

- May 8th- Initial injury- I was drilling out the floor of an RV and was pushing down on the drill and heard a pop in my right elbow and have had pain and numbness ever since this injury. The pain is in my right elbow and on the top of my right forearm and the pain radiates down my arm into my right hand. I also have numbness which began in my right pinky finger and has worsened to include pinky, ring finger and middle finger. I am having trouble doing normal every day functions due to increasing pain and numbness. I chronically drop tools or anything I pick up in my hand due to the numbness.
- May 9th- Appointment was made for me to see the company Dr (phone 825-0590) Diagnosis was lateral epicondylitis (tennis elbow). Treatment plan was to wear an arm brace for tennis elbow, Ibuprofen 800 mg 1 pill three times daily, and apply ice after work. Return appointment to clinic on May 15th and returned to work with no restrictions.
- May 15th- Return appointment to clinic to see company Dr. Diagnosis was lateral epicondylitis and R forearm extensor sprain. Treatment plan was to rest arm, continue Ibuprofen, use heat instead of ice, avoid wrist activities and lifting, and Dr administered a steroid injection and returned me to work with restrictions, no right hand gripping or pinching, and no right wrist extension or flexion. Return appointment to clinic on May 22nd.
- May 22nd- Return appointment to clinic with company Dr. Diagnosis was lateral epicondylitis. Treatment plan was to continue Ibuprofen, rest arm, use arm sling to immobilize arm, continue heat, Dr administered another steroid injection and returned me to work with restrictions, no right hand gripping or pinching, and no right wrist extension or flexion. Return appointment to clinic on May 29th.
- May 29th- Return appointment to clinic with company Dr. Diagnosis was lateral epicondylitis. Treatment plan was to continue using heat and sling at home, and continue Ibuprofen. Returned me to work without restrictions and follow up as needed.
- When returning to work pain and numbness over right forearm was getting worse instead of better, spoke with Dennis Bontrager, Supervisor and an appointment was made with company Dr.
- May 31st- Return appointment to clinic with company Dr. Diagnosis was R forearm pain. Treatment plan was to continue Ibuprofen, heat three times daily, elevate arm and continue to use sling to immobilize arm and to be off work for 10 days. Return appointment to clinic on June 12th.
- June 12th- Return appointment to clinic with company Dr. Diagnosis was R forearm muscle pain. Treatment plan was to continue Ibuprofen, heat three times daily, elevate arm and continue to use sling to immobilize arm. My arm was no better after being off work and resting arm. The Dr continued to keep off work since my employer couldn't accommodate my work restrictions and referred me to OSMC appointment was made June 14th.
- June 14th- Appointment with Dr Erekson at OSMC. Diagnosis was R lateral epicondylitis and R radial tunnel syndrome. Treatment plan was to start occupational therapy, beginning on June 20th. I continued to be off work since they could not accommodate the restrictions. Return appointment to clinic on July 5th.
- June 20th- Began therapy.
- June 25th- Therapy appointment.
- June 27th- Therapy appointment.
- July 2nd- Therapy appointment.

- July 5th- Appointment with Dr Erekson at OSMC. Diagnosis was R lateral epicondylitis and R radial tunnel syndrome. Treatment plan was to refer me to Dr Schramm who specializes in hand and arm problems, appointment was made with Dr Schramm on July 26th.
- July 26th- Appointment with Dr Schramm at OSMC. Diagnosis was R lateral epicondylitis and R radial tunnel syndrome. Dr Schramm obtained an x-ray of my r elbow to make sure there was no fracture or bony abnormality. His treatment plan was to obtain an EMG/ Nerve Conduction study which were scheduled on July 31st with Dr Joan Szyal. Return appointment with Dr Schramm scheduled on Aug 16th.
- July 31st- EMG/ Nerve Conduction Test performed.
- Aug 16th- Returned appointment with Dr Schramm at OSMC. Diagnosis was R lateral epicondylitis and R radial tunnel syndrome. Treatment plan was that surgery needed to be done since all non invasive treatment had been tried and failed. (Splints, slings, anti-inflammatory, ice, heat, injections, and therapy). Dr Schramm stated that there is an 85% chance that I could be back to work without restrictions and be able to do everything I could prior to this injury in approx 3 months. Dr Schramm scheduled surgery for R lateral epicondyle debridement and R radial tunnel release for Aug 29th.
- Aug 29th- Surgery was cancelled by Caseworker from Sentry Insurance (Scott Kosnicki 800-739-3344 ext 3469377), stating that another opinion needed to be obtained. Caseworker scheduled appointment with Dr Clemency at SBO on Sept 6th.
- Sept 6th-Appointment with Dr Clemency at SBO. Diagnosis was R lateral epicondylitis. Dr Clemency never asked me where my pain was or where it hurts and told me what my pain level was; he never asked me how I hurt it or what had been done previously. Dr Clemency said there was nothing wrong with me, but recommended a follow up appointment on Sept 20th.
- Sept 20th- Return appointment with Dr Clemency at SBO. Diagnosis was R lateral epicondylitis. Treatment plan even though he still kept telling me that nothing was wrong he proceeded to fit me with another arm brace which I had already tried and it made the pain worse (I did tell the Dr this and he ignored it and said this brace was different even though it was the same one I had worn before) and he scheduled me for therapy (I did tell the Dr that I had already done therapy with no improvement, again he ignored and said this therapy was different even though it was the same exercises I had done before.) The Dr returned me to work with no restrictions. Return appointment scheduled Nov 1st.
- Sept 27th- Therapy appointment.
- Oct 1st- Therapy appointment.
- Oct 4th- Therapy appointment.
- Oct 8th- Therapy appointment.
- Oct 11th- Therapy appointment.
- Oct 15th- Therapy appointment. Therapy documentation is attached.
- Pain was getting increasingly worse and I made a phone call to Dr Clemency's office stating that the pain was getting worse, my appointment that was made for November 1st was moved up to October 18th.
- Oct 18th- Therapy appointment.
- There is a gap in therapy because the caseworker from Sentry only authorized 4 weeks of therapy, I as well as the therapy department made numerous phone calls to the caseworker which he did not return.

- ❑ Oct 18th - Return appointment with Dr Clemency at SBO. Diagnosis was R lateral epicondylitis. Treatment plan was to continue physical therapy and Dr Clemency gave me a steroid injection into the right elbow area, (I did tell the Dr that I had been given 2 other steroid injections that did not help and again he ignored this and stated those Dr's didn't know what they were doing this injection is different.) Dr Clemency stated that all the pain would be gone in 1 week after giving me the injection.
- ❑ Nov 8th- Caseworker finally returned a call to the therapy department and I resumed therapy that day.
- ❑ Nov 8th- Therapy appointment.
- ❑ Nov 13th- Therapy appointment. Therapy discharged report attached. Therapist wrote on discharge report that patient demonstrates a strong correlation to radial tunnel syndrome. Dr Clemency didn't sign this note until after I was discharged.
- ❑ Nov 14th- MRI of right elbow was done at SBO.
- ❑ Nov 15th- Return appointment with Dr Clemency at SBO. Diagnosis was R lateral epicondylitis and R elbow pain. Treatment plan was that Dr Clemency stated there is nothing he can fix and pain is in the eye of the beholder and to continue his home exercises and return to work and live with the pain.
- ❑ Numerous calls made to the caseworker at Sentry following this appointment to request another Dr to look at MRI or to have another opinion since the pain and numbness were continuing to become worse and I was afraid I would loose use of my right hand. Calls were made to Scott Kosnicki on Nov 15th at 9:13 am, Nov 16th at 1:56 pm, Nov 19th at 1:46 pm, Nov 20th at 8:54 am, Nov 20th at 10:47 am the caseworker finally answered his phone.
- ❑ Nov 20th- Caseworker from Sentry said that their decision is that they are going with Dr Clemency opinion and there is nothing else they can do despite the problem with my arm not being fixed.



MEMORANDUM

Note: If this individual has been placed on a modified duty status by this department, and work of this type is unavailable, and this person is placed on a no work status by his supervisor, it is **MANDATORY** that the Occupational Health Center be notified so that the proper documentation can be made.

EMPLOYEE: Michael Dumas DATE: 5/9/12
TO: Dennis Boudreau Initial Visit Follow-up Visit
FROM: Occupational Health Center EMPLOYER: Jayco, Inc.

