

X-RAY REPORT
BEARD, TOM G.
WC123764
09 13 99

BILATERAL KNEE X-RAYS: Anterior osteophyte of both patellae, small lateral osteophyte of the right knee noted; small medial and lateral osteophytes noted of the left knee at patella. Overall joint space narrowing is mild.

ASSESSMENT: Mild osteoarthritis of both knees primarily involving the medial compartment. ELC:va

BRAGG & ASSOC.
OCT 20 1999

ALPINE ORTHOPAEDIC

PR-2

DATE PRINTED:

09/06/99

Account: WC123764

Patient: BEARD, TOM G.

PRIMARY PHYSICIAN'S PROGRESS REPORT PR-2

- Periodic Report
- Change in Work Status
- Change in patient's condition
- Need consultation referral
- Need surgery/hospitalization
- Change in Treatment
- Info requested by
- Discharged
- Other:

PATIENT

Account: WC123764

Doctor: 8

D.O.B.: 09/24/49

TOM G. BEARD

SEX: M

CA 95203

2937 TOYON DRIVE #2

STOCKTON

PHONE: (209) 941-4816

SS#: 558-76-6159

CLAIMS ADMINISTRATOR

Claim #: 6938950005

DOI: 05-25-95

BRAGG AND ASSOC.

ROSEVILLE

CA 95678

P.O. BOX 1406

Employer: S.J. CTY MOSQUITO CONTROL

DIAGNOSIS

- 1. SPRAIN/STRAIN MED MENISCUS/CARTILAG 836.0
- 2. 715.96
- 3. 274.9

WORK STATUS This patient has been instructed to:

- Remain off work until
 - Return to Modified Work on limitations and instructions:
 - Return to Full Duty on restrictions.
- with the following
with no limitations or

CONTINUE WITH: Modified Work Full Duty

DATE OF EXAM: 09-13-99 PART OF BODY: LEFT KNEE
#####

S: The patient returns for reevaluation. He has not been seen for four months. He continues to have increasing pain in the right knee; this is the nonoperated knee. It started with some activity yesterday walking and started having medial knee pain. He has a tendency to limp for a period of time. He describes having had an earlier surgery on the right knee at age 18; he had a bone protruding over the medial proximal tibia. Most likely this was an osteochondroma which was excised.

O: No pain with hip range of motion of either hip with external rotation of 30 dg, internal rotation of 10 dg bilaterally; no crepitus noted. Right knee tenderness was noted; not localized to the joint line, but appeared to be central. Patellofemoral grind test was negative bilaterally and neurocirculatory status remains intact to both lower extremities.

A: Osteoarthritis of both knees, excess weight, status post left knee arthroscopic partial medial meniscectomy.

P: The patient has taken Motrin over-the-counter; he is told to stop

BRAGG & ASSOC.
OCT 20 1999

Patient: BEARD, TOM G.

Account: WC123764

this since he is currently taking Celebrex. Tylenol may be utilized for episodes of flare-up of pain. Lab studies will be obtained to monitor renal, hepatic or hematologic toxicity to medication. Reevaluation in a month to discuss results of the lab work. E. L. Cahill, M.D./va

ADDENDUM: I have also given him a slip for another health club membership. He has apparently had some difficulty having this authorized.
E. L. Cahill, M.D./va

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty or perjury."

Date this day of SEP 16 1999
at San Joaquin County, California.

BRAGG & ASSOC.
OCT 20 1999

Patient: BEARD, TOM G.

Account: WC123764

PRIMARY PHYSICIAN'S PROGRESS REPORT PR-2

- Periodic Report
- Change in Work Status
- Change in patient's condition
- Need consultation referral
- Need surgery/hospitalization
- Change in Treatment
- Info requested by
- Discharged
- Other:

PATIENT

Account: WC123764 Doctor: 8
 TOM G. BEARD SEX: M D.O.B.: 09/24/49
 2937 TOYON DRIVE #2 STOCKTON CA 95203
 SS#: 558-76-6159 PHONE: (209) 941-4816

CLAIMS ADMINISTRATOR

BRAGG AND ASSOC. Claim #: 6938950005 DOI: 05-25-95
 P.O. BOX 1406 ROSEVILLE CA 95678
 Employer: S.J. CTY MOSQUITO CONTROL

DIAGNOSIS

1. SPRAIN/STRAIN MED MENISCUS/CARTILAG 336.0
2. LEFT L
3. EG

WORK STATUS This patient has been instructed to:

- Remain off work until
- Return to Modified Work on limitations and instructions: with the following
- Return to Full Duty on restrictions. with no limitations or

CONTINUE WITH: Modified Work Full Duty

 DATE OF EXAM: 05-24-99 PART OF BODY: LEFT KNEE
 #####

SUBJECTIVE COMPLAINTS: The patient returns to the office today for re-evaluation. It has been three and one-half weeks since he was last seen. He has been taking Celebrex as an anti-inflammatory agent. He notices that when he stopped the Celebrex he experienced more pain of both knees. He subsequently returned to the use of Celebrex and has had improvement. He has been doing his exercises, but does not think he has lost weight recently.

OBJECTIVE FINDINGS: The knee range of motion is 0-125 dg bilaterally; no joint line tenderness today. Neurocirculatory status remains intact.

ASSESSMENT: Status post left knee arthroscopic partial meniscectomy; excess weight; history of gout; osteoarthritis of both knees.

