient's Complaints:

Pain with original amputation. Now able to do all activities with only a little discomfort.

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

Relevant Medical History:

Was on the job manufacturing metal pipe when thumb was caught in a belt pulley.

Objective Findings:

Physical Examination: (Describe all relevant findings; include any specific measurements indicating atrophy, range of motion, strength, etc.; include bilateral measurements- injured/uninjured - for upper and lower extremity injuries.)

Amputation of the right thumb at the level of the MCP joint. Skin in good condition, slight tenderness to touch, no neuroma pain. Ability to pinch and grip with out pain. Grip strength were 45 kgs on right and left.

Diagnostic tests results (X-ray/Imaging/Laboratory/etc.)

X-rays confirm amputation at level of MCP joint right thumb.

Diagnoses (List each diagnosis; ICD-9 code must be included)

1. Right thumb amputation at level of MCP joint
- 2.
- 3.
- 4.

Can this patient now return to his/her usual occupation?

Yes

No

Cannot determine

Yes

If not, can the patient perform another line of work?

Yes

No

Cannot determine

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

Subjective Findings: Provide your professional assessment of the subjective factors of disability, based on your evaluation of the patient's complaints, your examination, and other findings. List specific symptoms (e.g. pain right wrist) and their frequency, severity, and/or precipitating activity using the following definitions:

Severity: Minimal pain - an annoyance, causes no handicap in performance.
Slight pain - tolerable, causes some handicap in performance of the activity precipitating pain.
Moderate pain - tolerable, causes marked handicap in the performance of the activity precipitating pain. Severe pain - precludes performance of the activity precipitating pain.

Frequency: Occasional - occurs roughly one fourth of the time.
Intermittent - occurs roughly one half of the time.
Frequent - occurs roughly three fourths of the time.
Constant - occurs roughly 90 to 100% of time.

Precipitating activity: Description of precipitating activity gives a sense of how often a pain is felt and thus may be used with or without a frequency modifier. If pain is constant during precipitating activity, then no frequency modifier should be used. For example, a finding of "moderate pain on heavy lifting" connotes that moderate pain is felt whenever heavy lifting occurs. In contrast, "intermittent moderate pain on heavy lifting" implies that moderate pain is only felt half the time when engaged in heavy lifting.

Occasionally pain that is experienced when hard pressure applied to thumb or bumps thumb. Pain forgot immediately.

Pre-Injury Capacity Are there any activities at home or at work that the patient cannot do as well now as could be done prior to this injury or illness? Yes No Cannot determine

If yes, please describe pre-injury capacity and current capacity (e.g. used to regularly lift a 30 lb. child, now can only lift 10 lbs.; could sit for 2 hours, now can only sit for 15 mins.)

1. Yes – he finds it hard to use larger pliers
2. He can still do all of his work activities but sometimes takes a little longer.

Preclusions/Work Restrictions

Are there any activities the patient cannot do? Yes No Cannot Determine

If yes, please describe all preclusions or restrictions related to work activities (e.g. no lifting more than 10 lbs. above shoulders; must use splint; keyboard only 45 mins. per hour; must have sit/stand workstation; no repeated bending). Include restrictions which may not be relevant to current job but may affect future efforts to find work on the open labor market (e.g. include lifting restriction even if current job requires no lifting; include limits on repetitive hand movements even if current job requires none).

1. Yes— he can not hold a baseball bat or through a football with his son.

Medical Treatment: Describe any continuing medical treatment related to this injury that you believe must be provided to the patient. ("Continuing medical treatment" is defined as occurring or presently planned treatment.) Also, describe any medical treatment the patient may require in the future. ("Future medical treatment" is defined as treatment which is anticipated at some time in the future to cure or relieve the employee from the effects of the injury.) Include medications, surgery, physical medicine services, durable equipment, etc.

Comments:

This individual will not require any additional medical treatment.

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

Apportionment:

Effective April 19, 2004, apportionment of permanent disability shall be based on causation. Furthermore, any physician who prepares a report addressing permanent disability due to a claimed industrial injury is required to address the issue of causation of the permanent disability, and in order for a permanent disability report to be complete, the report must include an apportionment determination. This determination shall be made pursuant to Labor Code Sections 4663 and 4664 set forth below:

Labor Code Section 4663. Apportionment of permanent disability; Causation as basis; Physician's report; Apportionment determination; Disclosure by employee

(a) Apportionment of permanent disability shall be based on causation.

(b) Any physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury shall in that report address the issue of causation of the permanent disability.

(c) In order for a physician's report to be considered complete on the issue of permanent disability, it must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries. If the physician is unable to include an apportionment determination in his or her report, the physician shall state the specific reasons why the physician could not make a determination of the effect of that prior condition on the permanent disability arising from the injury. The physician shall then consult with other physicians or refer the employee to another physician from whom the employee is authorized to seek treatment or evaluation in accordance with this division in order to make the final determination.

(d) An employee who claims an industrial injury shall, upon request, disclose all previous permanent disabilities or physical impairments.

Labor Code Section 4664. Liability of employer for percentage of permanent disability directly caused by injury; Conclusive

presumption from prior award of permanent disability; Accumulation of permanent disability awards

- (a) The employer shall only be liable for the percentage of permanent disability directly caused by the injury arising out of and occurring in the course of employment.
- (b) If the applicant has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury. This presumption is a presumption affecting the burden of proof.
- (c)(1) The accumulation of all permanent disability awards issued with respect to any one region of the body in favor of one individual employee shall not exceed 100 percent over the employee's lifetime unless the employee's injury or illness is conclusively presumed to be total in character pursuant to Section 4662. As used in this section, the regions of the body are the following:

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

- (A) Hearing.
- (B) Vision.
- (C) Mental and behavioral disorders. (D) The spine.
- (E) The upper extremities, including the shoulders.
Using the AMA Guides his impairment is 100% of the right thumb. Table 16-1 100% thumb = 40 Hand, table 16-2 = 36% upper extremity, table 16-3 = 22 whole person
- (F) The lower extremities, including the hip joints.
- (G) The head, face, cardiovascular system, respiratory system, and all othersystems or regions of the body not listed in subparagraphs (A) to (F), inclusive.

