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Natalia Foley, Esq.
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PATIENT:	Alan Eger
DOB:	9/18/62
OUR FILE #:	207771SIF
SSN:	XXX-XX-4004
EMPLOYER:	Triace Bicycle/Bridge Way 502 South East J Street, Suite 6 Bentonville, AR 72712
WCAB #:	ADJ11358589; ADJ9876653
SIBTF #:	SIF9876653
DATE OF INJURY:	CT: 3/1/11 – 2/1/15; 4/14/14
DATE OF 1ST VISIT:	10/22/20
INSURER:	The Hartford Insurance Company P.O. Box 14475 Lexington, KY 40512
ADJUSTOR:	Anthony Camblin
PHONE #:	(866) 401-9222, ext 2304008
FAX #:	(888) 459-1621

Subsequent Injury Fund
Medical Legal Report
With Medical Record Review

Dear Ms. Foley,

Thank you for referring Alan Eger, a 58-year-old male, to my office for occupational/internal medicine consultation. The patient is specifically referred for evaluation and treatment of various musculoskeletal and other injuries that he sustained during the course of his employment with Triace Bicycle/Bridge Way.

ML 104-95: This is a Subsequent Injury Fund (SIF) Medical Legal Report. One and one half (1.5) hour was spent for face to face time with the patient. Three (3.0) hours were spent for medical record review. The time for dictating and organizing this report was four and one half (4.5) hours. A total of nine (9.0) hours were spent for this report.

Job Description:

The patient began working as an R/B director for Triace Bicycle/Bridge Way in 2011 and he continued working for the company until 2015. His work hours were from 7:00 am to 10:00 pm, seven days per week. His job duties involved testing all aspects of bicycle racing and engineering. Physically, the job required for him to stand, squat, bend, climb, walk, stoop, kneel and twist. He was also required to lift up to 80 pounds weight.

History of the Injury as Related by the Patient:

The patient filed a specific claim dated April 14, 2014, and a continuous trauma claim between the dates of March 1, 2011 and February 1, 2015, for injuries that he sustained during the course of his employment.

The patient suffered various injuries throughout the course of his work at Triace, a company that produces bicycles. He states that he was a director where he would test all of the bicycles and make sure they were running well. He states that they had about 1,000 stores and he was responsible for testing all of the models, which included 160 different models of bicycles.

The patient mentions that he would be flown mostly to China as most of their stores were there. He states that he was required to perform races while he was out there. He does mention that in 2014, he had just completed a race in China and he states that there were individuals who were taking pictures with him and of him. He mentions that one of the individuals jumped and landed on his left foot while wearing these bicycle cleats. He states that he suffered a severe injury of the left foot. He had the immediate onset of swelling and difficulty with ambulation. He reported his injuries to the staff members at the medical clinic at the site. He states that he was evaluated and taken to a hospital in the area of Province that he was in. He was then later flown out to Shanghai and had further studies of the left foot including x-rays which revealed an acute fracture. The patient was then flown to the United States and underwent appropriate treatment for approximately eight weeks and he was then instructed that he would have to fly back to China to continue working.

During his time of work, he continued to have difficulty with ambulation and performing his job duties. The patient suffered with swelling and numbness of the left foot. He began noticing that he was not able to perform his job duties

including riding the bicycle as well as before. He also states that while he was riding, he would hold onto the handle bars and states that overtime he began to have bilateral wrist pain with associated hand numbness.

The patient now complains of continued pain in the left foot and difficulty with ambulation. He has chronic pain that causes difficulty with sleep.

The patient also mentions that he did have a diagnosis of asthma disorder which was diagnosed in childhood; however, this condition has worsened.

The patient also mentions that he has taken various medications for his chronic pain and has developed gastritis/GERD. He often complains of abdominal pain after using his Ibuprofen 800 mg.

The patient also has been complaining of an anxiety and depressive disorder and has developed hair loss as well. He often clenches his jaw at night and wakes up with a sore jaw. The patient has also been complaining of headaches with associated dizziness and lightheadedness.

Prior Treatment:

The patient was treated with physical therapy and chiropractic treatment.

Previous Work Descriptions:

The patient did not provide a prior work history.

Occupational Exposure:

The patient was exposed to chemicals, fumes, dust and vapors during the course of his work. The patient was exposed to excessive noise during the course of his work. He was exposed to excessive heat and cold.

Past Medical History:

The patient has a diagnosis of asthma. He underwent shoulder, arm and clavicle surgery. He denies any other history of previous medical or surgical conditions. **He is allergic to aspirin.** There is no history of prior accidents or injuries. There is no other significant medical history.

Social History:

The patient is married. He has no children. He does not smoke cigarettes, drink alcoholic beverages or use recreational drugs.

Family History:

The patient's parents have died. His mother died of unknown cause. His father died of a brain tumor and COPD. He has one brother and two sisters who are alive and well. There is no other significant family medical history.

Review of Systems (Before the Injuries):

The patient complains of headaches and visual difficulty. He denies any dizziness, lightheadedness, hearing difficulty, sinus problems, jaw pain, or jaw clenching. He reports shortness of breath and wheezing from bronchial asthma. He denies any complaints of cough, throat pain, postnasal drip, jaw pain, jaw clenching, dry mouth, chest pain, palpitations, hemoptysis, or expectoration. The patient denies any complaints of abdominal pain, reflux symptoms, or constipation. He denies any complaints of nausea, vomiting, diarrhea, weight gain, or weight loss. The patient denies any genitourinary complaints including dysuria, frequency, urgency, or urinary tract infections. The patient's musculoskeletal complaints involve right hip (5/10) and right shoulder (clavicle, 5/10). He denies any complaints of peripheral edema or swelling of the ankles. The patient reports depression due to financial constraints and the loss of a family member. The patient reports complaints of cognitive dysfunction and memory deficits related to traumatic brain injury in 1980. There are no dermatologic and hair complaints. There is no intolerance to excessive heat or cold. There is no complaint of fever, diaphoresis, chills or lymphadenopathy.

