

Date: [REDACTED]

Leslie R. Welch, DC, NRCME, CICE

Rhea Health 10429 W Reno Ave, Suite 100 Oklahoma City, OK 73127

Phone: (405) 440-2095 | Email: [Lesliew@RheaHealth.com](mailto:Lesliew@RheaHealth.com)

License #3361

### Independent Medical Examination Cover Letter

Dear, [REDACTED]

At your request, I have performed an Independent Medical Evaluation (IME) of the above-named individual on 02/18/2005. Please find the attached report for your review and records.

In summary, this examination was conducted solely in the capacity of an independent medical examiner. No physician-patient relationship was established, and no treatment was provided or implied. This examinee was a right-handed man who was a good historian and was cooperative. The information he provided was consistent with the medical records provided. The examinee presented alone.

In summary, the examinee has been assigned an impairment rating of **11% Whole Person Impairment**, as determined in accordance with the AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition. A full explanation of the rationale and calculations supporting this determination is provided in the attached report.

My opinions are based on the available medical records, diagnostic studies, history provided, and my physical examination of the examinee. Should additional information or documentation become available, I would be pleased to review and amend my conclusions if necessary. If you have any questions or require clarification, please do not hesitate to contact me.

Respectfully Submitted,

Leslie R. Welch, DC, NRCME, CICE

## Table of Contents

1. Examinee Information
2. Purpose of Examination
3. History of Present Injury and Presenting Complaints
4. Impairment Rating Summary
5. Medical Records Reviewed
6. Treatment Timeline
7. Clinical Studies Reviewed
8. Medications Reviewed
9. Past Medical History
10. Social/Work History
11. Review of Systems
12. Physical Examination
13. Diagnosis
14. Causation
15. Supporting Literature and References
16. MMI
17. Impairment Rating
18. Apportionment
19. Work restrictions
20. Treatment Recommendations
21. Summary of Opinions

Date: 07-01

Leslie R. Welch, DC, NRCME, CICE

Rhea Health 10429 W Reno Ave, Suite 100 Oklahoma City, OK 73127

Phone: (405) 440-2095 | Email: [Lesliew@RheaHealth.com](mailto:Lesliew@RheaHealth.com)

License #3361

## INDEPENDENT MEDICAL EXAMINATION REPORT

### SECTION 1: EXAMINEE INFORMATION

- Name [REDACTED]
- Date of Birth: [REDACTED]
- Age: 32
- Date of Injury: 10/21/2003
- Date of Examination: [REDACTED]
- Employer: Chesapeake Energy Corporation
- Claim Number: [REDACTED]
- Insurance Carrier: [REDACTED]

### SECTION 2: PURPOSE OF EXAMINATION

- To determine Maximum Medical Improvement (MMI)
- To determine whole body permanent impairment using AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition
- To evaluate causation and functional limitations related to:
  - Lumbar disc herniation, post-discectomy
  - Status post right distal radius fracture

### SECTION 3: HISTORY OF PRESENT INJURY AND PRESENTING COMPLAINTS

- Mechanism: Slipped on a snowy sidewalk while working as a mailroom associate at Chesapeake Energy Corporation, Oklahoma City, while delivering a parcel; landed on right wrist and right buttocks/sacral region in a described pratfall.
- Immediate symptoms: Severe pain in the right wrist and lower back with sharp, shooting pain down the right leg.
- Presenting complaints: Persistent low back pain with intermittent right leg radiculopathy and status post lumbar discectomy; status post right wrist fracture with surgical repair.
- Functional impact: Inability to walk prolonged distances, bend, lift, or perform physical labor, and decreased ability to grip with the right hand.
- Course: Reported improvement following surgical repair of the wrist and rehabilitative care; lumbar symptoms required conservative care, injections, and eventual two-level lumbar discectomy.

#### SECTION 4: IMPAIRMENT RATING SUMMARY

- Based on the evaluation performed in accordance with the AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition, the whole person impairment for this examinee is **11% Whole Person Impairment**.
- A complete explanation of the methodology, clinical findings, and references supporting this determination is provided in the section titled "Impairment Rating Rationale and Calculations".

