Independent Orthopaedics & Sports Medicine

Ronald Zipper, DO, FAOAO, FAADEP, CEDIR, CIME
Board Certified Orthopedic Surgeon
Board Certified Examiner of Disability and Impairment Ratings
Certified Independent Medical Examiner

[redacted]

RE: [redacted]
DOI: 06/14/04 – Missouri Worker's Compensation
Exam Date: 01/07/05
Exam Type: Independent Medical Evaluation

EXAMINER'S QUALIFICATIONS

Board Certified/voluntarily re-certified Orthopaedic Surgeon through the American Osteopathic Board of Orthopaedic Surgeons, ***(AOBOS)***; Certification in Evaluation of Disability and Impairment Ratings – 2002 ***(CEDIR)***; Board certification as Certified Independent Medical Examiner ***(CIME)***; re-certified through the American Board of Independent Medical Examiners ***(ABIME)***; Assistant Clinical Professor Orthopaedic Surgery at University of Health Sciences College of Osteopathic Medicine ***(UHS-COM)*** from 1981 to 1998; previous recruited member of the ***AOBOS Item Writer Committee***, assisted with the task of rewriting the national orthopaedic certification board examinations for the American Osteopathic Academy of Orthopaedics ***(AOAO)***. I was one of ten D.O. Orthopaedic Surgeons who were selected for the original panel and served on this committee from 1988 to 1993; I am a Designated Medical Evaluator ***(IME)*** for the Texas Worker's Compensation Court ***(TWCC – Approved Doctors List – ADL)***, Nebraska Worker's Compensation Court and Norfolk Southern Railroad. My largest referral base is independent medical examinations ***(IME)*** from the State of Missouri. I am a member of the board of directors of the ***American Academy of Disability Evaluating Physicians – AADEP*** from 1998 to 2005; chairman of credentialing/certifying committee (AADEP) from 2001 to 2003; chairman of Ethics Committee (AADEP; member project development committee (AADEP); past member certifying and credentialing committees of the American Osteopathic Academy of Orthopaedics (AOAO); ***Certificate of Added Qualifications in Interpreting Functional Capacities Assessment*** – 2002 (AADEP); member of International Testing committee – 2001 to 2004; State of ***Washington IME Pilot Test Study*** – 2004. I have performed over ***21,000 orthopaedic surgeries*** and ***over 7,000 independent medical evaluations***. Licensure – unrestricted: Missouri, Michigan and Kansas.

Chief Complaint (continued):
Pain was rated as 7-8/10 at worst and 5/10 at best. Symptoms were increased with standing and sitting greater than 25 minutes. Symptoms were decreased with exercise and application of heat.

History of Present Complaint:
Regarding 06/14/04, at 10 a.m., the examinee stated that he was pulling a barbecue grill, that was in a 4 foot x 3 foot x 3 foot box, weighing approximately 65 pounds. The box was on a 6-wheel cart that had two vertical struts, at the front of the cart. The examinee stated that he was pulling the cart, with his right hand, on the left pole. He had pulled the cart, with another employee, to a customer's car. The customer wanted the box loaded into the back seat of a 4-door sedan. The examinee stated that as the other employee began helping him lift the box, and prior to turning it into the car, the other employee, apparently, lost his grip. The weight of the box fell against the examinee, by his history. He stated that he was in a squatted position, and the weight caused him to strike his knees against the ground, and flex his back at the waist. He denied a twisting injury. He stated that he was unable to stand. At the time of the injury, he was located at the back door of the car, while the other employee was located at the rear quarter panel, of the car.

The examinee stated that, initially, he also had labored breathing, which he attributed to immediate pain, in his low back and bilateral legs. He stated that after he rested for a few minutes, he and the other employee completed loading the grill into the back seat, of the customer's car.

The examinee stated that all of his current complaints were immediately present.

He stated that he filed a report. He recalled being referred, to [redacted] Health Services, and being evaluated, by [redacted], D.O., including x-rays. It was the examinee's understanding that this physician advised him that he had spondylolisthesis. He recalled being referred to [redacted] Health Services Physical Therapy, daily for a week, without subjective improvement.

The examinee next recalled being referred for an MRI, at [redacted] MRI, and undergoing an EMG, at the [redacted] Institute. He was referred, and evaluated, by [redacted] M.D., at the Spinal Institute. It was the examinee's understanding that this physician advised him that there was no spondylolisthesis, or spondylolysis, but that there were two bulging discs, in his low back.