Review of Systems (After the Injuries):

The patient complains of headaches and visual difficulty. He denies any dizziness, lightheadedness, hearing difficulty, sinus problems, jaw pain, or jaw clenching. He reports shortness of breath and wheezing from bronchial asthma. He denies any complaints of cough, throat pain, postnasal drip, jaw pain, jaw clenching, dry mouth, chest pain, palpitations, hemoptysis, or expectoration. The patient complains of abdominal pain, reflux symptoms, or constipation. The patient complains of nausea, vomiting, diarrhea, weight gain, or weight loss. The patient denies any genitourinary complaints including dysuria, frequency, urgency, or urinary tract infections. The patient's musculoskeletal complaints involve cervical spine pain 6/10, lumbar spine pain 9/10, right shoulder pain 9/10, right knee pain 10/10, left knee pain 10/10, and left ankle pain 10/10. He complains of peripheral edema at the left lower extremity. The patient reports persistent feelings of depression and anxiety. The patient reports complaints of cognitive dysfunction and memory deficits related to traumatic brain injury in 1980. There are complaints of hair loss. There is no intolerance to excessive heat or cold. There is no complaint of fever, diaphoresis, chills or lymphadenopathy.

Activities of Daily Living (Before the Injuries):

The patient was able to do the following without difficulty: dress himself including shoes, comb his hair, wash and dry himself, take a bath/shower, get on and off the toilet, brush his teeth, cut his food, lift a full cup/glass to his mouth, open a new milk carton, make a meal, write a note, type a message on the computer, see a television screen, use a telephone, speak clearly, feel what he touches, smell the food he eats, taste the food he eats, open car doors, open previously-opened jars, turn a faucet on and off, work outdoors on flat ground, climb up 1 flight of 10 steps, stand, sit, recline, rise from a chair, run errands, light housework, shop, get in and out of a car, sleep and engage in sexual activity.

The patient always: dressed himself, bathed himself, put on shoes, cooked, cleaned the kitchen, combed his hair, vacuumed, swept, put things away, shopped for groceries, carried in groceries, made the bed, did laundry, went to work, lifted a child younger than 3 years old, lifted a child between 3 and 5 years old, made love, climbed a ladder, washed the car, mowed grass, raked grass/leaves, walked, and drove a car.

The patient most often: did not have a pain level higher than 5 (on a scale of 10).

The patient never: repaired the car, did light construction, sat in a chair longer than 20 minutes, stood in line longer than 15 minutes, pruned a tree/shrub, dug a ditch, repaired plumbing, hunted/fished, hiked/camped, danced, or operated heavy equipment.

The patient most of the time: felt forgetful, misplaced items, and had poor concentration.

The patient sometimes: felt depressed, felt sad for no reason, felt tearful for no reason, felt worried, felt anxious, and felt low self-esteem.

The patient never: felt hopeless, felt helpless, felt fatigued, felt irritable, felt loss of interest in activities/hobbies, felt isolated, felt diminished libido, felt loss of control of life, felt concerns for the future, had hallucinations, had thoughts of suicide with plan, had thoughts of suicide without plan, had recent weight loss, had recent weight gain, had a loss of appetite, had increased appetite, heard voices, saw images, napped during the day, spent most of the day in bed, needed medications to sleep, or had interrupted sleep.

Activities of Daily Living (After the Injury):

The patient is able to do the following without difficulty: dress himself including shoes, comb his hair, wash and dry himself, take a bath/shower, get on and off the toilet, brush his teeth, cut his food, lift a full cup/glass to his mouth, open a

new milk carton, make a meal, write a note, type a message on the computer, see a television screen, use a telephone, speak clearly, feel what he touches, smell the food he eats, taste the food he eats, open car doors, open previously-opened jars, turn a faucet on and off, and get in and out of a car.

The patient is able to do the following with some difficulty: work outdoors on flat ground, climb up 1 flight of 10 steps, stand, sit, recline, and rise from a chair.

The patient is able to do the following with much difficulty: run errands, light housework, shop, and sleep.

The patient is unable to do the following: engage in sexual activity.

The patient always: dresses himself, bathes himself, puts on shoes, cooks, cleans the kitchen, combs his hair, vacuums, sweeps, puts things away, carries in groceries, washes a car, mows the grass, rakes the leaves, and drives a car.

The patient most often: shops for groceries.

The patient sometimes: does the laundry, walks, and does not have a pain level higher than 5 (on a scale of 10).

The patient never: goes to work, makes love, climbs a ladder, repairs a car, does light construction, can sit in a chair longer than 20 minutes, can stand in line longer than 15 minutes, prunes a tree/shrub, digs a ditch, fixes the plumbing, hunts or fishes, hikes or camps, dances, operates heavy machinery, makes the bed, lifts a child <3 years old, or lifts a child 3-5 years old.

The patient always: feels depressed, feels sad for no reason, feels tearful for no reason, feels fatigued, feels worried, feels anxious, feels forgetful, feels low self-esteem, feels loss of control of life, feels concerns for the future, misplaces items, has poor concentration, and has interrupted sleep.