#### SECTION 5: MEDICAL RECORDS REVIEWED

Provider	Date	Assessments and Plan
Dr. Calvin Johnson	October 2003	Right distal radius fracture — Plan: ORIF surgery
Dr. Calvin Johnson	November 2003	Post surgery wrist healing well — Plan: Physical therapy (wrist) 3x/week x 4 weeks
Dr. Calvin Johnson	December 2003	Continued lumbosacral pain and radiculopathy right leg. Plan: Physical therapy ordered; medications prescribed

Provider	Date	Assessments and Plan
Dr. Scott Mitchell (Pain Management)	January 2004	Persistent radiculopathy — Plan: Series of three epidural steroid injections (ESIs), reports minimal improvement.
Dr. Michael Hahn	April 2004	L4–5 and L5–S1 disc herniations — Plan: Recommended two level discectomy
Dr. Michael Hahn	July 2004	Post op status L4–5 and L5–S1 discectomy. Plan: Physical therapy

## SECTION 6: TREATMENT TIMELINE

Date	Date/Event / Treatment / Provider / Notes
October 2003	Right distal radius fracture; ORIF performed — Dr. Calvin Johnson — ED/X-ray diagnosis: distal radius (Colles) fracture
October 2003	Lumbosacral spine X-ray (ER) . ER provider — No acute abnormality reported
November 2003	Wrist healing well; physical therapy initiated for right wrist — Dr. Calvin Johnson — PT 3×/week × 4 weeks
December 2003	Onset of lumbosacral pain with radiculopathy; PT ordered, medications prescribed — Dr. Calvin Johnson — Continued conservative management
January 2004	MRI lumbar spine performed — Dr. Calvin Johnson (ordering) — Reported L4–5 and L5–S1 disc herniations
January 2004	Persistent radiculopathy: epidural steroid injections (ESIs) Dr. Scott Mitchell — ESIs performed
February 2004	EMG/NCV testing — Dr. Calvin Johnson (ordering) Results: radiculopathy confirmed right leg.
April 2004	Repeat MRI lumbar spine — Dr. Michael Hahn (ordering) Confirmed disc herniations; surgical candidacy discussed

Date	Date/Event / Treatment / Provider / Notes
June 2004	Lumbar discectomy (L4–5 and L5–S1) performed — Dr. Michael Hahn — Postoperative physical therapy and recovery
July 2004	Postoperative physical therapy — Dr. Michael Hahn / PT clinic — Rehabilitation

## SUMMARY NOTE

Aspect	Details
Wrist	Improved after ORIF and PT
Lumbar spine	Persistent symptoms despite conservative care; confirmed pathology led to discectomy and PT

## SECTION 7: CLINICAL STUDIES REVIEW

Date	Study	Ordering Physician	Result
Oct 2003	X-ray Right Wrist	ER	Distal radius Colles' fracture
Oct 2003	Lumbosacral Spine X-ray	ER	No acute abnormality
Jan 2004	MRI Lumbar Spine	Dr. Johnson	Disc herniations L4-L5, L5-S1
Feb 2004	EMG/NCS	Dr. Johnson	Radiculopathy confirmed
Sep 2004	MRI Lumbar Spine (repeat)	Dr. Hahn	Confirmed L4-L5, L5-S1 disc pathology

## SECTION 8: MEDICATIONS REVIEWED

Medication	Dose	Frequency	Prescribing Physician
Tramadol	50 mg	3 times a day	Dr. Calvin Johnson

Medication	Dose	Frequency	Prescribing Physician
Naproxen	400 mg	2 times a day	Dr. Calvin Johnson
Hydrocodone/Acetaminophen	7.5 mg / 325 mg	2 times a day	Dr. Michael Holland

#### SECTION 9: PAST MEDICAL HISTORY

- No significant prior low back or radicular pain
- No previous right wrist injuries or fractures

#### SECTION 10: SOCIAL / WORK HISTORY

- Employed as mailroom clerk, Chesapeake Energy Corporation, Oklahoma City
- Non-smoker; no substance use
- Currently unable to perform regular duties due to lower back and right leg pain and post-status surgical repair of right distal radius fracture

#### SECTION 11: REVIEW OF SYSTEMS

- Comprehensive review of systems is unremarkable outside of the complaints directly related to the presenting conditions.

