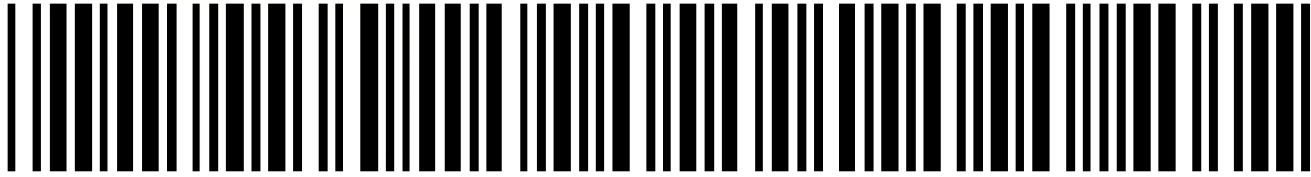


This packet is an example of the order in which documents should be filed. These are not examples of how to fill out forms/documents.

STATE OF CALIFORNIA  
DWC DISTRICT OFFICE  
DOCUMENT COVER SHEET



Is this a new case? Yes  No  Companion Cases Exist  Walkthrough Yes  No

More than 15 Companion Cases

09/10/2008

Date:(MM/DD/YYYY)

SSN: XXXXXXXXXX

DEU12345

Specific Injury

12/28/2003

Case Number 1

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

**Please check unit to be filed on ( check only one box )**

ADJ  DEU  SIF  UEF  VOC  INT  RSU

**Companion Cases**

Specific Injury

Case Number 2

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

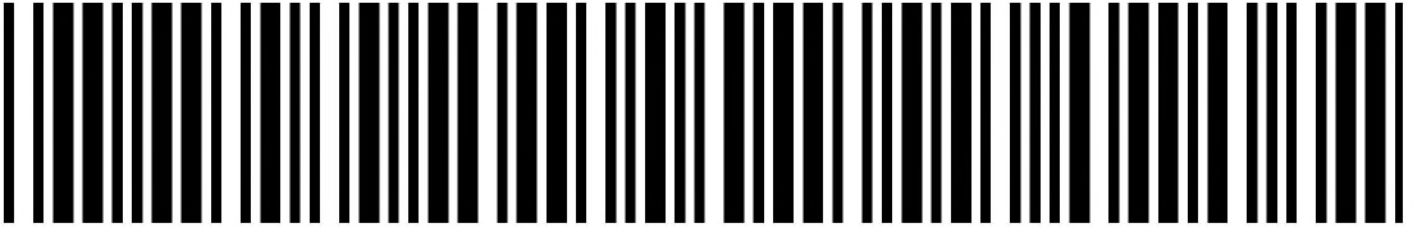
Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit DEU

Document Type DEU FORMS

Document Title REQUEST FOR CONSULTATIVE RATING

Date of document following  
Document Separator Sheet

Document Date MM/DD/YYYY

Author UNIFORM ASSIGNED NAME

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## Office Use Only

Received Date MM/DD/YYYY



# REQUEST FOR CONSULTATIVE RATING

State of California  
Division of Workers' Compensation  
Disability Evaluation Unit

DEU Use Only
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Indicate type of request:     Mail-in     Drop-off     Walk-in

### INSTRUCTIONS FOR MAIL-IN'S:

1. Enclose pre-addressed, stamped envelopes for yourself and the opposing party.
2. Attach a photocopy of the medical report(s) for which a rating is being requested. Do not send original reports.
3. Send this request to the DEU office serving the WCAB location in which the case has been filed.
4. Serve a copy of this request on the representative for the opposing party.

### INSTRUCTIONS FOR WALK-IN'S/DROP-OFF'S:

1. Place report(s) to be rated on top of the WCAB file, unless report has been placed into evidence.
2. If report(s) have been placed into evidence, clearly mark them with a paper clip or post-it note.
3. If a deposition is to be rated, mark or list the pages to be reviewed by the rater.