PLANS: Return to the office in four months time for reevaluation. Recent potassium was 3.3 which was somewhat low. He is on hypertensive medications, but only Accupril. The patient is encouraged to eat bananas and oranges to improve his potassium level. E. L. Cahill, M.D./va

cc J. Buckingham, M.D.

Received
JUN 17 1999
BRAGG & ASSOC.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury."

Dated this day of 05-26-99
 at San Joaquin County, California.

Patient: BEARD, TOM G.

Account: WC123764

- Periodic Report (required 45 days after last report)
- Change in Work Status Change in Treatment
- Change in patient's condition Info requested by
- Need consultation referral Discharged
- Need surgery/hospitalization Other:

PATIENT

Account: WC123764 Doctor: 8
 TOM G. BEARD SEX: M D.O.B.: 09/24/49
 2937 TOYON DRIVE #2 STOCKTON CA 95203
 SS#: 558-76-6159 PHONE: (209) 941-4816
 CLAIMS ADMINISTRATOR
 BRAGG AND ASSOC. Claim #: 6938950005 DOI: 05-25-95
 P.O. BOX 1406 ROSEVILLE CA 95678
 Employer: S.J. CTY MOSQUITO CONTROL
 DIAGNOSIS

- 1. SPRAIN/STRAIN MED MENISCUS/CARTILAG 836.0
- 2. 715.96
- 3. 274.9

WORK STATUS This patient has been instructed to:

- Remain off work until
- Return to modified work on limitations and instructions: with the following
- Return to full duty on or restrictions: with no limitations

DATE OF EXAM: 4/26/99 PART OF BODY: LEFT KNEE
 WORK STATUS: The patient has performed his regular job duties since his return on April 12, 1999.

SUBJECTIVE COMPLAINTS: The patient notes that both knees have been bothering him some. He is using Celebrex as an anti-inflammatory agent without side-effects. He has apparently had some trouble trying to get his health spa membership and his attorney will be taking care of that for him.

OBJECTIVE FINDINGS: There is some medial joint line tenderness of both knees. Range of motion is 0-125 degrees bilaterally. No crepitus; no effusion identified. Neurocirculatory status remains intact to the lower extremities.

PLAN: The patient will continue with the use of Celebrex. A chemistry panel will be obtained to monitor any renal or hepatic toxicity to medication. I plan on reevaluating him in two months' time. The patient will call us to obtain the results of his laboratory work in one week.

BRAGG & ASSOC.

MAY 18 1999

Patient: BEARD, TOM G.

ELC/sh

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury."

Dated this day of 4/29/99
at San Joaquin County, California.

BRAGG & ASSOC.

MAY 18 1999

PROGRESS NOTE
BEARD, TOM
WC123764
04 05 99

The patient returns to the office today for reevaluation. The left knee is continuing to buckle on him. It is still bothering him. He has improved from last week. He does not feel like he would be able to perform his regular job duties. We discussed logistics of trying to get his health club membership renewed.

On examination, he has mild medial joint line tenderness on the left knee. Range of motion 125 degrees, no crepitus, no effusion.

ASSESSMENT: 1) Left knee status post arthroscopic lateral meniscectomy.
 2) Osteoarthritis of both knees.
 3) Excess weight.
 4) History of gout.

PLANS: Celebrex will be continued as an anti-inflammatory. He will continue his weight loss program and resume his health club membership.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 7th day of April, 1999, at San Joaquin County, California.

EDWARD L. CAHILL, M.D.

ELC:va

t 04 07 99

cc Comp
 Disability Desk

BRAGG
APR 22 1999
ASSOC.

PROGRESS NOTE:

BEARD, TOM

WC123764

March 31, 1999

Patient returns for reevaluation. Both knees have been bothering him. He left work today. He has been taking Naprosyn on an occasional basis. The patient has an attorney, and he has informed him that it should not be a problem getting his health club membership renewed. On exam knee range of motion was 0-125 degrees bilaterally. Mild crepitus with range of motion of the left knee. Medial joint line tenderness was noted bilaterally.

ASSESSMENT:

1. Status post arthroscopic partial meniscectomy and lateral meniscectomy left knee.
2. Osteoarthritis of both knees.
3. Obesity.
4. History of gout.

PLAN: The patient will continue with weight loss program. Celebrex will be utilized to try to better control his arthroscopic complaints. I have given him a note to maintain him off work. We will see him back on Monday 4-5-99. I have also given him a note for a health club membership for 6 months, due to problems related to osteoarthritis of both knees and previous arthroscopic procedure.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 5th day of April, 1999, at San Joaquin County, California.

Edward L. Cahill, M.D./jaq

cc: Disability Desk/Billing Dept.
Bragg & Associates

BRAGG & ASSOC.

APR 23 1999

PROGRESS NOTE

BEARD, TOM

WC123764

11 16 98

The patient returns to the office today for followup. It has been several months since he was last seen. He did not have his lab work done after his last visit; however, he also stopped taking the Naprosyn about two months ago. He apparently got the flu and ran out of medications and never called for a refill. He has complaints of aching of the left knee which tends to be worse with cold weather.

On examination, weight was 330 lb; he was initially standing improperly on the scale and that makes his last weight questionable (283 lb). The patient does not think he has gained 47 lb in the past two months; however, this is an area of concern, and the patient does have a scale at home, but apparently it has been broken. The left knee range of motion has not changed from 0 to 125 degrees; no calf/thigh tenderness. No crepitus, no effusion, mild medial joint line tenderness was noted.

