

Examinee: _____
Date of Report: _____

Medical Evaluation Report

Examinee: _____
Identification Number: _____
Date of Birth: _____
Date of Report: _____

Date of Examination: _____
Examining Physician: _____
Examination Location: _____

Date of Injury: _____

Referral Source: _____

INTRODUCTION

This _____ year-old, _____-handed individual was referred for an independent medical and impairment evaluation (IME) / agreed medical examination / qualified medical examination by the above client. This evaluation focused on case evaluation and impairment evaluation, according to the *AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition.

The independent medical examination process was explained to the examinee, and the examinee understands that no patient/treating physician relationship was established. The examinee was advised that the information provided will not be confidential and a report will be sent to the requesting client. Informed consent was obtained with the examinee providing written permission to proceed with the evaluation, including the physical examination. The individual was advised not to do anything during the examination that would result in harm and agreed to notify us immediately of any difficulties during the examination.

The examinee arrived at _____. The examinee was advised of the evaluation process, provided consent to proceed, and then completed a questionnaire and a series of pain inventories. The interview commenced at _____ followed by the physical examination and was completed by _____. The information the examinee provided was consistent with the medical records provided. The entire process, inclusive of the medical record review, analysis of the pain inventories, interview, physical examination, case analysis, and preparation of the report, took _____ hours. A questionnaire and pain inventories were completed by _____. The examinee reported no difficulties occurring during the examination.

I carefully reviewed and analyzed the medical records you provided. These medical records will be returned to you upon request, otherwise they will be purged from this file in approximately one year. The report, questionnaires, pain inventories, and other material specific to this evaluation will be retained. The records of _____ were not available for review at the time of this examination and the preparation of this report.

Examinee: _____
Date of Report: _____

HISTORY (PER EXAMINEE)

Pre-Existing Status

Injury

Clinical Chronology

Current Status

The examinee reports that the greatest concern is _____.

The pain is primarily located in the _____. It is described as _____.
The pain is increased by _____ and decreased by _____.
The pain is constant. On a scale from 0 to 10, where 0 represents no pain and 10 represent excruciating pain, the examinee reports the current level of pain as a _____. During the past month it has averaged _____, with a low of _____ and a high of _____.

Functional Status

The greatest difficulties are with

Examinee: _____
Date of Report: _____

Occupational History

Social History

Past Medical History

Medical:

Surgery:

Medications:

Allergies:

Review of Systems

Family History

Examinee: _____
Date of Report: _____

PHYSICAL EXAMINATION

Observations

The individual is ____ -developed, ____ nourished and appears _____. Examination of the hands reveals _____ callus. _____ assistive devices were used.

The examinee reports weighing _____ pounds and being _____ feet _____ inches tall.

Behavioral Observations

The examinee was _____. Affect was _____. During the visit the examinee appeared _____. The examinee sat continuously for up to _____ minutes during the interview.

Pain behavior was _____.

Nonphysiologic findings were _____

All range of motion measurements in this case were performed as instructed in the *AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition. These measurements were reproducible within 10%, unless otherwise noted.

Cervical Examination

Inspection

____ There were normal curves. Normal posture was maintained. There were no surgical scars.

____ Positive findings were _____

Palpation

____ There was no generalized tenderness, focal tenderness, muscle spasm or active trigger points.

____ Positive findings were _____

Examinee: _____
Date of Report: _____

Cervical Range of Motion

Range of motion measurements were performed using an inclinometer.

Motion	Trial	True
Flexion (Forward)	1	
	2	
	3	
Extension (Backward)	1	
	2	
	3	
Right Lateral Flexion	1	
	2	
	3	
Left Lateral Flexion	1	
	2	
	3	
Right Rotation	1	
	2	
	3	
Left Rotation	1	
	2	
	3	

Motion measurements were ____ consistent.

Examinee: _____
 Date of Report: _____

Upper Extremity Examination

Figure 16-1 Upper Extremity Impairment Evaluation Record (5th ed., 436-437) is attached.