Injured worker's name	
WCAB case number(s)	
Occupation (attach description if unclear)	
Date of injury	
Date of birth	
Social security number	
Insurance claim number	

Date of report(s) to be rated and doctor's name:

/ /

/ /

/ /

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This case has been set for:     rating msc     conference    on \_\_\_\_/\_\_\_\_/\_\_\_\_.

msc                     priority conference

trial                      status conference

Rating requested by: \_\_\_\_\_ representing the  employee

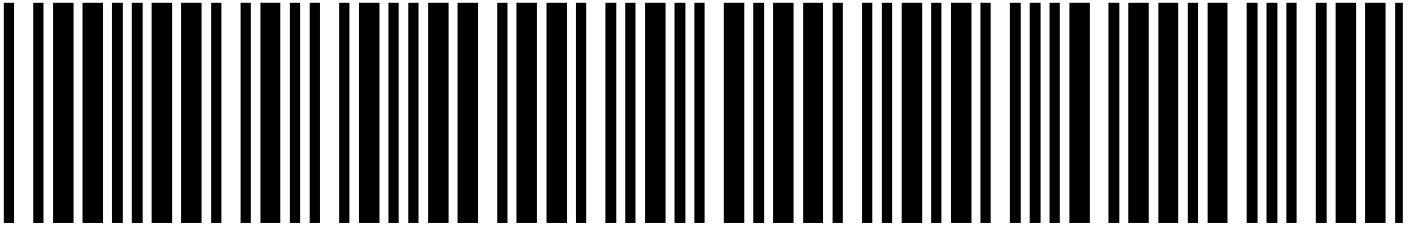
name of firm

employer

A copy of this request has been served on: \_\_\_\_\_

name of firm

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit DEU

Document Type MEDICAL REPORTS

Document Title REPRESENTED QME (represented with DOI before 1-1-05)

Document Date 04/12/2006  
MM/DD/YYYY

Author [REDACTED]

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## Office Use Only

Received Date \_\_\_\_\_  
MM/DD/YYYY



[REDACTED]  
Diplomate, American Board of Orthopaedic Surgery  
Fellow, American Academy of Orthopedic Surgeons

1700 Lombard Street, Suite 110 - Oxnard, CA 93030 (805)988-6510

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April 12, 2006

Jesse Martinez  
Attorney At Law  
P.O. Box 6325  
Santa Maria, CA 934565

REGARDING:

DATE(S) OF INJURY:

[REDACTED] CT, 12/28/03 - 12/28/04

EMPLOYER:

MV Transportation

CLAIM#:

[REDACTED] 72

WCAB#:

02-00000-05

DATE OF EXAMINATION:

April 5, 2006

QUALIFIED MEDICAL RE-EVALUATION

Dear Mr. Martinez:

The patient returns to the office today for completion of his Qualified Medical Evaluation. He provided the following information with the aid of an interpreter. Medical records were available for review. These required 30 minutes to review, and are included in this report.

MEDICAL RECORD REVIEW

2/28/06

[REDACTED]  
Date of injury 11/19/04. IMP: Mild bilateral medial epicondylitis with proximal referral of pain into the shoulders and neck. Left lateral epicondylitis with proximal referral of pain into the shoulder and neck. Resolved cubital tunnel syndrome. Resolved right lateral epicondylitis. PERMANENT AND STATIONARY, SUBJECTIVE FACTORS: He has had subjective complaints of pain in the arms which have responded only partially to ample time and conservative treatment measures. OBJECTIVE FACTORS: Not addressed. WORK RESTRICTIONS: He should avoid work activities requiring very heavy lifting, twisting, pulling, or pushing activities, and exposure

to vibratory machinery. I would agree with his wish that he find employment where he is not personally responsible for the safety of many others. APPORTIONMENT: There are no pre-existing impairments/disabilities that contributed to permanent disability. IMPAIRMENT RATING: I believe that according to the AMA Guidelines, he would be considered as having incurred no whole person impairment. VOCATIONAL REHABILITATION: Patient cannot return to his/her usual occupation. The patient can perform another line of work. I believe he would be considered a Qualified Injured Worker. FUTURE MEDICAL CARE: Treatment in the future would consist of nonprescription analgesics and anti-inflammatory medications, and I would argue for a provision for that.

3/1/06

GROSSMAN IMAGING CENTER  
[REDACTED]

MRI - CERVICAL SPINE. IMP: 1. Cervical spondylosis at C3-4 through C7-T1. 2. Central canal stenoses at C3-4, C4-5, C5-6 and C6-7 secondary to short pedicles and cervical spondylosis. The spinal cord does not appear to be compressed at any level. 3. Left foraminal encroachment C3-4 secondary to uncovertebral joint osteophyte formation. 4. Asymmetric ridging of the disc annulus at C4-5 towards the proximal aspect of the left foramen with mild encroachment. 5. Bilateral foraminal encroachment C5-6 secondary to bilateral lateral disc protrusion. 6. Hypertrophic changes left facet C7-T1.

3/10/06

[REDACTED]  
EMG, UPPER EXTREMITIES. IMP: normal study.

PHYSICAL EXAMINATION

With his elbows and upper extremities, he still has

tenderness. Tinel's is positive at the elbows. There is still significant lateral epicondylar tenderness.

