

FROM : FOREMOST FLOORING  
PHONE NO. : 303 646 5335

Aug. 18 2008 04:02PM P3



RITSEMA & LYON, P.C.

ATTORNEYS AT LAW

SUITE 3100  
998 EIGHTEENTH STREET  
DENVER, CO 80202  
303.297.7100  
303.297.2537 FAX  
WWW.RITSEMA&LYON.COM

DAWN M. YAGER, ESQ  
303.297.7270 Direct line  
yagerd@ritsema-lyon.com

August 18, 2008

File No. 4.6173

VIA FAX: 303.646.5335

Kevin Pitts  
Resource Management Systems, Inc.  
7447 East Berry Ave., Suite 200  
Greenwood Village, CO 80111

Re: Robert Morgan v. Resource Management Systems, Inc. and Pinnacle Assurance  
W.C. No.: 4-654-723  
Claim No.: 3152498  
DOI: 7/05/2005

Dear Kevin:

Enclosed please find the settlement evaluation regarding the above-captioned case. Please note the settlement conference has been rescheduled to September 5, 2008 at 10:00 a.m. I have conferred with the claim's representative regarding settlement authority. However, we want to get your opinion with regard to the settlement authority requested in this case.

After you have had a chance to review this, please contact me at 303.297.7270 or Candy Whitmer at 303.361.4511 so we can discuss your thoughts regarding settlement.

I look forward to hearing from you with any questions or concerns.

Sincerely,

Dawn M. Yager Esq.  
of Ritsema & Lyon P.C.

DMY:sw

Enc.

cc: (w/enc) Candy Whitmer, Claims Adjuster (via facsimile 303.361.5511)

CONFIDENTIAL ATTORNEY/CLIENT COMMUNICATION  
 NOTEPAD ENTRY  
 August 18, 2008

Re: Robert Morgan v. Resource Management Systems, Inc. and Pinnacol Assurance  
 W.C. No.: 4-654-723  
 Claim No.: 3152498  
 DOI: 7/05/2005

A settlement conference is scheduled for September 5, 2008 at 10:00 a.m. I am requesting settlement authority of \$84,500.00 to settle this case.

Average Weekly Wage

Claimant is the owner of Foremost Flooring, which is a client of Resource Management Systems. Claimant received \$500.00 a week paid through Resource Management Systems. However, he also took home substantially more as the owner of the company. When the claim was originally accepted, the average weekly wage was adopted at \$500.00 per week based on the payroll from RMS. However, claimant submitted his tax returns that his additional earnings as the owner of the company and his average weekly wage was bumped up to \$1,539.75.

After further review, Pinnacol thought that some of those earnings would be passive earnings, i.e., through other profits generated through sales or through the work of other employees. Claimant's counsel in turn felt the AWW should be even higher (\$2067.44). The average weekly wage became significant when evaluating temporary partial disability benefits. This claimant has worked modified duty since being returned to work because he was able to do bids, deliveries, etc. The exposure for TPD is still at the max rate if his AWW is at a higher AWW.

However, the parties realized that if claimant's impairment rating was 25% or below, the \$60,000 cap would apply and all of the forensic issues regarding his earnings and modified work would be moot. Therefore, the parties entered into a stipulation indicating benefits would be paid out at the \$500.00 average weekly wage. Pinnacol agreed to pay at the temporary total disability rate, even if the claimant had returned to work.

It now appears the rating will likely go above the cap. Therefore, these issues come back into play.

If the parties need to litigate the average weekly wage issue, respondents bear the proof to show that the average weekly wage should be decreased from \$1,539.75 per week. The stipulation went into effect on February 7, 2006, reducing the payout rate from \$697.20 (the max rate) to \$333.33.

Temporary Disability Exposure

If claimant were to qualify for maximum temporary partial disability benefits beginning on February 7, 2006 through maximum medical improvement, using the periods of admitted temporary disability benefits, claimant would be entitled to \$33,891.89 in TTD.

Please note that on January 30, 2007, claimant was originally placed at maximum medical improvement. Claimant was removed from maximum medical improvement on July 12, 2007 so he could undergo a

revision surgery. Because claimant was at maximum medical improvement and then removed from maximum medical improvement, the arguments of *Colorado Springs v. Ballinger* apply. That case holds that if a claimant is removed from maximum medical improvement but is assigned no additional restrictions, they are not entitled to temporary total disability benefits until those restrictions are changed. Claimant had permanent work restrictions as of January 30, 2007 of minimal gripping with the right hand. After surgery, on August 24, 2007, Dr. Bisgard assigned that claimant could use his arm as tolerated. There is some argument that though claimant was paid TTD between January 30, 2007 and July 12, 2007, this was overpaid. If the court found there was an overpayment, the new TTD owed to claimant would be \$26,826.42.