(2) Nothing in this section shall be construed to permit the permanent disability rating for each individual injury sustained by an employee arising from the same industrial accident, when added together, from exceeding 100 percent.

Is the permanent disability directly caused, by an injury or illness arising out of and in the course of employment?

Yes No

Yes

Is the permanent disability caused, in whole or in part, by other factors besides this industrial injury or illness, including any prior industrial injury or illness? Yes No

No

If the answer to the second question is "yes," provide below: (1) the approximate percentage of the permanent disability that is due to factors other than the injury or illness arising out of and in the course of employment; and (2) a complete narrative description of the basis for your apportionment finding. If you are unable to include an apportionment determination in your report, state the specific reasons why you could not make this determination. You may attach your findings and explanation on a separate sheet.

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

List information you reviewed in preparing this report, or relied upon for the formulation of your medical opinions

Medical Records:

The emergency room medical record, the office visits, and the operative note.

Written Job Description:

Not was provided

Other:

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

Primary Treating Physician (original signature, do not stamp)

I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code §139.3.

Signature: _____ Cal. Lic. # :

Executed at: _____ Date: _____

(County and State)

Name (Printed): _____ Specialty: Address: _____
City: State: Zip: Telephone: _____

STATE OF CALIFORNIA

Division of Workers' Compensation

PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

Patient:

Last Name Smith Middle Initial First Name Bill Sex Male Date of Birth 01-01-1951
Address 1234 Palisades Drive City Los Angeles State CA Zip 99999
Occupation Drummer in a Band (The Beach Boys) Social Security No. 123-45-6789 Phone No. 555-555-5555

Claims Administrator/Insurer:

Name Shirley Jones Claim No. 99-99999 Phone No. 555-555-5555
Address 1444 North Liability Drive City Los Angeles State CA Zip 99999

Employer:

Name Capital Records Phone No. 555-555-5555
Address Sunset and Hollywood City Los Angeles State CA Zip 99999

Date of Injury 01-01-2005 Last date worked 01-01-2005 Date of current examination 05-05-2005
Permanent & Stationary date 05-05-2005

Description of how injury/illness occurred (e.g. Hand caught in punch press; fell from height onto back; exposed 25 years ago to asbestos):
Right thumb caught in belt pulley while at work.

Patient's Complaints:

Pain with original amputation. Now able to do all activities with only a little discomfort.

Relevant Medical History:

Was on the job manufacturing metal pipe when thumb was caught in a belt pulley.

Objective Findings:

Physical Examination: (Describe all relevant findings; include any specific measurements indicating atrophy, range of motion, strength, etc.; include bilateral measurements - injured/uninjured - for upper and lower extremity injuries.)

Amputation of the right thumb at the level of the MCP joint. Skin in good condition, slight tenderness to touch, no neuroma pain. Ability to pinch and grip with out pain. Grip strength were 45 kgs on right and left.

Diagnostic tests results (X-ray/Imaging/Laboratory/etc.)

X-rays confirm amputation at level of MCP joint right thumb.

Diagnoses (List each diagnosis; ICD-9 code must be included)

1. Right thumb amputation at level of MCP joint
- 2.
- 3.
- 4.

Can this patient now return to his/her usual occupation?
Cannot determine Yes

Yes No

If not, can the patient perform another line of work?
determine

Yes No Cannot

Subjective Findings: Provide your professional assessment of the subjective factors of disability, based on your evaluation of the patient's complaints, your examination, and other findings. List specific symptoms (e.g. pain right wrist) and their frequency, severity, and/or precipitating activity using the following definitions:

Severity: Minimal pain - an annoyance, causes no handicap in performance.
Slight pain - tolerable, causes some handicap in performance of the activity precipitating pain.
Moderate pain - tolerable, causes marked handicap in the performance of the activity precipitating pain. Severe pain - precludes performance of the activity precipitating pain.

Frequency: Occasional - occurs roughly one fourth of the time. Intermittent - occurs roughly one half of the time. Frequent - occurs roughly three fourths of the time. Constant - occurs roughly 90 to 100% of time.

Precipitating activity: Description of precipitating activity gives a sense of how often a pain is felt and thus may be used with or without a frequency modifier. If pain is constant during precipitating activity, then no frequency modifier should be used. For example, a finding of "moderate pain on heavy lifting" connotes that moderate pain is felt whenever heavy lifting occurs. In contrast, "intermittent moderate pain on heavy lifting" implies that moderate pain is only felt half the time when engaged in heavy lifting.

Occasionally pain that is experienced when hard pressure applied to thumb or bumps thumb. Pain forgot immediately.

Pre-Injury Capacity Are there any activities at home or at work that the patient cannot do as well now as could be done prior to this injury or illness? Yes No Cannot determine

If yes, please describe pre-injury capacity and current capacity (e.g. used to regularly lift a 30 lb. child, now can only lift 10 lbs.; could sit for 2 hours, now can only sit for 15 mins.)

1. Yes – he finds it hard to use larger pliers
2. He can still do all of his work activities but sometimes takes a little longer.

