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October 3, 2014

Attorney  
Law Firm  
C/o Adjusters' Choice  
5040 Greenwood Circle  
Minneapolis, MN 55331

Employee: Randi Kelly  
D/Injury: 12/30/2012  
D/Birth: 11/26/1957

Dear Attorney,

Mr. Kelly is a 56-year-old, left-handed man who was referred for an Independent Medical Evaluation (IME) by the above client. The IME process was explained to Mr. Kelly and he understands that no patient/treating physician relationship was established. Mr. Kelly was advised that the information provided will not be confidential and a report will be sent to the requesting client.

Mr. Kelly arrived on time for the interview. The interview commenced at 4:30 followed by the physical examination which started at 4:55 and was completed by 5:05. Mr. Kelly was cooperative. History was provided by Mr. Kelly who was a vague historian. The information he provided was not always consistent with the medical records provided.

A questionnaire and pain inventories were completed by Mr. Kelly. Mr. Kelly reported no difficulties occurring during the examination.

I was provided the following clinical records: Job description for City Maintenance Person, Royce Morgan PA-C 3/28/12-6/8/12, Dr. Powell 4/4/12, Dr. Grimberg 4/17/12-10/30/12, Dr. Morgan 7/22/13, Dr. Domreis 1/27/14-1/29/14, Dr. Brant 2/25/14, Dr. Lenti 3/19/14-4/23/14. These records were carefully reviewed. No records prior to 3/28/12 or subsequent to 4/23/14 were available for review.

## **HISTORY**

He reports that he had a previous fractured fibula in 2012. He was off work for approximately five months or longer. He notes that he stayed in Anchorage for about 2 1/2, months after the accident. He then went down to the Portland area to stay with his son.

## **REVIEW OF PREEXISTING MEDICAL RECORDS**

Mr. Kelly was seen on 3/28/12 by Royce Morgan PA-C. I-le was noted to be nine days status post open reduction and internal fixation of a left distal fibula fracture. He was felt to be doing well and taking minimal pain medications. On exam he had 2+ edema in the left lower extremity. He was to continue toe-touch weight bearing with a cast boot. He was to see Dr. Powell in a week.

Mr. Kelly was seen on 4/4/12 by Dr. Powell. He was noted to have been non-weight bearing in his walking boot and presented with some expected discomfort. He had some mild swelling. He was status post ORIF in good position. He was to return for follow up in two weeks.

Mr. Kelly was seen on 4/17/12 by Dr. Grimberg. He was noted to have possible hypertension, COPD, tobacco use, Onychomycosis, dental caries and an 8 cm lipoma.

On 4/18/12 when seen by Royce Morgan PA-C Mr. Kelly was noted to be doing well. He stated that on a couple of occasions he put a little bit of weight on his left lower extremity and it had not caused any pain. On exam he had a stitch that was removed. He had moderate edema that was felt to be normal after a fracture with open reduction and internal fixation. He was to continue in his cast boot. He was to progress with partial weight bearing with crutches. He was to return to work. He was prescribed Norco.

Mr. Kelly was seen on 4/19/12 by Dr. Grimberg. He was noted to have hypertension, tobacco addiction, alcoholism (quit in 2010) dental caries and onychomycosis. He was noted to have a prior history of IV cocaine for six years and had been clean since 1999. He also reported dabbling in LSD, mushrooms, and pot. He was noted to be the youngest of five siblings with a brother committing suicide by gunshot in 1999. He was noted to have one brother on disability to due cerebral palsy. GU exam was normal. There was no mention of a particular hernia evaluation.

Mr. Kelly was seen on 6/8/12 by Royce Morgan PA-C. He was noted to be doing well and reported minimal discomfort. He was ambulating without his boot at home. He was noted to have returned to work. On exam he had mild to moderate swelling of the left ankle. X-rays showed a healed left distal fibula fracture. Plate/screws were well fixed in good position. He was

to wean himself out of his cast boot.

