

Name:
Date of Birth:
Date of Injury: 1990

Independent Medical Examination

Employment History: He is a 39-year-old man, who was employed as an account manager for Elevator when he was injured in 1990. He was off work for a year. He returned to work in light duty status in August of 1991. He worked for and then with the destruction of the World Trade Center, he lost that job. He then had begun having knee surgery. After his knee surgery in 1995, he had worsening of his knee problem. He has not worked since that time.

History of Present Illness: He reports his injury as that he was in an elevator, which then released and he had a free fall. He reports landing in upstanding position fracturing both patellae. Overall, he had multiple surgical procedures. He has had 11 operations on his knecs, eight on the right and three on the left. He reports chronic pain in his knees. His last knec operation was in September 1995. He did a right saphenous nerve ligation or resection, which produced numbness and decreased pain on the medial aspect of the right knec. He is scheduled for left knee surgery on 03/27/06 by Dr. [redacted].

Past Medical History: Otherwise unremarkable. He had no prior history of surgeries. He has no other prior medical problems.

Current Medical Complaints: He complains about knee pain worse on the right than the left. He reports the pain as constant, burning, shooting, shock like with throbbing. The pain is worsened by sitting, standing, bending, and stair climbing. He reports it is better on lying down. Other than medications of OxyContin 20 mg three times a day and amitriptyline 50 mg at night, his main treatment consists of stretching of the legs plus nonresistant quadriceps strengthening. He does not use an assistive device because he states that makes him feel worse and puts too much strain on his left knee. Rather he walks slowly.

Physical Examination: He was alert, pleasant, and cooperative. Upper extremities, he can fully abduct his arms. His spine had limited movement, he did not have pain with movement.

Name:

Date of Birth:

Page: 2

In the seated position, I could move his hips passively. He resisted movement on the right because of reported knee pain.

His right knee had restricted range of motion. He could extend almost completely and flex about 110 degrees. There were well-healed surgical scars around the knee. He was hypersensitive to the touch. There was no mediolateral instability detected.

Left knee demonstrated range of motion from almost 0 degrees to 130 degrees of flexion. There was crepitus over the patella with knee movement. Again the knee was hypersensitive to the touch. Again no mediolateral instability was detected. There was no loss of motion of the ankles, but they were somewhat stiff.

Neurologic exam: he had numbness of the medial aspect of his right knee. He had depressed deep tendon reflexes throughout. Plantar responses were downgoing. There were no neurologic abnormalities in the upper extremities.

Mini-mental status exam: 29/30 with difficulty doing serial 7's.

Review of Medical Records: Records reviewed included reviews of previous job descriptions. There were notes from [redacted] in 1995. There were also records from [redacted]

There was an operative report from [redacted]. There was an FCE performed by [redacted]. There were disability management forms filled out also by [redacted]. I also reviewed some of his x-rays and x-ray reports.

Disabling Diagnosis:

1. Status post fracture bilateral patellae.
2. Degenerative disease of both knees.
3. Chronic pain of the knees.
4. Reactive depression.
5. Mild cognitive impairment related to narcotic use.
6. Status post seizure disorder secondary to medications for pain.
7. Fracture of the right wrist secondary to seizure.

Questions Addressed:

1. Diagnosis as listed above under disabling diagnosis. The wrist fracture has resolved. The seizure is unlikely to return again since it was related to specific medication.
2. The pain complaints are supported by objective findings on examination.
3. The physical abilities assessment was completed.
4. Regarding assistive devices that would facilitate the claimant's return to the work force. He will need easy access for transportation especially since he is not driving. He is also very slow in walking, which would then be difficult for him to get back and

Name:

Date of Birth:

Page: 3

forth to work. He might need an environment where he did not have to climb stairs.