The patient most of the time: feels hopeless, feels helpless, feels diminished libido, naps during the day, and spends most of the day in bed.

The patient sometimes: feels irritable, feels loss of interest in activities/hobbies, feels isolated, and needs medication to sleep.

The patient never: has hallucinations, has thoughts of suicide with plan, has thoughts of suicide without plan, has recent weight loss, has recent weight gain, has a loss of appetite, has increased appetite, hears voices, or sees images.

Current Medications:

The patient currently takes Ibuprofen 800 mg three tablets daily and Tylenol 500 mg two tablets daily.

Physical Examination:

The patient is a left handed 58-year-old alert, cooperative and oriented Caucasian male, in no acute distress. The following vital signs and measurements are taken today on examination: Weight: 155 pounds. Blood Pressure: 112/82. Pulse: 69. Respiration: 17. Temperature: 96.3 degrees F.

Skin:

No abnormalities were detected.

Head:

The patient's head is normocephalic and atraumatic. The patient's facial muscles show good contour and symmetry. There is no scleral icterus and no tenderness of the skull noted on examination.

EENT:

Pupils are equally reactive to light and accommodation. Extraocular movements are intact. The throat is clear. Hearing appears to be uninvolved. The nasal passages are clear and the mucosa is normal in appearance. The patient's neck is overall supple with no evidence of lymphadenopathy, thyromegaly or bruits.

Thorax:

The patient exhibits good bilateral rib excursion during respiration. Lungs are clear during percussion and auscultation. The heart reveals a regular rate and rhythm and no murmurs are noted.

Abdomen:

The abdomen is flat, with epigastric tenderness and without organomegaly. Normoactive bowel sounds are present.

Genitalia and Rectal:

Examination is deferred.

Musculoskeletal Examination:

The patient is ambulatory. There are no grossly visible abnormalities of the upper or lower extremities or the axial skeleton. There are no deformities. There is kyphosis noted of the lower cervical spine. There is tenderness of the cervical and lumbar paraspinal musculature. There is tenderness of the right shoulder. There is tenderness of the bilateral wrists. Tinel's is positive at the bilateral wrists. There is tenderness of bilateral knees. There is tenderness of the left ankle.

Range of Motion Testing:

Cervical Spine:	Normal
Flexion	35/50
Extension	40/60
Right Rotation	60/80
Left Rotation	60/80
Right Lateral Flexion	30/45
Left Lateral Flexion	30/45

Thoracic Spine:

Flexion	60/60
Right Rotation	30/30
Left Rotation	30/30

Lumbo-Sacral Spine:

Flexion	40/60
Extension	10/25
Right Lateral Flexion	15/25
Left Lateral Flexion	15/25

Shoulder:	*Right*	*Left*
Flexion	180/180	140/180
Extension	50/50	35/50
Abduction	180/180	130/180
Adduction	50/50	35/50
Internal Rotation	90/90	60/90
External Rotation	90/90	60/90

Hips:	*Right*	*Left*
Flexion	100/140	120/140
Extension	0/0	0/0
Abduction	35/45	40/45
Adduction	20/30	25/30
Internal Rotation	30/45	40/45
External Rotation	30/45	40/45

Elbow:	*Right*	*Left*
Flexion	120/140	120/140

Forearm	*Right*	*Left:*
Pronation	70/80	60/80
Supination	70/80	60/80

Wrist:	*Right*	*Left*
Dorsiflexion	50/60	40/60
Palmar Flexion	50/60	40/60
Radial Deviation	15/20	15/20
Ulnar Deviation	20/30	20/30

Knee:	*Right*	*Left*
Flexion	100/130	100/130

Ankle/Foot:	*Right*	*Left*
Dorsiflexion	10/15	10/15
Plantar Flexion	30/40	30/40
Inversion	20/30	20/30
Eversion	10/20	10/20

<u>Neurological Examination:</u>

Cranial nerves 2-12 are intact. Deep tendon reflexes are 2+ bilaterally. Superficial reflexes are found to be within normal limits. There are no abnormal reflexes detected and there is no abnormality of sensation or coordination.

Radiological Data:

An x-ray of the chest (two views) is taken today and revealed increased bronchial markings in both lung fields.

An x-ray of the cervical spine (two views) is taken today and revealed mild to moderate degenerative changes and decreased joint space at C5-6.

An x-ray of the lumbar spine (two views) is taken today and revealed moderate degenerative changes and 9.4 mm of anterolisthesis of L5 on S1.

An x-ray of the right shoulder (two views) is taken today and revealed arthrosis of the acromioclavicular joint.

An x-ray of the left shoulder (two views) is taken and was within normal limits.

An x-ray of the right elbow (two views) is taken today and revealed mild degenerative changes.

An x-ray of the left elbow (two views) is taken today and was within normal limits.

An x-ray of the right wrist (two views) is taken today and revealed mild degenerative changes.

An x-ray of the left wrist (two views) is taken today and was within normal limits.

An x-ray of the left ankle (two views) is taken today and revealed mild arthritic changes.

Special Diagnostic Testing:

A pulmonary function test is performed revealing an FVC of 3.22 L (62.2%), an FEV 1 of 2.57 L (65.2%), and an FEF of 4.93 L/s (72.1%). There was a 14.6% increase in FVC, a 16.3% increase in FEV 1, and a 20.0% increase in FEF after the administration of Albuterol.

A 12-lead electrocardiogram is performed and revealed a pulse of 54 bpm, sinus bradycardia, right atrial enlargement (0.3 mV P wave), and possible left atrial enlargement (-0.1 mV P wave in V1/V2).