WORK STATUS REPORT

STATUS:

- Return to full duty. Date 5-9-12
- Return to modified duty (restrictions below)
Date _____
- Unable to return to work for _____ days
- Physical therapy required
- Return for recheck before or after shift on: Date _____
- Medication prescribed
- X-Ray only
- Referred to: _____

WORK RELATED YES NO

WORK RESTRICTIONS

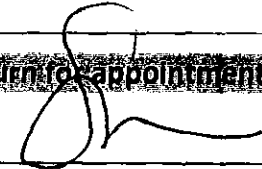
May lift up to _____ pounds. May push/pull up to _____ pounds.

- No driving/operating machinery
- Seated work only
- Reaching/working up to chest/shoulder height only
- No work at heights
- Change position every _____ minutes (sit, stand, lean) to relieve stress on spine
- Elevate injured body part at least _____ minutes out of each hour to relieve weight bearing stress

ACTIVITY LIMITATIONS:	None	Occasionally (up to 33%)	Frequently (34 % to 66%)	Continuously (67% to 100%)
Bend at the waist	_____	_____	_____	_____
Squat	_____	_____	_____	_____
Climb Ladders	_____	_____	_____	_____
Kneel	_____	_____	_____	_____
Use Foot Pedal	_____	_____	_____	_____
Right/Left Hand Pinch	_____	_____	_____	_____
Right/Left Hand Gripping	_____	_____	_____	_____
Wrist Extension/Flexion	_____	_____	_____	_____
Vibrating Tool Use	_____	_____	_____	_____
Prolonged Standing/Walking	_____	_____	_____	_____

Comments follow-up Tuesday 5/15 at 8:15
wear support

Re-evaluation of duty status will occur on the date of recheck. Failure to return to appointment will result in notification of the management.


Occupational Health Center Representative

Emp ID#: 806628

INSTRUCTIONS TO PATIENT

Date: 5/9/12

Name: Michal Neuman

FOLLOW THE INSTRUCTIONS CIRCLED OR CHECKED BELOW.

LACERATIONS, ABRASIONS OR BURNS

- Wash daily with soap & water or peroxide-o.k. to wash stitches.
- Keep area clean, dry and covered/uncovered until _____
- Change dressing on _____ then apply _____ times a day.
- a. if area becomes red, swollen, hot or drainage occurs, call or return here.
- b. if bleeding occurs or swelling increases, return to the Medical Department.
- Tetanus/Diphtheria Toxoid given - good for 5 to 10 years.

SPRAINS AND BRUISES

- Keep the injured part elevated for _____ day(s).
- Ice packs on and off 20 min. of each hour while awake.
- Ace wrap for support for _____ days. Re-apply if it is loose or if extremity below the bandage becomes painful, blue, numb or swollen.
- Use splint for _____
- Use crutches for _____ days. No weight bearing for _____ days.
- Rest on hard mattress for _____ day(s). Change position for comfort.
- Apply warm compresses to affected area for _____ min. _____ times daily starting _____ until symptom free.
- Wear cervical collar for _____ days.
- No heavy weight lifting for _____ days.
- Deep breathe & cough every _____ hours.
- Use sling for _____ days.

HEAD INJURY INSTRUCTIONS

Persons who receive blows to the head may have injuries that cannot always be seen by X-ray or examination soon after accident. For the next 24 hours it is important that these instructions be followed:

- Awaken the patient every two hours, even at night, to be sure he knows where he is and is not confused.
- Check eyes to see that both pupils are of equal size.
- Prevent the taking of sleeping pills, tranquilizers or alcohol.
- Restrict excessive work or play.

Call your local hospital immediately if the patient:

- Develops a severe headache
- Vomits more than twice within a short time.
- Is confused, faints or is hard to awaken.
- Has a pupil of one eye larger than the other.
- Complains of double vision.
- Show abnormal behavior such as staggering or walking into things.

You should not be alone for the first 24 hours.

EYE INSTRUCTIONS

- Put _____ drops in _____ eye every _____ hours per day.
- Remove eye patch after _____ hours.
- If severe pain, redness or blurred vision develops, go to Emergency Department or return to clinic.
- Avoid bright lights, T.V. & prolonged reading for 48 hours.

EAR, NOSE, MOUTH INSTRUCTIONS

- Cool compresses/ice bags to affected area.
- Do not blow your nose. No bending or straining.
- If bleeding occurs through nose/nasal packing or in throat, go to Emergency Department.
- Rinse mouth with water or mouth wash _____ times a day and after meals and at bed time.
- Use vaporizer or cool mist humidifier at bedside.
- Nothing too hot or too cold to eat or drink for _____ days.

SIGNATURES:

[Signature]

THE INTERPRETATION OF YOUR X-RAY IS ONLY A PRELIMINARY REPORT. THE RADIOLOGIST WILL REVIEW THE FILMS. IF THERE IS A CHANGE IN THE DIAGNOSIS WE WILL INFORM YOU.

I HEREBY ACKNOWLEDGE RECEIPT OF THESE INSTRUCTIONS AND UNDERSTAND THEM.

SIGNATURE:

[Signature]
Patient or Responsible Person

MEDICAL INSTRUCTIONS

- Off work/school: From _____ to _____
- No gym/sport for _____ days.
- Return to work on _____
 - Light duty for _____
 - Regular duty
- Take _____ mg. of Tylenol every _____ hours for fever or pain. May also take Ibuprofen _____ mg. per 6 hours.
- Take the following medicines:
 - a. Your regular medicines except _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
- Have prescriptions filled.
- Do not drive or operate any machinery while taking _____
- DIET (a.) Take only clear liquids by mouth (e.g. flat soda, weak tea, jello, pedialyte or clear soup) until better. Then slowly return to normal diet. (b.) Avoid _____
- Drink plenty of liquids.
- If child has fever higher than 103°F place in tub of lukewarm water and sponge for 30 minutes. Repeat as indicated. Do not use ice packs or alcohol baths.
- Cast care instructions given by _____
- Follow up care
 - a. Return to the Medical Department on _____ for _____
 - b. See Dr. _____
 - c. Recheck
 - d. Suture Removal
 - e. Call your doctor for appointment in _____ days. Be sure to take your medications with you to your doctor.
 - f. Return to Medical Department if _____
- Your blood pressure was _____. Please get it rechecked by your family doctor.
- OTHER INSTRUCTIONS
 - () Pick up your X-rays from the X-ray Dept. before going to doctor's office
 - () Test reports/Medical Department record given to patient.
 - () You will be called if your tests show any change in diagnosis.
 - () We have done a _____ culture. Results should be available in _____ days.
- If you have any questions contact the Medical Dept. at 825-0590

Ibuprofen 800mg 1 pill
3x/day

ice after work

follow-up 5/15 at 8:15 am

lateral epicondylitis

Recheck

NAME: NEIMAN, MICHEAL J	SSN 589-12-1027 806626	DATE/TIME 05/15/12 08:10am
EMPLOYER Jayco Inc.	OCCUPATION RV piecerate	STAFF (computer entry) Neelam Patel MD

Recheck for: Lateral Epicondylitis From: 05/08/12 Work Related: y

VITAL SIGNS

TEMP. 98.1

PULSE 98

RESP. 16

B/P 110/84

V/A R20/ CORRECTED
L20/ UNCORRECTED

(RT) Elbow & forearm pain
getting more worse dropping
things. taking NSAIDS. no swelling

U - USS

- V.E. - Moderate pain on palp at (RT) Lateral epi
- forced supination & extension is tender
mild weakness

Alr - (RT) Lat. epicondylitis
(RT) forearm extensors sprain

- Rest. NSAIDs, Heat. Avoid wrist activities
& lifting

- Prolotherapy inj given

Xylo 1 + 2cc
SD + Dextro 1cc
0.9% NS 1cc

ASSESSMENT/DIAGNOSIS	WORK RELATED
1. (RT) Lat epicondylitis	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Forearm Extensors Sprain	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISCHARGE PLAN FOR PATIENT

as above

worn restraints for

FLU 1 WK

IV/IM MEDICATION ORDERS	TIME	SITE	STAFF

INSTRUCTION SHEETS:

LACERATION EYE BACK PAIN

HEAD TRAUMA SPRAIN/CONT OTHER

WORK STATUS:

RETURN TO WORK NO WORK TODAY ONLY

NO WORK _____ DAYS REFERRED OFF SITE

MODIFIED DUTY _____ DAYS

STAFF SIGNATURE

T In Room _____
I Seen _____
M Release _____
E _____

usa



MEMORANDUM

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EMPLOYEE: Michael Neuma
TO: Dennis Bottray
FROM: Occupational Health Center

DATE: 5/15/12
 Initial Visit Follow-up Visit
EMPLOYER: Jayco, Inc.

