

Craig Andrew Lange  
[craig@pdratings.com](mailto:craig@pdratings.com)

Impairment & Disability Rating Specialists  
<http://www.pdratings.com/>  
Voice: (415) 861-4040

Luis Pérez-Cordero  
[luis@pdratings.com](mailto:luis@pdratings.com)

Employee: <b>Jacky Burger</b>	Claim #: <b>0123456</b>	SS #: NP
Occupation: Jack in the Box / Cook	Group #: 322	Age: 45
Injury Date: <b>12-31-2018</b>	Birthdate: 12-31-1973	
Injury to: Left Upper Extremity – Shoulder		
Med Rpt: <b>(PQME) Jerry House, MD / 04-30-2021</b>		

Impairment Summary and Review		
Impairment Supported by Exam Findings & AMA Guides, 5th Edition	LC § 4663 Apportionment	Impairment As Reported
(L) Shoulder ROM – 06 UEI (L) Distal Clavicle Resection – 10 UEI (L) Shoulder CVC: 10 C 06 = 15 UEI = 09 WPI + 03% Pain = 12 WPI	No apportionment to pre-existing condition	(L) Shoulder ROM – 06 UEI = 04 WPI + 03% Pain = 07 WPI  (L) Distal Clavicle Resection – <b>Not Reported.</b>

### Rating After Analysis supported by the AMA Guides, Clinical Findings & Medical History

1. PQME provides Left Shoulder with ROM Impairment of 06 UEI = 04 WPI before consideration of the ROM restrictions (and non-industrial Impairment) of the contralateral, uninjured Right Shoulder (in flexion and abduction only), contrary to Section 16.4c, pg. 453 guidelines.
2. PQME fails to consider Distal Clavicle Resection Arthroplasty in the determination of Left Shoulder total Impairment, contrary to Section 16.7b, Table 16-27 guidelines.
  - Per Table 16-27, pg. 506: Distal Clavicle Resection Arthroplasty warrants 10 UEI = 06 WPI.
  - Section 16.7b Arthroplasty Impairment, page 505: *In the presence of **decreased motion**, motion impairment are derived separately (Section 16.4) and **combined with the arthroplasty impairment** (Combined Values Chart, pg. 604).*
  - Distal Clavicle Resection Arthroplasty Impairment is supported by X-Ray finding of Distal Clavicle Resection (pg. 32) and Diagnosis describing Distal Clavicle Resection procedure performed on 06-13-2019 (pg. 36).
  - Rating after analysis for the injured Left Shoulder is based on Distal Clavicle Resection Arthroplasty Impairment of 10 UEI combined with the reported ROM Impairment of 06 UEI equaling 15 UEI = 09 WPI plus reported pain assessment of 03% equaling 12 WPI, in compliance with Sections 16.4i, 16.7b and Table 16-27 guidelines (**Not 07 WPI**).

<b>A. PD Rating After Analysis &amp; Strict Application of the AMA Guides, 5th Edition</b> Total Industrial Disability to be Paid for DOI 12-31-2018 $16.02.02.00 - 12 - [1.4] 17 - 322G - 19 = 20\%$ (L) Shoulder Other + Pain Corrected 20% = 75.5 weeks at \$290.00 maximum weekly rate = \$21,895.00
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- **For Comparison Purposes**, PD Rating of Impairment as reported is provided for Left Shoulder ROM Impairment of 04 WPI plus 03% pain = 07 WPI, without consideration of Arthroplasty Impairment for reported Distal Clavicle Resection, contrary to Section 16.7b and Table 16-27 guidelines.

<b>B. PD Rating of Impairment As Reported by PQME in evaluation dated 04-30-2021</b> $16.02.01.00 - 7 - [1.4] 10 - 322F - 10 = 11\%$ (L) Shoulder ROM + Pain Reported 11% = 34.25 weeks at \$290.00 maximum weekly rate = \$9,932.50
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 Impairment Verification Tables, Charts and Relevant Chapter Guidelines
 

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(L) Shoulder ROM (Section 16.4i) & Arthroplasty (Section 16.7b) (Exam, pg. 14) AMA 5th Edition, pages 474 to 479: <i>ADD ROM Upper Extremity Values</i>			
<u>Flexion / Extension</u> F 16-40, p. 476	<u>Abduction/Adduction</u> F 16-43, p. 477	<u>Rotation</u> F 16-46, pg. 479	ROM UEI
Flexion: 150/170 = 02/01 = 02	Abduction: 110/160 = 03/01 = 03	Internal: 80 = 00	06 UEI
Extension: 45/50 = 0.5 = 01	Adduction: 50 = 00	External: 65 = 00	
Combine ROM & Arthroplasty Upper Extremity Values & Then Convert to a WPI			
Arthroplasty Level T 16-27, p. 506	Combined UE Values	UE To WPI T 16-3, p. 439	+ Excess Pain Factors on ADL
<b>Corrected:</b> Distal Clavicle Resection – 10 UEI	10 C 06 = 15 UEI	15 X .60 = 09 WPI	+ 03% Pain
AMA WPI Impairment for PDRS Adjustments: <del>07 WPI</del> <b>corrected: 12 WPI</b>			
MR pg. 32: 0 X-rays of the left shoulder shows 1 cm <b>distal clavicle resection</b> and anterior acromionectomy consistent with the recently performed arthroscopic decompression and distal clavicle resection.			

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 Permanent Disability Factors of Impairment
 

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## Evaluators' AMA Impairment Analysis

MR pg. 36: Left Shoulder, status post arthroscopic decompression and distal clavicle resection-left on 06/13/2019.

MR pg. 38-39: Left Shoulder: Impairment is determined due to range of motion abnormality. Flexion limited at 150 degrees has 2% upper extremity impairment (UEI), extension at 45 degrees has 1% UEI, abduction at 110 degrees has 3% UEI, adduction at 50 degrees has 0% UEI, internal rotation at 80 degrees has 0% UEI and external rotation at 65 degrees has 0% UEI, as per Figures 16-40 to 16-46 on pages 476 to 479. These values are added yielding 6% UEI or 4% whole person impairment as per Table 16-3 on page 439.

Chronic Pain: The applicant's persistent pain which hampers the performance of some of her activities of daily living such as reaching, lifting, carrying, and repetitive arm movements is also taken into consideration. In accordance to Section 18.3d on page 573, which states that, "If an individual appears to have pain-related impairment that has increased the burden of his or her condition slightly, the examiner may increase the percentage by up to 3%." Therefore, I am assigning 3% WPI for her ongoing pain.

The impairment value obtained in the left shoulder (4%) is added to 3% pain impairment yielding a total 7% whole person impairment.

## ADL / Current Complaints

MR pg. 4: Left Shoulder: The patient complains of intermittent stabbing-pain to the left shoulder with associated swelling and stiffness. She rates the pain as 4/10 on good days and 7/10 on bad days. The pain radiates to her biceps and elbow. She also reports occasional tingling to her biceps and weakness.

## Medical history

MR pg. 32: 07/24/2019 Robert Reisch I MD X-rays of the left shoulder shows 1 cm **distal clavicle resection** and anterior acromionectomy **consistent with the recently performed** arthroscopic decompression and **distal clavicle resection**.

## Causation / Apportionment

MR pg. 38: Apportionment is not indicated as this is 100% industrially related.

**Craig Andrew Lange & Luis Pérez-Cordero**

Certified, AMA Guides Impairment & California Disability Rating Specialists

American College of Disability Medicine & Board of Independent Medical Examiners

**Monday, August 05, 2021**