#### Impairment

As noted above, the big dispute in this case is whether or not claimant's rating is above the cap. In Dr. Bisgard's report of May 16, 2008, she assigned a 29% right upper extremity impairment rating worth \$13,235.41 ( $\$219.42 \times 29\% \times 208$  weeks). This rating includes impairment for claimant's wrist due to carpal tunnel. Therefore, I have used 208 weeks. However, there should be apportionment of previous impairment at the wrist, to be discussed below. Dr. Bisgard also assigned a 17% left upper extremity rating. Because this rating involved claimant's digits, I believe the proper body part is of the hand below the wrist. Therefore, the rating is worth \$3,879.35 ( $\$219.42 \times 17\% \times 104$  weeks). Dr. Bisgard also assigned a 15% whole person skin impairment, which is worth \$45,178.50 ( $15\% \times 400 \times 1.08 \times \$697.20$ ). Dr. Bisgard's total rating is a 37% whole person for purposes of estimating the cap. The total PPD exposure is \$62,293.26. Clearly, the second cap would come into play, so the maximum PPD and TTD owed would be \$67,439.09 ( $\$120,000.00 - \$52,560.91$  [indemnity paid to date]).

Dr. Maccauley did an IME on the issue of apportionment of the right upper extremity. Claimant had a previous surgery prior to his work-related injury which resulted in range of motion impairment. Dr. Maccauley stated claimant should receive a 17% for the left upper extremity after apportionment, and 19% for the right upper extremity, which combines to a 20% whole person. He stated the skin disorder is worth 5%, giving us a rating below the cap. However, he does this by answering my questions with regard to apportionment and skin impairment only.

In a phone call to me, Dr. Maccauley stated claimant would be entitled to a much higher rating. He noted an error in calculation by Dr. Bisgard where she improperly assigned an impairment rating for the radial nerve when evaluating the carpal tunnel impairment and instead it should have been the median nerve. In addition he feels claimant would be entitled to a rating for his pulmonary function because claimant still suffers from chronic cough and reduced breathing as a result of his burn injuries. He stated that any way he slices it, and likely any way a Division Examiner slices it, the rating would be in excess of 23%. Therefore, I believe Pinnacol should consider the exposure at \$67,500.00, which is the amount to reach the \$120,000.00 cap.

Settlement at this time would be beneficial because claimant and his attorney may be not aware of Dr. Bisgard's error which assures the rating is in excess of the \$60,000 cap. If claimant accepts Dr. Maccauley's opinion in his report and the arguments of respondents at face value, there is some argument the indemnity exposure is to the first cap only and we can obtain some discount through settlement. However, I request that I be given the full \$67,500 in authority to resolve indemnity in the event these arguments carry no weight with claimant's counsel.

Future Medical

I am at a disadvantage in evaluating what the future medical costs would be in this claim. Dr. Bisgard does not list any maintenance medical treatment, nor does Dr. Gordon, claimant's surgeon. Claimant asserts he is using Neoprene gloves. Amanda Cooper was able to find one purchase for the gloves in July 2006 in the amount of \$793.00. It does not appear we have been paying regularly for these gloves. Claimant uses over-the-counter creams to treat his burns. There are no surgeries recommended. However, claimant may have a breakdown in the skin or further contractures, requiring release of his burns. I think it would be appropriate to include \$15,000.00 for future medicals for settlement of this claim. However, I would welcome your input or the input of the nurse as to what the future medical exposures would be.

Please note claimant also suffers from disfigurement. His date of injury indicates that the maximum disfigurement is \$2,000. I would also include that in this exposure.

Total Settlement Authority Requested

I am requesting authority in the amount of \$84,500.00. I do not have a structured person attending the conference. My thought is if they see a structured settlement person in attendance, claimant will assume respondents concede the case is at the second cap.

Please note that claimant is not on SSDI and not a candidate anytime soon so Medicare's interests are not a consideration. If you require some portion of this amount structured, please advise and so I can schedule a structured broker.

DMY:sw



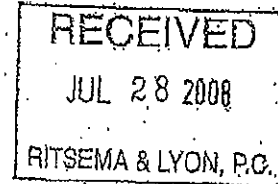
## INJURY CARE OF COLORADO

HUGH HOLLEMAN MACAULAY, III, M.D., P.C.  
 ROXANA WITTER, M.D. • MARION WELLS, P.A.-C

3535 S. Lafayette, Suite 203 • Englewood, CO 80113 • (303) 765-2575 • FAX (303) 722-0618  
 E-mail: dmac@injurycareofco.com

July 18, 2008

Dawn M. Yager, ESQ.  
 Ritsema and Lyon, P.C.  
 Suite 3100  
 999 Eighteenth Street  
 Denver, Colorado 80202



Dear Ms. Yager,

Thank you for your letter of 7/11/08 and the opportunity to meet and evaluate Mr. Morgan on 7/17/08.

I met Mr. Morgan and his wife, Katherine, at our office on 7/17/08. You asked me in your letter to evaluate Mr. Morgan and posed three questions for me to answer after the evaluation and review of the medical record.

I saw Mr. Morgan prior to reviewing any medical records. I also went over the letter of 7/11/08 with him and his wife prior to starting the evaluation. The information contained in the letter was correct.

As you know, Mr. Morgan was involved in a serious industrial accident on 7/5/05. Mr. Morgan was in the process of doing his normal activities as a carpet and flooring installer. He was working with some volatile chemicals in a confined space in a basement. Suddenly, the fumes flashed. He sustained severe burns to his upper extremities and was hospitalized at University Hospital where he was cared for by Dr. Andrew Sullivan, Dr. Gordon Lindberg and Dr. Michael Gordon. He was also seen by Dr. Neil Pitzer, Dr. Michelle Barron and Dr. Leslie Harrington.