A pulse oximetry test is performed today and is recorded at 98%.

The 10/22/20 Epworth Sleepiness Scale (ESS) revealed a score of 10/24, consistent with excessive daytime sleepiness.

Laboratory Testing:

A random blood sugar is performed today and is recorded at 100 mg/dL. The urinalysis performed by dipstick method was reported as 1+ protein.

Review of Medical Records: (Exactly 273 pages of medical records were reviewed, which took three (3.0) hours to complete. Below is a summary of the pertinent findings as it pertains to this case).

KAISER PERMANENTE:

The 4/23/14 x-ray of the left foot report, by radiologist Dr. Lawrence Harrison MD, was reviewed. This study revealed: "There is a comminuted fracture of the proximal to mid-portion of the 5th metatarsal. A transverse fracture line is seen at the base of the 5th metatarsal, but multiple other fracture lines are seen extending longitudinally to the mid-portion of the mid 5th metatarsal shaft. These additional fracture lines are best seen on the AP view. Overall, no significant displacement or angulation of the fracture fragments noted. No other abnormalities noted" (p. 6).

The 5/6/14 x-ray of the left foot report, by radiologist Dr. Kathryn Yung MD, was reviewed. This study revealed: "Sub acute comminuted fracture of the proximal left 5th metatarsal. No significant angulation or displacement. The joint alignment is normal. Bones are mildly osteopenic. No significant soft tissue abnormality is seen" (p. 4).

The 5/25/14 x-ray of the left foot report, by radiologist Dr. Young Kim MD, was reviewed. This study revealed: "Healing fractures demonstrated, showing no significant change in alignment from prior study" (p. 2).

The 6/18/04 x-ray of the left foot report, by radiologist Dr. Kathryn Yung MD, was reviewed. This study revealed: "Subacute healing fracture of the proximal 5th metatarsal. The alignment is normal. The bones are osteopenic, which may be related to disuse. No new fractures are seen. There is no significant soft tissue abnormality.

DR. ALBERT LAI MD:

The 4/23/15 Doctor's First Report of Occupational Injury or Illness, by Dr. Albert Lai MD, was reviewed. The patient was seen for: "Patient states, on 4/18/14, while he was working/riding for Triace in China at a ride event in top of a mountain in Phjiang, China. He won that event and was asked to have pictures taken at the finish line. At that time, around 11:00 am, a bike fan jumped on his foot with a special shoe made for bike cleats/pedals and broke the #5 bone in his left foot. He went back to the hotel where he fell down trying to walk to the bed and found his foot turned black. Since he could not speak any Chinese and

could not get any help and had not one to take him to the hospital. Around 5:00 am, he finally called the sales person from Triace and with this sales persons help, he arrived to the Pujiang hospital around 8:00 am and had an x-ray that showed his left foot broken. He was then transferred to the emergency department in Shanghai hospital, where it was confirmed his broken foot and had it casted. Patient got a flight back to the USA 2 days later being immobile in bed and on crutches with foot elevated" (p. 1). The objective findings included a blood pressure of 129/80 mmHg, a weight of 153 pounds, tenderness to palpitation of the left foot. The patient was diagnosed with knee joint pain, ankle pain, lumbar spinal strain, depression, clavicle pain, and acute stress disorder. The treatment plan included Naprosyn 550 mg, Cyclobenzaprine 7.5 mg, Omeprazole 20 mg, and physical therapy.

The 6/23/15 Progress Report, by Dr. Lai, was reviewed. The patient was seen for subjective complaints of bilateral knee pain, left ankle pain, and lower back pain. The objective findings included 131/86 mmHg, a pulse of 40 bpm, and slow ambulation. The patient was diagnosed with lumbar spine strain, lumbar radiculopathy, myalgia, bilateral knee internal derangement, and left Achilles tendinitis. The treatment plan included Naprosyn 550 mg, Cyclobenzaprine 7.5 mg, Omeprazole 20 mg, Tylenol #3, stimulation therapy, MRI of the lumbar spine, MRI of the knees, and physical therapy.

The 8/18/15 Progress Report, by Dr. Lai, was reviewed. The patient was seen for subjective complaints of bilateral knee pain, left ankle pain, and lower back pain. The objective findings included 113/66 mmHg, a pulse of 52 bpm, and slow ambulation. The patient was diagnosed with lumbar spine strain, lumbar radiculopathy, myalgia, bilateral knee internal derangement, and left Achilles tendinitis. The treatment plan included Naprosyn 550 mg, Cyclobenzaprine 7.5 mg, Omeprazole 20 mg, Tylenol #3, and Ibuprofen 800 mg.

The 9/8/15 Progress Report, by Dr. Lai, was reviewed. The patient was seen for subjective complaints of bilateral knee pain, left ankle pain, and lower back pain. The objective findings included 138/86 mmHg, a pulse of 38 bpm, bilateral knee tenderness, and left ankle tenderness. The patient was diagnosed with lumbar spine strain, lumbar radiculopathy, myalgia, bilateral knee internal derangement, and left Achilles tendinitis. The treatment plan included Naprosyn 550 mg, Cyclobenzaprine 7.5 mg, Omeprazole 20 mg, and physical therapy.

<u>THE AMERICAN COLLEGE OF RADIOLOGY</u>:

The 5/22/15 MRI of the left ankle report, by radiologist Dr. Brenda Safranko MD, was reviewed. This study revealed: "Edema in Kager's fat pad indicating Achilles tendon inflammatory changes. Plantar fasciitis" (p. 2).