5. With an ergonomic workstation, could he return to work in a full time sedentary occupation? I believe he could do that provided he could get back and forth to work in a reasonable fashion. He could as long as his work could be done at seated level.
6. I reviewed the accompanied FCE. I believe the capabilities and restrictions are consistent with his findings.
7. Standard recovering return to work guidelines for the current diagnoses are beyond standard time frames. He has problems specifically of chronic pain seemingly his pain exacerbated by his attempts at other surgeries performed after his initial treatment. I believe his orthopedic surgeon could better comment on the specifics about the problems with the knees.
8. His ability to walk during examination I noted as follow. He could get off the exam table himself. He could walk slowly. He had a broad base gait and walked slowly in a stiff legged gait with minimal movement of his knees. He did get off the exam table after about 20 minutes to stand up reporting pain in his knees and difficulty standing or sitting for any prolonged times. In questioning, he reported that he could probably sit an hour at a time, but usually did not sit more than about 30 minutes at any one time.
9. He was cooperative during the examination. He answered questions in a straightforward manner. He cooperated during the examination. He did demonstrate hypersensitivity to any palpation around the knees themselves.
10. I am commenting about his treatment as it relates to industry standards. I am limited by lack of data. His medications seem consistent. I do not know the frequency of his office visits.
11. With accommodation, I believe that he can perform full time sedentary work duties provided he can reasonably get back and forth to work and that his work would allow reasonable accommodation in terms of moving around.
12. His job limitations are listed on the physical work capacity. At this point, I would say the restrictions are permanent unless he shows a change in his knee function. At some point, he will need bilateral knee replacement initially on the right for sure. However, his orthopedic surgeons have delayed that surgery until it is absolutely necessary.
13. This question is not applicable in my opinion.
14. I have no additional comments to make.
15. I reviewed the FCE and agree with it. I did perform the mini-mental status examination, which was within normal limits. He had some difficulty with simple arithmetic subtracting serial 7s from 100. I think that may possibly relate to medication side effects.

Physical Medicine and Rehabilitation Board Certified

PHYSICAL ABILITY ASSESSMENT

We are evaluating your patient's disability claim in order to determine functional impairment. Please check the boxes corresponding to the patient's level of physical functioning. **Please substantiate your findings with medical documentation.** (Failure to provide the requested reports/data may result in delay in claim determinations).

Patient Name _____ Date of Birth _____
 Diagnosis(es)/ICD-9 Code 715.16 DJD B?L Patella

Throughout an 8-hour workday, the patient can tolerate, with positional changes and meal breaks, the following activities for the specified durations:

	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Sitting:		X			X
Standing:				X	X
Walking:				X	X
Reaching: Overhead	X				
Desk Level	X				
Below Waist	X				
Fine Manipulation: Right:	X) May be limited by effects of medication
Left:	X				
Simple Grasp: Right:	X				
Left:	X				
Firm Grasp: Right:	X				
Left:	X				
Lifting: 10 lbs.			X		X
11-20 lbs.				None	
21-50 lbs.				None	
51-100 lbs.				None	
100+ lbs.				None	
Carrying: 10 lbs.			X		
11-20 lbs.				None	
21-50 lbs.				None	
51-100 lbs.				None	
100+ lbs.				None	

	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Pushing: (Max. Wt.: <u>20</u>)				α	α
Pulling: (Max. Wt.: <u>20</u>)				α	α
Climbing: Regular Stairs				None	↓
Regular Ladders				None	
Balancing:				↓	↓
Stooping:					
Kneeling:					
Crouching:					
Crawling:				↓	
Seeing:	X				
Hearing:	X				
Smell/Taste:	X				
Environmental Conditions:					
Exposure to extremes in heat				X	α
Exposure to extremes in cold				X	↓
Exposure to wet / humid conditions				X	
Exposure to vibration				X	↓
Exposure to odors / fumes / particles				X	
Can work around machinery				None	α
Ability to work extended shifts/ overtime:				None	↓
Use lower extremities for foot controls:				None	α

Please use this space to elaborate on ANY of the above categories:

Name: _____ Signature: _____
 Medical Specialty: _____ Date: 4/27/06
 Address: _____ Phone: _____
 Federal ID tax number: _____

**Please include any objective test or narrative if available.
 Thank you for your time.**

Please return this form in the enclosed addressed envelope.

ADDENDUM TO

REPORT DATED FEBRUARY 7, 2006

Question #2 – “Pain complaints are supported by objective findings on exam.”

He has restricted range of motion and x-ray evidence of degeneration of the knee joints.

Question #7 – “The I believe his orthopaedic surgeon could better comment on specifics about the problems with the knees.” Can you advise the actual standard recovery times and if there are any clinically objective findings that might be the reason for any extended recovery duration?

In my opinion, standard recovery time to light duty status was about one year. He developed chronic pain and degeneration of the knees, which has made it impossible to apply a standard number to his recovery time.

Question #10 – Please comment on the claimant’s treatment thus far as it relates to the industry standards (answer should be inclusive of medications, frequency of office visits and the norms of treatment versus the treatment that is being rendered.

To date his treatment has been orthopaedic surgery based. He has been on medications for pain. One would expect orthopaedic surgical visits of every 3-6 months, exclusive of post-op visits, and pain management visits of monthly. Other visits that could have been would include aquatic therapy, acupuncture, and psychology visits for the chronic pain.

Physical Medicine and Rehabilitation