Mr. Morgan sustained extensive burns over his upper extremities which have required 7 surgeries, at least, to help him return to his relatively normal function. He has been through extensive occupational and physical therapy.

He has returned to doing his work albeit at a dramatically lessened intensity.

He does suffer the sequelae of the burns to his upper extremities.

You have posed three questions for me.

SENT TO OPPOSING COUNSEL

AUG 25 2008

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- Please advise what you feel the appropriate impairment rating to be for the upper extremities
- Please advise whether apportionment of the prior wrist rating is appropriate. Was Dr. Bisgard correct in her calculation on apportionment on 5/17/07? Was she in error in her conclusion of 5/16/08 that there should not be apportionment? Please explain.
- What is the proper rating for the skin, if any? Please outline your rationale in great detail so the Division Examiner can understand your position, outlining the records or other evidence which supports your position.

1. Please advise what you feel the appropriate impairment rating to be for the upper extremities.

Dr. Bisgard has offered an impairment rating on 1/30/07, addenda on 5/17/07 and a final impairment rating on 5/16/08.

To briefly summarize each and to reflect the correspondence, the following are noted:

1/30/07, impairment rating by Dr. Bisgard

Right upper extremity

- Wrist: 17 %
- Hand: 14 %
- Total: 29 % upper extremity or 17 % whole person impairment

Left upper extremity

- Wrist: 0 %
- Hand: 15 %
- Neural: 3 %
- Total: 18 % upper extremity or 11 % whole person impairment

Total: 26 % whole person impairment

There then came a series of correspondence.

3/19/07, Amanda Cooper, Claims Representative, Pinnacle Assurance

The question centered about apportionment for the right wrist. Dr. Bisgard correctly noted that without appropriate documentation, apportionment could not readily be done.

4/11/07, Dawn Yager, ESO., Ritsema and Lyon, P.C.

Attached records reflecting diminished range of motion as noted by Dr. Leversedge. Additional records from Dr. Virginia Thommen. Dr. Bisgard indicated that she needed additional records from Dr. Thommen and doubted the accuracy of the records two weeks postoperatively.

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4/20/07, Dr. Bisgard to Ms. Yager.

Request for additional records at least ten weeks postoperatively (proximal row carpectomy) to more adequately evaluate potential apportionment.

4/27/07, Amanda Cooper, Claims Representative, Pinnacle Assurance

Additional records forwarded. Reflect active range of motion as 10° of flexion and 10° of extension on 5/4/04.

5/17/07, Dr. Bisgard.

Apportionment addressed.

Right wrist

	<u>Prior Injury</u>	<u>Current Injury</u>	<u>Apportionment</u>
Wrist flexion	10°/8 %	20°/7 %	1 %
Wrist extension	10°/8 %	30°/5 %	3 %
Radial deviation	none given	10°/2 %	2 %
Ulnar deviation	none given	8°/4 %	4 %
<b>Total</b>			<b>10 %</b>

Right upper extremity impairment: 14 %, hand; 10 %, wrist. 23 % upper extremity or 14 % whole person. Combined with left upper extremity results and 23 % whole person impairment.

5/17/07, Dr. Bisgard.

Indicates that Mr. Morgan did well following surgery by Dr. Thommen. Believes that he has an impairment of the right wrist as a result of the burn.

5/18/07, Amanda Cooper, Claims representative, Pinnacle Assurance.

Dispute above ranges of motion for apportionment. Contends that there should be no impairment for flexion and extension since range of motion is better now than that noted at the time of conclusion of care for the prior injury, Radial and ulnar deviation continued to be impaired. Maintain right wrist impairment is 6 % to be combined with the hand impairment of 14 %.

5/16/08, Impairment rating by Dr. Bisgard

New impairment rating following surgery.

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## Right upper extremity

- Wrist: 18 %
- Hand: 14 %
- Combined: 29 % upper extremity or 17 % whole person

## Left upper extremity

- Wrist: 0 %
- Hand: 14 %
- Neural: 3 %
- Combined: 17 % upper extremity or 10 % whole person

Skin: 15 % whole person

Total combined: 37 % whole person

As can be seen from the above, there are variations in the impairment ratings. The values for the right wrist increased from 1/30/07 to 5/16/08. During the interval, an apportionment was rendered though this was later removed.

I agree with Dr. Bisgard in her assessment of 5/17/07 that an apportionment was warranted. In the notes of Dr. Thommen from 12/16/03 and 5/4/04, there was an impairment before the second surgery which maintained stability following the second surgery. These are the only bits of objective data that we have. The measurements were not done in accordance with the AMA Guides to the Evaluation of Permanent Impairment, Third Edition--revised but they do reflect the judgment of a hand surgeon. With reasonable medical probability, there was a significant impairment for range of motion prior to the industrial accident of 7/5/05.

The contention that the burn would necessarily result in a contracture and reduced range of motion is not supported by the range of motion of the left wrist which underwent the same degree of burn as the right. The left wrist, however, did not sustain a loss of range of motion.

