ExamWorks

Carl F. Mercurio, M.D.
4 Becker Farm Road, 1st Floor
Roseland, NJ 07068

EXAMINEE INFORMATION

DATE OF EXAMINATION: February 20, 2017

EXAMINEE IDENTIFICATION INFORMATION:

Examinee Name:	[redacted]
Address:	
Home Phone:	
Date of Birth:	
SS#:	
Age:	47
Sex:	Male

CLIENT INFORMATION:

Attention:	Daniel P. Robinson, Esquire
Firm:	Capehart & Scatchard, PA
Address:	8000 Midlantic Drive, Suite 300 S. Mount Laurel, NJ 08054
Telephone:	856-234-6800
File No.:	02323-90716
Claim No.:	Z22139; Z31839
C.P. No.:	2016-9254; 2016-9255
D/I:	7/15/2015; 12/19/2015

EMPLOYER INFORMATION:

Company:	Green Brook Township
Address:	111 Green Brook Road Green Brook, NJ 08812

IMPORTANT MESSAGE

INTRODUCTION:

Mr. Miller was referred for an independent medical evaluation (IME) at the request of the above client. A medical assistant was present during the examination. The IME process was explained to the examinee and he understood that no patient/doctor relationship exists and that a report would be sent to the requesting client. The examinee verbalized his understanding of the process and agreed to proceed with the evaluation. This history was provided by the examinee, who was a cooperative and fair historian. He was uncertain of some of the names of some of the treating physicians and operative surgeon. He arrived on time for his appointment. He reported no difficulties associated with this examination.

The above individual is being seen for two separate claims, the first claim of 7/15/15 (left hand and wrist). The second claim is 12/19/15 (left hand and wrist).

HISTORY OF PRESENT ILLNESS:

[redacted] **related the following history with regard to the claim of 7/15/15.** He indicates that he was doing his usual and regular duties as a senior road worker (Township of Green Brook). He has been working there since 2006. That particular day, he was lifting heavy bags of debris when his wrist was hyperextended (medical records indicate thumb was flipped back). He had immediate pain.

He reported it and was referred to the local worker's comp clinic. He was seen at MedEmerge in Green Brook (7/17/15). He complained of left hand and wrist pain. He underwent an examination. He had x-rays taken. He was given a brace and kept out of work.

He continued to complain of pain. He was referred to a hand surgeon in Bedminster, whose name he could not remember (Peter Chen, 7/24/15). He underwent an examination. He had x-rays taken. He received one injection, was kept in the brace (medical records indicate near complete resolution of pain was noted on 8/3/15). He was discharged back to regular duty.

HISTORY OF PRESENT ILLNESS:

[redacted] **related the following history with regard to the claim of 12/19/15.** He indicated he returned back to the same job. This day, he was raking heavy leaves when he developed the same left wrist pain. He reported it.

He was referred to the MedEmerge. He underwent an examination. He does not remember having x-rays taken. He was kept out of work. He was given a brace and referred back to the hand surgeon.

He was seen and treated by the same doctor in Bedminster (Peter Chen on 1/4/160 and he was indicated for surgery.

He was admitted to the local surgery center for same day **surgery** on his left wrist (2/14/16). After the surgery, stitches were removed. He was in a brace for a few weeks and discharged back to regular duty (3/7/16).

He was not seen or treated by any other doctors.

Past history indicates a childhood fracture of the left arm. Otherwise, he has had no other orthopedic injuries or accidents.

He has no major medical problems. He took no pain medication before today's examination.

CURRENT STATUS:

He indicated to me clearly that after the first injury of 7/15/15, he only returned to 80% normal with a pain level of 2/10 (although the medical records clearly indicate near complete resolution of pain on 8/3/15).

After the second claimed injury and surgical intervention, he now still is at 80% back to normal with a pain level of 2/10. It does not wake him up at nighttime. It is affected by the weather and changes in weather. It is localized in the same area. He is able to drive. He drove here today. He has problems carrying heavy things and lifting. He has returned back to work at the same job.

