

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

**Insurance Name and Address:** Joe Denham, 567 Insurance Blvd., Santa Rosa, CA 91840

**Claim Number:** 2346789XY

**Employer Name:** Ace Computers

**Employer Address:** 123, Employer City, CA 98756

**Nature of Business:** Computer/Tech

**Patient Name:** John M Doe

**Sex:** Male

**Date of Birth:** 11/01/1985

**Patient Address:** Employee Address, Employee City, CA 96570

**Patient Telephone number: Home:** (123) 456-7890 **Cell:** (123) 777-6666 **Work:** (123) 456-8900

**Occupation:** Computer/Tech - Computer Technician

**Social Security Number:** 123-45-6789

**Injured at:** 123, Employer City, CA 98756

**Date of current exam:** 11/15/2015

**Date and Hour of Injury or Onset of Illness:** 11/11/2015, 9:58 a.m.

**Date Last Worked:** 11/01/2015

**Date and Hour of First Examination or Treatment:** 11/15/2015

### History of Injury/Illness:

Mr. John Doe is a right-handed 30 year-old male who worked at Ace Computers at the time of his injury. His industrial injury occurred on 11/11/2015. At the time of his injury, patient had worked 3 years at his job. The location of the injury/condition was the office. His right shoulder was injured due to lifting. The injury/condition was reported to: supervisor. After the injury occurred, he continued working.

### Subjective Complaints

Mr. Doe and I discuss his current complaints.

### Shoulder - Right

He reports that he has no symptoms associated with this injury and is not experiencing any pain.

**Objective Findings** (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

### General Exam

A general exam is performed. Patient appears normal (not anxious, lethargic nor combative). A head exam is performed. No laceration, scarring, or deformity are present. Inspection and palpation of neck are normal. Inspection, palpation, percussion, and auscultation of the chest are normal. Normal cardiac inspection, palpation, and auscultation. The abdomen is examined, and inspection, auscultation, and percussion are normal. The skin exam is normal. No rash, tightening, ecchymosis or erythema in the areas examined.

### Shoulder - Right

**Inspect:** No scars, no swelling/effusion, no erythema, and no deformity.

**Palpation:** Non-tender.

**Shoulder Ranges of Motion Figure Table A1 page 596, Corrected with Errata March 2002: AMA Estimated Normal: Flexion (180D), Extension (40D), Abduction (180D), Adduction (30D), External Rotation (90), Internal Rotation (80D). Motion is measured with goniometer and is reported right over left side in Degrees (D).**

**Flexion:** Right 178 D 180 D Left 180 D 179 D

**Extension:** Right 37 D 39 D Left 39 D 40 D

**Abduction:** Right 178 D 178 D Left 180 D 180 D

**Adduction:** Right 29 D 29 D Left 30 D 29 D

**External Rotation:** Right 37 D 38 D Left 37 D 40 D

**Internal Rotation:** Right 78 D 79 D Left 79 D 80 D

**Shoulder Manual Muscle Testing:** 5/5 all directions.

**Special Testing:** Impingement: positive. Instability: negative.

**Distal Neurovascular Exam:** Intact light touch, intact 5/5 motor and intact reflexes.

### Whole Person Impairment (WPI) rating using the AMA Guides 5th Edition

### Shoulder - Right

Rating Chapter: 16 The Upper Extremities/ Shoulder

Amputations: (%UEI)

Calculations: Table 16-4, Page 440.

Evaluating Abnormal Motion: (%UEI)

Calculations: Section 1.5d Page 20, Section 16.4 Page 451, Section 16.4c Page 452-454, Figure 16-40 Page 476, Figure 16-43 Page 477, Figure 16-46 Page 479.

Peripheral Nerve Disorders: (%UEI)

Calculations: Table 16-10 Page 482, Table 16-11 Page 484, Table 16-12a Page 485, Table 16-12b Page 486, Table 16-47 Page 487, Table 16-48 Page 488, Table 16-13 Page 489, Figure 16-49 Page 490, Figure 16-50 Page 490, Table 16-14 Page 490, Table 16-15 Page 492, Combining Values Chart Page 604-606.