Thus, the impairment for the right upper extremity, based upon the numbers provided by Dr. Bisgard, should reflect the following:

Flexion and extension: No additional impairment

Radial and ulnar deviation: 6 %

Total right wrist impairment: 6 %

Right upper extremity impairment: wrist, 6 %; combined with hand, 14 % for 19 % upper extremity impairment. Converted to 11 % whole person impairment from Table 3 on page 16 of The Guides.

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I am in agreement with the opinion of Dr. Michael Gordon in his letter to Dr. Bisgard on 2/12/07 that the left upper extremity is appropriately rated. The issue of an apportionment for the right was not addressed.

The final impairment then should be based upon the left upper extremity impairment of 17 % (10 % whole person) combined with the upper extremity impairment of 19 % (11 % whole person) resulting in a combined 20 % whole person impairment.

This question deals with the musculoskeletal entity.

2. Please advise whether apportionment of the prior wrist rating is appropriate. Was Dr. Bisgard correct in her calculation of apportionment on 5/17/07? Was she in error in her conclusion of 5/16/08 that there should not be apportionment? Please explain.

Dr. Bisgard was not correct in her calculation of 5/17/07; as can be seen, the range of motion improved. There does appear to be a reasonable, medical, objective basis for allowing apportionment. The opinion of Dr. Thommen, a noted hand surgeon, cannot be similarly discounted. She had no advocacy position in the assessment of the range of motion observed. Though not done under the auspices of the AMA Guides to the Evaluation of Permanent Impairment, Third Edition--revised, the expert opinion reasonably should be considered in some dimension.

3. What is the proper rating for the skin, if any? Please outline your rationale in great detail so the Division examiner can understand your position, outlining the records or other evidence which supports your position.

There are two basic mechanisms by which an impairment can be allocated. The first relates to disfigurement. The second relates to disorders of the skin.

There is no question that Mr. Morgan has sustained significant disfigurement as a result of his burn and subsequent grafting procedures. Impairment of the skin is addressed in the Level II Curriculum on pages 144 through 147. In the examples that are offered by the curriculum, one of the examples does include an individual who sustained burns over 85 % of his body. Thus, it is reasonable to consider this in the allocation of impairment.

Normally, impairments are assessed via disfigurement.

In the case of Mr. Morgan, the assessment of a Class 2, 15 % whole person, impairment has been given to Mr. Morgan by Dr. Bisgard. I do not believe that the limitations of fine manipulation and grasping are secondary to the burn and the skin dysfunction. The medical record is not clear why the additional impairment was included on the 5/16/08 evaluation and not on the 1/30/07 evaluation.

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The Division normally recommends a Class 1 or 5 % whole person impairment as a result of burns.

Mr. Morgan may require additional intervention as a result of the sequelae of the scarring. At this point, he does have reasonable function given the extent of his burn. He has been able to return to gainful employment. This, however, has been difficult.

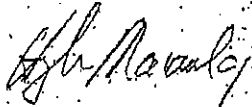
The final impairment may reasonably be the combining of the 20 % upper extremity impairment with the 5 % dermal impairment for a 24 % whole person impairment.

There is room for debate in these issues.

I hope this answers your questions.

Thank you.

Sincerely,



Hugh H. Macaulay, III, M.D.

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HealthONE Occupational Medicine at Centennial Plaza  
 14000 East Arapahoe Road, Suite 110  
 Centennial, CO 80112  
 Phone (303) 218-4250, Fax (303) 218-4247

PT NAME: MORGAN, Robert A    DATE: 05/16/08    ACCOUNT NO: 851781  
 DOB: 06/15/51    DOI: 07/25/05  
 EMPLOYER: Foremost Flooring

Insurance Company: Pinnacle  
 Date of First Visit: 08/31/05  
 Consultant(s): University Hospital, Dr. Gordon, Dr. Fallinger, Dr. Wendy Klein,  
 Spalding Hospital  
 Allergies: No known drug allergies  
 Medication(s): Vitamins and glucosamine  
 Work Status: Working full duty

#### SECOND/FINAL IMPAIRMENT RATING

**CHIEF COMPLAINT:** Third-degree burns, multiple body parts.

**SUBJECTIVE:** Robert is here for reevaluation. He is accompanied by his wife, Katherine. He is scheduled to see Dr. Gordon for a final visit 06/27/08. He has completed his occupational therapy at University Hospital. He anticipates that Dr. Gordon will be discharging him on 06/27/08.

In summary, Robert is a 55-year-old, right-hand dominant technician/owner of Foremost Flooring. His injury occurred on 07/05/05 when he was installing carpet in a home. While he was working with contact cement on the staircase, there was an explosion from the petroleum-based substance when a spark ignited the substance. Robert was able to get out of the building on his own. Paramedics were dispatched. He was intubated in the field and transported to University Hospital and admitted to the intensive care unit. He was diagnosed with 30% burns involving his arms, face, neck, ears, back, and buttocks. He underwent multiple bronchoscopies and was diagnosed with pseudomonas pneumonia and acute respiratory distress syndrome (ARDS). He ultimately underwent a tracheostomy. He was taken to the operating room on multiple occasions for debridement and grafting of his hands, arms, and ears. He underwent allografting of his bilateral hands, arms, and ears. One of the allografts on his right arm failed to take and he underwent a replacement allograft on the right.