- ASSESSMENT:
- 1) Status post left knee medial lateral meniscectomy.
 - 2) Right knee status post probable medial meniscectomy.
 - 3) Osteoarthritis of both knees.
 - 4) Obesity.
 - 5) Gout.

PLANS: Weight loss is encouraged; gout diet will be continued. He is not using the Naprosyn at this time and will allow him to remain off of it. Reevaluation in three months for followup. He is still unable to obtain a health spa membership.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 18th day of November, 1998, at San Joaquin County, California.

EDWARD L. CAHILL, M.D.

ELC:va

t 11 18 98

cc Comp
Disability Desk

BRAGG

NOV 24 1998

ASSOC.

PROGRESS NOTE

BEARD, TOM

WC123764

09 21 98

The patient continues to have problems with his left knee. Pain is primarily medial. He is favoring his right knee more than the left. He is now taking Naprosyn 1-2 times per week. He saw Dr. Buckingham recently for his earlier diagnosis of gout and had stopped eating red meat. On physical examination, he was noted to have medial knee pain bilaterally. There is no crepitus of either knee, no effusion. Knee range of motion was 0 to 125 degrees bilaterally. No calf or thigh tenderness noted. Weight is 283½ lb.

- ASSESSMENT:**
- 1) Status post left knee medial and lateral meniscectomies.
 - 2) Prior right knee medial surgery possible medial meniscectomy.
 - 3) Early osteoarthritis of both knees.
 - 4) Obesity.
 - 5) Gout.

- PLANS**
- 1) Naprosyn on a bid basis as this will provide a greater degree of effectiveness than is present.
 - 2) Continue on diet for gout.
 - 3) Reevaluation in a few months.
 - 4) Lab data will be obtained in order to rule out any potential for renal, hepatic or hematologic toxicity.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 23rd day of September, 1998, at San Joaquin County, California.

EDWARD L. CAHILL, M.D.

ELC:va

t 09 23 98

cc Comp

BRAGG

OCT 14 1998

ASSOC.

PROGRESS NOTE

BEARD, TOM

WC123764

06 29 98

The patient returns to the office today for followup. Apparently there has been some miscommunication in regards to his use of the gym. I received a letter from Gail Matthews dated 06-16-98 indicating that he had not been using the gym. The patient states he used to have a card which he signed in every day and subsequently they told him he did not have to sign the card, and hence it was not done, and hence the patient told the work comp carrier that he had not been going to the gym. He had apparently been approved for one month of gym membership and I encouraged him to sign in every day and keeps a record of his visits so that he does not have this problem in the future. I encouraged him to call Gail Matthews himself to try to explain the situation.

On physical examination, knee range of motion is 120 degrees bilaterally, no crepitus noted of either knee; no effusion. Medial joint line tenderness noted bilaterally. Evidence of previous transverse incision medially of the right knee from 20 years before. Left knee arthroscopic portals are healed.

ASSESSMENT: 1) Status post left knee arthroscopic meniscectomy.
 2) History of prior right knee surgery.
 3) Chondromalacia and early osteoarthritis of both knees.
 4) Obesity.

PLANS: 1) Weight loss.
 2) Exercise program with gym membership.
 3) Return to the office in three months.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 1st day of July, 1998, at San Joaquin County, California.

EDWARD L. CAHILL, M.D.

ELC:va

t 07 01 98

cc Comp

Received

JUL 14 1998

BRACE & ASSOC.

PROGRESS NOTE:

BEARD, TOM G.

WC123764

June 1, 1998

Patient returns to the office today for follow up. He is complaining of pain in both knees. He is still upset with the work comp carrier for not approving his health spa membership. He says the health spa never kept track of when he came, but apparently his health spa membership was cancelled, due to him not using it. He claims he had been using it on a regular basis. The patient states that prior to his injury in 1986 he weighed 185 lb. He subsequently gained enough weight to tip the scale at 300 lb. He complains his right knee pain is secondary to increased stress his right knee has had to absorb since he sustained an injury to his left knee.

On examination there was 120° range of motion of both knees. No crepitus or effusion noted of either knee. Medial joint line tenderness bilaterally. Right knee has evidence of a prior transverse incision medially, secondary to surgery 20 years before. Left knee arthroscopic portals are healed.

ASSESSMENT:

1. Status post left knee arthroscopic meniscectomy.
2. History of prior right knee surgery.
3. Chondromalacia and early osteoarthritis of both knees. --
4. Obesity.

PLAN: Weight loss will be encouraged. I continue to recommend the use of exercise. The patient indicated he was unable to work today. I have given him a slip to keep him off work for three days. I assume he will go back to work after that period of time. If he does not, he is to contact our office for reevaluation. Otherwise we have a scheduled appointment in four weeks.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 3rd day of June 1998, at San Joaquin County, California.

Edward L. Cahill, M.D./jaq

cc: Comp Carrier

BRAGG & ASSOC.

JUN 26 1998

PROGRESS NOTE

BEARD, TOM

WC123764

05 04 98

The patient returns to the office. We reviewed the results of his laboratory work which revealed an elevated uric acid level. He is seeing his family physician who has placed him on a diet, decreasing consumption of red meat.

The patient has had two blood workups done a year and apparently this has not been seen before.

He taking Naprosyn once a day. He has been using Vicodin, but this has not been working recently.

Apparently he has been depressed recently due to several family members having passed away.

The patient had been using his health spa membership, but the insurance company refused to authorize further use of the health spa. The patient has noted over the past several years that when he uses the health spa, he does not have much trouble with his left knee. When he is not able to use the health spa and workout, then he has more difficulty with his knee.