The 7/24/15 MRI of the lumbar spine report, by radiologist Dr. Alan Turner MD, was reviewed. This study revealed: "Spondylolisthesis at L5-S1 vertebral body. Posterior disc bulge 4-5 mm at L5-S1 disc level. Spasm. Degenerative disc at L5-S1 disc level. Anterior disc bulge, 3-4 mm at L5-S1 disc level" (p. 2).

The 7/24/15 MRI of the right knee report, by radiologist Dr. Alan Turner MD, was reviewed. This study revealed: "Minimal effusion. Grade II signal in the anterior and posterior horn of the lateral meniscus" (p. 2).

The 7/24/15 MRI of the left knee report, by radiologist Dr. Alan Turner MD, was reviewed. This study revealed: "Moderate effusion. Grade II signal in the anterior and posterior horn of the lateral meniscus" (p. 2).

PQME ORTHOPEDIST DR. TODD KATZMAN MD:

The 10/26/15 Qualified Medical Evaluation report, by orthopedist Dr. Todd Katzman MD, was reviewed. The patient was seen for subjective complaints of left foot pain, bilateral knee pain, and lower back pain. The objective findings included a weight of 155 pounds, decreased left shoulder range of motion, lumbar spine tenderness, and bilateral knee tenderness. The patient was diagnosed with left 5th metatarsal fracture, bilateral knee strain, lumbar spine strain, and left clavicle fracture. Dr. Katzman determined the causation: "Based upon the patient's history, the examination performed today, my review of the extensive medical records and without evidence to the contrary, it is my opinion that the injury is industrially related" (p. 13).

The 9/12/16 Qualified Medical Evaluation Supplemental Report, by Dr. Katzman, was reviewed. The patient was seen for subjective complaints of lower back pain and bilateral knee pain. The objective findings included a weight of 155 pounds, well-healed scar over the anterior left shoulder, decreased left shoulder range of motion, lumbar spine tenderness, and bilateral knee tenderness. The patient was diagnosed with left 5th metatarsal fracture, bilateral knee strain, lumbar spine strain, and left clavicle fracture. Dr. Katzman determined the apportionment: "Apportionment is not indicated in this case" (p. 12). Dr. Katzman calculated the permanent impairment ratings and gave 3% WPI for the bilateral knees.

FIRST HOPE MEDICAL CLINIC:

The 7/11/16 Permanent and Stationary report, by orthopedic Dr. Brent Pratley MD, was reviewed. The patient was seen for subjective complaints of back pain and bilateral knee pain. The objective findings included lumbar spine tenderness, decreased lumbar spine range of motion, inability to kneel, positive McMurrary's sign, bilateral knee tenderness, and decreased bilateral knee range of motion. The patient was diagnosed with lumbar spine strain, grade II tear in the bilateral knee, lumbar spondylolisthesis at L5-S1, anterior disc bulge at L5-

S1, and lumbar radiculopathy. Dr. Pratley determined the causation: “Directly attributable to the work-related trauma as described” (p. 5). Dr. Pratley determined the apportionment: “No apportionment applies” (p. 5). Dr. Pratley calculated the permanent impairment ratings and gave 10% WPI for the lumbar spine, 3% WPI for the right knee, 3% WPI for the left knee, 3% for the left ankle, and 1% for activities of daily living.

The 10/28/16 supplemental report, by Dr. Pratley, was reviewed. This document noted: “I do agree with the revised Table 15-3, page 384 DRE Lumbar spine Category II calculated at 8% WPI… Table 18-4 indicates 3% WPI, 1.5% for the right knee and 1.5% for the left knee” (p. 1).

The 1/17/17 supplemental report, by Dr. Pratley, was reviewed. This document noted: “At this point, it is my opinion he will be unable to return to his job at Bridgeway International Inc., doing the bicycle he did before. He is a qualified injured worker and in need of a vocational rehabilitation or some type work change of no heavy lifting, no repetitive bending or twisting” (p. 1).

THE DEPOSITION OF DR. TODD KATZMAN MD:

The 2/13/17 Deposition of Dr. Todd Katzman MD, in the matter of Alan Eger versus Bridgeway International, was reviewed.

On page 7, the witness states that the patient did not have any periods of temporary total disability.

On page 9, the witness states that the knee pain and foot fractures do not normally lead to back pain.

On page 13, the witness states that he believes that the patient can ride a bicycle.

On page 16, the witness states that he does not recall taking off the patient’s shoes. He denies that the patient ever reported swelling of the left foot.

On page 23, the witness states that he disagrees with Dr. Pratley regarding work restrictions and the patient’s ability to return to work.

On page 26, the witness states that he does not believe the knee pain could cause back pain; “Normally, it’s just a joint above or below, so patients who have hip pain could have a problem with their spine or at least have referred symptoms to their spine”.

IPM MEDICAL GROUP:

The 7/28/17 Initial Consultation Report, by primary treating physician and pain management specialist Dr. Jacob Rosenberg MD, was reviewed. The patient was seen for subjective complaints of back pain, left ankle pain, and left foot pain. The objective findings included a weight of 158 pounds, a blood pressure of 138/83 mmHg, 40 bpm, decreased sensation to pin prick and light touch on the left S1 distribution and decreased left foot 5th digit range of motion. The patient was diagnosed with lumbar spondylolisthesis, left knee pain, and right knee pain. The treatment plan included MRI of the left foot, MRI of the bilateral knees, MRI of the lumbar spine, physical therapy, Celebrex 100 mg, and H-wave stimulation.