Robert began an extensive course of physical and occupational therapy while he was in the hospital. His pulmonary status improved significantly and the tracheostomy was removed. He was discharged from the hospital on 08/11/05 and continued close follow-up at University Hospital. He was referred to our clinic and was seen initially by Dr. Blythe Dickerson on 08/31/05. He continued his care with Dr. Lindberg and Dr. Michael Gordon. Robert underwent EMG studies at University Hospital with Dr. Pitzer which revealed severe median nerve dysfunction.

(continued)

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JUN - 3 2008

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05/29/2008 03:53PM

Robert Morgan  
Impairment rating -2-

Dr. Michael Gordon evaluated Robert and recommended carpal tunnel release which took place on 10/31/05. Simultaneously, Robert was also referred to Dr. Wendy Klein, psychologist, at University Hospital who specializes in burn injuries and saw her for several visits and then completed his treatment.

Robert also underwent a driving assessment at Spalding Hospital and was found that he was able to safely operate a vehicle. Intermittently he had difficulty with scar tissue over his ears, particularly his left ear. He would form eschar which would bleed and then heal and the cycle would continue. Of note, he is having problems with his left ear again with severely dry skin. Dr. Gordon recommended additional surgery on 03/08/06 which involved soft tissue release of the webspaces on his left hand with skin grafts. He recovered well from the surgery and then Dr. Gordon recommended proceeding with a capsulotomy on 05/17/06.

Unfortunately just prior to his surgery, he developed a methicillin resistant Staphylococcus aureus (MRSA) infection in his groin from the donor site. It was opened and drained twice. He was placed on extensive antibiotics. The infection cleared and he proceeded with surgery on 06/28/06 for MP capsulotomies and Hunter rod placement in preparation for an opponensplasty. He also had four pins placed over the MP joints which were eventually removed on 07/12/06. Dr. Gordon took him back to the operating room on 10/16/06 for removal of the Hunter rod and the second phase of the tendon transfer. Surgery went well. He continued close follow-up with Dr. Gordon and resumed occupational therapy. He completed 100 sessions of occupational therapy and was discharged to a home program. He was originally discharged from my care on January 30, 2007 with a 26% whole person impairment rating and 3% apportioned for an old injury, leaving 23% whole person impairment.

Robert returned in July 2007 after Dr. Gordon recommended additional surgery for scar revision and web space release on the left. Unfortunately, he developed another MRSA infection which was successfully treated with Levaquin. By January 2008, he healed successfully and proceeded with web space release on the right. Postoperatively, he developed another infection from the groin donor site which did resolve with antibiotics.

Robert is now back at work full duty with difficulties with fine manipulation and strength in his hands. He reports problems with buttoning, tying and using some tools/utensils. He still reports friable skin and frequent episodes of bleeding and cracked skin despite diligent skin care. His ear wound continues to bleed periodically.

PAST MEDICAL HISTORY: None.

PAST SURGICAL HISTORY: Right wrist surgery two years ago, resulting in slightly decreased mobility of the right hand; however, this was not a work injury and he did not have an impairment. We have no records of his baseline range of motion measurements. He had a herniorrhaphy ten years ago.

TETANUS STATUS: Within ten years.

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05/29/2008 03:53PM

Robert Morgan  
Impairment rating -3-

**MEDICATIONS:** Multivitamins and glucosamine.

**FAMILY MEDICAL HISTORY:** His wife has Frederick's ataxia.

**SOCIAL HISTORY:** He is married with four adult children. He does not smoke. He occasionally drinks alcohol.

**OCCUPATIONAL HISTORY:** He has been the owner of his company for 18 years. He also worked as a technician installing carpets until the time of his injury.

**SPORTS/HOBBIES/ACTIVITIES OUTSIDE OF WORK:** Golf, movies, and snowboarding.

**ALLERGIES:** No known drug allergies.

**PHYSICAL EXAMINATION:** Vital signs: Height is 5 feet, 7 inches and weight is 194 pounds. He is in no acute distress. The burn sites and surgical wounds have all healed nicely except for one area in the 3<sup>rd</sup> web site on the right. Range of motion measurements were taken of all his digits, elbow, and wrist.

On examination of his right wrist, he has flexion of 20 degrees, extension of 35 degrees, radial deviation of 10 degrees, and ulnar deviation of 108 degrees. His impairment rating would be 18%. He had a prior injury, however, he current ROM is actually better than when he was discharge from his PCP therefore there is no apportionment. (On his original impairment, the Division of Workers' Compensation department pointed out that I had miscalculated and subtracted inappropriately.)