The medical records provided to me were reviewed: [redacted] presented to MedEmerge on 7/17/15 with the complaint of left thumb pain for approximately 2 days. The patient's thumb was flipped back while lifting a heavy bag of debris. He was examined and diagnosed with left thumb sprain and a thumb spica splint was applied. Ibuprofen was prescribed. Light duty was recommended. He returned on 7/21/15 with some improvement in the thumb. He was diagnosed with wrist and thumb sprain and strain. A Futuro wrist brace was applied. Rest, ice and elevation were recommended and light duty was continued.

Dr. Peter Chan evaluated [redacted] on 7/24/15. The left thumb and wrist injury was noted and the treatment history was reviewed. He complained of pain along the dorsal radial aspect of the wrist greater than in the thumb. He was examined and diagnosed with left wrist pain/de Quervain's tendinitis. The patient likely had de Quervain's prior to the injury. The first dorsal compartment was injected. Work restrictions were given. Near complete resolution of the pain was noted on 8/3/15. He was discharged from active care.

[redacted] presented to MedEmerge on 12/21/15 with the complaint of recurrent left wrist and finger pain after raking leaves. The previous treatment was noted. He was diagnosed with thumb

sprain and x-rays of the hand were ordered. Ibuprofen was prescribed. He returned on 12/23/15 with the complaint of moderate pain. Therapy was ordered. On 12/27/15, he complained of increased hand pain associated with use. He was diagnosed with thumb sprain and tenosynovitis. Ibuprofen was prescribed and occupational therapy was advised.

Dr. Chan evaluated the patient on 1/4/16. He developed discomfort along the dorsal radial aspect of the left wrist after raking leaves. He was diagnosed with recurrent left de Quervain's tendinitis. Surgical decompression was discussed. A pre-operative exam was performed. 1/13/16. Percocet was prescribed. On 1/20/16, patient canceled his surgery secondary to a snowstorm. He was advised to continue working.

On 2/14/16, the patient **underwent** left first dorsal compartment release.

Dr. Chan examined the patient post-operatively on 2/8/16. A separate sub-compartment for the thumb extensor was found during surgery. Improvement was noted and therapy was ordered. Restrictions were reviewed. Some discomfort was noted on 2/22/16. A home exercise program was advised. On 3/7/16, he complained of some soreness. He was released to regular duty and discharged from care.

JOB DESCRIPTION:

[redacted] is 47 years old and right handed. He works for Green Brook Township as a senior road worker. He works 40 hours a week. He has been there since November 2006. He has a side job as a football official for NJFAA for 5 years. He graduated from high school.

PAST MEDICAL HISTORY:

No pain medication was taken today. He is unaware of any other medical problems. He has had hand surgery in February 2016. There are no known drug allergies. He has had a fracture of the arm as a child. He has had no sprains or other work related injuries. He has not been involved in a motor vehicle accident. He has not seen a chiropractor. His **family doctor** is Dr. Syed Siddiq in North Plainfield, NJ, where he has gone since 2007.

SOCIAL HISTORY:

He quit smoking in 2003 after smoking 5 cigarettes a day for 2 years. He continues participating in bicycling, jogging/running and a walking program. He continues to accomplish chores and tasks at home.

[redacted] was examined on February 20, 2017, at the New Brunswick office.

PHYSICAL EXAMINATION:

All range of motion measurements were made without forcing the examinee beyond the point where pain was reported.

Shoulder Range of Motion (in degrees):

	Forward Flexion	Extension	Abduction	Adduction	Internal Rotation	External Rotation
Right Side	180	50	180	50	80	90
Left Side	180	50	180	50	80	90
Normal	**180**	**50**	**180**	**50**	**80**	**90**

The normal values are from the AMA Guides to the Evaluation of Permanent Impairment, 4th ed. and The Clinical Measurement of Joint Motion, American Academy of Orthopedic Surgeons, 1994. There can be considerable normal variation due to age, gender and body mass. It is best to compare normal and affected sides.

