

**KWORCC Select Claims Reports**

**Presented July 26, 2018**

### CLAIM SUMMARY-Reserve Advisory

Employer: Ford County  
Claim No.: 18721183  
Employee Age: 35  
AWW: \$501.56  
Attorneys: Employee n/a  
Adjuster: Susan Hildreth

Date of Injury: 5/10/2018  
Job Description: Chemical Applicator  
Updated: 7/17/18  
TTD Rate: \$334.39  
Employer: n/a

	Medical	Indemnity	Expense	Total
Reserves	\$50,830.00	\$12,869.26	\$9,810.00	\$73,509.26
Amount Paid	\$2,116.09	\$573.24	\$36.05	\$2,725.38
Outstanding	\$48,713.91	\$12,296.02	\$9,773.95	\$70,783.88

#### Accident Description/Nature of Injury:

- Claimant was putting hazard lights on tractor, went to step off tractor step, tripped and fell to the concrete, hitting his head and left shoulder on the concrete. The steps are approximately 4 feet off the ground.

#### Investigation/Compensability

- Claimant was in the course and scope of his employment at the time of injury. The employer reported that the claimant has a history of injuries and felt this injury could have been prevented. The employer reported the claimant was going to be written up for safety violations however, there is no documentation that this injury was intentional. This is a compensable claim.

#### Medical Management

- The claimant sought treatment at Western Plains Medical Center on 5/10/18. X-rays were taken which were negative for acute bony abnormality. A CT scan of his head was also completed which was normal. He followed up with his primary care physician, Dr. Trotter, on 5/14/18. He was diagnosed with a left shoulder injury with a suspected rotator cuff injury. He was referred for an MRI and followed up with Dr. Trotter on 5/24/18 to go over the results. The MRI showed some small to mild tears but did not feel surgery was indicated at that time. He was referred for physical therapy which did not seem to help. Claimant was referred to an orthopedic surgeon and this adjuster scheduled an evaluation with Dr. Brennan Lucas at Advanced Orthopedics. He was evaluated on 7/9/19. Dr. Lucas diagnosed the following: Sprain of left acromioclavicular joint; impingement syndrome of left shoulder; strain of muscles and tendons of the rotator cuff of left shoulder; cervicalgia. Plan: Given length of time that he has been dealing with this and his increasing pain, it is reasonable to consider left shoulder arthroscopy with subacromial decompression, distal clavicle excision, possible rotator cuff repair versus debridement and treatment as needed as the next step in treatment. Will obtain MRI images for review prior to procedure. May require immobilization in a sling and 3-4 month rehabilitation. Of note, he does have cervicalgia noted on exam today. I explained that his cervical spine may be contributing to his current shoulder pain as well, particularly the occasional numbness and shooting pain he has past his elbow into his hand. I recommend possible referral to a spine specialist as this is not my area of expertise. Surgery has been approved and is scheduled for 7/20/18.

#### Periods of Disability

- Employee has been paid \$573.24 in TTD benefits for the period of 5/18/18-5/29/18. He was released to light duty however, his supervisor did not get light duty arranged promptly and he returned to work on 5/30. He will be off work again starting 7/20 while he recovers from surgery.

#### **Permanent Partial Impairment/Permanent Disability**

- **The claimant will have a disability rating as a result of this injury which will result in a settlement. The claim is currently reserved based on potential 5-6% Shoulder impairment.**

#### **Subrogation/Other Issues**

- **Claimant was injured when he lost his footing while putting hazard lights on a tractor. There was no defective machinery or equipment involved nor was there any third party responsible. Claimant simply lost his footing however, the employer stated he may be written up for safety violations. Subrogation is not applicable.**

#### **Plan of Action:**

- **Resume TTD benefits following left shoulder surgery on 7/20/18.**
- **Follow up for receipt of updated work status after 7/20/18 surgery. Anticipate light duty release within 6 weeks of surgery. Once light duty release obtained, work with employer to offer light duty as soon as possible.**
- **Full duty release anticipated 6 months post op, January 2018.**
- **Obtain medical billing and chart notes and document file with same. Ensure bills approved and sent for processing.**
- **Anticipate MMI 6-9 months post op, January – April 2019.**