RIGHT

<u>RIGHT THUMB</u>		<u>DIGIT IMPAIRMENT</u>	<u>HAND IMPAIRMENT</u>
IP joint	+25 degree to 50 degrees	3%	
MP joint	+10 degrees to 50 degrees	0%	
Radial abduction	550 degrees		
Adduction	0 degrees		
Opposition	6 cm	3%	
		6% =	2% hand impairment

(continued)

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05/29/2008 03:53PM

Robert Morgan  
Impairment rating -4-

RIGHT continued

	<u>FLEXION</u>	<u>EXTENSION</u>	<u>DIGIT IMPAIRMENT</u>	<u>HAND IMPAIRMENT</u>
<u>INDEX FINGER</u>				
DIP joint	60 degrees	0 degrees	= 5%	
PIP joint	90 degrees	0 degrees	= 6%	
MP joint	65 degrees	+ 15 degrees	= 16%	
			25%	5% hand impairment
<u>THIRD FINGER</u>				
DIP joint	95 degrees	0 degrees	= 0%	
PIP joint	90 degrees	+ 10 degrees	= 6%	
MP joint	65 degrees	+ 10 degrees	= 17%	
			22%	4% hand impairment
<u>FOURTH FINGER</u>				
DIP joint	80 degrees	0 degrees	= 0%	
PIP joint	90 degrees	0 degrees	= 6%	
MP joint	70 degrees	+ 10 degrees	= 14%	
			19%	2% hand impairment
<u>FIFTH FINGER</u>				
DIP joint	80 degrees	0 degrees	= 0%	
PIP joint	100 degrees	+ 0 degrees	= 0%	
MP joint	55 degrees	+ 10 degrees	= 22%	
			22%	2% hand impairment

The total hand impairment for the right upper extremity totals 15% which converts to 14% upper extremity impairment.

LEFT

<u>LEFT THUMB</u>	<u>DIGIT IMPAIRMENT</u>	<u>UPPER EXTREMITY IMPAIRMENT</u>		
IP joint	0 degrees to 65 degrees	1%		
MP joint	0 degrees to 45 degrees	1%		
Radial abduction	55 degrees			
Adduction	0 degrees			
Opposition	5 cm	5%		
		7%		
		3% hand impairment		
	<u>FLEXION</u>	<u>EXTENSION</u>	<u>DIGIT IMPAIRMENT</u>	<u>HAND IMPAIRMENT</u>
<u>INDEX FINGER</u>				
DIP joint	60 degrees	- 7 degrees =	7%	
PIP joint	95 degrees	0 degrees =	3%	
MP joint	70 degrees	0 degrees =	16%	
			24%	5% hand impairment

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RITSEMA & LYON, P65/29/2008 03:53PM

Robert Morgan  
Impairment rating -5-

LEFT continued

<b>THIRD FINGER</b>				
DIP joint	85 degrees	0 degrees =	0%	
PIP joint	95 degrees	0 degrees =	3%	
MP joint	70 degrees	0 degrees =	<u>11%</u>	
			14%	3% hand impairment
<b>FOURTH FINGER</b>				
DIP joint	70 degrees	+ 5 degrees =	0%	
PIP joint	100 degrees	0 degrees =	0%	
MP joint	70 degrees	0 degrees =	<u>16%</u>	
			16%	2% hand impairment
<b>FIFTH FINGER</b>				
DIP joint	60 degrees	0 degrees =	5%	
PIP joint	95 degrees	-40 degrees =	17%	
MP joint	70 degrees	+20 degrees =	<u>11%</u>	
			30%	3% hand impairment

The total hand impairment for the left upper extremity totals 16% which converts to 14% upper extremity impairment.

He has diminished sensation over the median nerve on the left. The peripheral nerve impairment is 8% under Table 10 multiplied by 40% from Table 14 to equal 3% upper extremity.

**DIAGNOSIS:**

1. Third-degree burns, multiple body parts, code 948.2.
2. Carpal tunnel syndrome, code 354.0.

(continued)

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Robert Morgan  
Impairment rating -6-

**IMPAIRMENT RATING:** His impairment rating is based on *The AMA Guidelines to Permanent Impairment, Third Edition, Revised.*

RIGHT UPPER EXTREMITY

	DIGIT IMPAIRMENT	HAND IMPAIRMENT	UPPER EXTREMITY	WHOLE PERSON
Right thumb	6% converts to	2% hand		
Index finger	25% converts to	5% hand		
Middle finger	22% converts to	4% hand		
Fourth finger	19% converts to	2% hand		
Fifth finger	22% converts to	2% hand		
Total hand impairment for digits		15% hand =	14%	
Total wrist impairment		=	<u>18%</u>	
Total upper extremity impairment			29% *	17%

\* Using Combined Values Table

The total impairment for the right hand is 15% hand impairment or 14% upper extremity impairment. For his right wrist, he has a 7% impairment for loss of flexion, 5% impairment for loss of extension, 2% impairment for loss of radial deviation, 4% impairment for loss of ulnar deviation, total 18% upper extremity impairment. The 18% upper extremity impairment is combined with the 14% upper extremity impairment for range of motion loss, totaling 29% upper extremity impairment or 17% whole person.

