

RS

RS is a 43-year-old male schoolteacher, who was employed as an adaptive physical education instructor from 1995 to mid 2003. In mid 1996 he was walking through a school parking lot when he experienced severe hip pain, which lasted a few minutes and then went away. Two weeks later, RS had similar left hip pain. As time went by, the pain began occurring daily and the hip also began to ache. The episodes of pain appeared to be related to increases in activity at work. RS saw his family doctor at the end of 1996. X-rays taken in December 1996 showed decreased left hip joint space and marginal osteophytes. From 1998 to 2001 RS saw a number of doctors. Recommendation was for surgery to the left hip.

On 8/3/01 he reported his left hip complaints to his boss due to increased symptoms in the left hip. He stopped working in November 2001. In January 2002 RS underwent left total hip replacement. After surgery, his pain went from a preoperative level 3 to 9 on a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, to levels of 3 to 6 post-operatively. RS could jog a few steps after surgery with pain.

On examination, RS was 5 feet 9 inches tall and weighed 200 pounds. His left lower extremity is 1/2-inch longer than the right. He has 5-/5 resisted abduction of the left hip, and 5-/5 resisted flexion of the left hip.

To range of motion testing of the hips:

	R	L
Flexion	125	100
Internal Rotation	10	5
Abduction	30	25
Adduction	10	5

The records submitted for review included 5-3/4 inches of medical records. There was no documentation found of visits to doctors for left hip complaints prior to December 1996.

In January 2003 RS was treating with a doctor who noted complaints of neck and bilateral upper extremity pain. RS used a cane for 4 to 6 weeks after surgery. He developed right elbow pain and left arm numbness. Diagnosis was right lateral epicondylitis, rule out left ulnar neuropathy. In February 2003 electro-diagnostic studies of the upper extremities showed moderate left cubital tunnel syndrome.

Diagnosis:

1. Osteoarthritis of the left hip. Status post left total hip replacement in January 2002.
2. Patient complaints of right elbow pain and left arm numbness.

Discussion:

Permanent and stationary twelve months after left THR.

Subjective factors:

Patient complaints of constant aching left hip pain, which I would characterize as constant and minimal at rest, reaching constant and slight with activities of daily living, reaching constant and moderate with heavy lifting and carrying, with repetitive squatting, kneeling and climbing, and with running and jumping.

Objective factors:

Decreased range of motion left hip. Weakness to resisted abduction and flexion. Left lower extremity one half inch long. The results of diagnostic testing. Status post left total hip replacement.

Work restrictions:

Prophylactic no heavy lifting and carrying; no repetitive squatting, kneeling and climbing, Prophylactic no running and jumping.

Other body parts:

Non rateable subjective factors

Causation and Apportionment:

Before Senate Bill 899

No documentation of any visits to the doctor for complaints of hip pain or of any permanent disability referable to the left hip prior to mid 1996.

Causation and apportionment relate 100% to a period of continuous trauma from September 1995 to Nov 2001.

If labor code section 4663 is considered to apply in this case:

One half of the current residuals is apportioned to a period of continuous trauma, and one half to the pre existing degenerative arthritis.