The patient is requesting physical therapy today as an alternative to the health spa itself.

On physical examination, left knee range of motion is from 0-120°. There is no effusion, no crepitus, and no ligamentous laxity. Mild medial joint line tenderness is noted with very slight lateral joint line tenderness.

Assessment: Status post partial medial and lateral meniscectomies of the left knee.

Plan: I have recommended the use of the health spa for use of the exercise equipment to help control his weight and improve his overall left leg strength.

Darvocet has been prescribed as an analgesic agent; as an alternative to the use of Vicodin. He is to return to the office in one month's time for reevaluation. A home exercise program will be encouraged. I have elected not to obtain physical therapy in the hope that we will be able to obtain approval for his health spa membership.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 5th day of May, 1998, at San Joaquin County, California.

EDWARD L. CAHILL, M.D

ELC/sh

cc: Comp Carrier (2)

BRAGG & ASSOC.

MAY 28 1998

ROSEVILLE

PROGRESS NOTE

BEARD, TOM G.

WC123764

04 06 98

The patient returns to the office today for followup. He has been taking his medications on a sporadic basis. Apparently he forgets it. He takes Naprosyn once a day when he does remember it. He is somewhat frustrated as the insurance company only authorized one month at the gym. On examination, left knee is 0-120 degrees range of motion; no effusion. no crepitus, no ligamentous laxity, no patellofemoral tenderness, some medial joint line tenderness was noted.

ASSESSMENT: 1) Status post arthroscopic partial medial and lateral meniscectomy of the left knee.

PLANS: The patient will continue to work. Lab data will be obtained in order to rule out any potential for renal, hepatic or hematologic toxicity. I plan to reevaluate him after the lab studies have been done.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 9th day of April, 1998, at San Joaquin County, California.

EDWARD L. CAHILL, M.D.

ELC:va

t 04 09 98

cc Comp

BRAGG & ASSOC.

MAY 08 1998

ROSEVILLE

PROGRESS NOTE

BEARD, TOM

WC123764

03 09 98

The patient returns to the office today for followup. He is somewhat depressed, is talking slowly. He is asking for time off work. Apparently his brother just died last week and also has had other problems relating to the flu and states he feels tired all the time. Dr. Buckingham is his primary care physician.

On physical examination, his left knee has 0 to 120 degrees range of motion; no effusion; no ligamentous laxity, no crepitus, no patellofemoral compression tenderness. Negative McMurray test, no definite joint line tenderness. He has not lost weight from his last visit and weighs 294 lb.

ASSESSMENT: 1) Status post arthroscopic partial and lateral medial meniscectomies.

PLANS: I told him I do not think he should be considered disabled from his regular job simply because of his recent social difficulty and the fact that he has had the flu. I felt it would be appropriate for him to see his doctor who may elect to place him on disability due to his personal difficulties. He requested continuation of treatment at the health spa; this is helpful in that he is able to work out and tends to do better in regards to his knee function when he is able to continue to do so. His present prescription has expired; hence, I have given him a new one and would recommend that the work comp carrier cover this membership cost. I plan to re-evaluate him in one month's time to monitor his condition. He has been inconsistent in the use of his anti-inflammatory medication and we requested he take them consistently for a few weeks after which time we will obtain lab data in order to rule out any potential for renal, hepatic or hematologic toxicity.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 12th day of March, 1998, at San Joaquin County, California.

EDWARD L. CAHILL, M.D.

ELC:va

t 03 12 98

cc Comp

BRAGG & ASSOC.

MAR 31 1998

ROSEVILLE

PROGRESS NOTE

BEARD, TOM

WC123764

February 9, 1998

Patient returned to work after his last visit. He continues to work and doing his exercises. He feels like his left knee is getting stronger. On examination, he had 0-120° range of motion. No ligamentous laxity, no crepitus or patellofemoral compression pain. Negative McMurray test. No joint line tenderness. Patient does not think he has lost any weight from his last visit.

ASSESSMENT: Status post arthroscopic partial medial meniscectomy, left knee.

PLAN: Vicodin ES for pain relief, Naprosyn 500 mg 1 p.o. b.i.d. Patient will return to the office in one month so that we can monitor his progress. We will weigh him on his next office visit to check the progress with his weight reduction program.

I have not violated Labor Code 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 10th day of February, 1998 at San Joaquin County, California.

EDWARD L. CAHILL, M.D./alr

cc: Bragg & Associate

BRAGG & ASSOC.

GAIL

FEB 24 1998

FEB 24 1998

ROSEVILLE

MATTHEWS

PROGRESS NOTE

BEARD, TOM

WC123764

01 09 98

The patient returns to the office today for followup. He has been having ongoing difficulties with his left knee. Apparently he had not received last month's card for the gym and he subsequently did not work out. He had more pain and difficulty. He describes his weight as being 294 lb.

On examination, knee range of motion is 0 to 120 degrees bilaterally; no ligamentous laxity. No crepitus on patellofemoral compression bilaterally. Negative McMurray test.

ASSESSMENT: 1) Status post arthroscopic partial medial meniscectomy of the left knee.
 2) Possible over-use of the right knee resulting in chondromalacia and pain of patellofemoral joint.

RECOMMENDATIONS: He should resume his exercises. We also weighed him today and found that he weighed 316 lb; hence, he has had a 20 lb weight gain which was unappreciated. I encouraged him to lose weight and explained to him the mechanical relief he can obtain for his knee joints if he able to lose weight. An exercise program will be resumed. He has not been placed on disability from his regular job duties.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 13th day of January, 1998, at San Joaquin County, California.