LEFT UPPER EXTREMITY

	DIGIT IMPAIRMENT	HAND IMPAIRMENT	UPPER EXTREMITY	WHOLE PERSON
Left thumb	7% converts to	3% hand		
Index finger	24% converts to	5% hand		
Middle finger	14% converts to	3% hand		
Fourth finger	16% converts to	2% hand		
Fifth finger	30% converts to	3% hand		
Total hand impairment for digits		16% hand	14%	
Radial sensory			<u>3%</u>	
			17% =	10%

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Robert Morgan  
Impairment rating -7-

Extremity	Extremity Impairment Rating	Whole person equivalent
Left upper extremity	17%	10%
Right upper extremity	29%	17%
Total		26% *


\* Using the Combined Values Table

For the left upper extremity, for the median nerve, under radial sensory (Table 14), he has a maximum value of 60% impairment. This is applied to 5% impairment (Table 10), equaling 3% upper extremity impairment. The 3% peripheral nerve impairment is combined with the 15% upper extremity impairment for range of motion loss which is 17% left upper extremity impairment which converts to 10% whole person. The 10% whole person value for the left upper extremity is combined with the 17% whole person value for the right upper extremity to total 26% whole person impairment.

Under the Skin Impairment page 226, Mr. Morgan falls under Class 2 (he has signs and symptoms of skin disorder, he will need intermittent treatment [for skin breakdown or damage to the grafts] and he has limitations in some of the activities of daily living). One may argue that he falls into Class 1 but I would disagree. Because of the extent of the burns, Mr. Morgan is limited with activities involving fine manipulation, grasping and is at risk for injury due to sensory loss and may require treatment that, an otherwise healthy individual, may not require. Therefore, I base his skin impairment in Class 2 for 15% whole person.

#### TREATMENT PLAN:

1. Robert has reached maximum medical improvement for his work injuries. I am discharging him from my care.
2. Permanent work restrictions: Minimal gripping with the right hand.
3. He will require maintenance visits with Dr. Gordon and possibly with Dr. Lindberg if he has any problems with his grafts.
4. I have not scheduled him for reevaluation. He requires no maintenance medications.
5. His final impairment is 26% whole person for extremities and 15% for skin, totaling 37% whole person

  
Elizabeth Bisgard, M.D., M.P.H.  
Level II Accredited  
Board Certified Occupational Medicine

d: 05/15/08

t: 05/15/08

Report to: 8-01v101MPAIRMENTS.MORGAN(faa)

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THE EXTREMITIES, SPINE, AND PELVIS

*Robert Morgan*

Figure #4. Spine Impairment Summary

Impairment	Cervical	Thoracic	Lumbar
1. Due to Specific Disorders (Table 53 or Table 54)			
2. Range of Motion			
3. Neurologic System: Loss of Sensation With or Without Pain Loss of Strength			
4. Other—From Sec. 3.4 p. 101			
5. Regional Impairment Total (Combine impairments in each column using the Combined Values Chart p. 254)			
6. Spine Impairment Total (Combine all regional totals using the Combined Values Chart)			
7. Impairment(s) of other organ systems; for each impairment list condition, page number in Guides, and percentage of impairment.			
a. <del>Left UE</del> <i>Left UE</i>	Impaired System	% Impairment	Guides Page No.
b. <del>Left UE</del> <i>Right UE</i>		10%	> 20
c. <del>Left UE</del>		17%	
d. <i>SKIN</i>		15	
e.			
8. Impairment of Whole Person—use Combined Values Chart to combine spine impairment with the impairment(s) listed in 7 above. If several impairments are listed, combine spine impairment with the larger or largest value, then combine the resulting percentage with any other value(s), until all the listed impairments have been accounted for.			
Total whole person impairment:		<i>37%</i>	

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THE EXTREMITIES, SPINE, AND PELVIS

Upper Extremity Impairment Evaluation Record--Part 2 (Wrist, Elbow & Shoulder)

SIDE: R (X)

Name: Robert Morgan Age: 56 Sex: M Dominant Hand: R Date: 5-18-07

Occupation: Floor Wk Diagnosis: Burn

	Abnormal Motion					Other Disorders	Regional Impairment %	Amputation		
	Record Motion, Ankylosis and Impairment %								List Type & Impairment %	Combine (1) + (2)
Wrist	Flexion	Extension	ANK	IMP%						
	Angle°	70	70						0	
	IMP%	0	0							
		RD	UD	ANK					IMP%	
Elbow	Flexion	Extension	ANK	IMP%						
	Angle°									
	IMP%									
		PRO	SUP	ANK					IMP%	
Shoulder	Flexion	Extension	ANK	IMP%						
	Angle°									
	IMP%									
		ADD	ABD	ANK					IMP%	
	Angle°									
	IMP%									
		INT ROT	EXT ROT	ANK				IMP%		
	Angle°									
IMP%										
Add IMP% F/E + RD/UD =					(1)	IMP% =	(2)			
Add IMP% F/E + PRO/SUP =					(1)	IMP% =	(2)			
Add IMP% F/E + ADD/ABD + I/R/ER =					(1)	IMP% =	(2)			

I. Amputation Impairment (Other Than Digit)	
II. Regional Impairment of Upper Extremity (Combine Hand, Wrist, Elbow, Shoulder)	140%
III. Peripheral Nervous System Impairment	30%
IV. Peripheral Vascular System Impairment	=
V. Other Disorders (Not Included in Regional Impairment)	=

Total Upper Extremity Impairment (Combine I + II + III + IV + V)	170%
Impairment of Whole Person (Use Table 3)	10%

If Both Limbs are Involved: Calculate Whole Person Impairment for Each Upper Extremity on Two Separate Charts and Combine Using Combined Values Chart.

