

Sew Hoy Case #2

ED

ED is a 63-year-old male, employed as a fire alarm technician from July 1990 to October 1995.

On 10/3/95 he was at work, walking down concrete steps when he fell, landing on his left shoulder and left side. He was seen and treated the day after the date of injury. X-rays taken were negative. His left arm was put in a sling. A course of physical therapy was started. The onset of back pain and leg pain began within days after the injury.

In March 1996 a magnetic resonance imaging investigation of the left shoulder was performed. Diagnosis was complete rotator cuff tear of the left shoulder. In April 1996 left shoulder surgery was performed. Six months after this surgery, there was noted no change in ED's condition when compared to before surgery.

ED obtained legal advice, and was referred by his attorney to another doctor. In October 1997 a magnetic resonance imaging investigation of the low back was performed. This showed severe discogenic disease at L3-4 with severe central spinal canal stenosis and moderate bilateral neural foraminal impingement. There was also severe neural foraminal impingement at L2-3 on the left.

In September 1999, lumbar decompression surgery was performed. Initially ED noted some benefit from surgery, but he now believes that surgery was of no benefit. In June 2001 a discogram was performed. It was reported to be positive at L4-5. Surgery to the low back was recommended.

ED's past medical history includes a "mild" stroke in June 2002; type-II diabetes mellitus; and hypertension.

On examination, ED is 5 feet 8 inches tall and weighs 246 pounds. He has a scar on his anterior left shoulder measuring 3-1/2 inches in length. There is atrophy to his left deltoid. On range of motion testing, ED abducts his shoulders to 170 degrees on the right, and to 140 degrees on the left. He flexes his shoulders to 170 degrees on the right and 150 degrees on the left. There is MRC grade 4/5 weakness, and complaints of pain to resisted abduction of the left shoulder.

Inspection of the low back shows a 7-inch midline scar. Lumbar spine motion appears diminished. ED forward flexes to 8-inches from the floor. There is 15 degrees of hyperextension of the low back. Straight leg raising in the supine position is 50 degrees bilaterally limited by complaints of back pain with no leg pain present. Straight leg raising in the sitting position is 60 degrees bilaterally limited by back pain with no leg pain present. Foot dorsiflexion tests are negative in both the sitting and supine positions. Sensory testing shows decreased

acuity to light touch over the lower legs and feet bilaterally. There is pitting edema noted in both lower legs.

ED's major complaint at the time of his agreed medical evaluation was low back pain with radiating pain to the left lower extremity.

Testing performed within one year of the agreed medical evaluation includes electro-diagnostic studies. The posterior tibial and lateral peroneal nerves showed findings consistent with severe axonal (diabetic) peripheral neuropathy. EMG studies showed recent denervation of the right anterior tibial muscle, either due to right L5 radiculopathy or right lateral peroneal neuropathy.

Magnetic resonance imaging investigations of the lumbosacral spine with and without gadolinium enhancement were performed. These showed post-surgical changes in the posterior elements of L2-3 to L5-S1. At L4-5 there was marked narrowing of the disc space with encroachment of the left lateral thecal sac, probably due to post-surgical fibrosis.

Diagnosis:

1. Contusion and sprain and rotator-cuff tear left shoulder.
Status post surgical repair in April 1996.
2. Contusion and musculoligamentous strain lumbosacral spine;
severe degenerative disc disease and spinal stenosis.
Status post surgical decompression from L2-3 to L4-5 with
bilateral foraminotomies L2-3 to L4-5 in September 1999.

Discussion:

ED does appear to have sustained orthopaedic injuries as a result of a specific work incident.

With respect to further surgery, this appears reasonable, but Mr ED is a high risk patient because of his recent history of stroke, obesity, hypertension, Type II diabetes mellitus, and prior back procedure.

If he does not want to have surgery, is at a permanent and stationary state.

Left shoulder:

Subjective factors:

Patient complaints of intermittent aching left shoulder pain, which I would characterize as intermittent and minimal at rest, reaching constant and slight with activities of daily living, reaching constant and moderate with heavy lifting and carrying, with repetitive work with the left upper extremity at or above shoulder level.

Objective factors:

Atrophy of the left deltoid. Decreased range of motion left shoulder. Weakness to resisted and complaints of pain to resisted abduction of the left shoulder. The results of diagnostic testing. Status post left rotator cuff repair surgery.

Work restrictions:

Prophylactic no heavy lifting and carrying. and no repetitive work with the left upper extremity at or above shoulder level.

Lumbar Spine:

Subjective factors:

Patient complaints of constant aching and stabbing low back pain with intermittent radiation down the left lower extremity, which I would characterize as constant and minimal at rest, reaching constant and slight with activities of daily living, reaching constant and moderate with any more than light work, and with prolonged standing and walking.

Objective factors:

Pain with restriction of volitional ability to squat. Painful restriction of volitional motion of the lumbar spine. Restriction of both supine and sitting straight leg raise testing. Decreased acuity to light touch in the distal lower legs and feet. Weakness to resisted and complaints of pain to resisted abduction of the left shoulder. The results of diagnostic testing. Status post low back surgery.

Work restrictions:

Prophylactic restriction to light work, with and additional prophylactic restriction of no prolonged standing and walking.

Causation and Apportionment:

Pre Senate Bill 899

100% to the specific injury of 11/3/95

Labor code section 4663 applies:

Left shoulder 100% to 11/3/95 injury.

Lumbar spine 50% to specific injury of 11/3/95, and 50% to the pre existing severe degenerative changes in the lumbar spine