WORK STATUS REPORT

STATUS:

- Return to full duty. Date _____
- Return to modified duty (restrictions below)
Date 5/15/12
- Unable to return to work for _____ days

- Physical therapy required
- Return for recheck before or after shift on: Date _____
- Medication prescribed
- X-Ray only
- Referred to: _____

WORK RELATED YES NO

WORK RESTRICTIONS

May lift up to _____ pounds. May push/pull up to _____ pounds.

- No driving/operating machinery
- Reaching/working up to chest/shoulder height only
- Change position every _____ minutes (sit, stand, lean) to relieve stress on spine
- Elevate injured body part at least _____ minutes out of each hour to relieve weight bearing stress
- Seated work only
- No work at heights

ACTIVITY LIMITATIONS:

None

Occasionally
(up to 33%)

Frequently
(34 % to 66%)

Continuously
(67% to 100%)

Bend at the waist	_____	_____	_____	_____
Squat	_____	_____	_____	_____
Climb Ladders	_____	_____	_____	_____
Kneel	_____	_____	_____	_____
Use Foot Pedal	_____	_____	_____	_____
Right/Left Hand Pinch	✓	_____	_____	_____
Right/Left Hand Gripping	✓	_____	_____	_____
Wrist Extension/Flexion	✓	_____	_____	_____
Vibrating Tool Use	_____	_____	_____	_____
Prolonged Standing/Walking	_____	_____	_____	_____

Comments Flu in work, Heat, Rest, NSAIDS
Since May 22, @ 8:15 AM

Re-evaluation of duty status will occur on the date of recheck. Failure to return for appointment will result in notification of the management.

Occupational Health Center Representative

Recheck

NAME: NEIMAN, MICHEAL J	SSN 589-12-1027	DATE/TIME 05/22/12 08:08am
EMPLOYER Jayco Inc.	OCCUPATION RV piecerate	STAFF (computer entry) Neelam Patel MD

Recheck for: Lateral Epicondylitis From: 05/08/12 Work Related: y

Flu (R) Elbow Pain

Pain is about same. still feels
Some pain & weakness on (R) elbow
no twitches no tingling or numbness

VITAL SIGNS	
TEMP.	97.8
PULSE	85
RESP.	16
B/P	122/76
VIA R20/	<input type="checkbox"/> CORRECTED
L20/	<input type="checkbox"/> UNCORRECTED

Q - vs

ac a ovs mild tender

Elbow - tender to palp on lateral epicondyle.
no swelling. Extension motion on mild tender
mild weakness

Al - (R) lat. epicondylitis.

- no improvement. mild weakness

- D/W pt options including inj pros & cons.

- kenalog 1 ml + 74/0 2 f. + an1 - given in sterile fashion. tolerated well. instructions given

ASSESSMENT/DIAGNOSIS	WORK RELATED	DISCHARGE PLAN FOR PATIENT
1. <u>(R)</u> lat epicondylitis	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Contin NSAIDS
2. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	- Rest arm Avoid rotation, lifting on <u>(R)</u>
3. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	heat restricted work <u>(R)</u>

IV/IM MEDICATION ORDERS	TIME	SITE	STAFF	INSTRUCTION SHEETS:
_____	_____	_____	_____	<input type="checkbox"/> LACERATION <input type="checkbox"/> EYE <input type="checkbox"/> BACK PAIN
_____	_____	_____	_____	<input type="checkbox"/> HEAD TRAUMA <input type="checkbox"/> SPRAIN/CONT <input type="checkbox"/> OTHER _____

WORK STATUS:

RETURN TO WORK NO WORK TODAY ONLY

NO WORK _____ DAYS REFERRED OFF SITE

MODIFIED DUTY 7 DAYS

STAFF SIGNATURE

T In Room _____

I Seen _____

M Release _____

E _____



MEMORANDUM

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EMPLOYEE: Michael Neenan
TO: Anna Bontemps
FROM: Occupational Health Center

DATE: 5/22/12
 Initial Visit Follow-up Visit
EMPLOYER: Jayco, Inc.

WORK STATUS REPORT

STATUS:

- Return to full duty. Date _____
- Return to modified duty (restrictions below)
Date 5/22/12
- Unable to return to work for _____ days

- Physical therapy required
- Return for recheck before or after shift on: Date _____
- Medication prescribed
- X-Ray only
- Referred to: _____

WORK RELATED YES NO

WORK RESTRICTIONS

May lift up to _____ pounds. May push/pull up to _____ pounds.

- No driving/operating machinery
- Reaching/working up to chest/shoulder height only
- Change position every _____ minutes (sit, stand, lean) to relieve stress on spine
- Elevate injured body part at least _____ minutes out of each hour to relieve weight bearing stress
- Seated work only
- No work at heights

ACTIVITY LIMITATIONS:	None	Occasionally (up to 33%)	Frequently (34 % to 66%)	Continuously (67% to 100%)
Bend at the waist	_____	_____	_____	_____
Squat	_____	_____	_____	_____
Climb Ladders	_____	_____	_____	_____
Kneel	_____	_____	_____	_____
Use Foot Pedal	_____	_____	_____	_____
Right/Left Hand Pinch	_____ ✓	_____	_____	_____
Right/Left Hand Gripping	_____ ✓	_____	_____	_____
Wrist Extension/Flexion	_____ ✓	_____	_____	_____
Vibrating Tool Use	_____ ✓	_____	_____	_____
Prolonged Standing/Walking	_____	_____	_____	_____

Comments neck - Rest. sling. Flv Lwk.
Ins. May 29, 2012 @ 8:15 Am

Re-evaluation of duty status will occur on the date of recheck. Failure to return for appointment will result in notification of the management.

Occupational Health Center Representative

Recheck

NAME: NEIMAN, MICHEAL J	SSN 589-12-1027	806628	DATE/TIME 05/29/12 08:10am
EMPLOYER Jayco Inc.	OCCUPATION RV piecerate		STAFF (computer entry) Neelam Patel MD

Recheck for: Lateral Epicondylitis From: 05/08/12 Work Related: y

VITAL SIGNS

TEMP. 97.8

PULSE 65

RESP. 16

B/P 120, 74

VIA R20/ CORRECTED
L20/ UNCORRECTED

Elbow

Elbow about 50% better overall -
forearm still the same -
Using arm as little as possible -
feels a catch when putting on shoes & sock.

feels lot better. Some forearm muscles soreness
no more weakness & tremors. no hanging or numbness

Wrist

Fore - RT UE - mild tenderness on forearm extensors.
normal strength & power. no tremors

Very little tenderness on lateral epicondyle.

RT Lateral epicondylitis.

improved lot - doing better
OK to start normal work.

ASSESSMENT/DIAGNOSIS	WORK RELATED
1. <u>RT lat epicondylitis</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISCHARGE PLAN FOR PATIENT

in best sling at home

NCA/DS Disent at hs

call if not better

IV/IM MEDICATION ORDERS	TIME	SITE	STAFF

INSTRUCTION SHEETS:

LACERATION EYE BACK PAIN

HEAD TRAUMA SPRAIN/CONT OTHER

WORK STATUS:

RETURN TO WORK NO WORK TODAY ONLY

NO WORK _____ DAYS REFERRED OFF SITE

MODIFIED DUTY _____ DAYS

[Signature]

STAFF SIGNATURE

T In Room _____
I Seen _____
M Release _____
E _____

[Signature]



MEMORANDUM

Note: If this individual has been placed on a modified duty status by this department, and work of this type is unavailable, and this person is placed on a no work status by his supervisor, it is **MANDATORY** that the Occupational Health Center be notified so that the proper documentation can be made.

EMPLOYEE: Michael Neenan DATE: 5/29/12
TO: Debbie Bratton Initial Visit Follow-up Visit
FROM: Occupational Health Center EMPLOYER: Jayco, Inc.

WORK STATUS REPORT

STATUS:
 Return to full duty. Date 5/29/12 Physical therapy required
 Return to modified duty (restrictions below) Return for recheck before or after shift on: Date _____
Date _____ Medication prescribed
 Unable to return to work for _____ days X-Ray only
 Referred to: _____

WORK RELATED YES NO

WORK RESTRICTIONS

May lift up to _____ pounds. May push/pull up to _____ pounds.