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GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT

Figure 1. Upper Extremity Impairment Evaluation Record—Part 1 (Hand)

Name: Robert Morgan Age: \_\_\_\_\_ Sex:  M  F Dominant Hand:  R  L Date: 5-16-08  
 Occupation: \_\_\_\_\_ Diagnosis: Burn

SIDE:  R  L

Abnormal Motion					Amputation	Sensory Loss	Other Disorders	Hand Impairment %
Record Motion, Ankylosis and Impairment %								
Thumb	IP	Flexion	Extension	ANK	IMP%			
		Angle°	45	+10				
	IMP%	1	0					
	MP	Angle°	45	+0				
		IMP%	1	0				
		Motion		ANK				
		IMP%						
		CMC	Angle°	55				
			IMP%	0				
			CMC	0				
			IMP%	0				
			CMC	5				
			IMP%	5				
Add Impairment % CMC + MP + IP = 7 (1)					IMP% = (2)	IMP% = (3)	IMP% = (4)	Hand Impairment % * Convert above 3

Index	DIP	Flexion	Extension	ANK	IMP%			
		Angle°	60	-7				
	IMP%	3	0					
	PIP	Angle°	95	0				
		IMP%	3	0				
		MIP	Angle°	70				
			IMP%	11				
Combine Impairment % MP + PIP + DIP = 24 (1)					IMP% = (2)	IMP% = (3)	IMP% = (4)	Hand Impairment % * Convert above 5

Middle	DIP	Flexion	Extension	ANK	IMP%			
		Angle°	85	0				
	IMP%	0	0					
	PIP	Angle°	95	0				
		IMP%	3	0				
		MIP	Angle°	70				
			IMP%	11				
Combine Impairment % MP + PIP + DIP = 14 (1)					IMP% = (2)	IMP% = (3)	IMP% = (4)	Hand Impairment % * Convert above 3

Ring	DIP	Flexion	Extension	ANK	IMP%			
		Angle°	70	0				
	IMP%	0	0					
	PIP	Angle°	100	0				
		IMP%	0	0				
		MIP	Angle°	70				
			IMP%	11				
Combine Impairment % MP + PIP + DIP = 11 (1)					IMP% = (2)	IMP% = (3)	IMP% = (4)	Hand Impairment % * Convert above 2

Little	DIP	Flexion	Extension	ANK	IMP%			
		Angle°	60	0				
	IMP%	3	0					
	PIP	Angle°	95	-40				
		IMP%	3	14				
		MIP	Angle°	70	+20			
			IMP%	11	0			
Combine Impairment % MP + PIP + DIP = 30 (1)					IMP% = (2)	IMP% = (3)	IMP% = (4)	Hand Impairment % * Convert above 3

Total Hand Impairment (Add): Hand Impairment % For Thumb + Index + Middle + Ring + Little = 16  
 Upper Extremity Impairment (% Convert Total Hand Impairment % To Upper Extremity Impairment %) = 14

\* Combined Values Chart; \* Use Table 1 (Digits To Hand); \* Use Table 2 (Hand To Upper Extremity)  
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THE EXTREMITIES, SPINE, AND PELVIS

Upper Extremity Impairment Evaluation Record - Part 2 (Wrist, Elbow & Shoulder)

SIDE  R  L

Name Rodriguez Morgan Age 56 Sex  M  F Dominant Hand  R  L Date 5-18-07

Occupation Floor Covering Diagnosis 2/30 degree Burn

	Abnormal Motion					Other Disorders List Type & Impairment %	Regional Impairment % Combine (1) + (2)	Amputation Mark Level & Impairment %	
	Record Motion, Ankylosis and Impairment %								
Wrist	Flexion	Extension	ANK	IMP%			18		
	Angle°	20	35						12
	IMP%	7	5						
	RD	UD	ANK	IMP%					
Elbow	Flexion	Extension	ANK	IMP%					
	Angle°								
	IMP%								
	PRO	SUP	ANK	IMP%					
Shoulder	Flexion	Extension	ANK	IMP%					
	Angle°								
	IMP%								
	ADD	ABD	ANK	IMP%					
Shoulder	INT ROT	EXT ROT	ANK	IMP%					
	Angle°								
	IMP%								
	INT ROT	EXT ROT	ANK	IMP%					
Add IMP% F/E + RD/UD =					18	(1)	IMP% =	(2)	
Add IMP% F/E + PRO/SUP =						(1)	IMP% =	(2)	
Add IMP% F/E + ADD/ABD + INT/EXT ROT =						(1)	IMP% =	(2)	

I. Amputation Impairment (Other Than Digits)	
II. Regional Impairment of Upper Extremity (Combine Hand <u>14</u> % + Wrist <u>15</u> % + Elbow _____ % + Shoulder _____ %)	= 29
III. Peripheral Nervous System Impairment	
IV. Peripheral Vascular System Impairment	
V. Other Disorders (Not Included in Regional Impairment)	

Total Upper Extremity Impairment (Combine I + II + III + IV + V)	29
Impairment of Whole Person (Use Table 3)	17%

If Both Limbs are Involved, Calculate Whole Person Impairment for Each Upper Extremity on Two Separate Charts and Combine Using Combined Values Chart.

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