___ There were no findings of antalgic posturing or display, swelling, scars, discoloration, deformity, atrophy, thermal abnormality, nor hyperpathia.

___ Positive findings were _____

Shoulders

Right Shoulder

	Measurement	Reference (5th ed.)	Normal	Upper Extremity Impairment
Flexion	180	Figure 16-40 (5th ed., 476)	180	
Extension	50	Figure 16-40 (5th ed., 476)	50	
Adduction	40	Figure 16-43 (5th ed., 477)	40	
Abduction	170	Figure 16-43 (5th ed., 477)	170	
Internal Rotation	80	Figure 16-46 (5th ed., 479)	80	
External Rotation	60	Figure 16-46 (5th ed., 479)	60	
Total				

___ Inspection of the right shoulder was normal. Arc, resisted motions, and passive motions were pain-free. There was no abnormal tenderness. Impingement tests were negative.

___ Positive findings were _____

Left Shoulder

	Measurement	Reference (5th ed.)	Normal	Upper Extremity Impairment
Flexion	180	Figure 16-40 (5th ed., 476)	180	
Extension	50	Figure 16-40 (5th ed., 476)	50	
Adduction	40	Figure 16-43 (5th ed., 477)	40	
Abduction	170	Figure 16-43 (5th ed., 477)	170	
Internal Rotation	80	Figure 16-46 (5th ed., 479)	80	
External Rotation	60	Figure 16-46 (5th ed., 479)	60	
Total				

___ Inspection of the left shoulder was normal. Arc, resisted motions, and passive motions were pain-free. There was no abnormal tenderness. Impingement tests were negative.

___ Positive findings were _____

Examinee: _____
 Date of Report: _____

Elbows

Right Elbow

	Measurement	Reference (5 th ed.)	Normal	Upper Extremity Impairment
Flexion	140	Figure 16-34 (472)	140	
Extension	0	Figure 16-34 (472)	0	
Supination	70	Figure 16-37 (474)	70	
Pronation	80	Figure 16-37 (474)	80	
Total				

___ Inspection of the right elbow was normal. Resisted and passive motions were pain-free. There were no abnormal findings.

___ Positive findings were _____

Left Elbow

	Measurement	Reference (5 th ed.)	Normal	Upper Extremity Impairment
Flexion	140	Figure 32. (40)	140	
Extension	0	Figure 32. (40)	0	
Supination	70	Figure 35. (41)	70	
Pronation	80	Figure 35. (41)	80	
Total				

___ Inspection of the left elbow was normal. Resisted and passive motions were pain-free. There were no abnormal findings.

___ Positive findings were _____

Examinee: _____
Date of Report: _____

Wrist

Right Wrist

	Measurement	Reference (5 th ed.)	Normal	Upper Extremity Impairment
Flexion	60	Figure 16-28 (467)	60	
Extension	60	Figure 16-28 (467)	60	
Radial Deviation	20	Figure 16-31 (469)	20	
Ulnar Deviation	30	Figure 16-31 (469)	30	
Total				

___ Inspection of the right wrist was normal. Resisted and passive motions were pain-free. There were no abnormal findings. Finkelstein’s was negative.

___ Positive findings were _____

Left Wrist

	Measurement	Reference (5 th ed.)	Normal	Upper Extremity Impairment
Flexion	60	Figure 16-28 (467)	60	
Extension	60	Figure 16-28 (467)	60	
Radial Deviation	20	Figure 16-31 (469)	20	
Ulnar Deviation	30	Figure 16-31 (469)	30	
Total				

___ Inspection of the left wrist was normal. Resisted and passive motions were pain-free. There were no abnormal findings. Finkelstein’s was negative.