- No driving/operating machinery Seated work only
- Reaching/working up to chest/shoulder height only No work at heights
- Change position every _____ minutes (sit, stand, lean) to relieve stress on spine
- Elevate injured body part at least _____ minutes out of each hour to relieve weight bearing stress

ACTIVITY LIMITATIONS:	None	Occasionally (up to 33%)	Frequently (34 % to 66%)	Continuously (67% to 100%)
Bend at the waist	_____	_____	_____	_____
Squat	_____	_____	_____	_____
Climb Ladders	_____	_____	_____	_____
Kneel	_____	_____	_____	_____
Use Foot Pedal	_____	_____	_____	_____
Right/Left Hand Pinch	_____	_____	_____	_____
Right/Left Hand Gripping	_____	_____	_____	_____
Wrist Extension/Flexion	_____	_____	_____	_____
Vibrating Tool Use	_____	_____	_____	_____
Prolonged Standing/Walking	_____	_____	_____	_____

Comments heat NSAIDs flexion at night
follow up PRN

Re-evaluation of duty status will occur on the date of recheck. Failure to return for appointment will result in notification of the management.

Occupational Health Center Representative

Recheck

NAME: NEIMAN, MICHEAL J	SSN 589-12-1027	806628	DATE/TIME 05/31/12 11:20am
EMPLOYER Jayco Inc.	OCCUPATION RV piecerate		STAFF (computer entry) Neelam Patel MD

Recheck for: (R) Lateral Epicondylitis From: 05/08/12 Work Related: y

VITAL SIGNS

TEMP. 98.0

PULSE 87

RESP. 16

B/P 132/76

VIA R20/ CORRECTED
L20/ UNCORRECTED

feeling pain in (R) elbow + gets worse to touch - Also feeling pain in thorax.

Most of (Rt) lateral epicondyle pain

is resolved. still has lots of pain on

(Rt) forearm extensors muscle. feels snapping

no weakness. no tingling or numbness

0 - vs 1

exam - no edema
no erythema

all lateral epicondylitis tests are neg

Tender to palp on forearm extensors muscle


(Rt) forearm pain - suboptimal control

(Rt) lateral epicondylitis - resolved

- Rest, use sling daily. heat - NSAID

ASSESSMENT/DIAGNOSIS	WORK RELATED	DISCHARGE PLAN FOR PATIENT
1. <u>(Rt) forearm pain</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO	will need ortho referral if not better
2. <u>(Rt) lat epi - resolved</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Discontinue all activities to avoid
3. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Call if worse - Flv in 10 days

IV/IM MEDICATION ORDERS	TIME	SITE	STAFF	INSTRUCTION SHEETS:
				<input type="checkbox"/> LACERATION <input type="checkbox"/> EYE <input type="checkbox"/> BACK PAIN
				<input type="checkbox"/> HEAD TRAUMA <input checked="" type="checkbox"/> SPRAIN/CONT <input type="checkbox"/> OTHER

WORK STATUS:	STAFF SIGNATURE	T In Room _____
<input type="checkbox"/> RETURN TO WORK <input type="checkbox"/> NO WORK TODAY ONLY		I Seen _____
<input type="checkbox"/> NO WORK _____ DAYS <input type="checkbox"/> REFERRED OFF SITE		M Release _____
<input type="checkbox"/> MODIFIED DUTY _____ DAYS		E _____



MEMORANDUM

Note: If this individual has been placed on a modified duty status by this department, and work of this type is unavailable, and this person is placed on a no work status by his supervisor, it is **MANDATORY** that the Occupational Health Center be notified so that the proper documentation can be made.

EMPLOYEE: Michael Neuma

DATE: 5/31/12

TO: Dennis Bortray

Initial Visit Follow-up Visit

FROM: Occupational Health Center

EMPLOYER: Jayco, Inc.

WORK STATUS REPORT

STATUS:

Return to full duty. Date _____

Physical therapy required

Return to modified duty (restrictions below)
Date _____

Return for recheck before or after shift on: Date _____

Unable to return to work for 10 days

Medication prescribed

X-Ray only

Referred to: _____

WORK RELATED YES NO

WORK RESTRICTIONS

May lift up to _____ pounds.

May push/pull up to _____ pounds.

No driving/operating machinery

Seated work only

Reaching/working up to chest/shoulder height only

No work at heights

Change position every _____ minutes (sit, stand, lean) to relieve stress on spine

Elevate injured body part at least _____ minutes out of each hour to relieve weight bearing stress

ACTIVITY LIMITATIONS:

None

Occasionally
(up to 33%)

Frequently
(34 % to 66%)

Continuously
(67% to 100%)

Bend at the waist	_____	_____	_____	_____
Squat	_____	_____	_____	_____
Climb Ladders	_____	_____	_____	_____
Kneel	_____	_____	_____	_____
Use Foot Pedal	_____	_____	_____	_____
Right/Left Hand Pinch	<input checked="" type="checkbox"/>	_____	_____	_____
Right/Left Hand Gripping	<input checked="" type="checkbox"/>	_____	_____	_____
Wrist Extension/Flexion	<input checked="" type="checkbox"/>	_____	_____	_____
Vibrating Tool Use	<input checked="" type="checkbox"/>	_____	_____	_____
Prolonged Standing/Walking	_____	_____	_____	_____

Comments Heat 3 times/day, Elevate, Slings, NSAIDS with food
Flu in 10 days June 12, 2012 8:30 am

Re-evaluation of duty status will occur on the date of recheck. Failure to return for appointment will result in notification of the management.

Occupational Health Center Representative

Recheck

NAME: NEIMAN, MICHEAL J	SSN 589-12-1027	806628
DATE/TIME 06/12/12 07:54am	EMPLOYER Jayco Inc.	OCCUPATION RV piecerate
STAFF (computer entry) Neelam Patel MD		

Recheck for: Lateral Epicondylitis From: 05/08/12 Work Related: y

pt was off work for 10 days. used
celexa & NSAIDs with very little improvement

Most of lateral epi pain is resolved

pt still has pain with mild palp on lt forearm
muscles group. no weakness. no numbness.
Feels mild tingling of web of thumb finger started for day

Q - vss

Exam - no edem / swelling of elbow

- minimal tenderness of rt lat. epicondyle.

- more uncomfortable to lt forearm lateral group of
muscles - feels catching.

- no muscle weakness. normal reflex

injection resolved epicondylitis pain completely.

alp

pt rested for 10 days with NSAIDs & sling

as well as elevation with no improvement

VITAL SIGNS	
TEMP.	97.5
PULSE	75
RESP.	16
B/P	112/76
VIA R20/	<input type="checkbox"/> CORRECTED
L20/	<input type="checkbox"/> UNCORRECTED

ASSESSMENT/DIAGNOSIS	WORK RELATED
1. <u>lt</u> forearm muscles	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Pain	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. <u>lt</u> lat epi. improved	<input type="checkbox"/> YES <input type="checkbox"/> NO

IV/IM MEDICATION ORDERS	TIME	SITE	STAFF

WORK STATUS:

RETURN TO WORK NO WORK TODAY ONLY

NO WORK _____ DAYS REFERRED OFF SITE

MODIFIED DUTY _____ DAYS


DISCHARGE PLAN FOR PATIENT

Need Ortho referral. Dr. Eriksson
for further eval.
Rest, elevate NSAIDs heat.

INSTRUCTION SHEETS:

LACERATION EYE BACK PAIN

HEAD TRAUMA SPRAIN/CONT OTHER


 STAFF SIGNATURE

T In Room _____
 I Seen _____
 M Release _____
 E _____

OSMC Referral.
 Mrs. June 14, 2012
 @10:15



MEMORANDUM

Note: If this individual has been placed on a modified duty status by this department, and work of this type is unavailable, and this person is placed on a no work status by his supervisor, it is **MANDATORY** that the Occupational Health Center be notified so that the proper documentation can be made.

EMPLOYEE: Michael Nurner DATE: 6/12/12
TO: Jays Initial Visit Follow-up Visit
FROM: Occupational Health Center EMPLOYER: Jayco, Inc.

WORK STATUS REPORT

- STATUS: None
- Return to full duty. Date _____
 - Return to modified duty (restrictions below)
Date _____
 - Unable to return to work for _____ days
 - Physical therapy required
 - Return for recheck before or after shift on: Date _____
 - Medication prescribed
 - X-Ray only
 - Referred to: _____

WORK RELATED YES NO

WORK RESTRICTIONS

- May lift up to _____ pounds. May push/pull up to _____ pounds.
- No driving/operating machinery
 - Seated work only
 - Reaching/working up to chest/shoulder height only
 - No work at heights
 - Change position every _____ minutes (sit, stand, lean) to relieve stress on spine
 - Elevate injured body part at least _____ minutes out of each hour to relieve weight bearing stress

ACTIVITY LIMITATIONS:	None	Occasionally (up to 33%)	Frequently (34 % to 66%)	Continuously (67% to 100%)
Bend at the waist	_____	_____	_____	_____
Squat	_____	_____	_____	_____
Climb Ladders	_____	_____	_____	_____
Kneel	_____	_____	_____	_____
Use Foot Pedal	_____	_____	_____	_____
Right/Left Hand Pinch	_____ ✓	_____	_____	_____
Right/Left Hand Gripping	_____ ✓	_____	_____	_____
Wrist Extension/Flexion	_____ ✓	_____	_____	_____
Vibrating Tool Use	_____ ✓	_____	_____	_____
Prolonged Standing/Walking	_____	_____	_____	_____

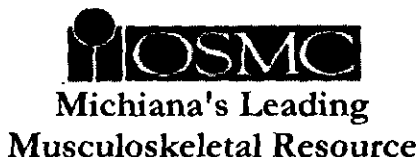
Comments Appt @ OSMC Thurs. June 14, 2012 @ 10:15
with Dr. Jackson

Re-evaluation of duty status will occur on the date of recheck. Failure to return for appointment will result in notification of the management.