**CLAIMS SUMMARY**  
**SETTLEMENT REQUEST**

Employer: Miami County  
Claim No.: 2010038634 & 2015072273  
Employee Age: 60  
AWW: \$937 2/16/10; \$1,154 10/14/15  
Attorneys: Employee Michael Stang  
Adjuster: Amanda Chamberland

Date of Injury: 2/16/10 & 10/14/2015  
Job Description: Road & Bridge  
Updated: 7/16/18  
TTD Rate: \$546 2/16/10; \$610 10/14/15  
Employer: Ron Laskowski

January 16, 2010	Medical	Indemnity	Expense	Total
Reserves	\$68,269	\$75,539.10	\$10,500	\$154,308.10
Amount Paid	\$66,269	\$29,833.44	\$2,245.48	\$98,347.92
Outstanding	\$2,000	\$45,705.66	\$8,254.52	\$55,960.18

October 14, 2015	Medical	Indemnity	Expense	Total
Reserves	\$14,000	\$40,000	\$10,500	\$64,500.00
Amount Paid	\$11,408.02	\$7,405.40	\$962.63	\$19,776.05
Outstanding	\$2,591.98	\$32,594.60	\$9,537.37	\$44,723.95

**Accident Description/Nature of Injury:**

- **2/16/10:** Claimant got out of his truck, took couple of steps and slipped in icy mud, fell on his right knee; was compensable and after treatment, settled based upon a 21% impairment to right lower extremity in amount of \$21,097.44.
- **10/14/15:** Claimant suffered injury to his right knee and low back when slipped from a road grader. Was in course of employment and compensable.

**Disability Evidence:**

- **2/16/10:** Claimant comes in for review and modification of original award. Based upon IME furnished by Dr. Terrence Pratt, Claimant will depose Dr. Pratt to establish the low back and hip issues are natural and probable consequence of the original 2010 injury. If successful, because Claimant is not able to work, Claimant would be entitled to work disability award (*Bergstrom*), a value of \$45,705.66.
- **10/14/15:** Claimant reported contemporaneous pain involving right knee and low back and received treatment for both; over time, focused on right knee with Dr. Daniel Stechschulte who eventually rated the knee 20% impaired, a value of \$22,917.70. Claimant procured a rating from Dr. James Stuckmeyer of 28%, body as a whole, a value of \$70,882. Note that testimony by Dr. Pratt regarding Claimant's low back and hip issues will bolster Dr. Stuckmeyer's opinion.

**Medical/Medicare:**

- There is potential for future medical on both claims, estimated settlement value: \$10,000.
- Claimant has applied for social security disability benefits. The interests of Medicare need to be addressed.

**Plan of Action:**

- Defense counsel requests settlement authority of up to \$60,375 to settle both claims full and final, including Medicare Set-Aside.

## CLAIM SUMMARY-Reserve Advisory

Employer: Miami County  
Claim No.: 18722955  
Employee Age: 55  
AWW: \$1,127.24  
Attorneys: Employee n/a  
Adjuster: Susan Hildreth

Date of Injury: 5/23/2018  
Job Description: Bridge Foreman  
Updated: 7/17/18  
TTD Rate: \$630.00  
Employer: n/a

	Medical	Indemnity	Expense	Total
Reserves	\$59,750.00	\$43,220.00	\$11,610.00	\$114,580.00
Amount Paid	\$247.89	\$4410.00	\$23.80	\$4681.69
Outstanding	\$59,502.11	\$38,810.00	\$11,586.20	\$109,898.31

### Accident Description/Nature of Injury:

- Claimant was going up steep embankment at the end of the day as everyone else had gone for the day. He was doing his usual walk through of the job site before leaving. There were tools at the top of the embankment that needed to be retrieved. He had his tool belt in his hand, stepped on a rock that was stuck in the ground, had stepped on the rock several times (working at that location for at least 2-3 weeks) rock had loosened causing him to slip. He put his hands down, dropped his tool belt, landed on his knees. He didn't think he hit that hard. He didn't feel any immediate pain. He didn't think there was anything wrong until he was driving back to the shop in the foreman's truck, approximately 20 miles. When he got out of the truck, he was stiff.