___ Positive findings were _____

Examinee: _____
 Date of Report: _____

Palpation of the Upper Extremity

___ Palpation of the proximal forearm tendons, distal forearm tendons, thumb tendons, digital tendons at the wrists, olecranon (medial and lateral), and bony carpus were pain-free with normal findings. There were no trigger points.
 ___ Positive findings were _____

Neurological Examination of Upper Extremity

Upper Extremity Deep Tendon Reflexes

		Right	Left
Biceps	C-5	2+	2+
Triceps	C-7	2+	2+
Brachioradialis	C-5-7	2+	2+

Upper Extremity Motor Examination

___ Motor examination revealed normal and symmetric strength throughout the upper extremities and no muscle atrophy.
 ___ Positive findings were _____

		Right	Left
Upper arm circumference (cm.)	10 cm. above the elbow	cm.	cm.
Forearm circumference (cm.)	10 cm. below the elbow	cm.	cm.

Upper Extremity Sensory Examination

___ Sensory examination was normal to soft touch and pinprick.
 ___ Positive findings were _____

Non-Organic Findings

Test	Negative	Positive	Result
Superficial Touch Painful			
Range of Motion Inconsistent			
Sensory Deficits Non-Organic			
Muscle Weakness Giveaway			

Examinee: _____
Date of Report: _____

Low Back Examination

Gait

___ Gait was pain-free with normal gluteal participation and no asymmetric hip rotation. Heel and toe walking was intact.

___ Positive findings were _____

Inspection of Low Back

___ There were normal lumbar curves. Pelvis was symmetric. There were no surgical scars.

___ Positive findings were _____

Palpation

___ There was no generalized tenderness. Examinee had no focal tenderness of the paraspinal muscles, vertebrae, sciatic notches, sacroiliac regions, or coccyx. There was no muscle spasm or active trigger points.

___ Positive findings were _____

Lumbar Range of Motion

Range of motion measurements were performed using an inclinometer.

Motion	Trial	True	Sacral
Flexion Forward	1		
	2		
	3		
Extension Backward	1		
	2		
	3		
Right Lateral Flexion	1		
	2		
	3		
Left Lateral Flexion	1		
	2		
	3		

The sum of the sacral flexion and extension components was ___ degrees. This was ___ consistent with the tightest straight leg raising of ___ degrees. If the tighter SLR angle exceeds the sum of the sacral flexion and extension angles by more than 15 degrees, the lumbosacral flexion test is invalid.

Examinee: _____
Date of Report: _____

Lower Extremity Examination

___ There were no findings of antalgic posturing or display, swelling, scars, discoloration, deformity, atrophy, thermal abnormality, nor hyperpathia.

___ Positive findings were _____

Hips

___ Motions were unremarkable and pain-free. Resisted hip abduction and external rotation was pain-free. There was no localized tenderness.

___ Positive findings were _____

Examinee: _____
Date of Report: _____

Knees

Right Knee

	Measurement	Reference (5th ed.)	Normal	Whole Person Impairment
Flexion		Table 17-10 (537)	≥110	
Flexion Contracture		Table 17-10 (537)	5	
Varus		Table 17-10 (537)		
Valgus		Table 17-10 (537)	1-9	

___ Examination of the right knee revealed no scars, deformity, discoloration, swelling or effusion. Rotation was pain-free. There was no localized tenderness. Valgus and varus strain were negative for pain / laxity. Anterior and posterior drawer signs were negative for pain /laxity. McMurray’s was negative. Patellar ballotment was negative for effusion, patellar displacement was negative for pain, patellar grind test was pain-free, and palpation beneath the displaced patella was pain-free.

___ Positive findings were _____

Left Knee

	Measurement	Reference (5th ed.)	Normal	Whole Person Impairment
Flexion		Table 17-10 (537)	_____ =110	
Flexion Contracture		Table 17-10 (537)	5	
Varus		Table 17-10 (537)		
Valgus		Table 17-10 (537)	1-9	

___ Examination of the left knee revealed no scars, deformity, discoloration, swelling or effusion. Rotation was pain-free. There was no localized tenderness. Valgus and varus strain were negative for pain / laxity. Anterior and posterior drawer signs were negative for pain /laxity. McMurray’s was negative. Patellar ballotment was negative for effusion, patellar displacement was negative for pain, patellar grind test was pain-free, and palpation beneath the displaced patella was pain-free.