Mr. Kelly was seen on 10/30/12 by Dr. Grimberg. He was noted to be started on Lamisil on 9/27/12. He was diagnosed as erectile dysfunction and prescribed Viagra.

## **INJURY**

He reports no particular injury date. He notes that he was working for City of Falls Pass running the maintenance department. When asked about his finger he reports that he was working on a dump truck. He was tightening up a part on the dump truck. He had a long cheater bar and a socket, the socket slipped off the bolt and came loose and he reports he jammed his hand into the frame rail. He noted pain in the DIP joint. He did complete his shift. He notes that he went home and iced it and notes that it was late at night and the medical clinic was closed. He states that he told the city clerk the next morning and was told to go to the clinic. He stopped in at the clinic and saw a person name Roland. He states he was told that it needed to be x-rayed. He did not have time to get it x-rayed. Instead he went to work and forgot about it until later.

With regards to his hernia injury, he again reports no particular injury date. He notes that when visiting his son in Portland, in or around March of 2013 his son noticed that his, "bellybutton was sticking out". He notes that as part of his job he had to move around 55 gallons of gasoline. Again, he had no particular incident. He simply noted what he describes as pain in the inguinal area. He notes that this started around May or August of 2013. He had to move the barrels by hand.

## **CLINICAL CHRONOLOGY**

Mr. Kelly was seen on 7/22/13 by Dr. Morgan. He was seen for left ring finger knuckle broken and felt to have a hernia. He reported breaking his knuckle a year previously in September when he was working on a dump truck and a nut broke on the dump truck. He reported that he noticed that his belly button started hurting that was felt to be constant with nothing making it better. He was diagnosed as hernia.

In a letter dated 1/27/14 from Clare Hiratsuka at Alaska Municipal League to Dr. Domreis it was noted that Mr. Kelly claims was controverted due to late filing. It was noted that Mr. Kelly had been in Oregon for approximately 4 weeks in March/April of 2013 and could have seen a doctor at that time for any injuries. It was noted that Dr. Domreis agreed that his winter 2012/2013 injury was the substantial cause of the condition, injury or need for medical treatment.

It was noted that this decision was due to the fact that Mr. Kelly had a full physical before his job

and he did not have a hernia and it did not hurt and the fact that he had been lifting 55 gallon drums for his job. On exam he was noted to have tenderness reducible umbilical hernia with 2 cm fascial defect and thinning of umbilical skin. Surgery was recommended. Mr. Kelly states today that he had a physical in 2012 by Dr. Grimberg and notes that no hernia was found.

Mr. Kelly was seen by Dr. Brant on 2/25/14 for an independent medical examination. He was noted to be a long time cement finisher and heavy equipment operator. He reported a past history of working for the City of False Pass, Alaska in May of 2011 when he was moving 55 gallon drums of gasoline and reporting moving 10 to 15 drums a week all by his self. He did this type of work for 6-8 months. He had some soreness in the abdomen but never noticed anything unusual.

He subsequently left that job and worked in several other places but when he came to Oregon in 2013 he noticed an umbilical hernia. When he would push on it and it was tender which prompted him to file a claim.

He reported that on 3/12/12 he slipped on ice at work and broke his left lower leg bone. He required internal fixation with a metal plate and it took a while for it to heal. It was noted that when seen on 1/29/14 by Dr. Domreis he was felt to have an umbilical hernia that was felt to be substantially caused by his work events in Alaska which needed to be surgically repaired.

Mr. Kelly reported that the umbilical hernia had been bothering him so he had essentially operated heavy equipment without major physical work.

Mr. Kelly planned to return to Alaska at the end of March 2014. During the time of inactivity, when he broke his leg, he had gained some weight but had managed to shed quite a bit of weight, from 250 pounds down to 220 pounds. He had planned to get down to his normal weight of 190 to 200.

He was noted to smoke one pack of cigarettes per day and was trying to quit. He reported taking recreational drugs until about 1990.

