

John Smith, M.D.
1234 Main Street, Ste 12
Anytown, CA 93940

State of California

Division of Workers Compensation

Primary Treating Physician's Permanent and Stationary Report (PR-4)

This form is required to be used for ratings prepared pursuant to the 2005 Permanent Disability Rating Schedule and the AMA Guides to the Evaluation of Permanent Impairment (5th Ed.). It is designed to be used by the primary treating physician to report the initial evaluation of permanent impairment to the claims administrator. It should be completed if the patient has residual effects from the injury or may require future medical care. In such cases, it should be completed once the patient's condition becomes permanent and stationary.

This form should not be used by a Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) to report a medical-legal evaluation.

Patient Initials: MB
Social Security Number (Last 4 digits): 1234

Treating Physician

Dr. Smith, M.D.
1234 Main Street, Ste 12
Anytown, CA 93940

Report and Injury Information

Date of injury: 04/29/2011
Last date worked: 03/29/2012
Permanent & Stationary: 03/29/2012
Date of current examination: 03/29/2012

Description of how injury/illness occurred

Injury Body Part	Mechanism of Injury
Elbow - Right	Direct Strike Injury With Other Object

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Elbow - Right

Pain Quality: Electrical

Pain Intensity: 4

Pain Frequency: Occasional (25%)

Makes Pain Better: Rest, ice and tennis elbow strap

Makes Pain Worse Pressure on hard surface, weight bearing

Current Medications for Pain: None

Describe how, if at all, your injury interferes with the listed activities below. Please note if there is only pain, or if you cannot perform the activity at all.

Self-care, personal hygiene

Urinating: No Limitations

Defecating: No Limitations

Brushing teeth: No Limitations

Combing hair: No Limitations

Bathing: No Limitations

Dressing oneself: No Limitations

Eating: No Limitations

Communication

Writing: No Limitations

Typing: No Limitations

Seeing: No Limitations

Hearing: No Limitations

Speaking : No Limitations

Physical activity

Standing: No Limitations

Sitting: No Limitations

Reclining: No Limitations

Walking: No Limitations

Climbing stairs: No Limitations

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Sensory function

Hearing: No Limitations
Seeing: No Limitations
Tactile feeling: No Limitations
Tasting: No Limitations
Smelling : No Limitations

Non-specialized hand activities

Grasping: No Limitations
Lifting: No Limitations
Tactile discrimination: No Limitations

Travel

Riding: No Limitations
Driving: No Limitations
Flying: No Limitations

Sexual functioning

Orgasm: No Limitations
Ejaculation: No Limitations
Lubrication: No Limitations
Erection: No Limitations

Sleep

Restful: No Limitations
Nocturnal sleep patterns: No Limitations

Prior Injury - Elbow - Right

None



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Med Trials to Date

Aspirin, Tylenol, anti-inflammatories

Therapy/Ancillary Treatments to date

Physical therapy : 6
Chiropractic : 2
Acupuncture : 4

Surgery for this injury - Elbow - Right

No

Prior Care Facility/Case Consult Providers

Orthopedic Consult, Hand Specialty

General Health Conditions/Past Medical History

Prior illness :Diabetes and heart disease
Prior surgery : Stent placement 2007
Current (all) medications: Metformin Glypizide Plavix Simvastatin
Known allergies: None
Hypertension: Non-contributory
Diabetes: Yes
Asthma: Non-contributory
Depression: Non-contributory
High Cholesterol: Non-contributory
Cardiovascular Disease History: Yes

General Review of Systems

Do you have any CURRENT problems or symptoms with the following? If yes please explain.

Constitutional:
Eyes/vision: Negative
Ears, nose or throat: Negative
Cardiovascular, heart or circulation: Negative
Respiratory/breathing: Negative

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Gastrointestinal/digestive: Negative
Genitourinary/Urinary or reproductive: Negative
Musculoskeletal/joints: Negative
Skin: Negative
Neurological/dizziness/weakness/sensory: Negative
Psychiatric/depression/anxiety/history of suicidal thoughts/addictions: Negative
Endocrine/diabetes or thyroid: Negative
Hematological/lymphatic/bruising/bleeding or swollen areas: Negative
Allergic/immunologic, drug intolerance etc.: Negative

Social History

Marital status/ living arrangements: Divorced
Employment Status: Working modified
Occupation history: Same industry, construction x 25 yrs
Use of drugs, alcohol, tobacco: Negative
Level of education: High School diploma
Second jobs: None
Self-employment: None
Military service: None
Hobbies: Outdoor activity and sports

Physical Examination: Describe all relevant findings as required by the AMA Guides, 5th Edition. Include any specific measurements indicating atrophy, range of motion, strength, etc. Include bilateral measurements - injured/uninjured - for injuries of the extremities.