EDWARD L. CAHILL, M.D.

ELC:va

t 01 13 98

cc Comp

GAIL
FEB 0 6 1998
MATTHEWS

BRAGG & ASSOC.

FEB 0 4 1998

ROSEVILLE

GAIL

NOV 13 1997

MATTHEWS

PROGRESS NOTE:

BEARD, TOM

WC123764

October 27, 1997

Patient returns to the office six months after surgery. The patient notes his left knee has been bothering him at times, but his right knee has been bothering him as well. It was particularly painful, but going to the gym has been helping him for the past week or so. He notes that he can't run. He has already had a Qualified Medical Examination for his permanent and stationary status.

On physical examination knee range of motion was 0-120° bilaterally. There was no effusion of either knee. No joint line tenderness bilaterally. There was minimal crepitus of both knees with patellofemoral compression. No ligamentous laxity was identified.

ASSESSMENT:

1. Status post arthroscopic partial medial meniscectomy, left knee.
2. Overuse of the right knee associated with convalescence of left knee.

PLAN: I believe it would be appropriate for him to continue doing his exercises in the gym. I believe the expense of the gym is far less than physical therapy treatments. There is a good chance that by maintaining his muscular function and control, he will be able to perform his job better with fewer absences and complaints of pain. The exercise will also be helpful in potentially losing weight, which would also be of significant benefit to his articular cartilage. I will reevaluate him in six months' time.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated this 30th day of October, 1997, at San Joaquin County, California.

Edward L. Cahill, M.D./jaq

cc: Bragg & Associates

BRAGG & ASSOC.

NOV 12 1997

ROSEVILLE

State of California

Qualified or Agreed Medical Evaluator's Findings Summary

Patient 1. Patient Name (First, Middle Last) **TOM BEARD** 2. Social Sec No.: **558-76-6159** 3. Date of Injury: Mo/Dy/Yr **5.22.95**

4. Address No. and Street City Zip 5. Telephone
2937 Toyon Drive Stockton, CA 95203 209-941-0617

Employer 6. Name: **San Joaquin Mosquito Vector Control**

7. Address No. and Street City Zip 8. Telephone
7759 So. Airport Wy. Stockton, CA 95206

Exam Referral Schedule 9. Date of Appointment Call **5.21.97** 10. Date of Initial Examination **5.28.97** 11. Date of Referral for Medical Testing/Consultation

12. Date QME's Medical Legal-Report Served on all Parties

Disputed Medical Issues And Conclusion 13. The following medical issues will be used to determine the patient's eligibility for workers' compensation. Check the appropriate box and reference the corresponding pages(s) or section of the med-legal report for details.

	Report pages(s) or section	Yes	No	Pending or Info. Not Sent
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did work cause or contribute to the injury or illness?	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there pre-existing or other impairments/disabilities that contribute to permanent disability?	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Is there a need for current or future medical care?	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the medical condition stable and not likely to improve with active medical or surgical treatment (i.e., is the condition permanent and stationary)?	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there permanent impairment?	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Can this patient now return to their usual job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes:				
i. Without restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, Date: _____	
ii. With restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, Date: _____	

If restricted work is recommended, reference page(s)/section in report for details: _____

Basis for Conclusions 14. Are there subjective complaints? Yes No

15. Are there any abnormal physical examination findings? Yes No

16. Are there any relevant diagnostic test results (x-ray/laboratory)? Yes No

17. What are the diagnoses? (List)
Page 7

18. Were other physicians consulted? Yes No

QME 19. Signature *David M. Broderick* Date: **6-30-97**

20. Name **David M. Broderick, M.D.** Specialty **Orthopedist** Cal. # **C42099**

21. Address No. and Street City Zip Telephone
9856 Business Park Drive, Suite E Sacramento, CA 95827 (916) 362-5112



Adelberg Associates

Medical Group

A Professional Corporation

9856 Business Park Drive, Suite E

Sacramento, CA 95827-1704



916-362-5112

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Sacramento

Stockton

DATE OF VISIT: 5.28.97

DATE OF REPORT: 6-30-97

Elaina Piazzisi, Senior Claims Examiner
Keenan & Associates
392-D Connors Court
Chico, CA 95926

RECEIVED

APR 25 2001

DIVISION OF
WORKERS COMPENSATION
STOCKTON OFFICE

RE: Tom BEARD

SSN: 558-76-6159

DOB: 9.24.49

DOI: 5.22.95

WCAB #: STK0124214

EMP: San Joaquin Mosquito Vector Control

CLM: 6938-95-0005

ORTHOPEDIC EVALUATION - David M. Broderick, M.D.

Dear Ms. Piazzisi:

This is a 47-year-old, right-handed mosquito control technician/inspector for San Joaquin Mosquito Vector Control who is seen for orthopedic evaluation at 1803 West March Lane, Stockton, in conjunction with work-related trauma he describes occurring on 5.22.95.

History, as Related by the Applicant: The applicant has been employed by the San Joaquin Mosquito Vector Control since 1972. He indicates he is currently employed in a full-time capacity without restrictions.

Mr. Beard states that on the date of injury he was inspecting a pit when the ground gave way. He lost his footing and states he caught his left foot on the embankment and described developing pain in his left leg as a consequence of that injury. He states that he continued to work after the accident although because of persistent symptoms he reported the injury and the following day noted swelling in the left knee. He was seen at Dameron Hospital in the Industrial Medicine Department. He states he was

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prescribed medications as well as an Ace bandage and instructed that he could return to work.