A. Patel MD (BPH)
Occupational Health Center Representative

OSMC Elkhart
2310 California Road
Elkhart, Indiana 46514
Phone: 574-264-0791 ~
Toll Free: 1-800-398-2058
Fax: 574-262-5183

OSMC Goshen
1615 Winsted Drive
Goshen, IN 46526
Phone: 574-533-0300



OSMC Middlebury
54938 SR 13
Middlebury, IN 46540
Phone: 574-825-8685

OSMC Nappanee
3000 North Main Street
Nappanee, IN 46550
Phone: 574-773-2499

Status / Progress Report of Illness / Injury for Worker's Compensation

Employee Name: Michael J Neiman Date of Birth: 03/18/1972

Employer: Jayco

Employer Phone: Employer Fax:

Date: 06/14/2012

Visit Type: initial visit Office Location: OSMC Middlebury

This work status includes information regarding: right Forearm; ; ; ;

Diagnosis:

<u>Side</u>	<u>Cc</u>	<u>Dx Code</u>	<u>Dx</u>	<u>Dx Ext</u>
right	Forearm		lateral epicondylitis/radial tunnel syndrome	

Previous Treatment: cortisone injection / sling

Work Status:

Return to work immediately (with transitional duties)

Transitional Duties are as Follows:

for Upper Extremity: No Firm Gripping with Affected Extremity / No Vibratory Tools

If no job is available with the above stated duties, consider "off work."

Based on the available information this is a work related injury: Yes

Determination of Maximum Medical Improvement (MMI) can be expected: 1-3 months

Anticipated Treatment Plan:

Recommend Occupational Therapy.

Need for surgery is undetermined at this time

Orders from today's visit:

Occupational Therapy:

Occupational Therapy Ordered for:

<u>Cc</u>	<u>Side</u>	<u>Dx Code</u>	<u>Dx</u>
Forearm	right		lateral epicondylitis/radial tunnel syndrome

EVALUATE AND TREAT AS INDICATED

Physician states patient is to return to clinic: ; 3 to 4 weeks

Return to clinic on:

Appt. #1 07/05/2012 2:55pm in the Middlebury office

Electronically Approved by: **CRAIG EREKSON M.D.** on 06/14/2012 at 10:56 AM

Mon/Wed.

June 20, @ 1:30
Lisa Stearn.

JUNE 20

1:30

TALK TO SCOTT CHECK ON ME

OSMC Elkhart
2310 California Road
Elkhart, Indiana 46514
Phone: 574-264-0791 ~
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Fax: 574-262-5183

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1615 Winsted Drive
Goshen, IN 46526
Phone: 574-533-0300



OSMC Middlebury
54938 SR 13
Middlebury, IN 46540
Phone: 574-825-8685

OSMC Nappanee
3000 North Main Street
Nappanee, IN 46550
Phone: 574-773-2499

Status / Progress Report of Illness / Injury for Worker's Compensation

Employee Name: Michael J Neiman **Date of Birth:** 03/18/1972
Employer: Jayco
Employer Phone: (574)825-0590 **Employer Fax:** (574)825-0603

Date: 07/05/2012

Visit Type: followup **Office Location:** OSMC Middlebury

This work status includes information regarding: right Forearm; ; ;

Diagnosis:

Side	Cc	Dx Code	Dx	Dx Ext
right	Forearm		lateral epicondylitis/radial tunnel syndrome	

Work Status:

Return to work immediately (with transitional duties)

Transitional duties effective until next office visit

Transitional Duties are as Follows:

for Upper Extremity: No Firm Gripping with Affected Extremity / No Vibratory Tools

If no job is available with the above stated duties, consider "off work."

Based on the available information this is a work related injury: Yes

Determination of Maximum Medical Improvement (MMI) can be expected: 1-3 months

Anticipated Treatment Plan:

Continue Occupational Therapy.

Need for surgery is undetermined at this time

Physician states patient is to return to clinic: ; next available

Electronically Approved by: CRAIG EREKSON M.D. on 07/05/2012 at 3:23 PM

2 Tue 12/15

OSMC Elkhart
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Goshen, IN 46526
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54938 SR 13
Middlebury, IN 46540
Phone: 574-825-8685

OSMC Nappanee
3000 North Main Street
Nappanee, IN 46550
Phone: 574-773-2499

Status / Progress Report of Illness / Injury for Worker's Compensation

Employee Name: Michael J Neiman **Date of Birth:** 03/18/1972
Employer: Jayco
Employer Phone: (574)825-0590 **Employer Fax:** (574)825-0603

Date: 07/26/2012
Visit Type: initial visit **Office Location:** OSMC Middlebury

This work status includes information regarding: right Forearm; ; ;

Diagnosis:

<u>Side</u>	<u>Cc</u>	<u>Dx Code</u>	<u>Dx</u>	<u>Dx Ext</u>
right	Forearm		lateral epicondylitis/radial tunnel syndrome	

Previous Treatment: / cortisone injection / physical therapy / brace

Work Status:

Return to work immediately (with transitional duties)
Transitional duties effective until next office visit

Transitional Duties are as Follows:

for Upper Extremity: No Firm Gripping with Affected Extremity / No Vibratory Tools

Other Appropriate duties / Comments: will get EMG re: radial tunnel/cubital tunnel, then consider debridement lateral epicondylar region and radial tunnel release.

If no job is available with the above stated duties, consider "off work."

Based on the available information this is a work related injury: Yes

Determination of Maximum Medical Improvement (MMI) can be expected: 3 months

Anticipated Treatment Plan:

Continue Occupational Therapy.

Discontinue: hold therapy

Need for surgery is undetermined at this time

Orders from today's visit:

EMG Order:

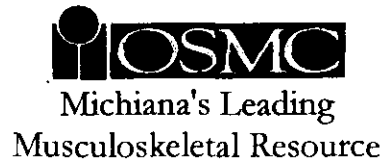
Physician: **Dr. Joan Szynal**
Treatment Plan Requested:
EMG: upper extremity, right side:

Physician states patient is to return to clinic: ; after EMG

Electronically Approved by: JOHN MARK SCHRAMM MD on 07/26/2012 at 9:33 AM

OSMC Elkhart
2310 California Road
Elkhart, Indiana 46514
Phone: 574-264-0791 ~
Toll Free: 1-800-398-2058
Fax: 574-262-5183

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1615 Winsted Drive
Goshen, IN 46526
Phone: 574-533-0300



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54938 SR 13
Middlebury, IN 46540
Phone: 574-825-8685

OSMC Nappanee
3000 North Main Street
Nappanee, IN 46550
Phone: 574-773-2499

XRAY RESULTS

PATIENT: Michael J Neiman

DATE OF BIRTH: 03/18/1972

AGE: 40 Years

GENDER: Male

OFFICE VISIT DATE: July 26, 2012

REFERRING PHYSICIAN: CRAIG EREKSON, M.D.

ORDERING PHYSICIAN: JOHN MARK SCHRAMM MD

CHIEF COMPLAINT(S): right Forearm pain;

DIAGNOSIS

<u>Side</u>	<u>Cc</u>	<u>Dx Code</u>	<u>Dx</u>	<u>Dx Ext</u>
right	Forearm		lateral epicondylitis/radial tunnel syndrome	

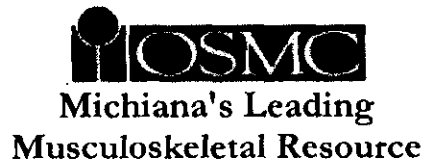
XRAY RESULTS

Elbow 2 VW -Right AP, Lateral

Normal x-ray with no bony or soft tissue abnormality.