General Exam

BP: 121 / 62
HR: 67
RR: 16
Height: 5 feet 10 inches.
Weight: 200.00pounds.
BMI: 28.7 kg/m2

General Appearance

No acute distress

Psychiatric

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Alert and Oriented: Yes

Head

Clear to include oropharynx, conjunctiva, external nares and ears: Yes

Neck

Supple, without adenopathy: Yes

Chest

Clear to Auscultation all fields: Yes

Cardiac

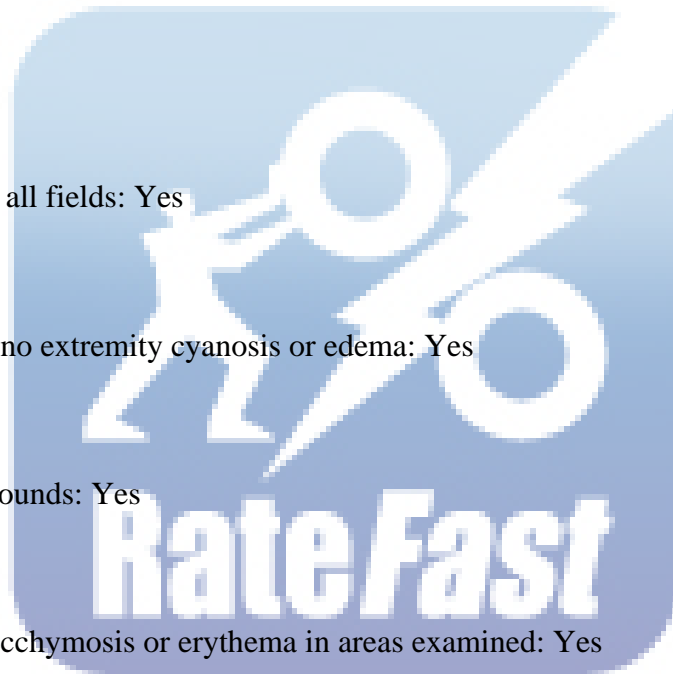
Regular, no murmur, no extremity cyanosis or edema: Yes

Abdomen

Soft, Normal bowel sounds: Yes

Skin

No rash, tightening, ecchymosis or erythema in areas examined: Yes



Arm Measurement

Mid Bicep Right: 31 cm, Left: 30 cm

Elbow: Right: 22 cm, Left: 21cm

Mid Forearm : Right: 25 cm, Left 24 cm

Wrist : Right: 18 cm, Left 17 cm

Elbow - Right

Inspect: No swelling/erythema

Palpation: Non-tender

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Elbow Ranges of Motion Figure Table A1 page 596, Corrected with Errata March 2002: AMA
Estimated Normal: Flexion (150D), Extension (0D), Supination (80D), Pronation (80D). Motion
is measured with goniometer, and is reported right over left side in Degrees (D).

Flexion: Right 115 D 112 D Left 149 D 147 D
Extension: Right 19 D 19 D Left 0 D 0 D
Pronation: Right 70 D 69 D Left 79 D 82 D
Supination: Right 61 D 62 D Left 69 D 68 D

Distal Neurovascular Exam Intact: Normal.

Tinel Test Ulnar Groove: Negative

X-Ray

Elbow Right: Arthritis/Degenerative Joint Changes: Moderate, with spur formation.

MRI

Elbow Right: Not performed

Nerve Studies (NCS/EMG)

Not performed

Diagnoses

Elbow Contusion 923.11, Right, Industrial
Elbow Moderate Arthritis 715.12, Right, Non Industrial

Report the Whole Person Impairment (WPI) rating for each impairment using the AMA Guides,
5th Edition, and explain how the rating was derived. List tables used and page numbers.

Rating Chapter: Elbow/16 Upper Extremities

Figures: Elbow Figure 16-34 (pg 472), 16-37 (pg 464).

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Comment: AMA Guides 5th Edition: Page 453 "If a contra lateral "normal" joint has less than average mobility, the impairment value(s) corresponding to the uninvolved joint can serve as a baseline and are subtracted from the calculated impairment for the involved joint".

Page 20 "Two measurements made by the same examiner using the Guides that involve an individual or an individual's functions would be consistent if they fall within 10% of each other."

Calculations:

Right Side % Upper Extremity Impairment=Flexion (3) + Extension (2)+ Pronation (1)
+ Supination (1)= (0) %Total Upper Extremity Impairment

Left Side % Upper Extremity Impairment=Flexion (0) + Extension (0)+ Pronation (0)
+ Supination (1)= (0) %Total Upper Extremity Impairment

Calculate Injured Side minus Non Injured Side:

Flexion: (3) - (0) = (3)% Upper Extremity Impairment

Extension: (2) - (0) = (2)% Upper Extremity Impairment

Pronation: (1) - (0) = (1)% Upper Extremity Impairment

Supination: (1) - (1) = (0)% Upper Extremity Impairment

Final Adjusted Total Impairment for Injured Side Elbow ROM: (6)% Upper Extremity Impairment

Additional Rating Considerations: None

Upper Extremity Impairment Conversion to Whole Person Impairment
(WPI)Table 16-3 (page 439)=(4)% WPI

If the burden of the worker's condition has been increased by pain-related impairment in excess of the pain component already incorporated in the WPI rating under Chapters 3-17 of the AMA Guides, 5th Edition, specify the additional whole person impairment rating (0% up to 3% WPI) attributable to such pain. For excess pain involving multiple impairments, attribute the pain in whole number increments to the appropriate impairments. The sum of all pain impairment ratings may not exceed 3% for a single injury.