Mr. Kelly was noted on exam to have an obvious umbilical hernia with some thinning and discoloration of the skin. The area was tender to palpation. On both sides the hernia were reducible when he would lie down but with straining a sac came down into the upper part of the scrotum on both sides. He was diagnosed as bilateral inguinal hernia, work related and umbilical hernia, work related. It was noted that it was medically reasonable that the hernia, which Mr. Kelly reported, would not have been discovered until March of 2013. It was noted that it was very likely that moving a number of 55 gallons drums of fuel by his self, contributed in a major

way to an umbilical hernia formation as well as both inguinal hernias identified on exam.

It was noted that the injury sustained in moving the heavy gallons of fuel would certainly be the substantial cause in development of the hernia and symptomatology, claim disability and need for medical treatment and surgery. In addition, it was felt very possible that Mr. Kelly sustained bilateral inguinal hernias which he was not aware of, but which were discovered on physical exam with the heavy lifting being the substantial cause.

Dr. Brant was recommending surgical repair of the umbilical hernia and bilateral inguinal hernias with possibly all three being repaired at the same time. Mr. Kelly was not felt to be capable of working his prior position as a maintenance person with the City of False Pass. It was noted that unless his hernias were fixed he would not be employable doing physically demanding work. It was noted that Mr. Kelly was not aware of his umbilical hernia until he came to Oregon and was also not aware of the presence of bilateral inguinal hernias. There was not felt to be an intentioned delay that Dr. Brant could see. He was felt to be able to recover totally in 6-8 weeks and be ready for any employment. Mr. Kelly was felt to be incapable of performing the job he was trained to do without surgery and that there would not be any permanent disability related to his injuries once repairs were completed.

Mr. Kelly was seen on 3/19/14 by Dr. Lehti. He was noted to have definite umbilical and large bilateral inguinal hernias. These were felt to be unquestionably secondary to his job. Mr. Kelly was noted to have been seen by Dr. Domreis and found to have definite umbilical hernia. He was noted to have aching in his groins but apparently was not checked for inguinal abnormalities and he had very large, bilateral, inguinal hernias which were apparently found by Dr. Brant at the time of his independent medical examination. On exam of his abdomen he was noted to have a protuberant compartment, palpable, visible, umbilical hernias and large bilateral inguinal hernias.

Mr. Kelly was taken to the operating room on 4/15/14 by Dr. Lehti where he underwent umbilical hernia repair and bilateral inguinal hernia repair.

Mr. Kelly notes that his surgery went fine. He still has a lot of soreness, some of which is still present on the right side.

## **SUMMARY**

Diagnostic Studies  
X-ray chest 4/17/12-No active disease.  
EKG 4117112  
Lab 4/17/12-10/30/12

## **CURRENT STATUS**

Mr. Kelly's chief complaint is pain in the left hand, in the ring finger, also some right groin pain. He denies any pain in his left groin area or abdominal pain.

He reports difficulties with pain that is primarily located in the DIP joint of the left ring finger. The pain is described as throbbing and tender in the left ring finger and in the groin as an occasional ache. The pain is worsened with grabbing things with his finger from the standpoint of his finger and worse in the right groin with heavy lifting. The pain is improved with an ice pack. The pain is reported as constant.

On a scale from 0 (no pain) to 10 (excruciating pain), Mr. Kelly reports the pain now is a 0. During the past month the pain averaged 4 to 5, with a high of 8 and a low of 0.

Mr. Kelly denies any other problems.

## **FUNCTIONAL STATUS**

He reports greatest difficulties with the following tasks: Picking up small objects.

## **OCCUPATIONAL HISTORY**

At the time of the injury he had been employed by City of Falls Pass and had been working there for one year. He was working full time as a maintenance person. According to the description provided by Mr. Kelly, the job involved keeping the small city running, power, water, roads, the harbor, caring for the airstrip, building repairs. He has previously worked doing heavy concrete work, and heavy equipment operator. He has 12 years of education.

