



CONCENTRA
MEDICAL EXAMINATIONS

Andrew Newman, M.D.
Orthopedist

100 Willowbrook Road, Building One
Freehold, NJ 07728
Telephone: (800) 662-2393
Fax: (732) 409-0055

October 4, 2000

Liberty Mutual Insurance Company
15 Grants Drive
PO Box 3632
Bala Cynwyd, PA 19004

Attention: Ms. Carolyn Hliwski

RE: WALTER HOLLAND
INSURED: KALE TRANSPORT
CLAIM #: 303-639606
OUR FILE #: 002968309-01
DATE OF BIRTH: 3/11/44
SOCIAL SECURITY: 179-34-1524

Dear Carolyn Hliwski:

I had the opportunity of examining Walter Holland in orthopedic consultation on October 4, 2000. This was a third-party examination and there was no doctor-patient relationship established. All of my opinions are given with reasonable medical certainty. The nature of the referral in no way affects my opinions.

REPORTED HISTORY

Date of Incident: April 6, 1998.

Chief Complaint: Lower back pain.

History of Present Illness: This 56-year-old gentleman who is apparently a truck driver was involved in a work injury when he was hit in the rear by another truck, injuring his thighs and lower back on April 6, 1998. He did return to work in October, 1999, but he only worked for about a year, but then said that the back got worse and he could not work anymore.

He notes that he gets intermittent numbness of both feet as well discomfort in front of both thighs.

I asked him if he was diabetic, and he indicated that he was and has been for 16 years, but he says the that numbness in the feet did not come on until after the accident, according to him.

Right now, he is seeing a chiropractor for his lower back and takes Tylenol as needed.

PAST MEDICAL HISTORY

He denies any previous back problems of any kind.

The medical records that are available to me at this time consist of a report from Dr. Hayken which appears to be an independent medical evaluation, and therefore I cannot rely on the impression of the physician, but it does appear that the examinee has had a rather thorough work-up including several EMG's and an MRI. Unfortunately, I do not have those actual records at this time; but I can tell you from the writings of Dr. Hayken that there was some question of a decreased conduction velocity on the right side and a bilateral L4-5 radiculopathy at one point, and then another physician subsequently did a second EMG and found an L5-S1 radiculopathy on the left side.

Again, I do not have those actual studies, but only what this physician says that they showed.

There were degenerative changes and disk degeneration as well as a possible disk at L5-S1 on the left as well.

PHYSICAL EXAMINATION

The physical examination showed a very pleasant but extremely overweight, 56-year-old gentleman who also was noted to have fairly marked peripheral edema, particularly in his calves, with pitting edema of a marked nature. This obviously represents a significant medical problem, and I instructed the examinee to inform his internist or family physician about this and have this looked into. There were also what appears to be some healed sores on his legs which may be related to his diabetes.

Lumbar Spine:

1. The sitting root test was completely negative even when fully accentuated.
2. Each individual thigh was held against the examining table and with the knee extended, there was no pain in the back or the leg.
3. Ankle jerks (S1) and knee jerks (L4) were equal bilaterally. The Babinski reflex was absent.
4. There was no motor weakness. The EHL was strong bilateral (L5).
5. There were no complaints of numbness or tingling in either the foot or the leg.
6. With the examinee supine, the straight leg raising test produced no back pain or leg pain. Each heel was held in the examiner's palm. The Lasague's maneuver was negative.
7. The McNab test (flexion hip with knee flexed, then knee extended) was negative for leg pain (radiculopathy).
8. The Patrick Figure 4 test was negative for sacroiliac and/or back pain.
9. The Gaenslen's test for sacroiliac joint pain was negative (tested with leg over edge of table, opposite leg flexed).
10. With the examinee prone, there was no pain to palpation over either SI joint.
11. There was no pain to palpation over the sciatic nerve in the notch or posterior thigh.
12. No pain to palpation over the lumbar disc spaces or ~~over~~ the paraspinal musculature.
13. No muscle spasm or myofascitis (thickening of the soft tissues of the lumbar spine).
14. Full painless forward flexion, hyperextension, and side bending. Passive rotation was normal.
15. Heel and toe walking were normal.

DIAGNOSIS

Please see Conclusions.

CONCLUSIONS

Impressions and Final Conclusions: From an orthopedic viewpoint, this examinee is absolutely fully recovered. I am concerned for his medical condition being tremendously overweight, a diabetic, and having pitting edema. He should see his internist as soon as possible.

What I have seen him for, from the work injury viewpoint, of course is his orthopedic status, and I can tell you with reasonable medical certainty that regardless of what any previous EMG, nerve conductions, or MRI's have show, at this point this examinee is indeed fully and completely recovered from his orthopedic injuries, and from an orthopedic viewpoint can indeed return to full and complete duties.

I will fill out an affidavit of recovery regarding his low back injuries.

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Thank you for the opportunity of seeing him.

Kindest regards,

Andrew Newman, M.D.
Orthopedist

*Signature on file

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