State of California

Additional pages attached ☐

PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT(PR-4)

This form is required to be used for ratings prepared pursuant to the 2005 Permanent Disability Rating Schedule and the AMA Guides to the Evaluation of Permanent Impairment (5th Ed.). It is designed to be used by the primary treating physician to report the initial evaluation of permanent disability to the claims administrator. It should be completed if the patient has residual effects from the injury or may require future medical care. In such cases, it should be completed once the patient's condition becomes permanent and stationary.

This form should not be used by a Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) to report a medical-legal evaluation.

Patient

Patient last name: ______ Patient first name: ______ MI ______

Patient Street Address/PO Box ______ Patient City ______ State ______ Zip Code ______ Sex ______

Occupation ______ Date of Birth ______ Phone Number ______

Claims Administrator

Claims Administrator Name ______ Claim number ______

Claims Administrator Street Address ______ Claims Administrator City ______ State ______ Zip Code ______

Phone Number ______

Employer

Name ______

Street Address ______ City ______ State ______ Zip Code ______

Phone Number ______

You must address each of the issues below. You may substitute or append a narrative report if you require additional space to adequately report on these issues. *(For dates use mm/dd/yyyy.)*

Date of Injury ______ Last Date Worked ______ Date of Last Exam ______ Date of Current Exam ______ Permanent & Stationary Date ______

Description of how injury/illness occurred (e.g., Hand caught in punch press; fell from height onto back; exposed 25 years ago to asbestos):

Patient's Complaints:

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Objective Findings:

Physical Examination: (Describe all relevant findings; include any specific measurements indicating atrophy, range or motion, strength, etc.; include bilateral measurements - injured/uninjured - for upper and lower extremity injuries.)

Diagnostic tests results (X-ray/Imaging/Laboratory/etc.):

Diagnoses:

1. ______ ICD-10 ______
2. ______ ICD-10 ______
3. ______ ICD-10 ______
4. ______ ICD-10 ______
5. ______ ICD-10 ______
6. ______ ICD-10 ______
7. ______ ICD-10 ______
8. ______ ICD-10 ______
9. ______ ICD-10 ______
10. ______ ICD-10 ______
11. ______ ICD-10 ______
12. ______ ICD-10 ______

Impairment Rating: Report the whole person impairment (WPI) for each impairment using the AMA Guides, 5th Edition, and explain how the rating was derived. List tables used and page numbers.

Impairment ______ WPI% ______ Table #(s) ______ Page #(s) ______

Explanation

Impairment ______ WPI% ______ Table #(s) ______ Page #(s) ______

Explanation

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Explanation

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Explanation

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Pain Assessment:

If the burden of the worker's condition has been increased by pain-related impairment in excess of the pain component already incorporated into the WPI rating under Chapters 3-17 of the AMA Guides, 5th Edition, specify the additional whole person impairment rating (0% up to 3% WPI) attributable to such pain. For excess pain involving multiple impairments, attribute the pain in whole number increments to the appropriate impairments. The sum of all pain impairment ratings may not exceed 3% for a single injury.

Apportionment:

Effective April 19, 2004, apportionment of permanent disability shall be based on causation. Furthermore, any physician who prepares a report addressing permanent disability due to a claimed industrial injury is required to address the issue of causation of the permanent disability, and in order for a permanent disability report to be complete, the report must include an apportionment determination. This determination shall be made pursuant to Labor Code Section 4663 and 4664, set forth below:

Labor Code Section 4663. Apportionment of permanent disability; Causation as basis; Physician's report; Apportionment determination; Disclosure by employee

(a) Apportionment of permanent disability shall be based on causation.

(b) Any physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury shall in that report address the issue of causation of the permanent disability.

(c) In order for a physician's report to be considered complete on the issue of permanent disability, it must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring it the course of employment an what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries. If the physician is unable to include an apportionment determination in his or her report, the physician stall state the specific reasons why the physician could not make a determination of the effect of that prior condition on the permanent disability arising from the injury. The physician shall then consult with other physicians or refer the employee to another physician from whom the employee is authorized to seek treatment or evaluation in accordance with this division in order to make the final determination.

(d) An employee who claims an industrial injury shall, upon request, disclose all previous permanent disability or physical impairments.

Labor Code section 4664. Liability of employer for percentage of permanent disability directly caused by injury; Conclusive presumption from prior award of permanent disability; Accumulation of permanent disability awards

(a) The employer shall only be liable for the percentage of permanent disability directly caused by the injury arising out of and occurring in the course of employment.

(b) If the applicant has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury. This presumption is a presumption affecting the burden or proof.

(c)(1) The accumulation of all permanent disability awards issued with respect to any one region of the body in favor of one individual employee shall not exceed 100 percent over the employee's lifetime unless the employee's injury or illness is conclusively presumed to be total in character pursuant to Section 4662. As used in this section, the regions of the body are the following:

(A) Hearing.

