

December 16, 2022

[REDACTED] MD [REDACTED]

RE: [REDACTED] Date of Birth: [REDACTED]
Claim Number: [REDACTED] DOI: 2/2/2022
Anatomical Region: Left Foot/Ankle
Jurisdiction: MD
Line of Insurance: Workers Compensation
Subject: Independent Medical Evaluation

Dear Dr. [REDACTED]:

Thank you for examining [REDACTED] for Genex Services on 12/29/22. Attached for your review are all available medical records.

Accepted body part: LEFT ankle

Past medical history: Charcot-Marie Tooth disease (dx in 2012), Chronic inflammatory demyelinating polyneuropathy (dx in 2012), sleep apnea, smoker.

Cause of injury from 2/2/22- Claimant was walking in the yard when he slipped on black ice. His right leg came out from under him causing him to shift his weight to his left foot. He hyperextended his left ankle.

Treatment: Claimant was seen on the date of injury at [REDACTED]. Diagnosis was contusion of left ankle and he was placed on modified duty.

Claimant was seen again on 2/4 and ordered to start physical therapy. An MRI of the left foot was also requested.

The MRI was performed on 2/24/22. The claimant had a partial tear of the left anterior talofibular ligament, minimal tenosynovitis and no fracture or dislocation. He was then referred to orthopedics.

The claimant first saw orthopedics on 3/15/22. He was to continue in physical therapy, modified duty. The diagnosis at this appointment was sprain of the anterior talofibular ligament of the left ankle as well as tenosynovitis.

He attended 21 sessions of physical therapy from 2/4/22 through 4/11/22.

The claimant saw the orthopedic specialist again on 4/25/22. He had returned to full duty and pain was 1/10. He was to continue in physical therapy, however, he refused to attend outside his work hours.

The next appointment attended with orthopedics was on 6/6/22. Pain was a 2/10. New complaint is shooting pain in the ankle and foot and intermittent numbness and tingling. Per that report, "he then disclosed history of extensive prior neurologic workup and diagnosis of CIDP and Charcot-Marie-Tooth disease that he had not previously report to me. He reports nerve damage from a car accident in 2012". Per provider, nerve symptoms that are showing up now are suspected to be from aggravation of underlying CIDP/CMT. He declined referral for PT. F/U as needed. Recommended follow up with neurologist. Full duty.

The claimant did not see a neurologist until 10/13/22. Diagnosis at that visit was ankle pain that provider states is not due to neuropathy, but that it is an isolated event to the ankle from injury/trauma. Neurologist recommended a podiatry follow up.

The next follow up took place on 10/25/22 with orthopedics. Diagnosis at that visit was left posterior tibial tendonitis and left ankle sprain, CIDP. Pain was 7/10- lateral ankle pain has resolved. Now he has medial ankle pain that goes to midfoot. Numbness and tingling are at baseline and shooting pain is no longer significant issue for him. Left ankle sprain has resolved. In regard to tibialis posterior and flexor hallucis tendinitis and PES, he is to avoid high impact activities. Arch support is requested and he was referred to podiatry. Not currently having significant nerve pain.

The claimant was last seen on 11/7/22 by podiatry. Now reports swelling, weakness, no color changes. Diagnosis is neuritis of the left lower extremity, tarsal tunnel syndrome, left, Charcot-Marie-Tooth disease, weakness of the left lower extremity. Recommendation was for an EMG/NCV and he was recommended to get set up again with a neurologist. Tarsal tunnel injection will be considered per doctor pending EMG/NCV results. Full duty work status.

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. Please indicate the medical diagnosis based on the mechanism of injury from 2/2/22 only. Please include the current objective findings and prognosis.
2. In regard to the work injury, Is ongoing medical treatment reasonable and medically necessary? If so, please give your specific recommendations for any type, duration, frequency, and amount.
3. In your opinion, are current symptoms causally related to the injury that occurred on 02/02/22 or are they related to pre-existing conditions?
4. Has the claimant reached maximum medical improvement in regard to the 2/2/22 injury? If not, when do you anticipate that he will reach MMI?
5. If the claimant is at MMI, please address if there is any need for future medical treatment as causally related to the claim.

All reports must contain a medical records summary which must include: provider, dates of service and treatment rendered during the visit.

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 01/05/22. 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.

Genex Services, LLC
800-809-5687

Please submit your report and all billing to:

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