Preclusions/Work Restrictions

Are there any activities the patient cannot do? Yes No Cannot Determine

If yes, please describe all preclusions or restrictions related to work activities (e.g. no lifting more than 10 lbs. above shoulders; must use splint; keyboard only 45 mins. per hour; must have sit/stand workstation; no repeated bending). Include restrictions which may not be relevant to current job but may affect future efforts to find work on the open labor market (e.g. include lifting restriction even if current job requires no lifting; include limits on repetitive hand movements even if current job requires none).

1. Yes – he can not hold a baseball bat or through a football with his son.

Medical Treatment: Describe any continuing medical treatment related to this injury that you believe must be provided to the patient. ("Continuing medical treatment" is defined as occurring or presently planned treatment.) Also, describe any medical treatment the patient may require in the future. ("Future medical treatment" is defined as treatment which is anticipated at some time in the future to cure or relieve the employee from the effects of the injury.) Include medications, surgery, physical medicine services, durable equipment, etc.

Comments:

This individual will not require any additional medical treatment.

(E) The upper extremities, including the shoulders.

Using the AMA Guides his impairment is 100% of the right thumb. Table 16-1 100% thumb = 40 Hand, table 16-2 = 36% upper extremity, table 16-3 = 22 whole person

(2) Nothing in this section shall be construed to permit the permanent disability rating for each individual injury sustained by an employee arising from the same industrial accident, when added together, from exceeding 100 percent.

Is the permanent disability directly caused, by an injury or illness arising out of and in the course of employment? Yes No

Is the permanent disability caused, in whole or in part, by other factors besides this industrial injury or illness, including any prior industrial injury or illness? Yes No
No

If the answer to the second question is "yes," provide below: (1) the approximate percentage of the permanent disability that is due to factors other than the injury or illness arising out of and in the course of employment; and (2) a complete narrative description of the basis for your apportionment finding. If you are unable to include an apportionment determination in your report, state the specific reasons why you could not make this determination. You may attach your findings and explanation on a separate sheet.

List information you reviewed in preparing this report, or relied upon for the formulation of your medical opinions

Medical Records:

The emergency room medical record, the office visits, and the operative note.

Written Job Description:

Not was provided

Other:

Primary Treating Physician (original signature, do not stamp)

I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code §139.3.

Signature: Cal. Lic. # :

Executed at: Date: (County and State)

Name (Printed): Specialty: Address:

City: State: Zip: Telephone:

Case 2 CTS

- Jan Johnson 42 with history of bilateral CTS
- Works as accountant
- No specific injury, gradual onset
- Conservative treatment for 3 months
- NCT positive of mild bilateral CTS

Case 2 CTS

- Elects outpatient surgery
- Mini palm CTS release right
- Returns back to light work next day
- Two weeks later has left
- Three months post last surgery wants rating

Case 2 CTS

- Currently able to do all work activities
- Night neuropraxia gone
- Flick sign gone
- Sensory normal
- Can not list any activities that she can not do now that could do before

Case 2 CTS

- Light touch and two point normal
- Monofilament normal
- Grips at 35 kgs right and left
- Normal bell shape curve in 5 positions
- Incisions are 2 cm and well healed

Case 2 CTS

- How would you rate?
- PR-4 = Primary treating physician's permanent and stationary report
- PR-4 know what you need
- AMA Guides Figure 16-1a & 16-1b



Case 2 CTS

- Dx = CTS bilateral
- ICD-9 = 354.0
- Page 6 item (E) The upper extremities, including the shoulders

Case 2 CTS

- 5th Edition Page 492 = Diagnosis of Entrapment / Compression Neuropathy
- 5th Edition Page 493 = Impairment Rating of Entrapment / Compression Neuropathy

Case 2 CTS

- 5th Edition Page 492 = Diagnosis of Entrapment / Compression Neuropathy
- History – occupation, ADLs, alleviate or aggravate factors, medical conditions, trauma
- Severity – duration, magnitude, and type of compression

Case 2 CTS

- Physical Examination
- Sensibility alterations
- Muscle power
- Range of motion
- Grip strength
- Tendon reflexes

Case 2 CTS

- Electroneurodiagnostic Examination
- Needle and cutaneous
- Sensory and motor
- The severity of conduction slowing has no correlation with the severity of clinical symptoms

Case 2 CTS 5th Page 493

- "Only individuals with an *objectively verifiable diagnosis* should qualify for a permanent impairment rating. The diagnosis is made not only on the basis of believable symptoms but, more important, on the presence of *positive clinical findings and loss of function*. The diagnosis should be documented by electromyography as well as sensory and motor nerve conduction studies."

Definitions Explained Later

American Medical Association
Physicians dedicated to the health of America



The Guides Newsletter

Expert advice, practical information, and current trends in impairment evaluation

November/December 1996

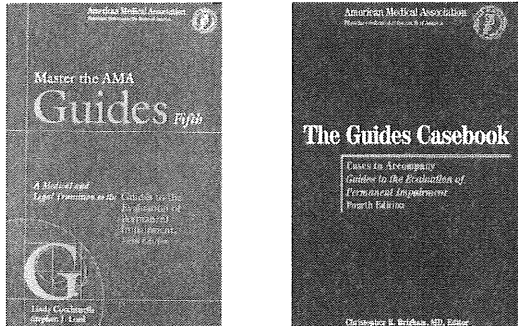
Also in this issue:
Impairment Tutorial:
Rating Central Nervous
System Disorders
Occupational and Recreational

Carpal Tunnel Syndrome: Challenges in Impairment Rating

by James E. Tabmage, MD, FAAP

Carpal tunnel syndrome (CTS) is a common occupational and recreational injury. This article discusses the current rating of CTS according to the *Guide to the Evaluation of Permanent Impairment*.

