



REHABILITATIVE MEDICINE ASSOCIATES

Mark Parker, M.D.
Radie Perry, M.D.
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February 19, 2009

Patient: Malik Jawad Hadi

DOI: 9/24/06
CARRIER: AIG
CLAIM#: UAE2150

IMPAIRMENT RATING

INTERVAL HISTORY:

Mr. Hadi presents today for a follow-up visit. Today, he is accompanied by Maggie Davis, his case manager. Basically, Mr. Hadi is doing about the same. He does continue to have pain in the left lower leg area. Mr. Hadi is due to have evaluation with Dr. Drazner sometime next week for residual limb pain. Otherwise, Mr. Hadi is here today for his impairment rating.

IMPAIRMENT RATING:

Using the *AMA Guidelines to the Evaluation of Permanent Impairment, Fourth Edition*, an impairment rating will be done today. First, using Table 63 found on page 83 of the *Guides*, Mr. Hadi is noted to have a distal right-sided above-knee amputation. This leads to a 32% whole person impairment rating. Mr. Hadi also has an amputation of the left ring finger. The amputation is noted to be just distal to the MP joint of the left ring finger. Using Figure 17 found on page 30 of the *Guides*, this leads to a 90% finger impairment of the left ring finger. This results in a 9% hand impairment using Table 1 found on page 18 of the *Guides*. This leads to an 8% upper extremity impairment. This was found on Table 2 of page 19 of the *Guides* and this converts to a 5% whole person impairment rating for the left ring finger amputation, which is found on Table 3, page 20 of the *Guides*.

Turning next to the left smallest finger, Mr. Hadi is noted to have joint ankylosis of about 15 degrees of the DIP joint of the smallest finger. This results in a 30%

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First Dallas Rating 1.

Page 2

Re: Malik Jawad Hadi

smallest finger impairment, which is found on page 32, Figure 19 of the *Guides*. This converts to a 3% hand impairment, which is found on Table 1, page 18 of the *Guides*. This leads to a 3% lower extremity impairment from Table 2, page 19 of the *Guides*. This leads to a 2% whole person impairment for the left smallest finger, which is found on Table 3 on page 20 of the *Guides*.

Examination of the left longest finger reveals abnormal sensation along the radial side of that finger. Using Figure 5 found on page 22 of the *Guides*, this leads to a 6% hand impairment, which converts to a 5% upper extremity impairment from Table 2 on page 19 of the *Guides*, and this converts to a 3% whole person impairment for the sensory deficit of the left long finger, which is found on Table 3 on page 20 of the *Guides*.

Now, the values of 32% for the above-knee amputation, 5% whole person impairment for the left ring finger amputation, 2% for the left smallest finger ankylosis, and 3% whole person impairment for the left long finger sensory deficit; using the combined values chart, combine to give a final 38% whole person impairment rating for Mr. Hadi.

Otherwise, Mr. Hadi is given a prescription for Lyrica 60 mg to be taken twice a day for neuropathic pain as well as phantom limb pain of the right residual limb. Mr. Hadi is also given a refill on Lortab, which he takes on an as-needed basis for pain symptoms. Mr. Hadi is to follow up with me in about three months or so, so that I can check on his progress. Otherwise, he is to call in the interim for any problems.

Rebecca Schmidt, MD

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Board Certified in Physical Medicine and Rehabilitation
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DICTATED/NOT READ BY PHYSICIAN

RS:bg

D: 02/19/09
T: 02/19/09

First . Dallas . Rating . 3



REHABILITATIVE MEDICINE ASSOCIATES

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March 2, 2009

Re: Patient: Malik Jawad Hadi

DOI: 09/24/2006

Carrier: AIG

Claim No.: UAE2150

IMPAIRMENT RATING
SUBSEQUENT REPORT

I have been requested by the carrier to convert the whole person impairment from Mr. Hadi to include only his left lower extremity impairment. Therefore, Mr. Hadi is noted to have a distal right-sided above-knee amputation. Turning to the *AMA Guides to the Evaluation of Permanent Impairment, Fourth Edition*, and using Table 63, which is found on page 83 of the *Guides*, Mr. Hadi is found to have an 80% impairment for the left lower extremity.

MM
Please feel free to contact me for any further questions or concerns.

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First - Rating - 2

He was started on:

- Broad spectrum IV antibiotics
- Re-hydration and blood transfusions
- Total Parenteral Nutrition (TPN)
- I.V Human Albumin transfusion

Recurrent dressing and debridement under general anesthesia was done. He showed good clinical improvement, with good healing of his wounds.

This was followed by skin grafting at the stump of right thigh for AKA, and skin grafting of multiple areas of left thigh and left leg, with excellent take of grafts.

The wounds on his left hand showed good improvement, but he continued to have deformed 5th digit, and he refused further surgical amputations. ✓

Physiotherapy and rehabilitation was started.

He was discharged on Dec. 4th 2006, and was followed up as outpatient. He is still having edema at the site of right knee stump that needs only conservative treatment for at least 12 weeks. He can go back to Iraq for three months, then he can come back for re-evaluation and preparing an artificial limb.

Dr. Suliman Al-Bdour
Consultant Orthopedic Surgeon

Al Khalidi Medical Center
Dr. Na'eel Abu Kaff

