



December 13, 2022

██████████
██████████
██████████ MD ██████████

RE: ██████████ **Date of Birth:** ██████████
Claim Number: ██████████ **DOI:** 1/8/2021
Anatomical Region: Right Elbow, Right Hand, and Right Wrist
Jurisdiction: MD
Line of Insurance: Workers Compensation
Subject: Independent Medical Evaluation

Dear Dr. ██████████:

Thank you for examining ██████████ for Genex Services on 12/23/22. Attached for your review are all available medical records.

Injured worker (IW) is a 54 year old full time General Labor. IW was lifting boxes when he struck his right elbow on a box truck. Claim was accepted for a contusion to the right elbow.

IW had right CTS surgery on 5-3-21. IW RTW at full duty on 5-17-21. IW was D/C from care on 5-11-21.

Medical:

Surgery was approved and paid. IW sought additional medical treatment. On 1-12-2022 IW stated he was still having pain in his right elbow and needed to have fluid drained. On 1-12-22 insured advised the IW was working full duty, no new injuries, no new incidents, no new WC Claims. No authorization of additional R CTS Surgery was granted. IW's diagnosis was pain in right elbow Osteoarthritis.

OV Atlantic General Health: 3-16-22: Pain in right arm. EMG/ Mild CTS right stated no evidence of cervical radiculopathy or ulnar nerve impingement at the right elbow. MRI right elbow: osteoarthritis.

Current Medical Treatment:

OV Atlantic General Health: 6-14-22. IW continues to complain of pain and numbness and tingling i his right index and thumb and right hand. Repeat EMG by Dr. ██████████ on 8-3-22. chronic moderate R CTS despite past CT release. Consider B complex supplements and wrist bracing.

Claimant's attorney filed a claim amendment to add right hand and right wrist.

In your report, please specifically state that your response and/or findings are made within a reasonable degree of medical certainty. After the examination, please provide a detailed analysis on this patient and answer the following questions in your report. **Please note that all responses should contain an explanation that includes current medical rationale to support your opinions. If a medical rationale is not included, the report will be returned for clarification.**

1. What is the diagnosis as it correlates with your clinical findings?
2. Is the diagnosis solely related to right elbow, or also the right hand and right wrist.
3. Are the current pain complaints related to the original work injury?
4. Is the right hand and right wrist related to the original work injury?
5. If related, would surgery be needed, related, and necessary?

6. Please address if the cubital surgery is related to the original work injury.
7. Is the medical treatment to date related, reasonable, and necessary?
8. Based upon your examination is there objective medical data to substantiate the subjective complaints?
9. If so, please list:
 - Has the claimant reached maximum medical improvement (MMI)?
 - If not, what is the anticipated time frame for him to reach MMI?
 - Has the claimant reached his pre-injury base line status?
 - If he has not reached base line, then what is the reasonable amount of time until he does reach base line?
10. Please provide your recommendations as to what the treatment should be and estimated time it should last.
11. Please comment on any other information that you feel is relevant to this case.

Please list all posed questions in the report and respond to each in a Q&A format

In agreeing to perform this IME/Peer Review, you attest that no Conflict of Interest or patient/doctor relationship exists. Additionally, you have the scope of licensure or certification that typically manages the condition, procedure, treatment, or issue under review and have current, relevant knowledge to render an opinion for the case under review.

We kindly request your report by 12/30/22. Please contact Genex Services at 800-809-5687 if you are unable to submit your report in this timeframe.

For general inquiries please reach out to 800-809-5687 or email IME.VA@genexservices.com. For Billing inquiries please reach out to 800-809-5687 or email VAAP@genexservices.com.

Please note that during the QA process, certain administrative edits may be made to your Word document. Common edits made during the QA process are as follows:

- Changing date of report to reflect date report is delivered to the Client
- Removal of any instructions/guidelines embedded in a report template
- Correcting typos (misspellings, dates, names, gender, grammar, etc.)
- Correcting formatting (spacing, bolding of questions, addition of page #s, moving information from one section to a different more appropriate section, etc.)
- Removal of non-relevant records or demographic information (job description, prior reviews, client case notes where appropriate, etc.)
- Replacing terms with client preferred language (impaired>disabled, claimant/customer>patient, etc.)
- Simplifying DOL frequencies for Sit, Stand, Walk to match Client requirements (i.e., removal of episodic time and total time when only Frequency is requested)
- Corrections to signature line (missing digital signature, state of licensure, license number)
- Reformatting of Addendums/Clarifications per client protocols



No changes made will alter your provided opinions. All inquiries will be returned to you during the corrections phase of QA. The final version of your report will be housed in our system of record and available to you upon request. If you do not authorize these edits, please contact us prior to submission of your report.

Thank you in advance for your report.

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Genex Services, LLC
800-809-5687

Please submit your report and all billing to:
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