The 8/21/17 Progress Report, by Dr. Rosenberg, was reviewed. The patient was seen for subjective complaints of back pain, left ankle pain, and left foot pain. The objective findings included a weight of 157 pounds, a blood pressure of 135/77 mmHg, 37 bpm, decreased sensation to pin prick and light touch on the left S1 distribution, decreased left foot 5th digit range of motion, and decreased lumbar spine range of motion. The patient was diagnosed with lumbar spondylolisthesis, left knee pain, and right knee pain. The treatment plan included MRI of the left foot, MRI of the bilateral knees, MRI of the lumbar spine, physical therapy, Celebrex 100 mg, and H-wave stimulation.

The 9/13/17 Progress Report, by Dr. Rosenberg, was reviewed. The patient was seen for subjective complaints of back pain, bilateral knees, shoulders, and left knee pain. The objective findings included a weight of 155 pounds, a blood pressure of 125/77 mmHg, 41 bpm, positive straight leg raising, positive Kemp's sign, decreased sensation to pin prick and light touch on the left S1 distribution, decreased left foot 5th digit range of motion, and decreased lumbar spine range of motion. The patient was diagnosed with lumbar spondylolisthesis, left knee pain, and right knee pain. The treatment plan included epidural steroid injections and acupuncture sessions.

The 10/4/17 Progress Report, by Dr. Rosenberg, was reviewed. The patient was seen for subjective complaints of back pain, bilateral knees, shoulders, and left knee pain. The objective findings included a weight of 154 pounds, a blood pressure of 123/79 mmHg, 41 bpm, positive straight leg raising, positive Kemp's sign, decreased sensation to pin prick and light touch on the left S1 distribution, decreased left foot 5th digit range of motion, and decreased lumbar spine range of motion. The patient was diagnosed with lumbar spondylolisthesis, left knee pain, and right knee pain. The treatment plan included epidural steroid injections, podiatry examination, and acupuncture sessions.

The 11/7/17 Progress Report, by Dr. Rosenberg, was reviewed. The patient was seen for subjective complaints of back pain, bilateral knees, shoulders, left foot pain, and left ankle pain. The objective findings included a weight of 154 pounds, a blood pressure of 120/74 mmHg, 46 bpm, positive straight leg raising, positive Kemp's sign, decreased sensation to pin prick and light touch on the left S1 distribution, decreased left foot 5th digit range of motion, and decreased lumbar spine range of motion. The patient was diagnosed with lumbar spondylolisthesis, lumbar radiculopathy, left knee pain, and right knee pain. The treatment plan included psychological evaluation and podiatry follow up.

The 1/4/18 Progress Report, by Dr. Rosenberg, was reviewed. The patient was seen for subjective complaints of back pain, bilateral knees, shoulders, left foot pain, and left ankle pain. The objective findings included a weight of 156 pounds, a blood pressure of 123/71 mmHg, 59 bpm, positive straight leg raising, positive Kemp's sign, decreased sensation to pin prick and light touch on the left S1 distribution, decreased left foot 5th digit range of motion, and decreased lumbar spine range of motion. The patient was diagnosed with lumbar spondylolisthesis, lumbar radiculopathy, left knee pain, and right knee pain. The treatment plan included Celebrex 100 mg, Ibuprofen 800 mg, epidural steroid injection, psychological evaluation, and acupuncture sessions.

The 2/15/18 Progress Report, by Dr. Rosenberg, was reviewed. The patient was seen for subjective complaints of back pain, bilateral knees, shoulders, left foot pain, and left ankle pain. The objective findings included positive straight leg raising, positive Kemp's sign, decreased sensation to pin prick and light touch on the left S1 distribution, decreased left foot 5th digit range of motion, and decreased lumbar spine range of motion. The patient was diagnosed with lumbar spondylolisthesis, lumbar radiculopathy, left knee pain, and right knee pain. The treatment plan included Celebrex 100 mg, Ibuprofen 800 mg, epidural steroid injection, psychological evaluation, and acupuncture sessions.

The 5/14/18 Progress Report, by Dr. Rosenberg, was reviewed. The patient was seen for subjective complaints of back pain, bilateral knees, shoulders, left foot pain, and left ankle pain. The objective findings included a weight of 158 pounds, a blood pressure of 121/69 mmHg, 46 bpm, positive straight leg raising, positive Kemp's sign, decreased sensation to pin prick and light touch on the left S1 distribution, decreased left foot 5th digit range of motion, and decreased lumbar spine range of motion. The patient was diagnosed with lumbar spondylolisthesis, lumbar radiculopathy, left knee pain, and right knee pain. The treatment plan included Celebrex 100 mg, Ibuprofen 800 mg, epidural steroid injection, psychological evaluation, and acupuncture sessions.

MEDICAL LEGAL DOCUMENTS:

The 6/18/18 State of California Workers' Compensation Appeals Board Compromise and release form was reviewed. This document notes that the case for date of injury CT: 3/1/11 to 2/1/15 was settled for $30,000.00.