(B) Vision.

(C) Mental and behavioral disorders.

(D) The spine.

(E) The upper extremities, including the shoulders.

(F) The lower extremities, including the hip joints.

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(G) The head, face, cardiovascular system, respiratory system, and all other systems or regions of the body not listed in subparagraphs (A) to (F), inclusive.

(2) Nothing in this section shall be construed to permit the permanent disability rating for each individual injury sustained by an employee arising from the same industrial accident, when added together, from exceeding 100 percent.

Is the permanent disability directly cased by an injury or illness arising out of and in the scope of employment? ☐ Yes ☐ No

Is the permanent disability caused, in whole or in part, by other factors besides this industrial injury or illness, including any prior industrial injury or illness? ☐ Yes ☐ No

If the answer to the second question is "yes," provide below: (1) the approximate percentage of the permanent disability that is due to factors other than the injury or illness arising out of and in the course of employment; and (2) a complete narrative description of the basis for your apportionment finding.

If you are unable to include an apportionment determination in your report, state the specific reasons why you could not make this determination. You may attach your findings on a separate sheet.

Future Medical Treatment: Describe any continuing medical treatment related to this injury that you believe must be provided to the patient. ("Continuing medical treatment" is defined as occurring or presently planned treatment.) And describe any medical treatment the patient may require in the future. ("Future medical treatment" is defined as treatment which is anticipated at some time in the future to cure or relieve the employee from the effects of the injury.) Include medications, surgery, physical medicine services, durable equipment, etc

Comments:

Functional Capacity Assessment:

Note: The following assessment of functional capacity is to be prepared by the treating physician, solely for the purpose of determining a claimant's ability to return to his or her usual and customary occupation, and will not be considered in the permanent impairment rating. For injuries occurring on or after 1/1/13 also complete DWC-AD Form 10133.36

Limited, but retains MAXIMUM capacities to LIFT (including upward pulling) and/or CARRY:

☐ 10 lbs. ☐ 20 lbs. ☐ 30 lbs. ☐ 40 lbs. ☐ 50 +lbs

FREQUENTLY LIFT and/or CARRY:

☐ 10 lbs. ☐ 20 lbs. ☐ 30 lbs. ☐ 40 lbs. ☐ 50 +lbs

OCCASIONALLY LIFT and/or CARRY:

☐ 10 lbs. ☐ 20 lbs. ☐ 30 lbs. ☐ 40 lbs. ☐ 50 +lbs

STAND and/or WALK a total of:

☐ < 2/8 hours ☐ < 4/8 hours ☐ < 6/8 hours ☐ < 8/8 hours

SIT a total of:

☐ < 2/8 hours ☐ < 4/8 hours ☐ < 6/8 hours ☐ < 8/8 hours

PUSH and/or PULL (including hand or foot controls):

☐ UNLIMITED ☐ LIMITED

____
(Describe degree of limitation)

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ACTIVITIES ALLOWED:

Activity			
Climbing:	☐ Frequently	☐ Occasionally	☐ Never
Balancing:	☐ Frequently	☐ Occasionally	☐ Never
Stooping:	☐ Frequently	☐ Occasionally	☐ Never
Kneeling:	☐ Frequently	☐ Occasionally	☐ Never
Crouching:	☐ Frequently	☐ Occasionally	☐ Never
Crawling:	☐ Frequently	☐ Occasionally	☐ Never
Twisting:	☐ Frequently	☐ Occasionally	☐ Never
Reaching:	☐ Frequently	☐ Occasionally	☐ Never
Handling:	☐ Frequently	☐ Occasionally	☐ Never
Fingering:	☐ Frequently	☐ Occasionally	☐ Never
Feeling:	☐ Frequently	☐ Occasionally	☐ Never
Seeing:	☐ Frequently	☐ Occasionally	☒ Never
Hearing:	☐ Frequently	☐ Occasionally	☐ Never
Speaking:	☐ Frequently	☐ Occasionally	☐ Never

Describe in what ways the impaired activities are limited:

Environmental restrictions (e.g., heights, machinery, temperature extremes, dust, fumes, humidity, vibration, etc.):

Can this patient now return to his/her usual occupation? ☐ Yes ☐ No

List information you reviewed in preparing this report, or relied upon for the formulation of your medical opinions:
Medical Records:

Written Job Description (You may attach form DWC-AD 10133.33 for injuries occurring on or after 1/1/13):

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Other:

Primary Treating Physician (original signature, do not stamp)

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code section 139.3.

Physician signature ______________________ Cal. License Number: ______________________

Executed at: ______________________ Date (mm/dd/yyyy):

Physician Name ______________________ Specialty: ______________________

Physician address: ______________________ Phone Number ______________________

PRIVACY NOTICE: A statement of current data collection and use policies and certain privacy rights of injured workers may be found at the following website: http://www.dir.ca.gov/od_pub/privacy.html.