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Phone: 574-825-8685

OSMC Nappanee
3000 North Main Street
Nappanee, IN 46550
Phone: 574-773-2499

Status / Progress Report of Illness / Injury for Worker's Compensation

Employee Name: Michael J Neiman **Date of Birth:** 03/18/1972
Employer: Jayco
Employer Phone: (574)825-0590 **Employer Fax:** (574)825-0603

Date: 08/16/2012
Visit Type: followup **Office Location:** OSMC Middlebury

This work status includes information regarding: right Forearm

Diagnosis:

<u>Side</u>	<u>Cc</u>	<u>Dx Code</u>	<u>Dx</u>	<u>Dx Ext</u>
right	Forearm		lateral epicondylitis/radial tunnel syndrome	

Work Status:

Return to work immediately (with transitional duties)

Transitional Duties are as Follows:

for Upper Extremity: No Firm Gripping with Affected Extremity / No Vibratory Tools

Other Appropriate duties / Comments: EMG and exam consistent with lateral epicondylitis and radial tunnel - will need surgery to fix tendonitis and nerve entrapment

If no job is available with the above stated duties, consider "off work."

Based on the available information this is a work related injury: Yes

Determination of Maximum Medical Improvement (MMI) can be expected: 3 months

Anticipated Treatment Plan:

Continue Occupational Therapy.

Need for surgery is undetermined at this time

Procedure(s) Scheduled:

right - lateral epicondyle debridement Elbow /

right - radial tunnel release - 64722 Elbow /

Date of Surgery: at: OSMC - ASC

by: JOHN MARK SCHRAMM MD

Orders from today's visit:

Occupational Therapy:

Occupational Therapy Ordered for:

<u>Cc</u>	<u>Side</u>	<u>Dx Code</u>	<u>Dx</u>
Forearm	right		lateral epicondylitis/radial tunnel syndrome

EVALUATE AND TREAT AS INDICATED

Post-op Therapy to Start: 2 weeks post-op

Static: Static Elbow Splint at 45 degrees.

Physician states patient is to return to clinic: ; 10-14 days post op

Electronically Approved by: JOHN MARK SCHRAMM MD on 08/16/2012 at 9:54 AM

OSMC Elkhart
2310 California Road
Elkhart, Indiana 46514
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3000 North Main Street
Nappanee, IN 46550
Phone: 574-773-2499

POST-OP WORK STATUS INFORMATION

Patient Name: **Michael J Neiman**
Date of Birth: **03/18/1972** Age: 40 Years Gender: Male
Date: **08/16/2012**
Referring Physician: - None

Procedure: **right - lateral epicondyle debridement / Elbow /**
right - radial tunnel release - 64722 / Elbow /

Post-Op Status Info for: Work Comp Injury

Anticipated return to work post-op with modified duties: 1 week post-op
Anticipated return to work post-op with regular duties: 3 months post-op

*The post-op period begins on the actual date of surgery.

Note to Patient: This anticipated work status information is provided to help facilitate communication with your employer. This information is an estimate and may change depending on the individual patient's post surgical recovery.

John M. Schramm, M.D.



**SOUTH BEND
ORTHOPAEDICS**

South Bend Orthopaedics
53880 Carmichael Drive, South Bend, IN 46635
60160 Bodnar Blvd. Mishawaka, IN 46544
1918 Lake Avenue, Suite 102B, Plymouth, IN 46563
900 I Street, LaPorte, IN 46350
Ph: 574-247-9441 / 800-424-0367 Fax: 574-247-9442

MICHEAL NEIMAN Chart #396124
DOB: 18.Mar.1972 (40) Male
Visit Date: 20.Sep.2012 at 1 South Bend Orthopaedics-Bodnar Blvd

INSURANCE INFORMATION
Pri Ins Company: WC SENTRY INSURANCE

PRESENT ILLNESS INFORMATION

Chief Complaint: Right elbow and forearm pain - Has a catching in the elbow - Onset 5/8/12 when a drill slipped and he jammed his right arm

HPI:

S1: Evaluation of trauma and/or injury.

Informant: patient.

Mechanism of injury: a machinery accident - While using a power drill at work, the drill went through the floor and he jammed his right arm downward.

Timing of injury: 5/8/12.

Locale where the injury occurred: in the workplace. The injury was reported to Workers' Compensation.

Description of main injury: joint trauma. Location:

* right lateral epicondylar area.

Previous tests and diagnostic procedures:

* EMG (electromyogram).

* Right elbow x-ray.

Previous treatment:

* Steroid injection.

Occupational consequences of the injury: has been unable to work at all since the injury.

REVIEW OF SYSTEMS

Musculoskeletal: *muscle tenderness; neck pain; joint pain; stiffness in joints; and neck stiffness.*

Neurological: *numbness; tingling or "pins and needles" sensation; and weakness.*

PAST, FAMILY AND SOCIAL HISTORY

Current Medications: Ibuprofen (uncertain of dosage)

Tylenol (uncertain of dosage)

Medication Allergies: No known medication allergies

Non-Medication Allergies: Food allergies or intolerances: *seafood or fish.*

Past Health History: Gastrointestinal: stomach ulcer.

Surgeries and Hospitalizations: Problems with anesthesia: none.

Previous surgeries: none.

Previous non-surgical hospitalizations: none.

Previous major non-surgical treatments: none.

Tests and Immunizations: Diagnostic and screening tests: Gastrointestinal: Colonoscopy.

Social History: Current tobacco usage: is using tobacco products.

* Cigarettes - Currently smokes an average of 1/2 pack per day.

Current use of alcoholic beverages: none.

Recreational drug use: none.

Drug addiction or dependency: none.

Caffeine use: 4 or more caffeinated products per day.

Hand dominance: right.

Current exercise level: exercise regularly, 20 minutes or more, 3 or more times per week.

Home living situation and relationships: Lives in an unspecified situation.

Provider has reviewed current medications, medication allergies, and PFSH/ROS information

OBJECTIVE

CONSTITUTION:

Blood Pressure: Right arm - Sitting 127/89 mm Hg. Height: 5ft 9in. Weight: 228lbs. BMI: 33.7 kg/m².

General appearance: Well developed, well nourished and groomed. No apparent acute or chronic distress.

Ability to communicate: normal.

CARDIOVASCULAR:

Peripheral Vascular System: normal pulses with no peripheral vascular swelling or varicosities, tenderness or edema. Skin warm and dry.

MUSCULOSKELETAL:

Right: Elbow and forearm: no cyanosis. Pulses normal. Inspection normal. *Tenderness: present in the lateral epicondyle - moderate.* No swelling. Full AROM without pain. Motors intact. No instability.

Left: Elbow and forearm: no cyanosis. Pulses normal. Inspection normal. No tenderness. No swelling. Full AROM without pain. Motors intact. Sensation normal. No instability.

SKIN:

Inspection and palpation: Right upper extremity: Normal. Left upper extremity: Normal.

NEUROLOGIC:

Level of consciousness: awake and alert.

Level of orientation: normal to time, place, person and situation.

Mood and affect: normal and appropriate to the situation.

ASSESSMENT

CURRENT PROBLEMS

726.32 Lateral Epicondylitis

Location: right

MEDICATIONS

NEW

Naprosyn (Naproxen Tab 500 MG), 1 TAB BID (quantity: 60 Not Specified), subs OK, prescribed by Robert E. Clemency, M.D. (E-Prescribed)

PLAN

Medical Advice: Contact the office if there are any problems. Patient's questions were answered.

Work Status: return to regular duty.

Schedule Follow-up: in 6 weeks.

Impression: 40 year old male presents today with right elbow and forearm pain - has a catching in the elbow - onset 5/8/12 when a drill slipped and he jammed his right arm. I would like the patient to begin wearing a tennis elbow strap. Begin physical therapy and a home exercise program. He can return to work without restrictions. Follow up in six weeks. REC/ck.

TESTS AND PROCEDURES

TO BE SCHEDULED

97001 Physical therapy evaluation

To be scheduled; Location:

L3999 Tennis Elbow Brace

To be scheduled

PATIENT INFORMATION

SBO PIP's/Hand & Elbow/Tennis Elbow

COMMUNICATIONS

Clemency Therapy
MICHEAL NEIMAN
Clinical Summary (MU)
MICHEAL NEIMAN
Northern Brace/DME
MICHEAL NEIMAN
Return to Work Slip
MICHEAL NEIMAN



Robert E. Clemency, M.D.