Diagnoses:

1. **STATUS-POST 3/1/11 – 2/1/15 CUMULATIVE TRAUMA INJURIES INVOLVING THE CERVICAL AND LUMBAR SPINE, RIGHT SHOULDER, BILATERAL KNEES, AND PSYCHOLOGICAL STRESS**
2. **STATUS-POST 4/14/14 CRUSH-TYPE INJURY INVOLVING THE LEFT ANKLE; SECONDARY TO BICYCLE ACCIDENT**
3. **HISTORY OF TRAUMATIC BRAIN INJURY (1980)**
    A. **COGNITIVE DEFICITS (MEMORY, ATTENTION, FOCUS)**
4. **CERVICAL SPINE STRAIN**
5. **LUMBAR DEGENERATIVE DISC DISEASE**
    A. **ANTEROLISTHESIS (9.4 MM) OF L5 ON S1**
    B. **LUMBAR RADICULOPATHY**
6. **HISTORY OF RIGHT CLAVICLE FRACTURE**
    A. **STATUS-POST 2009 OPEN REDUCTION INTERNAL FIXATION**
7. **HISTORY OF MOTOR VEHCILE ACCIDENT (2001) INVOLVING A RIGHT HIP FRACTURE**
8. **HISTORY OF LEFT FOOT, 5TH METATARSAL COMMINUTED FRACTURE**
    A. **PERSISTENT NEUROPATHY**
    B. **EDEMA**
9. **BRONCHIAL ASTHMA**
    A. **DYSPNEA AND WHEEZING**
10. **DIGESTIVE SYSTEM DYSFUNCTION:**
    A. **GASTROESOPHAGEAL REFLUX DISEASE (GERD)/GASTRITIS**
    B. **IRRITABLE BOWEL SYNDROME (IBS)**
11. **PSYCHOLOGICAL CONDITIONS:**
    A. **MAJOR DEPRESSIVE DISORDER**
    B. **GENERALIZED ANXIETY DISORDER**
        i. **TENSION-TYPE HEADACHES**
    C. **INSOMNIA DISORDER**

Disability Status:

Subjective Complaints:

1. Headaches
2. Dizziness
3. Lightheadedness

4. Visual difficulty
5. Hearing difficulty
6. Sinus problems
7. Jaw pain
8. Jaw clenching
9. Shortness of breath
10. Wheezing
11. Abdominal pain
12. Reflux symptoms
13. Constipation
14. Cervical spine pain
15. Lumbar spine pain
16. Bilateral shoulder pain
17. Left elbow pain
18. Left wrist pain
19. Bilateral hip pain
20. Bilateral knee pain
21. Bilateral ankle pain
22. Bilateral foot pain
23. Peripheral edema and swelling of the ankles
24. Anxiety
25. Depression
26. Hair loss from the scalp

Objective Findings:

1. Weight: 155 pounds
2. Blood pressure: 112/82 mmHg
3. Epigastric tenderness
4. Cervical kyphosis
5. Cervical spine tenderness
6. Decreased cervical spine range of motion
7. Lumbar spine tenderness
8. Decreased lumbar spine range of motion
9. Right shoulder tenderness
10. Decreased right shoulder range of motion
11. Bilateral wrist tenderness
12. Decreased bilateral wrist range of motion
13. Positive Tinel’s sign
14. Bilateral knee tenderness
15. Decreased bilateral knee range of motion
16. Left ankle tenderness
17. Decreased left ankle range of motion
18. The 10/22/20 x-ray of the chest revealed increased bronchial markings in both lung fields

19. The 10/22/20 x-ray of the cervical spine revealed mild to moderate degenerative changes and decreased joint space at C5-6
20. The 10/22/20 x-ray of the lumbar spine revealed moderate degenerative changes and 9.4 mm of anterolisthesis of L5 on S1
21. The 10/22/20 x-ray of the right shoulder revealed arthrosis of the acromioclavicular joint
22. The 10/22/20 x-ray of the right elbow revealed mild degenerative changes
23. The 10/22/20 x-ray of the right wrist revealed mild degenerative changes
24. The 10/22/20 x-ray of the left ankle revealed mild arthritic changes
25. The 10/22/20 pulmonary function test revealed a FVC of 3.22 L (62.2%), a FEV 1 of 2.57 L (65.2%), and a FEF of 4.93 L/s (72.1%). There was a 14.6% increase in FVC, a 16.3% increase in FEV 1, and a 20.0% increase in FEF after the administration of Albuterol
26. The 10/22/20 12-lead electrocardiogram revealed a pulse of 54 bpm, sinus bradycardia, right atrial enlargement (0.3 mV P wave), and possible left atrial enlargement (-0.1 mV P wave in V1/V2)
27. The 10/22/20 urinalysis revealed proteinuria 1+
28. The 10/22/20 Epworth Sleepiness Scale revealed a score of 10/24, consistent with excessive daytime sleepiness

Permanent Impairment Ratings (Before the Injuries):

According to the AMA Guidelines 5th Edition, Table 13-5 Clinical Dementia Rating (CDR) on page 320, and Table 13-6 Criteria for Rating Impairment Related to Mental Status on page 320, Mr. Eger's cognitive dysfunction from traumatic brain injury qualifies for a CDR score of 0.5 (Memory (M): 0.5; Orientation (O): 0.5; Judgement and Problem Solving (JPS): 0.5; Community Affairs (CA): 0.5; Home and Hobbies (HH): 0.0; Personal Care (PC): 0.0). This corresponds to a moderate Class I rating, equating to a **12% WPI**.

According to the AMA Guidelines 5th Edition, Table 13-9 Criteria for Rating Impairment of Cranial Nerve V (Trigeminal Nerve) on page 331, Mr. Eger's headaches qualifies for a Class I rating (facial neuralgic pain, intermittent frequency, mild interference with activities of daily living), equating to a **10% WPI**.

According to the AMA Guidelines 5th Edition, Table 5-9 Impairment Classification for Asthma Severity and Table 5-10 Impairment Rating for Asthma, both on page 104, Mr. Eger's bronchial asthma corresponds to a Class II rating, equating to a **15% WPI**.