In terms of current work status, he is not working. He is on unemployment. He reports no work restrictions.

## **SOCIAL HISTORY**

Mr. Kelly lives in Star, Idaho with his parents. The activities of a typical day include getting up around 5:00-7:00 am, he works on buildings around his parent's home, organizes things until around 6:00 pm, he then talks to his fiancée in the Philippines for an hour and then continues working until dark. He denies performing any other work activities or vigorous recreational pursuits, other than those outlined above at his parent's house.

Mr. Kelly smokes one pack per day. He notes that he smoked up to 2 ½ packs per day when working at Falls Pass. He reports consuming 4 to 6 alcoholic beverages per week. He reports

smoking marijuana occasionally.

### **PAST MEDICAL HISTORY**

Medical: Unremarkable.

Surgical: Include left ankle surgery. He notes that he had a chest tube placed when he was stabbed in the chest in a bar and his hernia repair.

Medications: None.

Allergies: None.

### **REVIEW OF SYSTEMS**

Noncontributory

### **FAMILY HISTORY**

Noncontributory

### **PHYSICAL EXAMINATION**

#### Observations

Mr. Kelly is a well-developed, well-nourished male. He appears older than his stated age. Examination of the hands reveals moderate callus. No assistive devices were used.

#### Behavioral Observations

Mr. Kelly was pleasant, cooperative and attentive. Affect was normal. During the visit he appeared comfortable. He sat continuously for up to 20 minutes during the interview. There was no significant pain behavior. Non-physiologic findings were not present.

#### Structural Examination

In the standing neutral position cervical, thoracic, and lumbar curves were well maintained. Extremities appeared grossly normal. The shoulders were symmetric. The pelvis was level. Gait was normal with no antalgia. Examination focused on the left ring finger and abdominal inguinal hernia areas.

### **REGIONAL EXAMINATION**

#### Observations

He had well healed incisions over his umbilical area and his bilateral groin area. He had obvious

deformity of the left ring finger with lack of full extension and some bony prominence on the dorsum of the DIP joint.

#### Range of Motion

On range of motion testing he had approximately 20 degrees of flexion at the left ring finger DIP joint. He lacked full extension actively but was present passively.

#### Palpation

Tenderness was reported to palpation over the left ring finger DIP joint. He had mild tenderness to palpation over the right groin area otherwise there was no tenderness to palpation.

#### Objective Findings

Positive physical findings included the well healed scars over the umbilical area and bilateral groin area and the deformity noted at the left DIP of the ring finger.

### **NEUROLOGICAL EXAMINATION**

On manual muscle testing he had good strength. His reflexes were normal. His sensation was intact in the left upper extremity.

### **NON-PHYSIOLOGIC EXAMINATION**

No non-physiologic findings were present.

Hernia exam was performed. There was no evidence of any residual inguinal hernias noted.

### **PAIN STATUS INVENTORIES**

#### Pain Drawing

Mr. Kelly completed a pain drawing (attached), using symbols to describe sensations. This drawing did not reveal findings suggestive of symptom magnification.

#### Pain Disability Index

The Pain Disability Index uses rating scales to measure the extent of perceived disability in seven areas of life. The results are as follows:

*Area*

*Perceived Disability*

Family/home responsibilities	30%
Recreation	20%
Social activity	0%
Occupation	40%
Sexual activity	20%
Self-care	20%
Life support activities	0%

The total score is 13 out of a possible 70, for a total index of 19%.

### **SHORT FORM MCGILL PAIN QUESTIONNAIRE**

The McGill Pain Questionnaire specifies fifteen potential pain descriptors. Mr. Kelly rates the intensity of each descriptor on a scale of 0 to 3. The total of all descriptors was 12, the total of the eleven somatic descriptors was 12, averaging 1.1, and the total of the four affective descriptors was 0, averaging 0.

### **CES-D**

The Center for Epidemiologic Studies Depressed Mood Scale was administered. Mr. Kelly scored 16, which is not consistent with a depressed mood.