Hand-Placing Ability (demonstrating shoulder flexibility):

	Right Side	Left Side
Ability to place the hand to the opposite shoulder with the arm in front of the head	Yes	Yes
Ability to place the hand to the opposite shoulder with the arm in back of the head	Yes	Yes
Ability to place the hand in the opposite hip pocket by placing the arm and hand behind the back	Yes	Yes

Yes = Normal; No = Inability to perform the task; Mid = Ability to place the hand to the midline of the anatomical landmark indicated.

Elbow Range of Motion (in degrees):

	Flexion To	Extension To	Pronation	Supination
Right Side	140	0	80	80
Left Side	140	0	80	80
Normal	**140**	**0**	**80**	**80**

The normal values are from the AMA Guides to the Evaluation of Permanent Impairment, 4th ed. and The Clinical Measurement of Joint Motion, American Academy of Orthopedic Surgeons, 1994. There can be considerable normal variation due to age, gender and body mass. It is best to compare normal and affected sides.

Wrist Range of Motion (in degrees):

	Dorsiflexion	Palmar Flexion	Radial Deviation	Ulnar Deviation
Right Side	60	60	20	30
Left Side	60	60	20	30
Normal	**60**	**60**	**20**	**30**

The normal values are from the AMA Guides to the Evaluation of Permanent Impairment, 4th ed. and The Clinical Measurement of Joint Motion, American Academy of Orthopedic Surgeons, 1994. There can be considerable normal variation due to age, gender and body mass. It is best to compare normal and affected sides.

Flexion of the Digital Pulps to:
Right Hand

	Proximal Palmar Crease	Proximal Finger Crease
Index	0	0
Middle	0	0
Ring	0	0
Small	0	0

0 = Normal; > 0 indicates a loss of motion, with larger numbers representing progressive digital stiffness and loss of motion. The patient is asked to move the digit to each position described. The numbers represent the distance in centimeters from the tip of the digit to the anatomic landmark described.

Left Hand

	Proximal Palmar Crease	Proximal Finger Crease
Index	0	0
Middle	0	0
Ring	0	0
Small	0	0

0 = Normal; > 0 indicates a loss of motion, with larger numbers representing progressive digital stiffness and loss of motion. The patient is asked to move the digit to each position described. The numbers represent the distance in centimeters from the tip of the digit to the anatomic landmark described.

Thumb Rotation to:

	Base of the Fifth Finger	Tip of the Fifth Finger
Right Hand	0	0
Left Hand	0	0

0 = Normal; > 0 indicates a loss of motion, with larger numbers representing progressive digital stiffness and loss of motion. The patient is asked to move the digit to each position described. The numbers represent the distance in centimeters from the tip of the digit to the anatomic landmark described.

Reflexes:

	Biceps	Triceps	Brachioradialis
Right Side	+2	+2	+2
Left Side	+2	+2	+2

+2=Normal, +3=Hyperreflexia, +1=Diminished, 0=Absent

Manual Muscle Check:

	Right Side	Left Side
Deltoid	+5	+5
Subscapularis	+5	+5
Supraspinatus	+5	+5
Infraspinatus	+5	+5
Biceps	+5	+5
Triceps	+5	+5
Brachioradialis	+5	+5
Pectoralis	+5	+5
Serratus Anterior	+5	+5
Latissimus	+5	+5
Rhomboids	+5	+5
Extensor Carpi Radialis Longus and Brevis	+5	+5
Extensor Carpi Ulnaris	+5	+5
Flexor Carpi Radialis	+5	+5
Flexor Carpi Ulnaris	+5	+5
Extensor Pollicis Longus	+5	+5
Abductor Pollicis Longus and Extensor Pollicis Brevis	+5	+5
Extensor Digitorum Communis	+5	+5
Flexor Pollicis Longus	+5	+5
Abductor Pollicis Brevis	+5	+5
Adductor Pollicis	+5	+5
First Dorsal Interosseous	+5	+5
Abductor Digiti Minimi	+5	+5
Flexor Digitorum Superficialis II-V	+5	+5
Flexor Digitorum Profundus II-V	+5	+5

