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NEW JERSEY LOCATIONS

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CRANBURY – MIDDLESEX COUNTY
EWING/MERCERVILLE – MERCER COUNTY
FREEHOLD – MONMOUTH COUNTY

[REDACTED]
United Fire Group
PO Box 73909
Cedar Rapids, IA 52407

[REDACTED]
CLAIM NO.: 29WP120255
DATE OF INJURY: 12/07/12
DATE OF EVALUATION: 04/10/17

HISTORY:

This is a 53-year-old right-hand dominant male with a date of injury for this claim of December 7, 2012. I have seen Mr. Ulshafer before on October 20, 2014 and April 18, 2016. He had an occupational injury. He was involved in a motor vehicle accident. MRI scans in the past have shown disc herniations at C5-6 and C6-7. Since I last saw him, he has had increasing radicular type symptoms and Dr. Yanow performed epidural injections on two occasions between October and January 2017. The first epidural helped, but the second one really did not give him any relief.

PRESENT COMPLAINTS:

His symptoms now consist of numbness especially on the left and on the right side, he feels burning and the pain can come on if he turns his head one way or the other. He has stiffness in his neck and left shoulder.

PAST MEDICAL HISTORY:

Remarkable for no changes from the prior exam.

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PAST SURGICAL HISTORY:

Unchanged from the prior exam except for the pain management procedures.

CURRENT MEDICATIONS:

Advil or Naprosyn when needed.

CURRENT ACTIVITIES:

He is able to do housework. He is able to drive. Hobbies include hunting and fishing, but he is limiting these due to his symptoms. He is currently working full duty in the meat department at Costco.

PHYSICAL EXAMINATION:

This is a 5-feet 7-inch male weighing 172 pounds.

His cervical range of motion appeared to be very good with at least 60 degrees right and left rotation, 40 degrees flexion, and 55 degrees extension. His Spurling's sign was negative. Neurologically, he has 2+ and symmetric reflexes in the biceps, triceps, and brachioradialis. Motor strength is grade 5/5 in the deltoids, biceps, and triceps. Grip strength on the right was grade 5/5 whereas on the left, it was grade 4/5 as was the intrinsic strength. He has no hyperreflexia or clonus and the Hoffmann's sign is negative bilaterally.

CHART REVIEW:

The following medical records were reviewed in the preparation of this report:

I reviewed my prior reports of October 20, 2014 and April 18, 2016. Also, an MRI of the cervical spine, the report of February 4, 2016, which showed cervical spondylitic changes most significant at C5-6 and C6-7. I did review this study personally and it does show mainly just bulging discs at the C5-6 and C6-7 level without any unilateral or focal neurologic compression due to the disc herniations. There is foraminal narrowing, however, at both levels.

I have reviewed this study personally since he brought it today as a hard copy.

DIAGNOSIS:

Cervical disc herniation with symptoms of left upper extremity and possibly right upper extremity radiculopathy.



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CONCLUSIONS:

Since I last saw him, his exam has deteriorated somewhat in terms of his function with less range of motion and some weakness in the hand. While these do not present objective findings, they would be consistent with his MRI abnormalities and would have to be considered related to the occupational injury. Due to the changes in the exam, I would recommend increasing permanency 2.5% to 7.5% of partial total. His prognosis is fair.

All opinions are expressed within a reasonable degree of medical certainty.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Hausmann', with a horizontal line extending to the right.

Steven C. Hausmann, MD

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