### **DIAGNOSES**

1. Umbilical herma.
2. Bilateral inguinal hernia.
3. Probable disruption of left ring finger extensor mechanism at the DIP joint.

The subjective complaints are consistent with the objective findings. Symptom magnification behavior was not evident.

### **DISCUSSION**

Mr. Kelly reportedly first noticed his umbilical hernia when at his son's house. He does not report any specific injurious event and it was not reported until after he decided to not renew his contract with the City of Falls Pass. He also reportedly went to work for a new employer after working for the City of Falls Pass. He does have some risk factors for unbiblical hernias in the fact that he is overweight. Additionally with his smoking history it is certainly possible that coughing could have contributed to his umbilical hernia as well.

Mr. Kelly was later diagnosed with having bilateral inguinal hernias. Again, there was no particular injurious event. He again relates the development of the hernias to the heavy lifting with no particular lifting event that he could attribute his symptoms to. He does have significant risk factors outside of heavy lifting for inguinal hernias including the fact that he is male, excessive weight, chronic cough from smoking can contribute as well. Of note, is the fact that while he reports that he did not have any inguinal hernia prior to reporting to work for the City of Falls Pass, review of the records did not specifically indicate that there was no inguinal hernia present. It simply reported that GU exam was normal.

Mr. Kelly likely has damage to the extensor mechanism of the left ring finger. The injury as described could certainly explain this fracture, although there is on medical records to support that this injury occurred.

## **PROGNOSIS**

The overall prognosis is good

## **QUESTIONS PART I**

Specific to the employee's left finger

- 1. Please provide your opinion regarding whether or not the employee's work activities in September 2012, was the substantial cause (see definition below) of his left ring finger symptoms (first noted in July 2013), claimed disability, and need for medical treatment/surgery. Please provide the basis for your opinion.**

### **Definition of substantial cause:**

*A presumption may be rebutted by demonstration of substantial evidence that the death or disability or the need for medical treatment did not arise out of and in the course of the employment. When determining whether or not the death or disability or need for medical treatment arose out of the employment, the board must evaluate the relative contribution of different causes of the disability or death or the need for medical treatment (Emphasis added).*

*Compensation or benefits under this chapter are payable for the disability or death or the need for medical treatment, in relation to other causes, the employment is the substantial cause of the disability or death or need for medical treatment. Accordingly we interpret the last two sentences in AS 23.30.010 (a) as requiring employment to be more than any other cause, the substantial cause of the employee's disability, death or need for medical treatment. It no longer suffices that employment is a substantial factor in bringing about the harm. (Emphasis*

added)

*Recently, the Alaska Workers Compensation Appeals Commission elaborated on The Substantial Cause as follows:*

*Accordingly, we interpret the last two sentences in AS 23.30.0J O(a) as requiring employment to be, more than any other cause, the substantial cause of the employee's disability, death, or need for medical treatment. It no longer suffices that employment is a substantial factor in bringing about the harm.*

It is my opinion that the work place activities from September of 2012 are not the substantial cause of his left ring finger symptoms. There is no medical documentation indicating that he did report this as he describes until July of 2013

- 2. Please provide your opinion regarding whether or not the employee's work activities in September 2012, is still the substantial cause (see definition above) of his left ring finger symptoms, (first noted on July 2013), claimed disability, and need for medical treatment/surgery. Please provide the basis for your opinion.**

It is my opinion that the work activities of September 2012 are not the substantial cause of his left ring finger symptoms. While the mechanism of injury as described would be consistent with the injury, there is no medical records report of this until July of 2013.

- 3. In regards to the employee's left finger, please outline your recommendations for reasonable and necessary medical treatment for the process of recovery from the employee's alleged on the job injury. Please provide the basis for your opinion.**

He would benefit from x-ray evaluation of the left finger. He may potentially require surgical repair for the extensor tendon mechanism.