South Bend Orthopaedics
53880 Carmichael Drive, South Bend, IN 46635
60160 Bodnar Blvd. Mishawaka, IN 46544
1919 Lake Avenue, Suite 102B, Plymouth, IN 46563
900 I Street, LaPorte, IN 46350
Ph: 574-247-9441 / 800-424-0367 Fax: 574-247-9442

Name: MICHEAL NEIMAN

Diagnosis: Lateral Epicondylitis

Appointment Date: Sep 20, 2012

Claim # SBO Acct# 396124 Workers Compensation [] No [x] Yes [] Undetermined

RETURN TO WORK

[x] Yes, No Restrictions: [] No

[] Yes, With Restrictions (if no restricted duty, remain off work):

Expected Return to Full Duty:

Plan: Work Status: return to regular duty

Schedule Follow-up: in 6 weeks

Follow up Appointment: Date: Time: [] Carmichael Dr. [] Bodnar Blvd. off Elm Rd
[] Plymouth Office

Physician: Robert E. Clemency, M.D.

[Handwritten signature]

Entered by: Robert Current Time: 10:44 AM

Appointment Lookup Report

For: NEIMAN, MICHEAL (396124)

Dates: 09/25/2012 to 10/30/2012

Run on: 09/24/2012 at 05:01pm

252-2790

Page #001

Line	Date	Provider	Type	Cancl'd	Time	Slot	Loc	Reason
2	10/18/2012	2706 LOFY, GLENN	T		04:00pm		ELMPT	THERAPY
3	10/15/2012	2706 LOFY, GLENN	T		04:00pm		ELMPT	THERAPY
4	10/11/2012	1788 NELSON, DIANN	T		03:00pm		ELMPT	THERAPY
5	10/08/2012	2706 LOFY, GLENN	T		04:00pm		ELMPT	THERAPY
6	10/04/2012	1788 NELSON, DIANN	T		03:00pm		ELMPT	THERAPY
7	10/01/2012	2706 LOFY, GLENN	T		04:00pm		ELMPT	THERAPY
8	09/27/2012	1788 NELSON, DIANN	T		03:00pm		ELMPT	THERAPY



Date: 10.15.12
Physician: Dr. R Clemency
Patient's Name: Michael Neiman
MR#: 396124
DOB: 3.18.72
DX: Right lateral epicondylitis
DOS: N/A
DO/onset: May 2012

OCCUPATIONAL THERAPY PROGRESS REPORT

WORK STATUS: Patient is currently working full duty without restrictions.

SUBJECTIVE RESPONSE TO TREATMENT: Patient is not responded to conservative treatment. He reports he is able to work through the pain at work, but is unable to sleep at night secondary to the pain. Pain level at rest is 4-6/10 and with activities 8-9/10. Pain has increased at the lateral epicondylar area.

REMAINING OBJECTIVE DEFICITS INCLUDE:

1. **AROM:** Right elbow, within normal limits. Right wrist, within normal limits.
2. **STRENGTH:** Right grip 133lbs, vs left grip 145lbs
3. **EDEMA:** Right elbow flexion crease 30.1cm, wrist flexion crease 18.5cm.
4. **SENSATION:** Numbness has decreased after discharging the brace.

SHORT TERM GOALS:

1. Patient will related by 50% subjective decrease in pain. **NOT MET.**
2. Patient will demonstrate a 10lb increase in grip strength. **NOT MET.**
3. Patient will complete all self-care utilizing the right upper extremity without exacerbation of pain. **NOT MET.**
4. Patient will return to work with use of right upper extremity with limited complaint of pain. **NOT MET.**

ASSESSMENT: Patient is complaining of constant pain. He works with the pain although, with lifting, his pain is unbearable at the "radial tunnel," extensor mass, and the lateral epicondylar area. Patient continues to drop things at work. His strength has remained good.

RECOMMENDATIONS: Will await physician recommendation and this summary is to become a discharge note if the patient is discharged by physician or fails to return to therapy.

If you have any questions regarding your patient's plan of care, please feel free to call me at 574-252-2790

Sincerely,

Dianne Nelson, COTA
Dianne Nelson COTA
SBO-Elm

[Signature]
Dr. R Clemency M.D. 10/18/12
Date



**SOUTH BEND
ORTHOPAEDICS**

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900 I Street, LaPorte, IN 46350
Ph: 574-247-9441 / 800-424-0367 Fax: 574-247-9442

MICHEAL NEIMAN Chart #396124
DOB: 18.Mar.1972 (40) Male
Visit Date: 18.Oct.2012 at 1 South Bend Orthopaedics-Bodnar Blvd

INSURANCE INFORMATION
Pri Ins Company: WC SENTRY INSURANCE

PRESENT ILLNESS INFORMATION

Chief Complaint: Recheck Right elbow -- continued pain as well on the top of the forearm and has stiffness and pain in the hand and wrist

HPI:

S1: Follow-up regarding previously diagnosed right lateral epicondylitis.

Response to other treatments or surgery: PT - exercises to strengthen the wrist extensors and extensors. Response - unchanged.

PAST, FAMILY AND SOCIAL HISTORY

Current Medications: Ibuprofen (uncertain of dosage)
Naprosyn (Naproxen Tab 500 MG), 1 TAB BID (quantity: 60 Not Specified), subs OK, prescribed by Robert E. Clemency, M.D. (E-Prescribed)
Tylenol (uncertain of dosage)

Medication Allergies: No known medication allergies

Non-Medication Allergies: Food allergies or intolerances: *seafood or fish.*

Past Health History: Gastrointestinal: stomach ulcer.

Surgeries and Hospitalizations: Problems with anesthesia: none.

Previous surgeries: none.

Previous non-surgical hospitalizations: none.

Previous major non-surgical treatments: none.

Tests and Immunizations: Diagnostic and screening tests: Gastrointestinal: Colonoscopy.

Social History: Current tobacco usage: is using tobacco products.

* Cigarettes - Currently smokes an average of 1/2 pack per day.

Current use of alcoholic beverages: none.

Recreational drug use: none.

Drug addiction or dependency: none.

Caffeine use: 4 or more caffeinated products per day.

Hand dominance: right.

Current exercise level: exercise regularly, 20 minutes or more, 3 or more times per week.

Home living situation and relationships: Lives in an unspecified situation.

Provider has reviewed current medications, medication allergies, and PFSH/ROS information

OBJECTIVE

MUSCULOSKELETAL:

Right: Elbow and forearm: no cyanosis. Pulses normal. Inspection normal. *Tenderness: present in the lateral epicondyle - moderate.* No swelling. Full AROM without pain. Motors intact. No instability.

TESTS AND PROCEDURES

PERFORMED THIS VISIT

20605 Aspiration and/or injection: medium joint or bursa

Date: 18.Oct.2012

Modifiers: -RT Right side

*The risks, complications, and benefits of the right elbow local and steroid injection were discussed with the patient. They fully understand these risks and do wish to proceed with the injection. Under sterile conditions, the right elbow lateral epicondyle was first injected with 2 cc of 2% Lidocaine, then with 40 mg of Kenalog mixed with 3 cc of 2% Lidocaine. If there is any increased redness, erythema, fevers, or chills, the patient will notify us immediately.

J3301 Kenalog 40 mg

Date: 18.Oct.2012

ASSESSMENT

CURRENT PROBLEMS

726.32 Lateral Epicondylitis

Condition: unchanged; Location: right

PLAN

Medical Advice: Contact the office if there are any problems. Patient's questions were answered. Continue physical therapy.

Work Status: return to regular duty.

Schedule Follow-up: in 4 weeks.

Impression: 40 year old male presents today with right elbow and forearm pain - has a catching in the elbow - onset 5/8/12 when a drill slipped and he jammed his right arm. He continues to have pain and he states that this is keeping him up at night. I injected his right lateral epicondylitis. Continue with PT and home exercises. Follow up in four weeks. REC/ck.

TESTS AND PROCEDURES

TO BE SCHEDULED

Continue Physical Therapy

To be scheduled

COMMUNICATIONS

Clemency Therapy

MICHEAL NEIMAN

Clinical Summary (MU)

MICHEAL NEIMAN

Return to Work Slip

MICHEAL NEIMAN



Robert E. Clemency, M.D.

Appointment Lookup Report

For: NEIMAN, MICHEAL (396124)

Dates: 11/07/2012 to 12/31/2012

Run on: 11/06/2012 at 03:33pm

Page #001

Line	Date	Provider	Type	Cancl'd	Time	Slot	Loc	Reason
1	11/15/2012	1788 NELSON, DIANN	T		03:00pm		ELMPT	THERAPY
2	11/15/2012	1709 CLEMENCY, ROBERT E	WC		08:31am	RE	ELMSBO	WC RECHECK RT ELBOW JLP
3	11/13/2012	1788 NELSON, DIANN	T		03:00pm		ELMPT	THERAPY
4	11/09/2012	1788 NELSON, DIANN	T	RESCHD	03:00pm		ELMPT	(SWANSON RESCHEDULE BY PATIENT) TH
5	11/08/2012	1788 NELSON, DIANN	T		03:00pm		ELMPT	THERAPY

396124



Date: 11-13-12
Physician: Robert Clemency, M.D.
Patient's Name: Michael Neiman
MR#: 396124
DOB: 3-18-71
DX: Right lateral epicondylitis
DOI: 5-20-12
Visit: Missed

OCCUPATIONAL THERAPY PROGRESS/DISCHARGE REPORT

WORK STATUS: The patient is currently working full duty without restrictions.

