Thomas G. Stackhouse, M.D.
4 Becker Farm Road, 1st Floor
Roseland, NJ 07068

EXAMINEE INFORMATION

DATE OF EXAMINATION: September 1, 2016

EXAMINEE IDENTIFICATION INFORMATION:

[redacted]
SS#: N/A
Age: 57
Sex: Male

CLIENT INFORMATION:

[redacted]
Telephone: 973-631-3026
Claim No.: E2M6476
D/I: 10/2/2015

EMPLOYER INFORMATION:

Company: Alpha Graphics
Address: 401 Jersey Avenue
New Brunswick, NJ 08901

IMPORTANT MESSAGE

The information contained in this report is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this report is strictly prohibited. If you have received this communication in error, please notify us.

INTRODUCTION:

Mr. Brown was referred for an orthopedic 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. He reported no difficulties associated with this examination. The examinee's ID was requested and if available was checked prior to the examination.

HISTORY OF PRESENT ILLNESS:

[redacted]. He is a 57-year-old, right-handed, bus driver, who reported a claim on 10/2/15 concerning his back while working at Alpha Graphics. On the day in question, he was moving 15 boxes of paper. Each box weighed 60 pounds. They had to be moved to a spot stacked three over and five high. He turned to the right while he was engaged in this activity and developed exquisite back pain that dropped him to the ground.

He was taken to the hospital at Robert Wood Johnson Hospital in New Brunswick. He cannot recall what the diagnosis was for his pain, but he was discharged on Percocet, morphine, and was also given Dilaudid.

He tells me the insurance company referred him to an occupational clinic in Edison, where he was seen by a nurse practitioner. Ultimately, he had an MRI of his back done. He was referred to Dr. Reich, who was an orthopedist. He was sent for physical therapy for three months and underwent a functional capacity evaluation. He was able to return to work, but not at Alpha Graphic since they did not have any light duty for him based upon his functional capacity evaluation. He started work in February or March of 2016 working for a school bus company driving. He drives 5-6 hours a day and reports that things are going "good".

He currently complains he gets an occasional pain in his low back that he manages symptomatically. He does use a heated seat, which helps.

He does report an injury sustained 6/2/16 at his new job. He was driving a 56-passenger school bus. He had stopped a railroad crossing and he was rear-ended by a Volvo SUV. He reports his bus being pushed roughly 5 feet from its standing position. This was located on Route 601 in Montgomery. He was restrained. They had to tow the bus. He was transported in a neck brace

to Robert Wood Johnson Hospital in Somerset, where he was discharged the same day and was diagnosed with a whiplash injury and back pain. He reports no loss of consciousness at the time of the accident, no fractures or dislocations, and no broken bones. He was subsequently referred to Princeton Orthopedic Associates, where he was diagnosed with soft tissue injuries. He was started in physical therapy at Twin Borough's PT. His therapist is James Bataglia. The address of the facility is 2050 Route 27, North Brunswick, New Jersey 08902 and the doctor that saw him at Princeton Orthopedic Associates was Roy Nazarian.

The medical records provided to me were reviewed. On 10/2/15, Mr. George Brown was seen at Robert Wood Johnson University Hospital Emergency Department. He stated that he was lifting boxes earlier at work and felt a pop in his back. His past medical history was significant for back pain, osteoporosis, asthma and Crohn's disease. A lumbosacral spine **x-ray** report revealed minimal osteophyte formation. He was diagnosed with low back pain and spasm. Percocet was prescribed.

On 10/7/15, Mr. Brown was seen at US HealthWorks Medical Group regarding his work-related injury dated 10/2/15. He complained of severe low back pain that was exacerbated with range of motion. His past medical history was significant for traumatic amputation of the right index finger and small intestine resection. He was diagnosed with a lumbar sprain/strain. Tylenol, Flexeril and polar frost gel were prescribed. Physical therapy was ordered and a lumbar support was dispensed. He was placed on light duty. On 10/13/15, he complained of low back pain that radiated down the left leg. Left radiculopathy was added to his diagnoses. Magnetic resonance imaging (MRI) of the lumbosacral spine was ordered. He was to remain out of work.

A lumbar spine **MRI** report dated 10/19/15 revealed left foraminal/extraforaminal disc protrusion at L4-5; annular tear and small left foraminal disc protrusion at L5-S1.