- 4. Solely considering the employee's left finger, please provide your opinion if he is physically capable of returning to his work with the City of False Pass as a city Maintenance Person. See attached job description.**

He would be physically capable of returning to his work at the City of Falls Pass from the standpoint of his left finger.

- 5. In regards to the employee's left finger, please provide your opinion regarding whether or not the employee has reached medical stability relative to this condition.**

**(See definition below). If you believe the employee has reached medical stability, please provide your opinion relative to the date on which he became medically stable.**

**Definition of medical stability:**

*"Medical stability" means the date after which further objectively measurable improvement from the effects of the compensable injury is not reasonably expected to result from additional medical care or treatment, notwithstanding the possible need for additional medical care or the possibility of improvement or deterioration resulting from the passage of time, medical stability shall be presumed in the absence of objectively measurable improvement for a period of 45 days; this presumption may be rebutted by clear and convincing evidence.*

He has not reached medical stability as it related to his left index finger.

**6. If you find that the employee's left finger condition is not medically stable relative to the September 2012 work injury, please answer the following question:**

It is my opinion that the work activities of September 2012 are not the substantial cause of his left ring finger symptoms. While the mechanism of injury as described would be consistent with the injury, there is no medical records report of this until July of 2013.

**A. What objectively measurable improvement do you expect will result from the provision of additional medical treatment?**

I would anticipate better extension of the DIP joint of his finger

**B. What medical treatment do you expect will bring about the objectively measurable improvement?**

He may require surgical intervention for repair of the extensor mechanism.

**C. When do you anticipate the condition will become medically stable?**

I would anticipate that he would be medically stable within three months after surgical intervention.

**7. If you find that the employee has reached medical stability with respect to his left finger condition, please evaluate the employee to determine if he sustained any**

**permanent impairment pursuant to the Sixth Edition of the AMA Guides to the Evaluation of Permanent Impairment relative to his left finger condition. Please ensure you use the combined value tables when providing a whole person permanent impairment rating. Please include in your answer whether or not you believe the on the job injury is the substantial cause of each permanent impairment rating provided.**

Not applicable as he has not reached medical stability.

- 8. Please provide your opinion as to any effect the employee's delay in seeking medical treatment may have on his condition, his treatment, and his prognosis for recovery. Please indicate if this delay in treatment has created a need for additional medical care that would not have otherwise been necessary and or has increased the amount of recovery time or has increased any possible disability.**

It is my opinion that his delay in seeking medical care likely increased the amount of necessary care required and his recovery time.

- 9. Are you able to identify an alternate explanation for the employee's left finger condition, one that excludes the employee's on the job injury as being a causal factor in this condition? Please explain and provide the basis for your opinion.**

While no documentation was in his medical records, any sort of trauma to the left ring finger in other occupations could have caused this condition.

## QUESTIONS PART II

### Specific to the employee's hernia conditions

- 1. Please provide your opinion regarding whether or not the employee's work injury of December 30, 2012 is still the substantial cause (see definition below) of his hernia symptoms, (first noted in March 2013), claimed disability, and need for medical treatment/surgery. Please provide the basis for your opinion.**

**Definition of substantial cause:**

*A presumption may be rebutted by demonstration of substantial evidence that the death or disability or the need for medical treatment did not arise out of and in the course of the employment. When determining whether or not the death or disability or need for medical treatment arose out of the employment, the board must evaluate the relative contribution of different causes of the disability or death or*

*the need for medical treatment (Emphasis added).*

*Compensation or benefits under this chapter are payable for the disability or death or the need for medical treatment, in relation to other causes, the employment is the substantial cause of the disability or death or need for medical treatment. Accordingly we interpret the last two sentences in AS 23.30.010 (a) as requiring employment to be more than any other cause, the substantial cause of the employee's disability, death or need for medical treatment. It no longer suffices that employment is a substantial factor in bringing about the harm. (Emphasis added)*

*Recently, the Alaska Workers Compensation Appeals Commission elaborated on The Substantial Cause as follows:*

*Accordingly, we interpret the last two sentences in AS 23.30.0J O(a) as requiring employment to be, more than any other cause, the substantial cause of the employee's disability, death, or need for medical treatment. It no longer suffices that employment is a substantial factor in bringing about the harm.*

I do not find the work injury of 12/30/2012 to still be the substantial cause of his hernia symptoms was work related. As mentioned above he has multiple other risk factors for hernia including age, smoking and his weight. Also he did not relate a particular injurious event for any of his hernias. It also is not clearly documented that he did not have hernias prior to starting work at the City of Falls Pass.