### Investigation/Compensability

- Claimant was in the course and scope of his employment at the time of injury. The injury was acute, not questioned however; he does have a history of back injuries with prior lumbar surgery in 1992. This is a compensable claim.

### Medical Management

- The claimant sought treatment on 5/29/18 at Olathe Health Center, Paola. He was seen by Amy McHenry. She diagnosed a low back strain, prescribed Flexeril, Medrol Dosepak and Tramadol. He was told to be off work and remain on full bedrest until his recheck. He was seen again on 6/1/18 and was advised to continue on full bed rest. An MRI was ordered however, it was not completed until 6/18/18. The MRI revealed the following: 1. L5-S1 broad-based central protruded disc with inferiorly extruded disc fragment. Effacement thecal sac noted. Associated circumferential asymmetric bulging noted with greater narrowing of the left lateral recess and neural foramin. 2. Circumferential bulging annulus with mild narrowing of the neural foramina and lateral recesses noted L4-5 level. Ligamentum flavum is also prominent causing encroachment of the neural canal. 3. The L3-4 level demonstrates marked narrowing of disc space. Circumferential bulging also noted, greater on the left than the right. Greater lateral recess encroachment on the left compared to the right. Narrowing of the neural foramina seen bilaterally. Mild facet hypertrophy. The provider has requested authorization to refer to pain management however based on the MRI, I requested an evaluation by Dr. John Ciccarelli at Premier Spine Care. Nurse Case Management was also initiated to assist with referral and ongoing treatment. Claimant was seen by Dr. Ciccarelli on 7/3/18 and was diagnosed with Spinal stenosis, lumbar region with neurogenic claudication; Spinal stenosis, lumbosacral region; Intervertebral disc disorders with radiculopathy, lumbosacral region; Low back pain; Radiculopathy, lumbar region. MRI review of the lumbar spine from 6/18/18 with and without contrast demonstrates what appears to be prior laminectomy about L3-4 and some partial laminectomy at the inferior aspect of L4 on the left. He has a broad-based disc bulge at L4-5 coupled with facet and ligamentum hypertrophy producing lateral recess stenosis and L5 nerve root compression. He has a large left paracentral disc extrusion tracking inferiorly at L5-S1. X-ray studies obtained today demonstrate partial laminectomy on the left at L3-4 possibly L4-5. He

has noted spina bifida occulta at S1. Plan: Patient has suffered a 2 level lumbar disc herniation L4-S1 with extrusion at L5-S1. He has stenosis spanning L4-S1 with significant nerve root compression left greater than right. He has not undergone epidurals but given his large extrusion I don't think it would be of much benefit. He is a candidate for a lumbar discectomy decompression spanning L5-S1 and revision decompression L4-5 with possible discectomy. I believe the work injury is the prevailing factor and need for treatment. He is to remain off work currently. Surgery has been approved and scheduled for 7/18/18.

#### **Periods of Disability**

- Employee has been paid \$4410.00 in TTD benefits for the period of 5/29/18-7/16/18. He will remain off work until at least 3 weeks post op (8/8/18) and possibly up to 6 weeks post op. It is anticipated by the surgeon that between 3-6 weeks post op, he will be able to return to work light duty for up to an additional 3 months before a full release is anticipated.

#### **Permanent Partial Impairment/Permanent Disability**

- The claimant will have a disability rating as a result of this injury which will result in a settlement. The claim is currently reserved based on a potential 6% BAW impairment.

#### **Subrogation/Other Issues**

- Claimant was injured when he slipped on a rock that had come loose on an embankment. The rock was part of the terrain and had been stepped on numerous times during the weeks prior to the injury. There was no third party responsible for the injury nor was there any defective machinery or equipment involved. Subrogation is not applicable.
- Claimant does have a history of prior lumbar surgery through Miami County however; Dr. Ciccarelli has opined that this injury is the prevailing factor in his need for surgery. The current injury is at a different level than previously operated on.

#### **Plan of Action:**

- Continue TTD benefits following lumbar decompression surgery.
- Follow up for receipt of updated work status starting 3 weeks post op. Confirm light duty availability and convert benefits to TPD.
- Full duty release anticipated 3 months post op, October 2018.
- Obtain medical billing and chart notes and document file with same. Ensure bills approved and sent for processing.
- Anticipate MMI by January 2019.