Additional References



Case 2 CTS Added Def

- Severe = no sensory or motor function (Grade 5 sensory function, Grade 0 or 1 motor function)
- Moderate = Grade 3 sensory function, Grade 3 motor function
- Mild = Grade 2 sensory function, Grade 4 motor function

Case 2 CTS - Translation

- Very Mild CTS or other entrapment that causes "believable symptoms", but physical exam normal for strength and sensation and EDS are normal, DOES NOT QUALIFY for an impairment rating
- P.494 "In compression neuropathies, additional impairment values are NOT given for decreased grip strength."

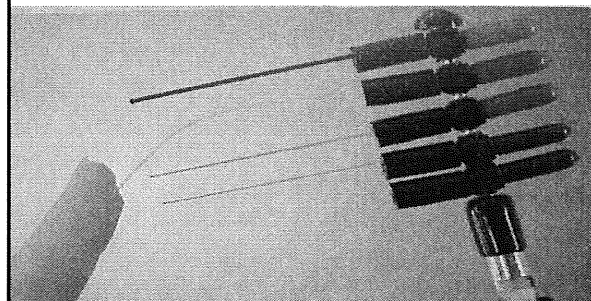
Case 2 CTS - Translation

- Can have Very Mild CTS (or other entrapment) with normal exam, and either normal or abnormal Electrodiagnostic Studies (EDS).
- BUT, if Either weakness or abnormal sensory exam is present, EDS will be abnormal - will detect the entrapment.

Case 2 CTS - Translation

- "...5 % of individuals with CTS may have normal electrophysiologic studies." p. 495
- "The severity of conduction slowing has no correlation with the severity of clinical symptoms, such as weakness or static large-fiber sensory loss. If these are present, substantial amounts of either conduction block, axon loss, or a combination of both must be present." p. 493

Semmes-Weinstein Monofilaments



Case 2 CTS

- Monofilament
- 1.65 – 2.83 = normal sensation
- 3.22 – 3.61 = diminished light touch
- 3.84 – 4.31 = diminished protective
- 4.56 – 6.65 = loss of protective sensation
- >6.65 = no response

Case 2 CTS – 5th Edition

- NO Table 16 (Entrapment)
- "If after an *optimal recovery time* following surgical decompression* an individual continues to complain of pain, paresthesias, and/or difficulties in performing certain activities, three possible scenarios can be present."
- * Authors are hand surgeons and forgot that not all CTS patients choose surgery.

Case 2 CTS – 5th Edition

Physical findings p 495	% impairment Upper extremity
No clinical evidence of loss of nerve function. Normal electrodiagnostic studies	0%
No physical findings of loss of nerve function. Neuropathy confirmed by electrodiagnostic tests	< 5%
Physical findings of loss of nerve function	Rate same as any other nerve lesion

Case 2 CTS

- Identify residual of CTS from table with three outcomes
- She had + NCT
- She has not symptoms post surgery

Case 2 CTS – 5th Edition

Physical findings p 495	% impairment Upper extremity
No clinical evidence of loss of nerve function. Normal electrodiagnostic studies	0%
No physical findings of loss of nerve function. Neuropathy confirmed by electrodiagnostic tests	< 5%
Physical findings of loss of nerve function	Rate same as any other nerve lesion

Case 2 CTS

- Impairment is between 0 and 5 % of each upper extremity using page 495
- Table 16-3 upper to whole person
- 5% UE = 3% WP
- Combined Value Table 3% and 3% = 6% whole person

Case 2 CTS

- 5% upper = 3% whole person

Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole Person

% Impairment of Upper Extremity Person	% Impairment of Upper Whole Person	% Impairment of Upper Extremity Person	% Impairment of Upper Whole Person	% Impairment of Upper Extremity Person	% Impairment of Upper Whole Person
0 = 0	20 = 12	40 = 24	60 = 36	80 = 48	
1 = 1	21 = 13	41 = 25	61 = 37	81 = 49	
2 = 2	22 = 14	42 = 26	62 = 38	82 = 50	
3 = 3	23 = 15	43 = 27	63 = 39	83 = 51	
4 = 4	24 = 16	44 = 28	64 = 40	84 = 52	
5 = 5	25 = 17	45 = 29	65 = 41	85 = 53	
6 = 6	26 = 18	46 = 30	66 = 42	86 = 54	
7 = 7	27 = 19	47 = 31	67 = 43	87 = 55	
8 = 8	28 = 20	48 = 32	68 = 44	88 = 56	
9 = 9	29 = 21	49 = 33	69 = 45	89 = 57	
10 = 10	30 = 22	50 = 34	70 = 46	90 = 58	
11 = 11	31 = 23	51 = 35	71 = 47	91 = 59	
12 = 12	32 = 24	52 = 36	72 = 48	92 = 60	
13 = 13	33 = 25	53 = 37	73 = 49	93 = 61	
14 = 14	34 = 26	54 = 38	74 = 50	94 = 62	
15 = 15	35 = 27	55 = 39	75 = 51	95 = 63	
16 = 16	36 = 28	56 = 40	76 = 52	96 = 64	
17 = 17	37 = 29	57 = 41	77 = 53	97 = 65	
18 = 18	38 = 30	58 = 42	78 = 54	98 = 66	
19 = 19	39 = 31	59 = 43	79 = 55	99 = 67	
20 = 20	40 = 32	60 = 44	80 = 56	100 = 68	

Case 2 CTS

- Value Table 3% and 3% = 6% whole person
- Left column and bottom of page

Combined Values Chart

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Case 2 CTS

- Report in two formats in handouts
- Case 2 using PR-4 format
- Case 2 using custom format

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

RE:

Jan Johnson
Female
DOB 01-01-1951
SSN: 123-45-6789
Phone: 555-555-5555

1234 Palisades Drive
Los Angeles, CA 99999

Occupation: Accountant for The Beach Boys

Claims Administrator/Insurer:

Claim No. 99-99999
Shirley Jones
Phone No. 555-555-5555
1444 North Liability Drive
Los Angeles, CA 99999

Employer:

Capital Records
Phone No. 555-555-5555
Sunset and Hollywood
Los Angeles, CA 9999

Date of Injury: 01-01-2005

Last date worked: 01-01-2005
Date of current examination: 05-05-2005
Permanent & Stationary date: 05-05-2005

Description of how injury/illness occurred:

Complains of gradual onset of symptoms over 6 months. Numbness in the hands at night. Difficulty doing work activities as accountant.