The medical records reviewed indicate that the applicant was seen by Dr. Schwartz on 5.22.95. He was prescribed medications and recommended to undergo a course of physical therapy. Records indicate that he was seen by a therapist on 5.26.95 and at that time was given a home exercise program.

The applicant was referred by physicians at Dameron Occupational Injury Clinic to Dr. Bielejeski, an orthopedic surgeon, who initially examined him 6.22.95. At that time x-rays performed of the knee were interpreted as being normal. Dr. Bielejeski noted no pathology referable to the applicant's left knee. He felt that the applicant would be able to return to work without restrictions and felt he was permanent and stationary as of 6.22.95. Mr. Beard states that he was able to return to normal work activities although he had persistent knee symptomatology.

He was seen next by Dr. Cahill, an orthopedic surgeon, who examined him 11.22.95. Dr. Cahill recommended an MRI scan which was performed 12.7.95 and was positive for a medial meniscal tear. Surgery was performed by Dr. Cahill on 1.18.96 for a left arthroscopic partial medial meniscectomy and chondral shaving. Dr. Cahill noted a grade I chondromalacia of the medial femoral condyle with a localized area of grade II chondromalacia over the medial aspect of the medial femoral condyle.

Postoperatively the applicant was recommended to undergo a course of physical therapy. He was released to restricted work activities on 4.22.96 and was released to full work activities by Dr. Cahill as of 6.12.96. Dr. Cahill felt the applicant could be considered permanent and stationary as of 7.3.96. At that time Dr. Cahill recommended the applicant could continue with his regular job duties.

Mr. Beard states that he continues to treat with Dr. Cahill at three-month intervals. The last record available from Dr. Cahill is dated 1.29.97.

Current Complaints: The applicant indicates that his "left knee feels pretty good."

He indicates that on or about February of 1997 he began to develop pain in his right knee which he felt was due to putting more weight on his right knee. He described no trauma at that time. He states that his knees wake him at night, and he has pain which alternates from one knee to the other. He describes this pain as a shooting pain. This occurs 3-4 times per week. His pain is not activity-related.

Present Medications: Current medications include medications for high blood pressure. He also takes Vicodin 2-3 times per week

for pain.

Past Medical History: The applicant describes no prior neck or back injuries.

He does describe previous right knee surgery which was performed in 1970 for removal of a "protruding bone."

He describes a prior a motor vehicle accident in 1974 in which he was off work for two days.

He describes trauma to his left knee occurring in 1988 in which he was involved in a work-related injury. Records reviewed indicate that at that time he fell in a ditch and sustained a severe hyperflexion injury to his left knee. He remained symptomatic as a consequence of that injury and was awarded a permanent disability of 9.3 percent. The applicant indicates that he was off work for approximately three months after that injury, and he did have episodes of his knee "giving way" since that injury.

The following are medical records abstracted from Dr. Kornblatt's 12.2.96 report.

11.3.88, Doctor's First Report of Injury signed by J. Sepiol, M.D.: Notes the date of injury--10.26.88. Diagnosis--trauma left quadriceps muscle.

11.16.88, initial evaluation G. Murata, M.D.: While working for the San Joaquin County Mosquito Abatement Center, fell in a ditch on 10.26.88 sustaining a severe hyperflexion injury to his left knee. As he was falling, his foot caught and he felt a pop just superior to his patella. Assessment--partial quadriceps rupture, rule out possible medial meniscus tear in light of his medial jointline tenderness.

12.29.88, follow-up report from G. Murata, M.D.: The applicant has finished his physical therapy and has good functional use of his left leg. He has minimal limp. He was still slightly tender over the distal anterior quadriceps mechanism. He should be able to return to full duty 1.3.89. To return on a p.r.n. basis.

1.22.90, evaluation by G. Murata, M.D.: The applicant returns with complaints of left knee pain which he states has been increasing over the last two months.

9.20.91, progress report from G. Murata, M.D.: He has had some improvement with physical therapy. Still has some weakness in the left leg.

4.7.92, follow-up, G. Murata, M.D.: Mr. Beard is permanent and stationary but continues to have some complaints of knee and giving way.

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Surgeries: Prior surgeries include his right knee surgery in 1970, surgery for a perirectal abscess as well as his most recent surgery in January of 1996 for medial meniscectomy and chondroplasty.

Social Habits: He denies ethanol intake. He does not smoke.

Social History: He is divorced, has five children, has not been in the military, and is a high school graduate. He has 1-1/2 years of college training.

CHRONOLOGIC REVIEW OF RECORDS:

All medical records supplied by the referring party were reviewed.

5.14.92, letter from G. Westin, Jr., M.D.: Diagnosis--pain and weakness, left knee. Symptoms most consistent with a retropatellar contusion or possibly a quadriceps muscle tear.

5.14.92, x-rays, left knee: X-rays show normal bony anatomy with slight narrowing of the medial jointline. The studies are otherwise unremarkable.

4.13.93, Stipulations with Request for Award stating that Tom Beard had injury to his left leg causing permanent disability of 9.3%.

5.22.95, Doctor's First Report of Injury signed by F.X. Schwartz, Jr., M.D.: Notes date of injury--5.22.96. History--patient states that he was out of the vehicle inspecting the barrow pit, slipped, lost his footing and left knee failed. (History of left knee injury in 1986). Diagnosis--medial patella dislocation, left peripatellar bursitis, and left CMP.

