

First Hope Medical Clinic, Inc.
Multi-Specialty Practice Group

999 N. Tustin Ave. Suite# 101
Santa Ana, CA 92705

Phone: (714) 543-5005
Fax: (714) 543-5595

PATIENT: EGER, ALAN
Date of Birth: 09/18/1692
Employer: Triace Bicycle / Bridgewater International
Insurance Carrier: The Hartford
Claim Numbers: YMQ43423C
Date of Injury: CT: 03/01/11 – 02/01/15
Date of Consultation: 07/11/2016
Evaluating Physician: Brent Pratley, M.D.

PERMANENT AND STATIONARY REPORT

INITIAL HISTORY:

Mr. Alan Eger worked at Bridgewater International as a research/development director for four years. He was an avid racing bicyclist. His job involved manufacturing, testing, distributing and riding bicycles as well as promoting bicycles in China. When he returned to the United States, he was seen at Kaiser. Eventually, he returned to China and he continued working until he was laid off from work in 2015. During the course of his employment he also injured his knees. He continued riding bicycles seven to eight hours per day and as a result of limping following the left foot injury he noted the onset of low back pain. The patient was diagnosed with a fifth metatarsal fracture of the left foot and also suffered a fractured clavicle in 2005. He began chiropractic care with Dr. Michael Mousavi, D.C. for the lumbar spine and bilateral knee problems on 04/18/16.

CURRENT COMPLAINTS:

Mr. Eger states he has continued low back pain and bilateral knee pain.

PRIOR INDUSTRIAL/NONINDUSTRIAL ACCIDENTS:

The patient has not been involved in prior industrial accidents.

PAST MEDICAL HISTORY:

Illnesses: Usual childhood illnesses.

Fractures: The patient had a left clavicle fracture and fifth metatarsal fracture-left foot.

Surgeries: The patient had a left shoulder surgery.

ALLERGIES:

The patient is allergic to Aspirin.

MEDICATIONS:

The patient is currently taking Tramadol, Omeprazole, Naprosyn, Ibuprofen and the use of topical creams.

FAMILY MEDICAL HISTORY:

The patient denies any family history of diabetes, epilepsy, heart disease or cancer.

SYSTEM REVIEW:

Essentially normal, except for the history of present illness.

SOCIAL HISTORY:

The patient is married with no children. He does not use tobacco, alcohol or illicit drugs.

MEDICAL RECORDS:

X-ray of the left foot was taken at Kaiser Permanente on 06/16/14. Clinical history: left foot out of orthosis/splint/cast. Exam indicated a subacute healing fracture of the proximal fifth metatarsal. The alignment is normal. The bones are osteopenic which may be related to disuse. No new fractures seen; there is no significant bone abnormality.

MRI of the lumbar spine dated 07/14/15 as reviewed by Dr. Todd Katzman, M.D. indicated spondylolisthesis at L5-S1 with disc bulging of 4-5mm and degenerative disc at that same level. There is anterior disc bulge of 3-4mm at L5-S1.

MRI of left foot and ankle dated 05/22/15 as reviewed by Dr. Todd Katzman, M.D. indicated inflammation of the Achilles tendon and plantar fasciitis with no evidence of a fracture.

MRI scan of the left knee report dated 07/24/15 as reviewed by Dr. Todd Katzman M.D. indicated a mild effusion with no evidence of a meniscal tear.

MRI scan of the right knee report dated 07/24/15 as reviewed by Dr. Todd Katzman M.D. indicates a minimal effusion with no evidence of a meniscal tear.

PHYSICAL EXAM:

Lumbar Spine:

Examination of the lumbar spine revealed a normal spinal alignment upon standing. There was no antalgic component to the gait. There were no lower lumbar midline scars evident. There was no evidence of thoracic kyphosis, lumbar lordosis or scoliosis. The patient was able to move prone to sitting without difficulty. There was normal skin color. There was tenderness to palpation over the paralumbar region bilaterally.

Orthopaedic Tests: The straight leg raising test to 80 degrees was positive bilaterally.

Range of motion of the lumbar spine:

| | Finding | Normal |
|-----------------------|---------|--------|
| Flexion: | 80° | 90° |
| Extension: | 20° | 30° |
| Right Lateral Bending | 20° | 20° |
| Left Lateral Bending: | 20° | 20° |
| Right Rotation: | 20° | 30° |
| Left Rotation: | 20° | 30° |

There was pain at the extremes of motion. Knees to chest testing was to 90 degrees.

Deep Tendon Reflexes: Patellar and Achilles reflexes were +2 bilaterally.