SUBJECTIVE: Patient reports no relief from pain at the extensor mass; symptoms also include numbness at the ring finger and small finger, causing him to drop items such as hammer or drill at work. Remaining objective deficits: Pain at rest 4-6/10

POSITIVE FUNCTIONAL/PHYSICAL DEFICITS INCLUDE:

1. AROM: Right elbow within normal limits, right wrist within normal limits.
2. PALPATION: Pain at rest 4-6/10 with activities 8-9/10
3. STRENGTH: Right grip 137# vs. left grip 139

ASSESSMENT: Patient continues to complain of constant pain in the extensor mass and the supinator muscle mass; weakness in the wrist extension and long finger extension are also reported. His work duties exacerbate the symptoms and he reports having difficulties sleeping.

SHORT TERM GOALS: No goals met

RECOMMENDATIONS: We will await physician recommendations.

If you have any questions regarding your patient's plan of care, please feel free to call me at 252-2790.

fax 252-2788

Sincerely,

Danni Nelson
Danni Nelson, COTA
SBO-Elm *Danni Nelson*

[Signature]
Robert Clemency, M.D. *11/27/12*
Date

*Note: While patient demonstrates mild symptoms of lateral epicondylitis, he demonstrates strong correlation to radial tunnel syndrome.

[Signature]

SOUTH BEND ORTHOPEDIC ASSOCIATES
80160 Bodnar Boulevard
Mishawaka, Indiana 46544
Tel: 574.247.6530 Fax: 574.247.6531

Patient Name: NEIMAN, MICHEAL
Date of Birth: March 18, 1972
Patient ID: 396124
Referring Physician: ROBERT CLEMENCY, MD
Exam: MRI RIGHT ELBOW
Exam Date: November 14, 2012
Page: 1 of 2

CLINICAL INFORMATION

History of right elbow pain/lateral epicondylitis.

COMPARISON

None

CONTRAST

None

TECHNIQUE

Axial PD and STIR, sagittal T1 and PD FS, coronal PD, PD FS and STIR sequence imaging is performed.

FINDINGS

The distal biceps, brachialis and triceps insertions are normal.

Medial elbow: The common flexor muscle and tendon and ulnar collateral ligament are normal.

Lateral elbow: There is mild lateral epicondylitis with mild tendinosis of the common extensor tendon at its origin. The radial collateral ligament and lateral ulnar collateral ligament appear intact.

The osseous structures demonstrate a small focal area of high-grade chondral loss subchondral cystic change and marrow edema along the posterolateral aspect of the elbow. This involves the posterior aspect of the capitellum and the posterolateral aspect of the proximal ulna. The radial head demonstrates normal articular cartilage. There is a trace amount of elbow effusion but no intra-articular body noted.

Neurovascular structures appear intact.

MICHEAL NEIMAN DOB: 18.Mar.1972 (40)
MRI/Arthrogram 14.Nov.2012

SOUTH BEND ORTHOPEDIC ASSOCIATES
60160 Bodnar Boulevard
Mishawaka, Indiana 48344
Tel: 574.247.6530 Fax: 574.247.6531

Patient Name: NEIMAN, MICHEAL
Date of Birth: March 18, 1972
Patient ID: 396124
Referring Physician: ROBERT CLEMENCY, MD
Exam: MRI RIGHT ELBOW
Exam Date: November 14, 2012
Page: 2 of 2

IMPRESSION

1. Findings are compatible with mild lateral epicondylitis. There is mild tendinosis of the common extensor tendon at its origin but no partial or full-thickness tear.
2. There is a small focal area of high-grade chondral loss with subchondral cystic change noted along the posterolateral aspect of the elbow.
3. Trace amount of elbow effusion but no intra-articular body noted.

THIS REPORT WAS ELECTRONICALLY SIGNED

Timothy G. Sanders, MD
Board Certified, Musculoskeletal Radiologist

APPROVAL DATE 11/14/2012



**SOUTH BEND
ORTHOPAEDICS**

South Bend Orthopaedics
53880 Carmichael Drive, South Bend, IN 46835
60160 Bodnar Blvd. Mishawaka, IN 46544
1919 Lake Avenue, Suite 102B, Plymouth, IN 46583
900 I Street, LaPorte, IN 46350
Ph: 574-247-9441 / 800-424-0367 Fax: 574-247-9442

MICHEAL NEIMAN Chart #396124
DOB: 18.Mar.1972 (40) Male
Visit Date: 15.Nov.2012 at 1 South Bend Orthopaedics-Bodnar Blvd

INSURANCE INFORMATION
Pri Ins Company: WC ONE CALL MEDICAL INC

PRESENT ILLNESS INFORMATION
Chief Complaint: Recheck Right elbow post MRI
HPI:

S1: Follow-up regarding previously diagnosed right lateral epicondylitis.
Response to other treatments or surgery:
* PT - exercises to strengthen the wrist extensors and extensors. Response - unchanged.
* Steroid injection: Patient received a single treatment 10/18/12. Response - unchanged.
Tests or diagnostic procedures since the last visit:
* Right elbow MRI: Date - 11/14/12 SBO.

PAST, FAMILY AND SOCIAL HISTORY
Current Medications: Ibuprofen (uncertain of dosage)
Naprosyn (Naproxen Tab 500 MG), 1 TAB BID (quantity: 60 Not Specified), subs OK, prescribed by Robert E. Clemency, M.D. (E-Prescribed)
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Past Health History: Gastrointestinal: stomach ulcer.

Surgeries and Hospitalizations: Problems with anesthesia: none.
Previous surgeries: none.
Previous non-surgical hospitalizations: none.
Previous major non-surgical treatments: none.

Tests and Immunizations: Diagnostic and screening tests: Gastrointestinal: Colonoscopy.

Social History: Current tobacco usage: is using tobacco products.
* Cigarettes - Currently smokes an average of 1/2 pack per day.
Current use of alcoholic beverages: none.
Recreational drug use: none.
Drug addiction or dependency: none.
Caffeine use: 4 or more caffeinated products per day.
Hand dominance: right.
Current exercise level: exercise regularly, 20 minutes or more, 3 or more times per week.
Home living situation and relationships: Lives in an unspecified situation.

Provider has reviewed current medications, medication allergies, and PFSH/ROS information

OBJECTIVE
MUSCULOSKELETAL:
Right: Elbow and forearm: no cyanosis. Pulses normal. Normal color. No surgical incisions. *Tenderness:* absent in the

posterior elbow; absent in the lateral epicondyle. No swelling. Full AROM without pain. Muscle strength normal. Reflexes normal. Sensation normal. No instability.

Left: Elbow and forearm: normal inspection/palpation, ROM; muscle strength and tone, and stability.

**TESTS AND PROCEDURES
PERFORMED IN THE PAST**

73221 MRI, Elbow; w/o Contrast

Date: 14.Nov.2012; Location: 1 MRI - Bodnar

Modifiers: -RT Right side

ASSESSMENT

CURRENT PROBLEMS

726.32 Lateral Epicondylitis

Condition: stable; Location: right

719.42 Pain-Elbow Upper Arm

Condition: stable, improved; Location: right

PLAN

Medical Advice: Contact the office if there are any problems. Continue present treatment plan. Patient's questions were answered. Stop smoking. Treatment options reviewed.

Work Status: return to regular duty. MMI has been reached with 0 PPI.

Restrictions: None.

Schedule Follow-up: as needed.

Impression: 40 year old male presents today with right elbow and forearm pain - has a catching in the elbow - onset 5/8/12 when a drill slipped and he jammed his right arm. MRI was reviewed today mild lateral epicondylitis with no tear. He has no pain over posterior capitellum. Pronation and supination along posterior capitellum also painless. He does not have any remarkable tenderness over lateral epicondyle. He has full painless ROM. He has good stability on exam. There is no surgical indication at this time. He will continue his home exercises. He has reached his MMI with 0 PPI. REC/sma.

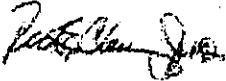
COMMUNICATIONS

Clinical Summary (MU)

MICHEAL NEIMAN

Return to Work Slip

MICHEAL NEIMAN



Robert E. Clemency, M.D.