The examinee next recalled being referred, to [redacted], and underwent two lumbar epidural steroid injections, by [redacted], M.D., with no subjective relief.

Physical Examination (continued):
Grip strength, as measured by the Jamar grip dynamometer, was:

	RIGHT			LEFT		
Level I:	70	72	78 lbs.	70	68	58 lbs.
Level II:	112	112	106 lbs.	116	104	96 lbs.
Level III:	106	102	100 lbs.	100	98	94 lbs.
Level IV:	98	100	82 lbs.	92	88	82 lbs.
Level V:	88	82	78 lbs.	82	78	70 lbs.

Examination of the low back and lower extremities, revealed lumbar range of motion, by double inclinometry and goniometry, to be: forward flexion 28 degrees*; hyperextension 26 degrees*; and bilateral side bending 26 degrees*.
(* = subjective pain elicited).

There was tenderness, to palpation, over the left 11th rib, at the level of the midposterior clavicular line, without evidence of cutaneous lesions noted. There was no evidence of scoliosis, or kyphosis, of the cervical, thoracic and/or lumbar spine.

Leg length, from ASIS to medial malleolus, was 91 cm right and 91.5 cm left. Midthigh circumference was 52 cm, bilaterally. Midcalf circumference was 38 cm right and 37 cm left. Seated straight leg raising test was negative, while supine straight leg raising, at 25 degrees on the right and 30 degrees on the left, elicited subjective low back pain and coccygeal pain. There was giveaway weakness, when testing the bilateral great toe dorsiflexion strength. There was a nondermatomal distribution, of sensory deficits, including a demarcation of dull to sharp, at the junction of the anterior lateral to anterior middle one-third of the abdomen, and the entire right lower extremity. Deep tendon reflexes, including patella and Achilles, were physiologic, bilaterally. Dorsalis pedis pulses were full and equal, bilaterally. Patrick's sign elicited bilateral posterior thigh pain, and on the right, elicited right lateral joint line knee pain. Tripod test was negative. There was no pretibial edema. Homans sign was negative. Babinski test was negative. Clonus was not elicited, bilaterally. Tightest side hip flexion, by goniometry, was 28 degrees right and 26 degrees left. There was tenderness over the greater trochanters to palpation, bilaterally. The remainder of the hip examination was physiologic and unremarkable, bilaterally.

Examination of the knees revealed physiologic and equal range of motion, bilaterally. Quadriceps strength was 5/5, bilaterally, without giveaway weakness.

Opinions:
Based on the history, physical examination and review of the medical records, I have the following opinions, regarding this examinee:

1. On my examination, as opposed to the opinion given by Dr. [redacted], I respectfully note that the examinee exceeded Waddell's criteria, for true symptom magnification. I cannot rule out malingering, based on abnormal responses to distraction testing.
2. The examinee had subjective low back pain and coccydynia, without current objective physical findings, to support a lumbar radiculopathy.
3. The examinee had a bulging disc, at L1-L2, and a small, central, subligamentous disc, at L5-S1, with a negative MRI of his coccyx and sacrum. I cannot correlate this to the examinee's chief complaints.

Recommendations:

1. In light of the marked symptom magnification, it is my opinion that the examinee, at most, sustained a lumbar strain, currently without evidence of radiculopathy.
2. It is my opinion, that the examinee does not qualify for any surgical invasive procedures.
3. Prior to any further care, or if my opinions are challenged, I would recommend that the examinee undergo a complete battery of psychological testing.

Recommended Restrictions:
In light of the marked symptom magnification, I had no recommendations for restrictions, regarding this examinee, at this time.

It is my opinion, the examinee was at **maximum medical improvement (MMI)**, as of this examination. Currently, based on the marked symptom magnification, it is my opinion that the examinee sustained a 0% permanent partial impairment/disability rating.

Utilized in preparation of this report were the **Guides to Evaluation Permanent Impairment, 5th Edition,** as well as consideration of the **Missouri 400 Week Model of Disability**, although the opinions expressed are those of this examiner.

Thank you for the opportunity to evaluate this interesting patient.

If you have any further questions, please do not hesitate to contact this office.

Sincerely yours,

Ronald Zipper, DO, FAOAO, FAADEP, CIME, CEDIR

RZ/dmm