Complex Regional Pain Syndromes (CRPS, CRPS 1, CRPS 2): (%UEI)

Calculations: Table 16-16 Page 496. CRPS 1: Table 1-2 Page 4, Section 16.4 Pages 450-479, Table 16-10a Page 482, Table 16-12a Page 485, Table 16-13 Page 489, Figure 16-48 Page 488, Figure 16-49 Page 490, Figure 16-50 Page 490, Table 16-14 Page 490, Table 16-15 Page 492, Combining Values Chart Page 604-606. CRPS II: Section 16.4 Pages 450-479, Section 16.5, Table 16-10a Page 482, Table 16-12a Page 485, Table 16-13 Page 489, Figure 16-48 Page 488, Figure 16-49 Page 490, Figure 16-50 Page 490, Table 16-14 Page 490, Table 16-15 Page 492, Table 16-11 Page Table 16-13 Page 489, Table 16-14 Page 490, Table 16-15 Page 492, Combining Values Chart Page 604-606.

Vascular Disorders: (%UEI)

Calculations: Table 16-17 Page 498.

Joint Swelling Due to Synovial Hypertrophy: (%UEI)

Calculations: Table 16-18 Page 499, Table 16-19 Page 500.

Shoulder Instability: (%UEI)

Calculations: Table 16-18 Page 499, Table 16-26 Page 505.

Arthroplasty: (%UEI)

Calculations: Table 16-27 Page 506.

Manual Muscle Testing: (%UEI)

Calculations: Table 16-11 Page 484, 16-35 Page 510.

Final: (%UEI)

Calculations: Table 16-3 Page 439, Combining Values Chart Page 604-606.

**Shoulder - Right total: 0% WPI**

**Final Claim Summary**

Shoulder - Right: 0% WPI

**Final Impairment Rating: % WPI**

**Future Medical Treatment**

**Shoulder - Right**

Treatment is indicated for the right shoulder. Access to pain management is necessary today. For future care, additional access to pain

management is required. Employee requires access to pain management specialty for physical medicine. A one time consult is requested for authorization.

#### **Shoulder - Right**

I have assigned apportionment for the right shoulder. I assign 1% for pre-existing conditions. Total apportionment contribution for the right shoulder is 1%.

#### **Functional Limitations**

Return to clinic: Yes. 1 month. Employee can return to modified work on 11/19/2015 through 11/30/2015. I do not have a formal job description (RU-91 format) available for review.

#### **Ability to Resume Usual and Customary Occupation**

The employee can return to his occupation with the modifications described below.

#### **Restricted Activities**

The employee has work restrictions. Employee has work restrictions on lifting. He may lift items in the range of 0 - 10 lbs. He may lift occasionally for up to 3 hours per shift. The employee can perform lifting for 15 continuous minutes per hour.

#### **Documentation**

I declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. This report has been reviewed for internal consistency and compliance with the AMA Guides 5th Edition by Alchemy Logic Systems, Inc. Alchemy Logic Systems, Inc. dba RateFast is a California corporation owned by John W. Alchemy M.D. This evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code. I further declare under penalty of perjury that I personally performed the evaluation of the patient and I personally performed the cognitive services necessary to produce the report, and/or have reviewed this report and adopted the opinion herein as my own. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted here in, that I believe it to be true.

e-signed by Claire Williams, MD  
1:10 p.m., December 11, 2015

#### **Invoicing information**

	<b>OMFS Code</b>	<b>Level</b>	<b>Unit(s)</b>	<b>Fee</b>
<b>E/M Est. Visit:</b>				
<b>PR4 Page(s):</b>	WC004-17		6	\$ 157.68
			<b>Total</b>	<b>\$ 157.68</b>

(\*Page calculation is based on DWC Form PR-4 (Rev. 06-05))