On 10/20/15, he returned to US HealthWorks Medical Group for follow-up. His symptoms were unchanged and the MRI was reviewed. He was referred for orthopedic evaluation. Tylenol #3 was prescribed and he was cleared for light duty.

On 10/21/15, Mr. Brown was seen by Dr. Steven Reich regarding his work-related injury dated 10/2/15. He complained of pain in his low back and thoracolumbar junction. He did not have any radiation of pain to the lower extremities. He was using a cane for ambulation. Left sacroiliac joint dysfunction was added to his diagnoses. Naprosyn and physical therapy were recommended. On 11/23/15, he reported he was 80% improved and doing well until 11/20/15 when he was getting out of bed and had a recurrence of pain. He complained of persistent severe pain. Functional capacity evaluation (FCE) was ordered. He was cleared for light duty but the patient noted that this was not available. On 12/16/15, the **FCE** was reviewed and reportedly revealed the patient demonstrated symptom magnification or a conscious effort to portray work ability at a lower than actual level. He was capable of light category work and those restrictions were permanent. He was at maximum medical improvement (MMI) and discharged from care.

A lumbar spine **x-ray** report dated 6/3/16 revealed minimal degenerative changes; no fracture was noted. A cervical spine **x-ray** report revealed minimal degenerative changes and no fracture. The indication for these studies was motor vehicle accident.

JOB DESCRIPTION:

[redacted] currently works for Irvin Raphael Bus Company as a school bus driver. He works 30-40 hours a week. He has been there for 1+ years. At the time of the claim he had worked for Alpha Graphics doing bindery/deliveries. He had worked 40 hours a week. He had been there for 1 year. He has no side jobs. He did not graduate from high school.

PAST MEDICAL HISTORY:

No pain medication was taken today. An in haler is used for asthma and Ibandronate for osteoporosis. He also suffers from Crohn's Disease. He has had resection 10 years ago and appendectomy 30 years ago. There are no known drug allergies. He has had a broken wrist at age 5 and bulging disc and torn tendon when lifting at Alpha Graphics. He was in a work related motor vehicle accident when rear-ended on 6/2/16 suffering severe whiplash. He has not seen a chiropractor. His **family doctor** is Dr. K. Hamilton in Branchburg, NJ where he has gone for 18 years.

SOCIAL HISTORY:

He quit smoking 40 years ago after smoking 6 years. He has no difficulty with activities of daily living, but does have difficulty with lifting and bending. He previously accomplished washing the car, taking out the trash, cooking, cleaning and vacuuming at home.

George Brown was examined on September 1, 2016, at the Branchburg office.

PHYSICAL EXAMINATION:

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

Lumbar Spine Range of Motion (in degrees):

	Flexion	Extension	Left Side Bending	Right Side Bending	Right Rotation	Left Rotation
Examinee	50	10	25	25	20	20
Normal	**60**	**25**	**25**	**25**	**30**	**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.

Hip Range of Motion (in degrees):

	Flexion	Extension	Abduction	Adduction	External Rotation	Internal Rotation
Right Side	100	30	40	20	50	40
Left Side	100	30	40	20	50	40

Normal	**100**	**30**	**40**	**20**	**50**	**40**

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.

Knee Range of Motion (in degrees):

	Flexion To	Extension To
Right Side	110	0
Left Side	110	0
Normal	**110**	**0**

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.

Ankle Range of Motion (in degrees):

	Dorsiflexion To	Plantar Flexion To	Inversion	Eversion
Right Side	20	40	20	10
Left Side	20	40	20	10
Normal	**20**	**40**	**20**	**10**

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.