- 2. In regards to the employee's hernia conditions, please provide your opinion as to whether you agree with Dr. Lehti's June 5, 2014 opinion releasing Mr. Kelly to full duty work without restrictions?**

I agree with Dr. Lahti's opinion releasing Mr. Kelly to full duty work without restrictions.

- 3. Solely in regards to the employee's hernia conditions, please provide your opinion if he is physical capable of returning to his work with the City of False Pass as a City Maintenance Person. Sec attached job description.**

I feel he is physically capable of returning to work at the City of Falls Pass.

- 4. In regards to the employee's hernia conditions, please outline your**  
IMEs • Pharmacy Reviews • Nurse Case Management

**recommendations for reasonable and necessary medical treatment for the process of recovery from the employee's on the job injury. Please provide the basis for your opinion.**

No further treatment is indicated.

- 5. In regards to the employee's hernia conditions, please provide your opinion regarding whether or not the employee has reached medical stability relative to this condition (see definition below). If you believe the employee has reached medical stability please provide your opinion relative to the date on which he became medically stable.**

*AS 23.30.395(21) states:*

*"Medical stability " means the date after which further objectively measurable improvement from the effects of the compensable injury is not reasonably expected to result from additional medical care or treatment, notwithstanding the possible need for additional medical care or the possibility of improvement or deterioration resulting from the passage of time; medical stability shall be presumed in the absence of objectively measurable improvement for a period of 45 days; this presumption may be rebutted by clear and convincing evidence.*

He has reached medical stability as it relates to his hernia.

- 6. If you find that the employee's hernia conditions are not medically stable relative to the December 30, 2012 work injury, please answer the following questions:**

- A. What objectively measurable improvement do you expect will result from the provision of additional medical treatment?**

Not applicable

- B. What medical treatment do you expect will bring about the objectively measurable improvement?**

Not applicable

- C. When do you anticipate the condition will become medically stable?**

Not applicable

7. **If you find that the employee has reached medical stability with respect to his hernia condition, please evaluate the employee to determine if he sustained any permanent impairment pursuant to the Sixth Edition of the AMA Guides to the Evaluation of Permanent impairment relative to his hernia conditions. Please ensure you use the combined value tables when providing a whole person permanent impairment rating. Please include in your answer whether or not you believe the on the job injury is the substantial cause of each permanent impairment rating provided.**

For his umbilical hernia, per table 6-10 he would be considered class 0 with 0% whole person impairment.

For his right inguinal hernia he would be considered class I with 1% whole person impairment as he does have occasional discomfort but no palpable defect in supporting structures.

For his left inguinal hernia, he would be considered class 0 with 0% whole person impairment.

8. **Are you able to identify an alternate explanation for the employee's hernia conditions, one that excludes the employee's on the job injury as being a causal factor in this condition? Please explain and provide the basis for your opinion.**

He has significant clearly documented risk factors for hernia risk factors for his hernia including his weight and his smoking. Additionally, it was not documented that he did not have a preexisting hernia.

The above report 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.

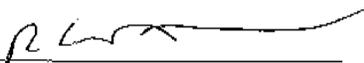
The examiner's opinions are based upon reasonable medical certainty and are impartial. Medicine is both an art and a science, and although an individual may appear to be fit for work activity, there is no guarantee that the person will not be reinjured or suffer additional injury.

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 this 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.

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

Respectfully Submitted,

  
\_\_\_\_\_  
Rodde D. Cox, M.D.