6.22.95, examination performed by Thomas Bielejeski, M.D.: Mr. Beard gives a history that he slipped into a ditch at work on 5.22.95 and after that the left knee became somewhat swollen and painful. He was seen, evaluated and treated through the Dameron Occupational Injury Clinic. He gives a history of knee injury eight or nine years ago and at that time was treated by Dr. Murata. Mr. Beard may return to his usual occupation without any restrictions at this time. He does not need any further medical care. Dr. Bielejeski believed the applicant was permanent and stationary as of this date with no finding for rating.

11.22.95, examination performed by Edward Cahill, M.D.: On 5.22.95 he had a re-injury to his knee when he slipped down a 5 ft. ditch. Dr. Cahill noted the applicant had sustained initial trauma in 1986. At that time he fell into a ditch, slide on his back side and as he went down the embankment he felt his knee pop and subsequently became swollen. Assessment--the patient may have medial compartment early osteoarthritis, however, **BRAGG & ASSOC**

possibility that he could have a medial meniscal tear in light of the history of locking of his knee. MRI scan recommended.

11.22.95, x-rays, left knee: X-rays show slight medial jointline narrowing. These studies are otherwise unremarkable.

12.7.95, MRI scan interpreted by W. Aubrey Federal, M.D.: Conclusion--(1) large horizontal tear posterior horn medial meniscus, (2) grade II-III injury lateral collateral ligament, (3) probable grade I mediocollateral ligament, and (4) superior pre-patellar soft tissue swelling most closely related to direct injury.

12.13.95, progress report from Dr. Cahill: Dr. Cahill recommended arthroscopic evaluation and possible meniscectomy or meniscal repair and chondral shaving as indicated.

1.18.96, operative report signed by Edward Cahill, M.D.: Operation performed--left arthroscopic partial medial meniscectomy and chondral shaving.

1.22.96, progress report from Edward Cahill, M.D.: Assessment--status post arthroscopic partial medial meniscectomy and chondral shaving with significant quadriceps weakness. Dr. Cahill recommended the applicant proceed with physical therapy three times weekly for four weeks.

3.5.96, progress report from Edward Cahill, M.D.: Notes continuous weakness secondary to the flu and persistent leg weakness. Dr. Cahill extended his disability through 3.20.96..

3.18.96, progress report from Edward Cahill, M.D.: Recommended continuing his physical therapy. He is to remain off work until 4.22.96.

5.6.96, progress report from Edward Cahill, M.D.: Assessment--status post left knee arthroscopic partial meniscectomy and chondral shaving.

5.29.96, progress report from Dr. Cahill: Dr. Cahill recommended that he do isometric exercises while he is at his desk. He was not released to return to regular job duties.

6.12.96, progress report from Edward Cahill, M.D.: It has now been almost five months since his surgery. Dr. Cahill believed it was appropriate for the applicant to return to his regular job duties.

6.14.96, Job analysis for a mosquito control technician I. Employer--San Joaquin County MVCD. Notes the heaviest item carried--1/10th of a mile with a 30-pound weight. General job description--inspect and treat mosquito breeding sites such as ponds, ditches, fields, etc.

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7.3.96, progress note, E. Cahill, M.D.: He is permanent and stationary. He was recommended to continue his regular job duties.

10.29.96, progress note, E. Cahill, M.D.: Status post left knee arthroscopic partial medial meniscectomy. Has been permanent and stationary since 7.3.97 (should be 96). He is to continue to perform his regular duties of his regular job.

12.2.96, examination performed by Bart Kornblatt, M.D.: Dr. Kornblatt's diagnostic impression was that of chronic left knee pain status post arthroscopy with partial medial meniscectomy and chondroplasty of the chondromalacia of the medial femoral condyle and lateral tibial plateau. Dr. Kornblatt notes that the applicant had sustained injury to his left knee in 1988 for which he was awarded a 9.3% permanent disability award having received it in 1993. There was no indication that he had rehabilitated himself from this injury and in fact his condition worsened particularly with the 5.22.95 injury. Dr. Kornblatt felt the applicant would have an inability to squat normally and effectively. He contemplated that the applicant had lost between 15-20% of his capacity for lifting. Further preclusions would include no running, no prolonged negotiation of uneven or broken terrain, no prolonged squatting, no full squatting, and no kneeling onto the left knee. He should also be precluded from prolonged climbing.

1.29.97, progress report from Edward Cahill, M.D.: The patient returns for follow-up. Overall he has improved. He has continued his regular job duties. He has been doing his exercises on a regular basis. He has lost 16 pounds. There is no effusion, no crepitus, and no definite jointline tenderness. Dr. Cahill felt it was appropriate for him to continue the use of his exercise program at the health spa.

ORTHOPEDIC EXAMINATION

Physical examination reveals a 5 ft., 8-3/4 in., 332-pound male who ambulates with a normal gait pattern. He sits comfortably during the interview. He is able to get up on the examining table unassisted. He currently uses no ambulatory aids. He uses no lower extremity orthotics.

Examination of the lower extremities shows no evidence of muscle atrophy... Mid-thigh circumference measures 19 in. bilaterally. Knee circumference measures 19 in. bilaterally.

Examination of the right knee shows a 1-1/2 in. transverse incisional scar over the medial tibial plateau consistent with his 1970 surgery. On the left knee he has a 3 in. scar over the medial aspect of the left lower leg which he indicates is subsequent to a laceration in that area. Also note three

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well-healed portal incisional scars which he states is a consequence of his 1996 arthroscopic surgery.