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WPI: 0%

Is Apportionment indicated for this claim?

No. No permanent disability.

Apportionment

Effective April 19, 2004, apportionment of permanent disability shall be based on causation. Furthermore, any physician who prepares a report addressing permanent disability due to a claimed industrial injury is required to address the issue of causation of the permanent disability, and in order for a permanent disability report to be complete, the report must include an apportionment determination. This determination shall be made pursuant to Labor Code Sections 4663 and 4664 set forth below:

Labor Code section 4663. Apportionment of permanent disability; Causation as basis; Physician's report; Apportionment determination; Disclosure by employee

- a. Apportionment of permanent disability shall be based on causation.
- b. Any physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury shall in that report address the issue of causation of the permanent disability.
- c. In order for a physician's report to be considered complete on the issue of permanent disability, it must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries. If the physician is unable to include an apportionment determination in his or her report, the physician shall state the specific reasons why the physician could not make a determination of the effect of that prior condition on the permanent disability arising from the injury. The physician shall then consult with other physicians or refer the employee to another physician from whom the employee is authorized to seek treatment or evaluation in accordance with this division in order to make the final determination.
- d. An employee who claims an industrial injury shall, upon request, disclose all previous permanent disabilities or physical impairments.

Labor Code section 4664. Liability of employer for percentage of permanent disability directly caused by injury; Conclusive presumption from prior award of permanent disability; Accumulation of permanent disability awards

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- a. The employer shall only be liable for the percentage of permanent disability directly caused by the injury arising out of and occurring in the course of employment.
- b. If the applicant has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury. This presumption is a presumption affecting the burden of proof.
- c. (1) The accumulation of all permanent disability awards issued with respect to any one region of the body in favor of one individual employee shall not exceed 100 percent over the employee's lifetime unless the employee's injury or illness is conclusively presumed to be total in character pursuant to Section 4662. As used in this section, the regions of the body are the following:
 - A. Hearing
 - B. Vision
 - C. Mental and behavioral disorders
 - D. The spine
 - E. The upper extremities, including the shoulders.
 - F. The lower extremities, including the hip joints.
 - G. The head, face, cardiovascular system, respiratory system, and all other Systems or regions of the body not listed in subparagraphs (A) to (F), inclusive.

(2) Nothing in this section shall be construed to permit the permanent disability rating for each individual injury sustained by an employee arising from the same industrial accident, when added together, from exceeding 100 percent.

Is the permanent disability directly caused, by an injury or illness arising out of and in the course of employment?

No disability remains.

Is the permanent disability caused, in whole or in part, by other factors besides this industrial injury or illness, including any prior industrial injury or illness?

If the answer to the second question is "yes", provide below: (1) the approximate percentage of the permanent disability that is due to factors other than the injury or illness arising out of and in the course of employment; and (2) a complete narrative description of the basis for your apportionment finding. If you are unable to include an apportionment determination in your report, state the specific reasons why you could not make this determination.

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Describe any continuing medical treatment related to this injury that you believe must be provided to the patient. ("Continuing medical treatment" is defined as occurring or presently planned treatment.) And describe any medical treatment the patient may require in the future. ("Future medical treatment" is defined as treatment, which is anticipated at some time in the future to cure or relieve the employee from the effects of the injury.) Include medications, surgery, physical medicine services, durable equipment, etc.

Quarterly visits for medications, Six visits of physical therapy per year for pain flares, Cortisone injections, Access to surgeon

Note: The following assessment of functional capacity is to be prepared by the treating physician, solely for the purpose of determining a claimant's ability to return to his or her usual and customary occupation, and will not to be considered in the permanent impairment rating.

Restrictions: None

Are there environmental restrictions? No

Can this patient now return to his/her usual occupation? Yes

List information you reviewed in preparing this report, or relied upon for the formulation of your medical opinions.

Medical records, Clinic chart notes, Imaging/diagnostic studies

Written Job Description: Reviewed

Time Disclaimer

I verify under penalty of perjury that the total time spent on the following activities is true and correct:

Reviewing the records: 30 minutes

Face to face time with the patient: 34 minutes

Preparing the report: 38 minutes

Cal Lic. #: C12345

Executed at (County and State): Sonoma, CA

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I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code §139.3. This Report has been reviewed by RateFast for internal consistency and compliance with the American Medical Association *Guides to the Evaluation of Permanent Impairment, 5th Edition*.

Name: John Smith, M.D.
Specialty: Orthopedic Surgery