#### SECTION 12: PHYSICAL EXAMINATION FINDINGS

- Lumbar Range of Motion:
  - Flexion: 40°
  - Extension: 15°
  - Right Rotation: 10°

- Left Rotation: 20°
- Neurological:
  - Mild sensory loss in L4-L5 (right)
  - Absent right Achilles reflex
  - Motor strength: 5/5
- Palpation:
  - Paraspinal tenderness (right)
  - Mild spasm
- Muscle Tone:
  - Mild hypertonicity in the right lumbar-sacral region
- Special Tests:
  - Straight Leg Raise (SLR): positive at 45°
  - Barber's test: mildly positive on right
- Upper extremity:
  - Full range of motion
  - Strength 5/5
- Surgical scar:
  - Will heal with no deficits

### SECTION 13: DIAGNOSIS

- 552.531A Colles' fracture, right radius (initial encounter)
- M51.26 Lombard disc displacement at L4-L5, L5-S1
- M54.16 Radiculopathy lumbar region
- Z98.890 Status post surgical intervention (wrist and lumbar)

### SECTION 14: CAUSATION

- The lumbar disc displacements at L4-L5 and L5-S1 with radiculopathy and the right distal radius Colles' fracture are causally related to the work injury on October 21, 2003, based on:



- Mechanism of injury
- Objective findings
- Timeline

## SECTION 15: SUPPORTING LITERATURE AND REFERENCES

## SECTION 16: MAXIMUM MEDICAL IMPROVEMENT (MMI)

- MMI reached on July, 2004
- Condition is stable; no further recovery expected

## SECTION 17: WHOLE PERSON IMPAIRMENT (WPI) RATING – RATIONALE AND CALCULATIONS

- **Lumbar disc herniation (post-discectomy):**
  - Diagnosis: Lumbar disc herniation
  - Table 17-4 (Lumbar Spine Grid, Class 1)
  - Default 7% WPI
  - GMFH: 1, GMPE: 1, GMCS: 1 (net adjustment = 0)
  - Final WPI: 7%
- **Right distal radius fracture (post-surgical):**
  - Diagnosis: Right distal radius fracture
  - Table 15-3 (Wrist Grid, Class 1)
  - Default 4% WPI
  - GMFH: 0, GMPE: 0, GMCS: 0 (net adjustment = 0)
  - Final WPI: 4%
- **Combined impairment:**
  - $7\% + 4\% = 11\%$  whole person impairment

## SECTION 18: APPORTIONMENT

- 100% of the 11% Whole Person Impairment (WPI) is attributed to the work-related injury dated October 21, 2003.

## SECTION 19: WORK RESTRICTIONS

- No permanent restrictions.

- The examinee has been released for full duty.

#### SECTION 20: TREATMENT RECOMMENDATIONS

- No further active treatment is required.
- Consider ergonomic modifications where appropriate.
- Continue home exercise program for both lumbar spine and right wrist.

#### SECTION 21: SUMMARY OF OPINIONS

- **Causation:** Confirmed work-related injury.
- **Maximum Medical Improvement (MMI):** Achieved.
- **Impairment Rating:** 11% WPI per AMA Guides, 6th Edition.
- **Apportionment:** 100% to the industrial injury.
- **Permanent Restrictions:** None.
- **Further Treatment:** Not medically necessary.

## ATTESTATION

I, Leslie A. Welch, DC, NRCME, CIEC, (License Number 3361), certify that I am qualified to perform independent medical evaluations.

This examination and report have been conducted solely in the capacity of an independent medical examiner. No physician-patient relationship has been established, and no treatment is provided or implied.

### **Basis of Opinions**

The opinions expressed herein are based on a thorough review of the medical records supplied, the history provided by the examinee, diagnostic studies as available, and the findings of my physical examination. All impairment ratings have been determined in accordance with the AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition.

### **Disclaimer and Scope**

My opinions are rendered within a reasonable degree of medical probability and are based on objective medical evidence. These conclusions are based on the information available at the date of this report. If additional records, diagnostic studies, or information become available, I am willing to review and, if necessary, amend my conclusions.

The validity of the findings depends upon the accuracy and completeness of the history and the cooperation of the examinee during the evaluation. No speculative opinions are intended, and no guarantees regarding medical treatment, recovery, employability, or litigation outcomes are made.

This report was prepared at the request of the referring party and is intended solely for that purpose. I have no financial interest in the outcome of this case. My compensation is solely for my time and expertise in performing this evaluation, and it is not dependent upon the conclusions reached.

**Respectfully Submitted,**

Leslie A. Welch, DC, NRCME, CIEC

Date [REDACTED]