He has full extension to 130 degrees of flexion in both knees.

Deep tendon reflexes show the patella jerks to be non-elicitable. The ankle jerks are +1 bilaterally. He has normal sensation to pinprick over both lower extremities.

Examination of the knees show negative spring sign bilaterally and negative pivot shift bilaterally. Lachman's sign is negative bilaterally. There is no instability to varus or valgus stress of either the right or left knee.

Examination of his left knee shows tenderness to palpation over the medial jointline. There is no jointline tenderness to palpation over the right knee. The applicant indicates that his left knee has improved "90%" as a consequence of his arthroscopic knee surgery.

He is able to toe walk and heel walk without difficulty. He is able to squat and return to the standing position unassisted.

Range of motion of the waist shows him able to flex to 90 degrees, hyperextend, laterally bend and laterally rotate.

DIAGNOSTIC IMPRESSIONS:

- (1) Chronic left knee strain.
- (2) Status post internal derangement, left knee, with partial medial meniscectomy and chondral shaving.
- (3) Normal right knee examination.

DISCUSSION

The applicant is seen for orthopedic evaluation in conjunction with work-related trauma he describes occurring on 5.22.95. On that date the applicant described injuring to the left knee when he fell on it when an embankment gave way.

He underwent initial conservative treatment modalities. He remained symptomatic and subsequently underwent an MRI scan and surgery for a medial meniscal tear of the left knee. He does note "90%" improvement in his symptomatology as a consequence of the surgery.

He was able to be released to restricted work activities on 4.22.96 and was able to be released to full work activities as of 6.12.96. He was considered to be permanent and stationary by his attending physician as of 7.3.96. No further surgery has been recommended

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for him. He would therefore be considered permanent and stationary as of 7.3.96.

The applicant describes developing right knee symptomatology on or about February of 1997 which he does not relate to any specific work-related injuries. He indicates that his right knee symptoms are due to putting more weight on his right lower extremity because of his left knee injury. His right knee examination is unremarkable. He demonstrates no evidence of right knee disability. The applicant's current right knee symptomatology could be considered a work-related phenomenon as it relates to the 5.22.95 trauma to his left knee, although any right knee symptoms would be of minimal intensity.

SUBJECTIVE FACTORS OF DISABILITY

Subjective factors of disability consist of occasional episodes of left knee pain which would be of slight intensity.

He also describes intermittent episodes of right knee pain which would be of minimal intensity.

OBJECTIVE FINDINGS

The applicant has localized tenderness over the medial aspect of the left knee consistent with the residuals of his medial meniscal injury and subsequent surgery. His operative report also showed evidence of a grade II chondromalacia of the medial femoral condyle which would also be consistent with localized tenderness over the medial aspect of the knee.

Examination of his right knee is unremarkable.

DISABILITY

The applicant would benefit from restrictions from repetitive squatting or kneeling with respect to the left knee as a consequence of his injury of 5.22.95. He would also benefit from restrictions from very heavy lifting as this type of activity would in all probability aggravate his left knee symptomatology.

He would not require any preclusions for the right knee.

APPORTIONMENT

Apportionment is an issue as the applicant does have a history of chronic left knee symptomatology related to a 1988 work-related trauma. For that injury he was awarded a 9.3% permanent disability. Disability referable to the 5.22.95 injury would therefore be his current disability precluding very heavy lifting as well as any repetitive squatting or kneeling minus the 9.3% permanent disability awarded to him as a consequence of his 1988 industrial trauma.

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PROVISION FOR FUTURE MEDICAL CARE

The applicant requires no further medical management at this point in time. He would require no further medical treatment as a consequence of his 5.22.95 work trauma. He does have a history of chronic left knee symptomatology and therefore might require intermittent use of nonsteroidal anti-inflammatory medications as well as bracing or physical therapy modalities. Any further treatment would be in reference to his 1988 industrial injury.

He would require no right knee treatment.

VOCATIONAL REHABILITATION

The applicant has been able to return to his normal work activities without restrictions. He would not be considered a Qualified Injured Worker for purposes of vocational re-training.

Disclosures and declarations

In accordance with Labor Code Section 4628 (b), (c) and (j) and 8 California Code of Regulations, Rule 10978 let it be known that: I performed all medical aspects of this document. Clerical assistance rendered to me, without charge, may have included transcription, word-processing, editing for form, consistency and completeness, publication, billing, the recording of incident and employment dates and related history, and/or medical records abstracting. Names of participating editorial personnel in this office include Trudi Angel, Rene'e Knox, Robin Miller, Wendee Marcotti, Aurora Navarro and Suzi Pinkham. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Exception: Where the report is recounting the history given by the applicant, or restating the observations or opinions of others, there is no implication that I believe it or disbelieve it, except insofar as that emerges from my comments. I supply this document, in response to request, for use only in connection with the proof or disproof of claim(s) in a court of law or in judicial arbitration. This evaluation complies with minimum time guidelines as stated in Article 4.5 of the Labor Code. I further declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that I have not offered, delivered, received, or accepted

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BEARD - Evaluation by D.M. Broderick, M.D. - 5.23.97

any rebate, fund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

Your referral is appreciated. Please let me know if additional information is required.



DAVID M. BRODERICK, M.D.
Qualified Medical Examiner, #9005F4
Orthopaedic Surgery

6.30.97
date

Signed in the County of Sacramento