

March 3, 2006

XXXXXX  
XXXXXX  
PO Box 1234  
Fresno, CA 12345

RE: Individual: XXXXXXx  
Claim #: XXXX  
Date of Incident: 10/22/2004  
Diagnosis: Cervical sprain, Lumbar sprain, Right shoulder pain

AMA Guides Edition:	Fifth Edition		
Correct Impairment:	11% whole person	Previous Impairment:	37% whole person
Rating Physician:	XXXXXX, M.D.	Incorrect	

Dear Ms. Gonzales:

Thank you for providing me with this opportunity to review this case involving an injury to the neck, mid back, low back, right shoulder, and right wrist. The impairment rating check focused on the assessment of impairment according to the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. The Permanent Disability rating is based on the Schedule for Rating Permanent Disabilities, January 2005.

Based on the information provided, it is my professional opinion that the evaluation performed by XXXXXXXX, M.D. and assigning a 37% whole person impairment should be reconsidered.

The medical documentation you provided was carefully reviewed. Permanent impairment evaluation must be performed in accordance with the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. Adequate information is provided in the medical records to analyze this case and provided the needed data for the rating criteria in the Fifth Edition. The Guides state “if the clinical findings are fully described, any knowledgeable observer may check the findings with the Guides criteria”.

This evaluation is for an Impairment Rating Check only. If a more detailed review is requested, I will be happy to accommodate.

**IMPAIRMENT RATING REVIEW**

**CLAIMANT NAME: XXXXX**  
 CLAIM NUMBER: XXXXX  
 DATE OF INJURY: 10/22/2004

RATING PHYSICIAN: XXXXXX, MD  
 DATE OF RATING: 12/8/2005  
 REGIONS SUBMITTED: Neck, Mid back, low back, right shoulder, right wrist

**RATING PROVIDED: 37% WHOLE PERSON**  
 DIAGNOSIS: CERVICAL SPRAIN  
 LUMBAR SPRAIN

**RATING VALIDATED: 11% WHOLE PERSON**  
 SHOULDER CONTUSION

**IMPAIRMENT RATING\*:**  ACCURATE  INACCURATE  QUESTIONABLE

\* ACCURACY OF THE IMPAIRMENT RATING IS BASED ON THE DATA PROVIDED

SUBJECT	ACCEPTABLE	UNACCEPTABLE	QUESTIONABLE	MEMO
Diagnosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Noted in report
MMI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MMI was documented
<b>Calculation of Impairment</b>				
Appropriate chapter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate AMA Guide chapter utilized
Work Sheets included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referenced Chapter, Page, and Table
Combined & Adding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Combined and/or Added appropriately
Addressed inconsistent findings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subjective complaints do not correlate with documented clinical findings
Modified Impairment Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explained rationale for modifying or altering the impairment
Spine DRE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Selected appropriate DRE category
IR at high end of range	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gave high end of range within category without explanation
Spine ROM method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explained rationale for choosing ROM method
3 components included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Includes Specific Disorder, ROM, and Neurological
Validity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments of validity measures: ± 10% or 5° & SLR Rule
Upper Extremity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Explained rationale for rating Other Disorders & Strength
Lower Extremity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose most clinically accurate evaluation with explanation
<b>History</b>				
Mechanism & Onset	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Identify compensable injury/body parts and date of injury
Pre-existing conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Addressed prior significant injuries, impairment, & disability
Findings on previous exam(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Noted previous exam findings
Treatments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commented on treatment received and recommendations
<b>Clinical Condition</b>				
Current symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List of current symptoms identified
ADL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List specific limitations. Define what scale was used
Work Status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identified work ability and limitations & how determined
Physical examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documented positive, negative, and non-physiological findings
Use of measuring device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine ROM method: was use of inclinometer documented
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extremity ROM: use of goniometer documented
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremity findings documented bilaterally
Diagnostic studies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Listed dates & results
Pain Chapter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explained rationale why Chapter 18 was utilized while not being duplicative in nature

## Summary of Findings:

Documentation provided included the Qualified Medical Evaluation report by XXXXMD dated 12/8/2005.

It is my professional opinion that the impairment rating assigned by Dr. XXXXX was incorrect for the following reasons.

Cervical spine: Documentation does not support the diagnosis of multilevel radiculopathy at C6, C7 and C8. Documentation does indicate muscle spasm with extension. Category III, in part, states:

*“Significant signs of radiculopathy, such as pain and/or sensory loss in a dermatomal distribution, loss of relevant reflex(es), loss of muscle strength, or unilateral atrophy compared with the unaffected side, measured at the same distance above or below the elbow; the neurologic impairment may be verified by electrodiagnostic findings*

Documentation supports, at most, category II.

Thoracic spine: Documentation supports category I.

Lumbar spine: Documentation does not support the diagnosis of multilevel radiculopathy at L4-S1. Category II states, in part the following:

*“Clinical history and examination findings are compatible with a specific injury; findings may include significant muscle guarding or spasm observed at the time of the examination, asymmetric loss of range of motion, or nonverifiable radicular complaints, defined as complaints of radicular pain without objective findings; no alteration of the structural integrity and no significant radiculopathy”*

Documentation indicates spasm upon heel walking, toe walking, and squatting. Documentation supports, at most, category II.

Right shoulder: Dr. XXXXX correctly rated right shoulder flexion but incorrectly used Table 16-18, page 499 of the Guides. The correct procedure for rating “other disorders” is rating the specific deformity or condition found on pages 499 through 507 and then to multiply that value by the value found on Table 16-18. Documentation does not support any condition found within Section 16.7 of the Guides.

Right wrist: Documentation for wrist pain is inconsistent. According to the recorders, the first report of injury dated 10/22/2004, complaints were only to the left wrist. This continued until November 18, 2004. Only until December 8, 2004 was there mention of the right wrist. Since that time, there have been no further mention of wrist complaint’s until Dr. xxxxx report. Because the initial injury was to the left wrist, the right side is not ratable.

**Impairment Summary:**

Cervical spine DRE II:	5% whole person
Thoracic spine DRE I:	0% whole person
Lumbar spine DRE II:	5% whole person
Right shoulder:	1% whole person
Right wrist:	Not ratable

**Correct Impairment: 11% whole person**

Sincerely,