Patient's Complaints:

Pain with original amputation. Now able to do all activities with only a little discomfort.

Relevant Medical History:

42 female with individual risk characteristics for nerve entrapment which include, weight 155, height 5 feet 4 inches, smokes 3ppd, does not exercise, and like to play TV video games.

Physical Examination:

Normal appearance for a 42 year old female for her musculoskeletal build of 155 pounds, 5 feet 4 inches. Percussion, Phalen's, Reverse Phalen's, direct pressure, and pronator result in complaints of

tenderness but not neuropraxia. Light touch, 2point, and monofilament testing is normal. Normal hand appearance without thenar atrophy, skin, or hair changes.

Objective Findings:

Included in physical examination.

Diagnostic tests results (X-ray/Imaging/Laboratory/etc.):

NCT completed on 01-01-2005 reported as mild median nerve entrapment at wrist bilateral.

Diagnoses (List each diagnosis; ICD-9 code must be included):

1. Bilateral CTS 354.0

Return to Work:

This patient has already returned to her usual occupation.

(or This patient may return to previous occupation as an accountant, or This patient may return to her previous occupation as an accountant with the workplace modifications of task rotation, or cannot be determined.)

or

This patient cannot return to pervious work as accountant but would be able to perform other work such as: Wal-Mart greeter

(or It is unlikely this individual can return to modified work, or cannot be determined.)

Preclusions/Work Restrictions

(Are there any activities the patient cannot do? Yes, No, or Cannot Determine. If yes, please describe all preclusions or restrictions related to work activities (e.g. no lifting more than 10 lbs. above shoulders; must use splint; keyboard only 45 mins. per hour; must have sit/stand workstation; no repeated bending). Include restrictions which may not be relevant to current job but may affect future efforts to find work on the open labor market (e.g. include lifting restriction even if current job requires no lifting; include limits on repetitive hand movements even if current job requires none)).

In this example preclusions or work restrictions was addressed above.

Subjective Findings:

(Provide your professional assessment of the subjective factors of disability, based on your evaluation of the patient's complaints, your examination, and other findings. List specific symptoms (e.g. pain right wrist) and their frequency, severity, and/or precipitating activity using the following definitions. Definitions: Severity: Minimal pain - an annoyance, causes no handicap in performance, Slight pain - tolerable, causes some handicap in performance of the activity precipitating pain, Moderate pain - tolerable, causes marked handicap in the performance of the activity precipitating pain, or Severe pain - precludes performance of the activity precipitating pain; Frequency: Occasional - occurs roughly one fourth of the time, Intermittent - occurs roughly one half of the time, or Frequent - occurs roughly three fourths of the time. Constant - occurs roughly 90 to 100% of time; and Precipitating activity: Description of precipitating activity gives a sense of how often a pain is felt and thus may be used with or without a frequency modifier. If pain is constant during precipitating activity, then no frequency modifier should be used. For example, a finding of "moderate pain on heavy lifting" connotes that moderate pain is felt whenever heavy lifting occurs. In contrast, "intermittent moderate pain on heavy lifting" implies that moderate pain is only felt half the time when engaged in heavy lifting.)

Jan Johnson shares that she is able to do all of her work activities with symptoms and can not think of any activities she could do before that she can not do now.

Pre-Injury Capacity:

(Are there any activities at home or at work that the patient cannot do as well now as could be done prior to this injury or illness? Yes, No, or Cannot determine. If yes, please describe pre-injury capacity and current capacity (e.g. used to regularly lift a 30 lb. child, now can only lift 10 lbs.; could sit for 2 hours, now can only sit for 15 mins.))

She shares that she has no activity limitations.

Medical Treatment:

(Describe any continuing medical treatment related to this injury that you believe must be provided to the patient. ("Continuing medical treatment" is defined as occurring or presently planned treatment.) Also, describe any medical treatment the patient may require in the future. ("Future medical treatment" is defined as treatment which is anticipated at some time in the future to cure or relieve the employee from the effects of the injury.) Include medications, surgery, physical medicine services, durable equipment, etc.)

Conservative management for her bilateral carpal tunnel included education, exercises, modification of activities, wrist injections, splints, medications. With failure of improvement of conservative treatment patient elected surgery for bilateral CTS completed on right 01-01-05 and left 01-15-05. She returned to light work the day after the surgery and started occupational therapy 2 weeks after each surgery.

Comments:

This individual will not require any additional medical treatment.

(E) The upper extremities, including the shoulders.

Using the AMA Guides page 492, Diagnosis of Entrapment / Compression Neuropathy this individual has a 6% whole person impairment for their bilateral carpal tunnel syndrome.

This impairment was obtained by page 495, no physical findings of loss of nerve function with neuropathy confirmed by electrodiagnostic tests. The available range is 0 to 5 %. Using 5% for the right and left upper extremity was converted to whole person using table 16-3, and applied to the combined value table.

(Nothing in this section shall be construed to permit the permanent disability rating for each individual injury sustained by an employee arising from the same industrial accident, when added together, from exceeding 100 percent.)

