

Jan. 19, 2022

Attention:

Client:

Claimant:

Claim No

DOB: 09/21/1957

DOI: 04/24/2019

Employer:

Job: Server

Case # 3034

Impairment Solutions has been requested to review and analyze the medical records submitted to confirm the Impairment rating presented. The opinions rendered in this evaluation are based on the review of the medical files, operations, and FCE objective testing provided. The NC Industrial Commission Rating Guide 2/15/2000 was referred to when looking at the final outcome for the Impairment ratings. The AMA Guides to the Evaluation of Permanent Impairment 5th Edition, (the Guides) was also consulted as a comparison.

If other documentation is provided, we reserve the right to change/alter the findings of this report.

Diagnosis/Surgery

2019: Left shoulder Rotator Cuff tear, Impingement syndrome, and Slap lesion

2020: Left shoulder adhesive capsulitis

Impairment rating form 25R

1/12/21 9) arm/ shoulder Left 20%

1/12/21 MMI

Dr. performed a very successful left shoulder surgery twice. Ms. had extensive physical therapy over two years. She can return to work in a limited capacity. She is also a smoker, which is known to interfere with orthopedic healing.

12/7/2020 Functional Capacity Evaluation

This was an excellent FCE done over 4 hours.

The FCE summary documented objective testing results that need to be considered in calculating an impairment rating. However, upon closer examination, it shows there is a bigger issue where her "numbers" do not reach accepted norms. This is not due to her injury. Her baseline is different from the accepted normal. This should render the impairment rating to be reduced from 20% IR to 7% IR.

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- There are several tests performed with determined inconsistent effort.
- Altered pain behaviors did not increase heart rate as would be expected.

The FCE performed provides an objective measurement of several relevant tests on the shoulders.

- o Shoulder Strength assessment pg. 7
- o Range of Motion pg. 8

3: **Strength assessment** pg. 7, (see attachment)

Shows that her strength numbers are the same on both the left and the right arm. There is only one variant, internal rotation.

This resets her normal at 3/5. **None** of her strength numbers throughout her body attain the 5/5 level. This indicates that the “*general weakness*” is not valid, since it is throughout her whole body and should not be used to calculate her impairment rating. This is not caused by her injury or surgery. This is her baseline.

* Dr. stated in his report that there was “*generalized weakness through all planes of strength testing with strength 3/5 out of 5/5.*” This would cause him to increase his impairment rating.

Except, this 3/5 strength number as stated above is throughout her WHOLE BODY.

It is not specific to her left arm.

- In the Shoulder Strength assessment the same thing is noted. Looking at the results on pg. 7 of the FCE (attached) the normal strength is documented at 5/5. In this FCE report, there are **no** measurements of 5/5. Neither on the right nor left shoulder. They are 3/5 throughout the whole strength assessment reports.

4: **Range of motion** measurements pg. 8 (see attachment) shows the same results.

Neither the left nor right side Range of motion meets the normal criteria range of motion numbers that are used by PTs and MDs. While the left arm has some deficiency, so does the right, uninjured arm.

- An important aspect of an IR is to compare sides, (contralateral) to determine if there is a wide discrepancy that may warrant a higher impairment rating.
- It is also used to establish a baseline.
- In the Range of Motion of the right shoulder (uninjured) the right side does not meet the “norms” for shoulder ROM either. This proves that there is a deficiency on both sides. This becomes the patient’s “normal”, her own personal baseline.

Dr. performed a successful surgical intervention to bring this patient to near pre-injury status. On 8/2020 surgery “a gentle manipulation was performed at the beginning of the case”.

This means he was able to move the shoulder in several planes while the patient was under anesthesia without resistance.

There is little guidance in the NC Industrial Commission Rating Guide 2/15/2000, in rating injuries to the shoulder. *note attachment. It is up to the physician to determine the impairment outcome.

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A revised impairment rating was calculated based on the findings in the FCE.
 This is based on the range of motion findings that were documented.
 There is no objective evidence of generalized shoulder weakness in this document.

Below is an Impairment rating based on the decrease in the range of motion of the left shoulder.

Impairment Rating based on Range of Motion for shoulder (AMA Guides 5th edition)

<i>Impairment</i>		<i>Left ROM</i>	<i>Normal ROM</i>
<i>Flexion</i>	5	102	180
<i>Extension</i>	2	22	60
<i>Abduction</i>	6	62	180
<i>Int. Rotation</i>	5	15	70
<i>Ext Rotation</i>	0	75	90

Upper Extremity = 11%
Wholeperson Impairment rating =7%

The recommended Impairment rating for the left shoulder is: UE 11% and WPI 7%

Thank you for the review and please let us know if you have any questions.

Sincerely,



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Cc: F. Olin, MD, Orthopedic Medical Director.



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