According to the AMA Guidelines 5th Edition, Table 16-18 Maximum Impairment Values for the Digits, Hand, Wrist, Elbow, and Shoulder Due to Disorders of Specific Joints or Units on page 499, Table 16-19 Joint Impairment from Synovial Hypertrophy on page 500, and Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole Person on page 439, Mr. Eger's

right clavicle (acromioclavicular joint, 25% upper extremity) injury warrants moderate classification, corresponding to a 20% joint impairment. The right clavicle impairment is equivalent to a 5% upper extremity impairment (25% x 20% = 5%), which corresponds to a **3% WPI**.

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments on page 546, Mr. Eger's right hip impairment is most consistent with trochanteric bursitis, corresponding to a **3% WPI.**

Using the Combined Values Chart (CVC) on page 604, Mr. Eger's combined Whole Person Impairments (15**%** + 12% + 10**%** + 3% + 3%) equates to **37% WPI.**

Permanent Impairment Ratings (After the Injuries):

According to the AMA Guidelines 5th Edition, Table 15-5 Criteria for Rating Impairment Due to Cervical Disorders on page 392, Mr. Eger's cervical spine impairment warrants a low DRE Cervical Category II rating, corresponding to a **5% WPI**.

According to the AMA Guidelines 5th Edition, Table 15-3 Criteria for Rating Impairment Due to Lumbar Spine Injury on page 384, Mr. Eger's lumbar spine radiculopathy with 9.4 mm anterolisthesis of L5 on S1 warrants a low DRE Class IV rating of **20% WPI**.

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments on page 546, Mr. Eger's right knee impairment is most consistent with mild Cruciate or Collateral Ligament Laxity, corresponding to a **3% WPI.**

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments on page 546, Mr. Eger's left knee impairment is most consistent with mild Cruciate or Collateral Ligament Laxity, corresponding to a **3% WPI.**

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments on page 546, Mr. Eger's left ankle impairment is most consistent with metatarsal fracture (5th metatarsal), corresponding to a **2% WPI.**

According to the AMA Guidelines 5th Edition, Table 13-4 Criteria for Rating Impairment Due to Sleep and Arousal Disorders on page 317, Mr. Eger's sleep impairment warrants a Class II rating (reduced daytime alertness, interference of

activities of daily living; Epworth Sleepiness Scale score: 10/24), corresponding to a **10% WPI**.

According to the AMA Guidelines 5th Edition, Table 6-3 Criteria for Rating Impairment Due to Upper Digestive Tract (Esophageal, Stomach and Duodenum, Small Intestine, and Pancreas) Disease on page 121, Mr. Eger's gastroesophageal reflux disease (GERD) warrant a moderate Class I rating, corresponding to a **6% WPI**.

According to the AMA Guidelines 5th Edition, Table 6-4 Criteria for Rating Impairment Due to Colonic and Rectal Disorders on page 128, Mr. Eger's Irritable Bowel Syndrome warrants a moderate Class I rating, corresponding to a **4% WPI**.

Using the Combined Values Chart (CVC) on page 604, Mr. Eger's combined Whole Person Impairments (20**%** + 10% + 6**%** + 5% + 4% + 3% + 3% + 2%) equates to **43% WPI.**

Work Restrictions:

For Mr. Eger's complaints of cervical spine pain, he should be precluded from work involving repetitive or rapid movements of the neck, cervical spine flexion and extension, heavy lifting and overhead work with the upper extremity because it may aggravate the neck complaints.

For Mr. Eger's complaints of lumbar spine pain, he should be precluded from work involving heavy lifting, repetitive pushing, pulling, or stooping.

For Mr. Eger's complaints of right shoulder and bilateral wrist pain pain, he should be precluded from repetitive overhead work, heavy lifting, rapid repetitive gross motor activity, pushing, pulling, and activities that require flexion, extension, and twisting of the upper extremities.

For Mr. Eger's bilateral knee pain and left foot pain, he should be precluded from work on girders, climbing ladders, rooftops, or unprotected heights, work on platforms greater than 5 feet, and work near dangerous moving machinery.

Vocational Rehabilitation:

If the above work restrictions cannot be met, then Mr. Eger's should be considered a Qualified Injured Worker (QIW) and should have access to vocational rehabilitation.

Attestation:

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, except 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 herein, that I believe it to be true.

I further declare under penalty of perjury that I personally performed the evaluation of the patient and that I personally performed the cognitive services necessary to produce this report at the above address, and that, except as otherwise stated herein, the 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.

The laboratory tests, if taken, were performed by Sinai Lab or MetroLab, Inc., Encino, CA. X-rays, if taken, were administered by Jose Navarro, licensed x-ray technician #RHP 80136, and read by me. The chiropractic care and physical therapy treatments are provided under the direction of Scott Mintz, D.C.

I obtained the history, performed the physical examination and dictated this entire report, with the assistance of Ryan Shoji, clinical research associate.

I further 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.

Based on Labor Code Statute 4628, a fee of $64.50 per page for a total of 23 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

Disclaimer:

The examination of this patient was performed by Dr. Koruon Daldalyan. It should be noted; however, that aside from the physical examination, the editing of this report and the reviews deemed necessary and appropriate to identify and determine relevant medical issues including diagnosis, causation and treatment recommendations have been performed by me in consultation with Dr. Koruon Daldalyan.

Should you have any questions or concerns regarding the evaluation or treatment provided to this patient or this report, please feel free to contact me.

Sincerely,

Marvin Pietruszka, M.D., M.Sc., F.C.A.P.
Clinical Associate Professor of Pathology
University of Southern California
Keck School of Medicine
QME 008609
MP/rs