Manual Muscle Testing:

	Right Side	Left Side
Psoas	+5	+5
Gluteus	+5	+5
Hip Abductors	+5	+5
Hip Adductors	+5	+5
Quadriceps	+5	+5
Hamstrings	+5	+5
Tibialis Anterior	+5	+5
Tibialis Posterior	+5	+5
Extensor Hallucis Longus	+5	+5
Flexor Hallucis Longus	+5	+5
Flexor Digitorum Longus	+5	+5
Extensor Digitorum Longus	+5	+5
Intrinsic Toe Flexors	+5	+5

Peronei	+5	+5
Gastrocsoleus	+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

Reflexes:

	Knee-Patellar	Ankle-Achilles
Left Side	+2	+2
Right Side	+2	+2

Straight Leg Raising Test:

	Sitting	Lying
Left Side	Normal	Normal
Right Side	Normal	Normal

Pulses

	Right	Left
Dorsalis Pedis	Positive	Positive
Posterior Tibial	Positive	Positive

The examinee had pain on palpation over the right and left sacroiliac joint. The examinee had no pain on palpation over the upper and lower spinous processes, right and left paraspinal muscles and right and left buttock. Babinski's test was negative bilaterally and clonus was absent bilaterally. Gait was normal. The examinee was able to heel walk. The examinee was able to toe walk. The examinee was able to go up on tiptoes.

Pinwheel sensation was within normal limits.

There was no anterior groin, posterior hip and trochanteric pain on palpation bilaterally. There was no spasm with log rolling of the hip bilaterally.

There was no tenderness over the medial femoral condyle, lateral femoral condyle, tibia, patella, medial joint line and lateral joint line bilaterally. There was no effusion and synovitis in the knee bilaterally. The medial and lateral collateral ligaments in the knee were intact to stress testing bilaterally. There was no crepitus with motion in the knee bilaterally. There was no pain with patellar compression in the knee bilaterally. The patellar apprehension test was negative bilaterally. The quadriceps mechanism was intact bilaterally. Lachman's test and the anterior drawer's test were negative in the knee bilaterally.

His right thigh circumference was 14 inches and his left thigh circumference was 14 inches. His right calf circumference was 11 ¾ inches and his left calf circumference was 11 ¾ inches.

The examinee had no anterior, anterolateral, inferolateral, posterolateral, anteromedial, inferomedial and posteromedial ankle pain bilaterally to palpation. The examinee had no bunion

involving the foot bilaterally. The examinee had no heel tenderness at the Achilles tendon insertion and plantar heel tenderness involving the foot bilaterally.

OBSERVATION:

He is a pleasant, well-developed, thin adult male, in no acute distress. He was cooperative during the examination.

Mr. Brown was 68 inches tall and weighed 125 lb.

STUDIES:

The examinee brings two CD's with him, an MRI of the cervical spine from 7/6/16 as well as an MRI of the lumbosacral spine from 7/6/16. These were studies that were done at University Radiology. I am not in possession of the reports.

IMPRESSION:

1. Lumbar strain and sprain.

OTHER DIAGNOSES:

1. Crohn's disease.
2. Osteoporosis.
3. Asthma.

CONCLUSION:

- On 10/2/15, a lumbosacral spine x-ray report revealed minimal osteophyte formation.
- A lumbar spine MRI report dated 10/19/15 revealed left foraminal/extraforaminal disc protrusion at L4-5; annular tear and small left foraminal disc protrusion at L5-S1.
- On 12/16/15, the FCE was reviewed and reportedly revealed the patient demonstrated symptom magnification or a conscious effort to portray work ability at a lower than actual level.
- A lumbar spine x-ray report dated 6/3/16 revealed minimal degenerative changes; no fracture was noted. A cervical spine x-ray report revealed minimal degenerative changes and no fracture.

I find 5% permanent partial disability concerning the lumbar spine. There are some limitations to his range of motion of his lumbar spine on examination. However, there are no focal neurologic deficits and my examination findings are very similar to the findings of the Steven M. Reich, M.D. performed in his office on 12/16/15. Based upon my history and physical examination, there is nothing about the examination that suggests he sustained any additional injury as a consequence to his motor vehicle accident in June of 2016.

The above opinion is given within a reasonable degree of medical probability.

Thomas G. Stackhouse, M.D.
TGS:yw/et/sc/ss

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

1. Notes from Robert Wood Johnson EMS dated 10/2/15.
2. Notes from Robert Wood Johnson University Hospital Emergency Department dated 10/2/15.
3. Notes from US HealthWorks Medical Group dated 10/7/15, 10/13/15 and 10/20/15.
4. Notes from Kessler Rehabilitation Center dated 10/8/15 through 12/16/15.
5. MRI report dated 10/19/15.
6. Notes from Dr. Steven Reich dated 10/21/15, 11/23/15 and 12/16/15.
7. X-ray reports dated 6/3/16.