British Muscle Testing System +5=Normal, +4=Weak, +3=Able to move the joint against gravity, +2=Able to move joint if gravity eliminated, +1=Trace contraction, 0=No contraction

Dynamic Strength Measurements:

	JAMAR Grip Dynamometer		
Handle Position	I	II	III
Right Hand	22-25-25	33-38-34	38-41-37
Left Hand	18-21-20	31-28-31	32-36-32

	Pinch Dynamometer		
Position	Key Pinch	Pulp Pinch	Chuck Pinch
Right Hand	15-16-16	13-15-15	11-12-12
Left Hand	15-15-15	9-13-13	13-12-12

His right upper arm circumference was 11 inches and his left upper arm circumference was 11 inches. His right lower arm circumference was 10 inches and his left lower arm circumference was 10 inches. His right wrist circumference was 6 ½ inches and his left wrist circumference was 6 ½ inches.

Pinwheel sensation was equal in both upper extremities.

There was no atrophy of the shoulder, thenar eminence of the hand and hypothenar eminence of the hand bilaterally.

There was no tenderness at the olecranon, medial epicondyle, lateral epicondyle and anterior elbow bilaterally. There was no effusion, synovitis, crepitus and pain with resisted wrist extension at the elbow bilaterally. The passive elbow flexion test was negative at the elbow bilaterally. The middle finger extension test was negative bilaterally with no pain in the dorsal forearm.

There was no pain with carpometacarpal joint palpation of the thumb bilaterally. The grind test was negative, producing no pain in the thumb bilaterally. The subluxation test was negative, producing no pain in the thumb bilaterally. The torque test was negative, producing no pain in the thumb bilaterally.

There was no triggering of the thumb, index, middle, ring and small fingers bilaterally. Tinel's sign was negative at the wrist, forearm, cubital tunnel and supraclavicular area bilaterally. Phalen's test was negative bilaterally. Reverse Phalen's test was negative bilaterally. Carpal tunnel compression test was negative bilaterally.

There was no pain with circumduction of the wrist bilaterally. There was no pain with Watson's test of the wrist bilaterally. There was no pain or instability with shuck test of the wrist bilaterally. There was no pain with piano key maneuver of the radioulnar joint of the wrist bilaterally. There was no pain with Finkelstein's test of the wrist bilaterally. There was no tenderness in the first dorsal compartment of the wrist bilaterally. There was no dorsal wrist pain on palpation of the wrist bilaterally. There was no volar wrist pain on palpation of the wrist bilaterally. There was no radioulnar joint wrist pain on palpation of the wrist bilaterally. There was no scaphoid wrist pain on palpation of the wrist bilaterally.

OBSERVATION:

[redacted] sat comfortably during the interview. He showed no unusual posturing. There were no assistive devices visible in the room.

Inspection of the upper extremities revealed normal skin color, normal skin temperature, normal hair growth, and normal capillary refilling.

Inspection of the left wrist over the radial styloid reveals transverse incision approximately 1 inch long, 1/8 inch wide, not red, raised, or tender to touch.

[redacted] was 70 inches tall and weighed 200 lbs.

IMPRESSION: (with regard to the claim of 7/15/15)

Left de Quervain's tenosynovitis resolved.

OTHER DIAGNOSIS:

Fracture left arm, childhood.

CONCLUSIONS:

The above individual had the above diagnosis. Regarding this claim, he was not treated with a surgical intervention.

There are no diagnostic studies available for my review.

Regardless of cause, it is my opinion, based upon review of the medical records and my objective physical examination, the above examinee has reached medical plateau orthopedically, and no further treatment is necessary.

Based upon available information and within a reasonable degree of medical probability, I find causal relationship between the claim of 7/15/15 and the above impression. It was reported in a timely fashion. The mechanism of injury was consistent. He reports no prior injuries to that body part.