___ Positive findings were _____

Examinee: _____
Date of Report: _____

Ankle / Feet

Right Ankle/Foot

	Measurement	Reference (5th ed.)	Normal	Whole Person Impairment
Plantar Flexion		Table 17-11 (537)	>20	
Flexion Contracture		Table 17-11 (537)		
Extension (Dorsi Flexion)		Table 17-11 (537)	>10	
Valgus		Table 17-11 (537)		
Inversion		Table 17-12 (537)	>20	
Eversion		Table 17-12 (537)	>10	
Valgus		Table 17-12 (537)	10	
Varus		Table 17-12 (537)	10	

___ Examination of the right ankle and foot was unremarkable. There were no surgical scars, deformity, or tenderness. The ankle and foot was stable. Tinel’s was negative at the tarsal tunnel.

___ Positive findings were _____

Left Ankle/Foot

	Measurement	Reference (5th ed.)	Normal	Whole Person Impairment
Plantar Flexion		Table 17-11 (537)	>20	
Flexion Contracture		Table 17-11 (537)		
Extension (Dorsi Flexion)		Table 17-11 (537)	>10	
Valgus		Table 17-11 (537)		
Inversion		Table 17-12 (537)	>20	
Eversion		Table 17-12 (537)	>10	
Valgus		Table 17-12 (537)	10	
Varus		Table 17-12 (537)	10	

___ Examination of the left ankle and foot was unremarkable. There were no surgical scars, deformity, or tenderness. The ankle and foot was stable. Tinel’s was negative at the tarsal tunnel.

___ Positive findings were _____

Examinee: _____
Date of Report: _____

Neurological Examination of the Lower Extremity

Lower Extremity Deep Tendon Reflexes

		Right	Left
Patellar	L-4		
Achilles	S-1		

Lower Extremity Motor Examination

___ Motor examination revealed normal and symmetric strength throughout the lower extremities and no muscle atrophy.

___ Positive findings were _____

		Right	Left
Mid-thigh circumference (cm.)	10 cm. above the knee		
Mid-calf circumference (cm.)	maximum mid-calf		

Lower Extremity Sensory Examination

___ Sensory examination was normal to soft touch and pinprick.

___ Positive findings were _____

Straight Leg Raising

	Right Angle	Right Response	Left Angle	Left Response
Sitting				
Supine				

Supine straight leg raising was ___ consistent with sitting straight leg raising.

Non-Organic Findings

Test	Negative	Positive	Result
Axial Loading Causes Pain			
Superficial Touch Painful			
Range of Motion Inconsistent			
Sacral Validity Test Failed			
Straight Leg Raising Inconsistent (supine vs. sitting)			
Sensory Deficits Non-Organic			
Muscle Weakness Giveaway			

Examinee: _____
Date of Report: _____

GRIP STRENGTH MEASUREMENTS

Right

	Kg.	Kg.	Kg.
Position 1			
Position 2			
Position 3			
Position 4			
Position 5			
Rapid Alternating Grip			

Left

	Kg.	Kg.	Kg.
Position 1			
Position 2			
Position 3			
Position 4			
Position 5			
Rapid Alternating Grip			

Interpretation

DIAGNOSTIC STUDIES

Study	Findings

Examinee: _____
Date of Report: _____

PAIN STATUS INVENTORIES

Pain Drawing

The examinee _____ completed a pain drawing using symbols to describe sensations. This is attached.

Pain Disability Index

The Pain Disability Index uses rating scales to measure the extent of perceived disability in seven areas of life, reporting difficulties on a scale of 0 no disability to 10 total disability.