Is the permanent disability directly caused, by an injury or illness arising out of and in the course of employment? Yes No (PR-3 says "disability")

The impairment obtained above is directly related to an injury or illness arising out of and in the course of employment.

Is the permanent disability caused, in whole or in part, by other factors besides this industrial injury or illness, including any prior industrial injury or illness? Yes No (PR-3 says "disability")

No prior industrial injury or illness, or medical condition appears to have contributed to the impairment above.

If the answer to the second question is "yes," provide below: (1) the approximate percentage of the permanent disability that is due to factors other than the injury or illness arising out of and in the course of employment; and (2) a complete narrative description of the basis for your apportionment finding. If you are unable to include an apportionment determination in your report, state the specific reasons why you could not make this determination. You may attach your findings and explanation on a separate sheet.

List information you reviewed in preparing this report, or relied upon for the formulation of your medical opinions:

Medical Records:

The office visits, nerve conduction study, and operative note.

Written Job Description:

Not was provided

Other:

I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code §139.3.

Signature: Cal. Lic. # :

Executed at: (County and State) Date:

Name (Printed): Specialty: Address:

City: State: Zip: Telephone:

Primary Treating Physician (original signature, do not stamp)

Case 3 CTS

- Bob Jones 50 with history of bilateral CTS
- Works as machinist
- No specific injury, gradual onset
- Conservative treatment for 4 months
- NCT positive of mild bilateral CTS

Case 3 CTS

- Elects outpatient surgery
- Mini palm CTS release right
- Returns back to light work next day
- Two weeks later has left
- Three months post last surgery wants rating

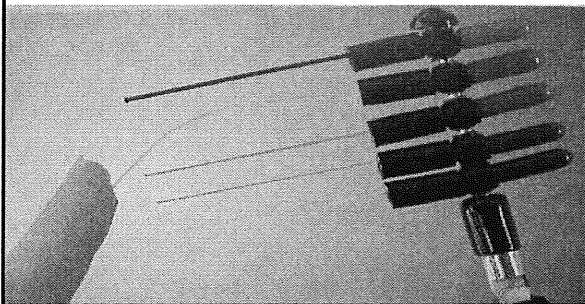
Case 3 CTS

- Currently able to do medium work
- 50 lbs max, 25 frequent
- Night neuropraxia less but not gone
- Hard to hold on milk jug
- Can only use power tools 6 hours / day
- Hands still go numb when he cuts grass

Case 3 CTS

- Light touch and two point normal
- Monofilament normal at 2.83
- Grips at 47 kgs right and left
- Abnormal bell shape curve in 5 positions
- Incisions are 2 cm and well healed

Semmes-Weinstein Monofilaments



Case 4 Digital Nerve

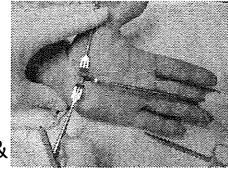
- Monofilament
- 1.65 – 2.83 = normal sensation
- 3.22 – 3.61 = diminished light touch
- 3.84 – 4.31 = diminished protective
- 4.56 – 6.65 = loss of protective sensation
- >6.65 = no response

Case 3 CTS

- Percussion, Phalen's, Reverse Phalen's, Compression, Direct Pressure, and Pronator all cause increased symptoms in hands in all fingers and thumb
- Forearm circumferences are normal and same
- Hair pattern is normal

Case 3 CTS

- How would you rate?
- PR-4 = Primary treating physician's permanent and stationary report
- PR-4 know what you need
- AMA Guides Figure 16-1a & 16-1b



Case 3 CTS

- Dx = CTS bilateral
- ICD-9 = 354.0
- Page 6 item (E) The upper extremities, including the shoulders

Case 3 CTS

- 5th Edition Page 492 = Diagnosis of Entrapment / Compression Neuropathy
- 5th Edition Page 493 = Impairment Rating of Entrapment / Compression Neuropathy

Case 3 CTS

- 5th Edition Page 492 = Diagnosis of Entrapment / Compression Neuropathy
- History – occupation, ADLs, alleviate or aggravate factors, medical conditions, trauma
- Severity – duration, magnitude, and type of compression

Case 3 CTS

- Physical Examination
- Sensibility alterations
- Muscle power
- Range of motion
- Grip strength
- Tendon reflexes

Case 3 CTS

- Electroneurodiagnostic Examination
- Needle and cutaneous
- Sensory and motor
- The severity of conduction slowing has no correlation with the severity of clinical symptoms

Case 3 CTS

- Identify residual of CTS from table with three outcomes
- He had + NCT
- He has symptoms post surgery

Case 3 CTS – 5th Edition

Physical findings p 495	% impairment Upper extremity
No clinical evidence of loss of nerve function. Normal electrodiagnostic studies	0%
No physical findings of loss of nerve function. Neuropathy confirmed by electrodiagnostic tests	< 5%
Physical findings of loss of nerve function	Rate same as any other nerve lesion

Case 3 CTS

- Peripheral nerve entrapment
- ROM = none
- Sensory = table 16-10
- Motor = table 16-11
- Skin = none

Case 3 CTS

- Sensory = table 16-10 = Determining impairment of the upper extremity due to sensory deficits or pain resulting from peripheral nerve disorders
- Determine grade
- 5 normal = 0% loss
- 0 abnormal = 100% loss

Case 3 CTS

- Motor Grade 4 = 15%
- Apply to Table 16-15
- Maximum Motor 10
- $0 \times 15\% = 0$ for motor loss
- $10 \times 15\% = 1.5\%$ for motor loss per upper extremity