There is a new injury on 12/19/15, as a result I will assess permanency at the end and portion between the two claims.

IMPRESSION: (with regard to the claim of 12/19/15)

Left wrist de Quervain's tenosynovitis (operated on).

OTHER DIAGNOSES:

1. Prior injury to the left hand and wrist of 7/15/15.
2. Prior childhood fracture of the left arm.

CONCLUSION:

The above individual had the above diagnosis. He was treated without surgical intervention by Dr. Chen on 2/14/16 in the form of left first dorsal compartment release.

In regards to this claim, there are no diagnostic studies available for my review.

Regardless of cause, it is my opinion, based upon review of the medical records and my objective physical examination, the above examinee has reached medical plateau orthopedically and no further treatment is necessary.

Based upon available information and within a reasonable degree of medical probability, I find causal relationship between the claim of 12/19/15 and the above impression. It was reported in a timely fashion. The mechanism of injury was consistent.

He did have a prior injury to the same hand and wrist as a result of the claim of 7/15/15, medical records indicate near complete resolution of pain. He did return back to regular duty after the first claim.

As such, I will assess permanency regardless of cause and apportion between the two claims.

LEFT WRIST

Regardless of cause, I find 2 ½ % permanent partial disability of the left hand due to the diagnosis of de Quervain's tenosynovitis of the left wrist. I base this upon the following:

- The operative procedure of 2/14/16.
- My objective physical examination, which I find a full range of motion of both shoulders, elbows, wrists, hands, and fingers. Manual muscle testing was normal. There were no signs of muscle atrophy. There was no sign of physiological nerve irritation. Bilateral negative Finkelstein test. Normal grip testing. Normal pinch testing. There are no subjective complaints given to me today in regards to this body part. He has returned back to work regular duty without limitation.

If I could apportion between the prior and pre-existing claim of 7/15/15 and the next claim of 12/19/15, I would portion 0% permanent partial disability of the left hand to the prior and pre-existing of 7/15/15 and 2 ½ % permanent partial disability to the second claim of 12/19/15. I base this upon the medical records provided, the history given to me, and my objective physical examination. If more records could be provided, this may affect my opinion.

The above statements have been made within a reasonable degree of medical certainty or probability. The opinions rendered in this case are mine alone. Recommendations regarding treatment, work and impairment ratings are given totally independent from the requesting agent. Opinions do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

This evaluation is based upon the history given by the examinee, the objective medical findings noted during the examination, and information obtained from a review of the prior medical records presented with the assumption that this material is true and correct. If additional information is provided to me in the future, an additional service/report/reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation.

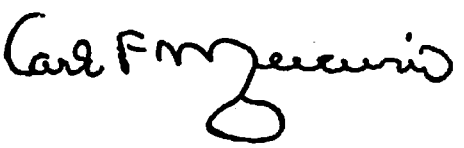
Medicine is both an art and science, and although an examinee may appear to be fit to return to duty (work), there is no guarantee that he will not be injured or sustain an additional injury once he returns to work.

Surgery does not result in an additional add-on value or added impairment percentage.

Impairment ratings are based on the examinee's condition and objective findings at the time of the examination.

The examinee's ID was requested and if available was checked prior to the examination. I did not engage in any doctor-patient relationship with the examinee, and the examinee was aware of this fact.

If further information is required, please contact the office.



Carl F. Mercurio, M.D.
CFM:cmm/et/sc/lvm/ks

IN PREPARATION FOR THIS REPORT, THE FOLLOWING RECORDS WERE REVIEWED:

1. Notes from MedEmerge dated 7/17/15, 7/21/15, 12/21/15, 12/23/15 and 12/27/15.
2. Notes from Dr. Peter Chan dated 7/24/15, 8//3/15, 1/4/16, 1/12/16, 1/13/16, 1/20/16, 2/8/16, 2/22/16 and 3/7/16.
3. Operative records from Franklin Surgical Center dated 2/14/16.