

Sample Report of an Impairment Rating Evaluation

Patient Name: Clarabelle Cow

Date of Evaluation: June 2, 2014

Date of Injury: September 12, 2013

Insurance: We Make You Better Inc.

Employer: Grocery Stores and More

Job Title: Stocker

Injury: Left knee osteoarthritis and pain s/p arthroscopy with loose body removal

Injury Summary:

Mrs. Cow was initially seen on 9/16/2013 at Injuries R' Us by me for left knee pain. She is a 58 year old female that reported while on duty as a stocker at Grocery Stores and More on 9/12/2013 she lifted a 75 pound pallet and felt a pop with immediate burning pain in her left knee. She had c/o swelling, pain and episodes of locking and catching with ambulation. She denied instability of the left knee. Physical exam demonstrated swelling with effusion, limitations in ROM: Flexion to 80 degrees and extension to 10 degrees. Positive for tenderness to palpation over anterior knee and popliteal fossa. Negative McMurray's valgus stress test, Lachman's and pivot-shift but these were also difficult to assess secondary to pain with all testing. She was instructed in the use of anti-inflammatories, an Ace compression wrap, crutches and was also instructed to rest, ice and elevate. She rested her knee over the next 2 days and the pain improved.

Treatment History:

Three days later on 9/19/2013 she reported to St. Melrose Emergency Room with increased pain. She reports that she stood up and heard a pop followed by intense pain. X-rays demonstrated degenerative joint disease and loose bodies in the left knee. She was sent home and told to continue to rest, ice, elevate the left leg and continue with anti-inflammatories over the weekend and was told to follow up the next week with the treating physician for further evaluation. She was given work restrictions that included limiting standing/ walking to 15 minutes per hour, keep leg elevated for remaining time, no lifting over 10 lbs and no shifts greater than 4 hours.

The following week she followed up at Injuries R Us with Ducky Plankton, P.A. Mrs. Cow reported that she continued to have pain in the left knee without improvement in her ability to ambulate. Her physical exam was unchanged with continuation of restrictions in ROM. An MRI was ordered secondary to concern for possible meniscal injury.

MRI was completed 10/7/13 and demonstrated moderate to severe osteoarthritis with full thickness articular cartilage defects through the lateral femoral condyle and lateral patellar facet. Stable large ossified loose body in anterior joint compartment. Lateral patellar tilt. Small joint effusion. Baker's cyst.

A referral was made to Bones & Joints Orthopedics where she was seen by Dr. Pluto on 10/15/13 and given an intra-articular cortisone injection. At her follow up with Dr. Pluto on 11/8/13 she reported minimal improvement in pain following the injection. Mrs. Cow reported that the episodes of locking and catching had increased in frequency and duration. The decision was made to proceed with diagnostic

arthroscopy secondary to increased frequency of locking of the joint and the large loose bodies that were present on the MRI.

Mrs. Cow underwent surgery by Dr. Pluto 12/8/13 with diagnostic arthroscopy of the left knee. During arthroscopy several loose bodies were removed, including one 3x2 cm in size. Chondroplasty of the lateral femoral condyle and patella also took place. She was given work restrictions that included being off work for one week. She was ok to return to work the following week with no lifting, no standing/walking greater than 30 minutes per hour and no shifts longer than 4 hours. She was also instructed in a home exercise program that she was told to start the following week. Mrs. Cow presented to Dr. Pluto for follow up 2 weeks s/p left knee arthroscopy on 12/20/13 and reported improvement in pain without further episodes of catching or locking. Dr. Pluto discharged the patient from orthopedics at this time and instructed her to follow up with her treating physician.

Mrs. Cow had a follow up with me on 1/3/14 where she reported new nodules bilaterally on her left knee that were sore. She was able to return to full duty without restriction on 1/4/14, but continued to report soreness especially in cold weather and after long work days. Mrs. Cow spoke with Dr. Pluto over the phone and he reassured her that all of this was expected following her surgery and to keep her case open.

March 2014 she admitted that her knee was catching approximately twice per week with ongoing mild soreness. Physical therapy was initiated. After six weeks of physical therapy she reported improved soreness and no further episodes of catching. Her ROM and activity tolerance were improved and she was able to continue with a home exercise program.

Subjective:

Today she reports that she is doing well except for mild soreness in the knee after a lot of activity or a long day at work. She reports that she is able to tolerate regular duty at work without any problems. She denies any locking, catching, crepitation, or instability. She reports good strength and the nodules have resolved. There is no interference with her ADL's. She also reports that she was able to kneel while gardening recently without any issues. She is not using any medications.

Physical Examination:

Left knee demonstrates a small scar s/p arthroscopy with left knee valgus deformity which is chronic. No swelling is noted at this time. No tenderness to palpation including the medial and lateral joint lines. No crepitation is noted. Gait is non-antalgic and WNL.

Lower extremity strength is 5/5 including flexion and extension of the knee.

Lachman's (-)

Anterior Drawer (-)

Posterior Drawer (-)

Valgus stress (-)

Varus stress (-)

Grind Test (-)

ROM: Flexion: 126

Extension: 0

Sensation is intact for the lower extremity

Assessment/Diagnosis: Left knee osteoarthritis and pain s/p arthroscopy with loose body removal and chondroplasty of the lateral femoral condyle and patella.

Date of MMI: She is being placed at MMI today June 2, 2014. Patient's condition is stable at this time and additional treatment is not likely to improve her condition.

Impairment Rating: Impairment has been assessed according to the AMA Guides to the Evaluation of Permanent Impairment, 3rd edition revised.

Using Table 40 (p. 68) I have assigned 5% impairment of the lower extremity for arthritis due to any cause, including trauma; chondromalacia.

Using Table 39 (p.68) I have assigned 9% impairment of the lower extremity for knee flexion of 126 degrees and 0% impairment of the lower extremity for knee extension of 0 degrees. This adds to a total of 9% lower extremity impairment for knee ROM.

The 5% lower extremity impairment for arthritis and 9% lower extremity impairment for knee ROM are combined using the Combined Values Table (p. 254) to equal 14% lower extremity impairment.

14% lower extremity is converted to 6% whole person impairment using Table 46 (p.72).

Apportionment: No apportionment is necessary as there is no documentation of previous injury to the left knee.

Return to Work:

Mrs. Cow has returned to work at full duty without permanent work restrictions.

Maintenance Care:

No maintenance care is required.

Dr. Patrick Star, MD, MPH

Level II Accredited, Colorado Division of Workers' Compensation

Doctors Plus Family Health Clinic

2513 S. Scissor St

Denver, CO 56897