Case 3 CTS

- Peripheral nerve entrapment
- ROM = none
- Sensory = table 16-10 + 16-15 = 5.85%
- Motor = table 16-11 + 16.15 = 1.5%
- Skin = none
- Total = 7.35 % each upper extremity
- Round to 7%

Case 3 CTS

- Value Table 7% and 7% = 14% whole person
- Left column and bottom of page

Combined Values Chart

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
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12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
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14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
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20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49

Case 3 CTS

- Reports
- PR-4 format
- Custom format

Case 4 Crush Fracture

- Bob Green 40 with history crush – laceration right thumb
- Works for the city
- Surgical Repair performed
- Now 9 months post repair
- Sent for Impairment Evaluation

Case 4 Crush Laceration

- Currently able to do all work
- Right thumb is numb from IP distal
- Light touch absent
- Two point > 15 mm tip, 5 mm proximal
- Grips 55 kgs right and left
- Key pinch 14 kgs right and left
- Monofilament 6.65

Case 4 Crush Laceration

- Monofilament
- 1.65 – 2.83 = normal sensation
- 3.22 – 3.61 = diminished light touch
- 3.84 – 4.31 = diminished protective
- 4.56 – 6.65 = loss of protective sensation
- > 6.65 = no response

Case 4 Crush Laceration

- IP ROM 0 to 40
- MCP ROM normal
- Hard to hold on to milk jug
- Hurt when he uses jack hammer
- Can't throw a baseball
- Aches when cold

Case 4 Crush Laceration

- How would you rate?
- PR-4 = Primary treating physician's permanent and stationary report
- PR-4 know what you need
- AMA Guides Figure 16-1a & 16-1b

The image shows two pages of a medical report form, likely a PR-4, which is used for documenting permanent and stationary impairment. The form includes sections for patient information, examination findings, and a diagram of a hand with a thumb injury. The diagram shows the thumb with a line indicating the location of the injury. The form also includes a table for recording examination findings, such as sensation, strength, and range of motion. The form is filled out with handwritten information, including the patient's name, date, and examination findings.

Case 4 Crush Laceration

Abnormal Motion					Amputation Mark level & impairment %	Sensory Loss Mark type, level, & impairment %	Other Disorders List type & impairment %	Hand Impairment % * Convert to level imp %
Record motion or sensory angles and impairment %								
Thumb	IP	Flexion		Extension	Ankylosis	MP %	IP %	3
		Angle	Imp %					
		Angle	Imp %					
	MP	Extension		Ankylosis	MP %	IP %	3	
		Angle	Imp %					
Angle		Imp %						
CMC	Flexion		Extension	Ankylosis	MP %	IP %	3	
	Angle	Imp %						
	Angle	Imp %						
	Adduction	Flexion		Extension	Ankylosis	MP %	IP %	3
		Angle	Imp %					
Angle		Imp %						
Opposition	Flexion		Extension	Ankylosis	MP %	IP %	3	
	Angle	Imp %						
	Angle	Imp %						
Add digit impairment % CMC + MP + IP =					Digit IMP % =	Digit IMP % =	Digit IMP % =	Hand Impairment % * Convert above

Case 4 Crush Laceration

- Sensory loss
- 16.3 Digital Nerve Sensory p 446
- Figure 16-6 Thumb
- Table 16-5 Sensory Quality
- Transverse loss, >15mm = 100% = to 50% of digital amputation

Case 4 Crush Laceration

Figure 16-6 Digit Impairment Due to Thumb Amputation at Various Lengths (top scale) or Total Transverse Sensory Loss (bottom scale)

Total transverse sensory loss impairments correspond to 50% of amputation values.

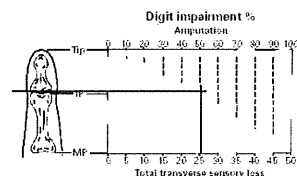






Table 16-5 Sensory Quality Impairment Classification

Two-Point Discrimination	Sensory Loss	Sensory Quality Impairment (%)
≤ 6 mm	None	0%
7-15 mm	Partial	50%
> 15 mm	Total	100%

Case 4 Crush Laceration

Abnormal Motion					Amputation Mark level & impairment %	Sensory Loss Mark type, level, & impairment %	Other Disorders List type & impairment %	Hand Impairment % * Convert to level imp %	
Record motion or sensory angles and impairment %									
Thumb	IP	Angle	40	0					
		Imp %	3	0					
		Angle							
		Imp %							
CMC	MP	MP							
		Angle							
		Imp %							
		Angle							
		Imp %							
		Angle							
		Imp %							
		Angle							
		Imp %							
		Angle							
Add digit impairment % CMC + MP + IP =					Digit IMP % =				

Case 4 Crush Laceration

- Table 16-1a & 16-1b
- Combine for
- 1 abnormal motion
- 2 amputation
- 3 sensory loss
- 4 other disorder
- Total = 27% of thumb

14	15	16	17	18	19	20	21
15	16	17	18	19	20	21	22
16	17	18	19	20	21	22	23
17	18	19	20	21	22	23	24
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20	21	22	23	24	25	26	27
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22	23	24	25	26	27	28	29
23	24	25	26	27	28	29	30
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25	26	27	28	29	30	31	32
26	27	28	29	30	31	32	33
27	28	29	30	31	32	33	34

Case 4 Crush Laceration

- Dx = Open Fx, Digital Nerve laceration
- ICD-9 = 816.22
- ICD-9 = 883.1
- Page 6 item (E) The upper extremities, including the shoulders

Case 4 Crush Laceration

- Reports
- PR-4 format
- Custom format

Case 5 Digital Nerve

- Susan Vance 40 with history laceration left index finger using box knife
- Works as legal secretary
- Nerve "repair" preformed in ER
- Now 6 months post repair
- Sent for Impairment Evaluation

