

Date: [REDACTED]

Leslie R. Welch, DC, NRCME, CICE

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License #3361

Rating Examination Cover Letter

Dear, [REDACTED]

At your request, I have performed an exam rating the above-named examinee on 02/18/2005. Please find the attached report for your review and records.

In summary, this examination was conducted solely for the purpose of rating the examinee according to the AMA Guides of Permanent Impairment, 6th Edition. No physician–patient relationship was established, and no treatment was provided or implied. This examinee is 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 himself alone.

In summary, the examinee has been assigned an impairment rating of **11% Whole Person Impairment**. A full explanation of the rationale and calculations supporting this determination is provided in the attached report section 8.

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

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Date: 07-01

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RATING EXAMINATION REPORT

SECTION 1: HISTORY OF PRESENT INJURY AND PRESENTING COMPLAINTS, PAST MEDICAL HISTORY, EMPLOYMENT AND SOCIAL HISTORY

- Examinee is a single right-handed man who denies alcohol, tobacco, or illicit drug use
- 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.
- 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.
- No significant prior low back or radicular pain
- No previous right wrist injuries or fractures
- 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 2: PRESENTING COMPLAINTS, PAIN DIAGRAM, AND QUESTIONNAIRE RESULTS

- Presenting complaints: Persistent low back pain with intermittent right leg radiculopathy and status post lumbar discectomy; status post right wrist fracture with surgical repair, (ORIF)

SECTION 3: 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 3x/week x 4 weeks
December 2003	Continued 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
June 2004	Lumbar discectomy (L4–5 and L5–S1) performed — Dr. Michael Hahn — Postoperative physical therapy and recovery

Date	Date/Event / Treatment / Provider / Notes
July 2004	Postoperative physical therapy — Dr. Michael Hahn / PT clinic — Rehabilitation MMI reached

SECTION 4: 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 5: 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 6: DIAGNOSIS

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

SECTION 7: 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**

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SECTION 8: OPINIONS AND RECOMMENDATIONS:

Based on my physical examination, review of submitted records, the examinee's medical history, and board-certified chiropractic physician experience in the diagnosis and treatment of neuro-musculoskeletal conditions and injuries, my opinion and recommendations are as follows.

Right L4-L5 and L5-S1 Disc Herniations status post discectomy

- In my opinion, there is a direct causal relationship between the patient's L4/L5, L5/S1 disc herniations current complaints of mild lower back discomfort and radiating right leg pain and the injury sustained at Chesapeake Energy Corporation. There is no plausible history of injury, medical records, or objective physical evidence of any prior injury to this region. The above physical revealed evidence of structural abnormalities or injuries to the lower back.
- In my opinion, adequate evaluation, surgical procedure, treatment, and rehabilitation have been provided to the examinee, and thus there is no objective evidence to warrant future medical treatment related to the above-examined lumbar injury. Any further medical treatment is the responsibility of the examinee.
- In my opinion, the patient has reached the point of maximum medical improvement. The patient does not need ongoing palliative, maintenance medication, surgical, or physician's care. The examinee has sustained no period of temporary total disability nor permanent total disability. There is no objective physical reason preventing the patient from returning to gainful employment at his preinjury level
- In my opinion, the patient sustained a combined whole-body impairment rate of 11%. This is combined with the below-addressed right distal radius fracture. Please see the

impairment rating section 7, for a full explanation of how the rating was determined according to the AMA Guides to the Evaluation of Permanent Impairment, 6th Edition.

Right Distal Radius Fracture

- In my opinion, there is a direct causal relationship between the examinee's fracture of the right distal radius and treatment of his right distal radius to his injury at Chesapeake Energy Corporation. There is no plausible history of injury, medical records, or objective physical evidence of any injury to this region prior to this period.
- Radiographic examination revealed evidence of right distal radius fracture, otherwise known as a Colles' fracture.
- The examinee's treatments included open reduction and internal fixation surgery of the right distal radius along with post-surgical rehabilitation. In my opinion, adequate evaluation, surgical intervention, treatment, and rehabilitation have been provided to the examinee. The examinee has reached the point of maximum medical improvement of these combined injuries. The patient does not need ongoing palliative or maintenance care for these injuries.
- In my opinion, the patient has sustained no period of temporary total disability or permanent total disability from this injury. There are no objective physical reasons preventing the patient from returning to gainful employment at his previous level.
- In my opinion, the examinee's combined whole person impairment is **11%** according to the AMA Guides to the Evaluation of Permanent Impairment, 6th Edition. Please see the impairment rating section 7 for a full explanation of how the rating was determined.

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 his 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]