Coordination: The patient was able to walk on his toes and heels. He was unable to squat.

Muscle Strength Testing:

| | Right | Left |
|----------------------|-------|------|
| Hip Flexion: | +5 | -5 |
| Knee Extension: | +5 | +5 |
| Ankle Dorsiflexion: | +5 | +5 |
| Foot Extension: | +5 | +5 |
| Great Toe Extension: | +5 | +5 |

Sensory Testing: Sensory testing with the Whartenberg's wheel revealed no sensory changes over the dermatomes of the lumbar spine or the lower extremities bilaterally.

Lower Extremity Examination:

Examination of the right and left knee revealed normal skin color. There are no visible scars. There is tenderness bilaterally. Orthopedic tests consisting of McMurray & Lachman were positive.

Range of motion of the knee:

| | Right | Left | Normal |
|------------|-------|------|--------|
| Flexion: | 135° | 125° | 140° |
| Extension: | 0° | 0° | 0° |

DIAGNOSIS IMPRESSIONS:

1. STRAIN, LUMBAR SPINE – S39.012A
2. GRADE II TEAR, BILATERAL KNEE – S83.90
3. LUMBAR SPINE SPONDYLOLISTHESIS L5-S1 – M43.16
4. ANTERIOR DISC BULGE 3-4MM, L5-S1 – per MRI
5. LUMBAR SPINE RADICULOPATHY – M54.16

IMPAIRMENT:

Using the American Medical Association Guides to the Evaluation of Permanent Impairment, with respect to the lumbar spine he fits under DRE-II pg. 392 which is 10% impairment of the whole person secondary to spondylolisthesis.

In respect to left ankle, he fits under Table 17-11 page 537 which is 3% whole person; with respect to the right and left knee table 17-31 is 3% for the right knee and 3% for the left knee impairment of the whole person.

Combining the lumbar spine 10%, left ankle 3%, right knee 3%, left knee 3% and adding 1% for activities of daily living equals 20% whole person disability.

WORK RESTRICTIONS:

The patient will return to work with restrictions of no long standing and no heavy lifting over 20lbs.

FUTURE MEDICAL CARE:

Future medical care would consist of orthopedic evaluations, possible spine surgery, and short course of chiropractic / physical therapy.

VOCATIONAL REHABILITATION:

Vocational rehabilitation is suggested since he cannot return to his prior occupation as a bicyclist.

APPORTIONMENT:

No apportionment applies.

CAUSATION:

Directly attributable to the work-related trauma as described.

DISCUSSION/PLAN:

Having had the opportunity to evaluate Mr. Alan Eger today, using the American Medical Association Guides to the Evaluation of Permanent Impairment, combining the lumbar spine 10%, left ankle 3%, right knee 3%, left knee 3% and adding 1% for activities of daily living, this all equals to 20% whole person disability.

The patient was initially referred for a spine surgery consultation which was denied. He hoped to return to his previous occupation as a bicyclist which is not realistic. He completed a course chiropractic care and I have continued to prescribe Tramadol, Prilosec and Naprosyn to assist in alleviating some of his symptoms.

REASONS FOR OPINIONS:


I derived at the above opinions from the oral history as related by the patient, review of the available medical records/diagnostic testing and examination findings.

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, are true & correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to the information, I declare under penalty of perjury that the information accurately describes the information provided to me and except as noted herein, that I believe to be true.

I have not violated Labor Code Sec. 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury".

Should you have any additional questions or require any additional information, please do not hesitate to contact me.

Signed in Orange County by:

Doctor's Signature: 
Brent Pratley, M.D.
Orthopedic Surgeon

07/19/2016
Date

cc: The Hartford Insurance
P.O. Box 14187
Lexington, KY 40512

Law Offices of William Green
3419 Via Lido, #607
Newport Beach, CA 92663

Date:

7/11/16

Patient Name:

Eger, Alan

Lined writing area with approximately 25 horizontal lines.

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Confidential Fax

**To: The Hartford Insurance
Adjuster: Lisa Armendariz**

From: First Hope Medical Clinic Inc.

Fax: 888-459-1621

Pages: 7 including cover letter

Phone: 866-401-9222

Date: 07/21/2015

**Re: Eger, Alan
Claim Number: YMQ43423C**

**cc: Law Offices of William Green
FAX: 714-282-9065**

(Urgent) For Review Please Comment (Please Reply) Please Recycle

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Comments:

Dear Mrs. Armendariz,

In the following, you will find the P&S report for Mr. Alan Eger.

Best Regards,

Nubia R.