On examination of the cervical spine, head compression is positive. On range of motion testing, flexion is to 30 degrees, and extension is 20 degrees. Bend and rotation remain at 25 degrees. Mobility testing produces pain.

#### DIAGNOSES

1. Bilateral elbow epicondylitis, right worse than left.
2. Bilateral upper extremity overuse tendonitis.
3. Chronic cervical sprain/strain syndrome.
4. Cervical disc protrusion, lateral osteophytosis and some spinal canal narrowing at the C6-C7 disc.

#### DISCUSSION

The patient has a clear-cut single level centralized disc protrusion, with lateral osteophytosis and some spinal canal narrowing at the C6-C7 disc. He has diffuse darkened disks. If one looks at the MRI scan, in actuality there is a single level discopathy.

The grip strengths as measured, together with the cervical disc, clearly substantiate the upper extremity overuse tendonitis, and functional loss.

#### IMPAIRMENT RATING

If one consults the guidelines for permanent impairment, he fits with the single level disc, along with limited mobility and intermittent radiating pain in the extremities, he fits the actual DRE Category III, with respect to the findings and the cervical spine disorder, I would rate this at a 16% whole person loss in accordance with Table 15-5.

If then one looks at upper extremity abnormalities because of what Dr. Crawford determined as epicondylitis to a mild degree, and resolved tunnel syndromes, with his manual labor

DE: April 5, 2006

Page Four

the amount of grip loss that he exhibits in accordance with not only manual labor, but also in his age group; it is in the neighborhood of 45 in the dominant extremity, and 43 in the nondominant extremity. This basically fits with a substantial grip impairment in the extremity area on assessment, I would state that in accordance with Table 16-34, he best fits with a 20% upper extremity impairment for each extremity, with the grip loss, in the neighborhood of 31-60%. Although mathematically he is definitely on the cusp of the 30% loss. This converts to a 12% whole person impairment for both the right and left upper extremities, with the epicondylitis.

Looking at this realistically, in accordance with AMA guidelines, he does have a whole person impairment that can be calculated by the combined values table. The 16% plus 12% is 26%; the 26% plus 12% is a 35% whole person impairment due to upper extremity tendonitis, epicondylitis, resolving or partially resolved cubital tunnel syndrome, and single C6-7 discopathy.

I would disagree with Dr. Crawford that there is no impairment in accordance with AMA guidelines, as the chapter on the upper extremities shows incontrovertible evidence that the patient has grip loss from disuse and the pain, along with the cervical discopathy.

#### WORK RESTRICTIONS

It is my opinion that based on the older system, he would be precluded from heavy work, overhead work, or heavy repetitive gripping and grasping.

#### FUTURE MEDICAL TREATMENT

This is indicated to include but not be limited to medications, tennis elbow braces, injection blocks, therapies, physician visits, appropriate diagnostic studies, ortho shock wave therapy for the elbows, and the possibility for surgical intervention for the epicondylitis. In addition, should his cervical spine condition deteriorate,



RE: ██████████, ██████████  
DE: April 5, 2006  
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he may require surgery and this should be provided for as well.

#### VOCATIONAL REHABILITATION

If there is going to be a vocational retraining program, it should be to an occupation that allows this. He is a Qualified Injured Worker.

#### APPORTIONMENT

Some apportionment is indicated. It is my opinion that 90% of his disorder and disability is attributable to the continuous trauma of work. One could possibly attribute approximately 10% to the natural progression of aging and activities of daily living outside of work.

Based on reasonable medical probability it is my medical opinion that the permanent disability is directly related to the industrial injury herein.

This is the completed Qualified Medical Evaluation.

#### DISCLOSURE STATEMENT

In compliance with Labor Code Section 4628 and the rules of Practice and Procedure, specifically 10978 and 10606, the following is supplied.

I declare under penalty of perjury that all opinions in this report are mine, I performed the evaluation and cognitive services at 1700 Lombard Street, Suite 110, Oxnard, California 93030, in the County of Ventura, 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 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.

[REDACTED]  
DE: April 5, 2006  
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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 have complied with the Labor Code Section 139.3 and I have not offered or received any commissions or inducements for this consultation. The name and contents of the report and billings are true and correct to the best of my knowledge, executed on April 5, 2006 in the County of Ventura.

Respectfully,  
[REDACTED]

DAC/rl/sc  
904401.05  
[REDACTED]

cc: AIG Claims  
P.O. Drawer 1110  
Costa Mesa, CA 92628  
Attn: Karen Keeler