Area	Report	Percentage
1. Family / home responsibilities. Activities related to the home or family, including chores and duties performed around the house (e.g., yard work) and errands or favors for other family members (e.g. driving the children to school.)	0	0%
2. Recreation. Hobbies, sports and similar leisure time activities.	0	0%
3. Social activity. Participation with friends and acquaintances other than family members, including parties, theater, concert, dining out, and other social functions.	0	0%
4. Occupation. Activities that are part of or directly related to one's job, including nonpaying jobs such as that of a homemaker or voluntary work.	0	0%
5. Sexual activity. This category refers to the frequency and quality of one's sex life.	0	0%
6. Self-care. Activities of daily maintenance and independent daily living (taking a shower, driving, getting dressed, etc.)	0	0%
7. Life-support activities. Basic life-support behaviors such as eating, sleeping and breathing.	0	0%
Average	0	0%

Examinee: _____
Date of Report: _____

CONCLUSIONS

Diagnoses

- 1.
- 2.
- 3.

Causation

Based on the available information, to a reasonable degree of medical certainty,

Prognosis

Overall, the prognosis is

Maximum Medical Improvement

It is probable that the examinee achieved maximum medical improvement as of _____. MMI is defined as the date after which further recovery and restoration of function can no longer be anticipated, based upon a reasonable degree of medical probability.

Examinee: _____
Date of Report: _____

Factors of Permanent Disability

Subjective

Subjective factors of disability consist of the following:

1. a
2. b
3. c

Objective

Objective findings include positive clinical examination, radiographic, and other diagnostic findings, including:

1. a
2. b
3. c

Permanent Impairment Evaluation

Permanent impairment evaluation was performed in accordance with the *AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition being based on the data obtained during this evaluation and the criteria provided in the *Guides*.

Apportionment

Apportionment analysis was performed. Pursuant to California Labor Code 4663(b), it is necessary to identify:
a) The overall percentage of permanent disability caused by the industrial injury and b) the percentage of permanent disability due to all other factors, including prior injuries. In the process of performing the evaluation I have asked the examinee if there have been any previous permanent disabilities, physical impairments, awards of permanent disability, or Compromise and Release Agreements. (Cal. L.C. 4663(d)).

Work Capacity

Examinee: _____
Date of Report: _____

Future Medical Treatment

QUALIFICATIONS

My curriculum vitae is available upon request.

DISCLOSURE STATEMENTS

The above analysis is based upon the available information at this time, including the history given by the examinee, the medical records and tests provided, the results of pain status inventories, and the physical findings. It is assumed that the information provided to me is correct. If more information becomes available at a later date, an additional report may be requested. Such information may or may not change the opinions rendered in this evaluation.

My opinions are based upon reasonable medical certainty. Medicine is both an art and a science, and although an individual may appear to be fit for work activity, there is no guarantee that the person will not be reinjured or suffer additional injury. If applicable, employers should follow the processes established in the Americans with Disabilities Act, Title I. The opinions on work capacity are to facilitate job placement and do not necessarily reflect an in-depth direct threat analysis. Comments on appropriateness of care are professional opinions based upon the specifics of the case and should not be generalized, nor necessarily be considered supportive or critical of, the involved providers or disciplines.

Any medical recommendations offered are provided as guidance and not as medical orders. The opinions expressed do not constitute a recommendation that specific claims or administrative action be made or enforced.

The examination was performed in accordance with Labor Code section 4628. The examination was performed on _____ in _____. This evaluation was performed in compliance with the Guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5), subdivision (j), section 139.2. _____ may have assisted with history taking. _____ assisted with taking any x-rays.

I have reviewed the excerpts and entire outline if provided and taken my own history, made additional inquiries and examinations as are necessary and appropriate to identify and determine the relevant medical issues.

No amount is charged in excess of the direct charges for the physician's professional services and the reasonable costs of laboratory examinations, diagnostic studies, and other medical tests, and reasonable costs of clerical expense necessary to producing the report.

I declare under penalty of perjury that the information contained in this report and its attachments is true and correct, to the best of my knowledge and belief, except as to information that I have 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 in this report, that I believe to be true. I have not violated Labor Code section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Examinee: _____
Date of Report: _____

Thank you for asking me to see this examinee in consultation. If you have any further questions, please do not hesitate to contact me.

Sincerely,