Case 5 Digital Nerve

- Currently able to do all work
- Left index finger is numb on radial side
- Light touch decreased distal to PIP
- Two point = 8 mm
- Hard to hold on milk jug
- Hurt when she vacuums
- Grips 15 kgs right and left

Case 5 Digital Nerve

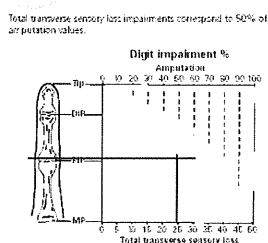
- How would you rate?
- PR-4 = Primary treating physician's permanent and stationary report
- PR-4 know what you need
- AMA Guides Figure 16-1a & 16-1b



Case 5 Digital Nerve

- PIP level
- Connect lines
- Table 16-5 Quality
- 8 mm = 50%
- $25 \times 50\% = 12.5\%$
- 13% of Left Index Finger

Figure 16-7 Digit Impairment Due to Finger Amputation at Various Lengths (top scale) or Total Transverse Sensory Loss (bottom scale)



Case 5 Digital Nerve

- Reports
- PR-4 format
- Custom format

Case 6 Rotator Cuff

- Craig Hill 62 with history right rotator tear after fall of ladder at work
- Works as self-employed electrician?
- MRI + for tear with retraction
- Open repair mini – deltoid incision
- Return to light work limit use right hand 2 weeks after surgery

Case 6 Rotator Cuff

- Four months post surgery
- Wants to closed workers' comp case
- Is able to do all his work activities except for some overhead activities
- Has a guy who works part time for him now to do the overhead work

Case 6 Rotator Cuff

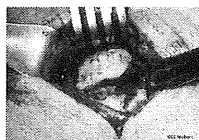
- No pain at night with sleep
- Aches after 8 hours at work but often works 12 hour days
- Hard to throw a football to his son
- Reaching for billfold sometime hurts

Case 6 Rotator Cuff

- Well heal 2 inch incision
- Grips at 55 kgs right and left
- Normal bell shape curve in 5 positions
- ROM
- Flexion 110, Extension 30
- Abduction 100, Adduction 30
- Internal rotation 60, external 20

Case 6 Rotator Cuff

- How would you rate?
- PR-4 = Primary treating physician's permanent and stationary report
- PR-4 know what you need
- AMA Guides Figure 16-1a & 16-1b



Patient Information		Physician Information		Date																																																								
Name	Address	Name	Address	Month	Day																																																							
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Case 6 Rotator Cuff

- Flexion 110, Extension 30
- Abduction 100, Adduction 30
- Internal rotation 60, external 20
- ROM Tables

Case 6 Rotator Cuff

Figure 16-20 Shoulder Flexion and Extension

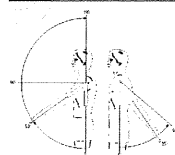


Figure 16-41 Shoulder Adduction and Abduction

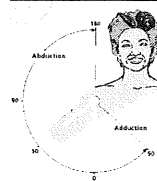
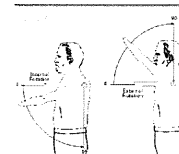


Figure 16-44 Shoulder Internal Rotation and External Rotation



Case 6 Rotator Cuff

Figure 16-40 Pie Chart of Upper Extremity Motion Impairment Due to Lack of Flexion and Extension of Shoulder

Relative value of the functional unit to upper extremity impairment is 10%.

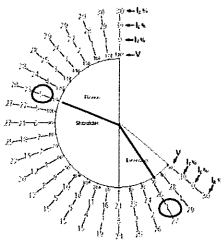
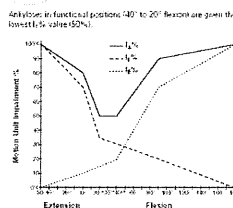


Figure 16-39 Motion Unit Impairment Curves for Ankylosis (10%), Loss of Flexion (10%), and Loss of Extension (10%) of Shoulder



Case 6 Rotator Cuff

Figure 16-42 Pie Chart of Upper Extremity Motion Impairment Due to Lack of Abduction and Adduction of Shoulder

Relative value of the functional unit to upper extremity impairment is 15%.

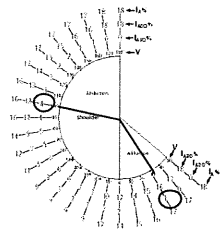
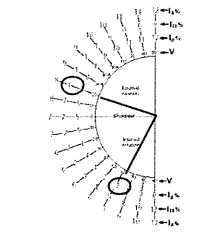


Figure 16-44 Pie Chart of Upper Extremity Motion Impairment Due to Lack of Internal and External Rotation of Shoulder

Relative value of the functional unit to upper extremity impairment is 12%.



Case 6 Rotator Cuff

Abnormal Motion

Other

Shoulder	Flexion	Extension	Ankylosis	Imp %	0
	Angle°	110	30		
	Imp %	5	1	6	
	Adduction	Abduction	Ankylosis	Imp %	
	Angle°	30	100	5	
	Imp %	1	4		
	Int Rot	Ext Rot	Ankylosis	Imp %	3
	Angle°	60	20		
	Imp %	2	1		
Add Imp % Flex/Ext + Add/Abd + Int Rot/Ext Rot = 14					Imp % = 0 [2]



American Academy of
Orthopaedic Surgeons®

Web Source

<http://www5.aaos.org/case/rotator.htm>

Case 6 Rotator Cuff

- Dx = Rotator Cuff Tear
- ICD-9 =840.40
- Page 6 item (E) The upper extremities, including the shoulders

Case 6 Rotator Cuff

- Reports
- PR-4 format
- Custom format