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



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PATIENT: EGER, ALAN Date of Birth: 09/18/1962

Employer: Triace Bicycle / Bridgewater International Inc.

Insurance Carrier: The Hartford YMQC43423

Date of Injury: CT 03/01/11 – 02/01/15 Evaluating Physician: Brent Pratley, M.D.

WORKER'S COMPENSATION SUPPLEMENTAL REPORT

To Whom It May Concern:

Mr. Alan Eger was declared permanent and stationary on 07/11/16. Our office received a letter from Law Offices of William Green & Assoc. dated 12/05/16 indicating a discrepancy between work restrictions suggested by Dr. Katzman and myself. I will be happy to clarify this for you.

Mr. Eger was asymptomatic until he was involved in the heavy physical activity of bicycling after working for Bridgeway International Inc. for approximately 5 years. We have given him 8% WPI for lumbar category II. There is no ratable lesion for the knees; there is no atrophy of the gastroc. Table 18-4 indicates 3% whole person disability. 1.5% for the right knee and 1.5% for the left knee. At this point, it is my opinion he will be unable to return to his job at Bridgeway International Inc. doing the bicycling he did before. He is a qualified injured worker and in need of a vocational rehabilitation or some type of work change of no heavy lifting, no repetitive bending or twisting etc. In the absence of any prior injury, apportionment does not apply.

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 of hesitate to contact m	questions or require any additional e.	l information, please do not
Signed in Orange Co	ounty by:	
Doctor's Signature	Brent Pratiey, M.D. Orthopedic Surgeon	01/17/2017 Date