



MidAmerica Hand to Shoulder Clinic

Anton J. Fakhouri, MD, FACS, FA
Gary A. Kronen, M
Paul E. Papierski, M
Taruna Madhav Crawford, M
Marcus G. Talerico, M
Jeremy T. Bell, PA
Gregory Crovetti, M
James Moravek, M
Beverlee Brisbin, M
Thomas M. Hunt, OPA-C, M

FAX

Date: 8-11-12

Pages: (Include)

To: Thomas J. Papovich

Company Name: The Law Offices of The

Phone Number: 815-344-3797

Regarding: Paul Dulberg

From: Samantha McDermott CMA Phone Num

Company: MidAmerica Hand to Shoulder Fa
Clinic

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Comments:

Please call if you h

Samantha McDermott CMA

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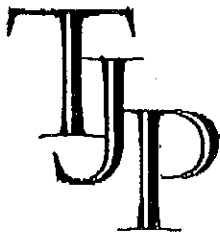
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HandToShoulderClinic.co

1419 Peterson Road
Libertyville, IL 60048
Ph/Fx (855) 4MY-HAND or (855) 469-4



The Law Offices of Thomas J. Popovich P.C.

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THOMAS J. POPOVICH
HANS A. MAST
JOHN A. KORNAK†
DIANA M. REITER

MARK J. VOGG
JAMES P. TUTAJ
ROBERT J. LUMBER
THERESA M. FREEMAN

June 11, 2012

MidAmerica Hand to Shoulder Clinic
Dr. Talerico
MEDICAL RECORDS/PATIENT BILLING
755 S. Milwaukee Avenue
Suite 250
Libertyville, IL 60048

Re: Patient: Paul Dulberg
Date of Birth: 03/19/1970
Date of Service: 06/28/2011 to present.

Dear Sir or Madam:

Please be advised that the above-captioned person is represented by the LAW OFFICES OF THOMAS J. POPOVICH, P.C. We respectfully request the following information:

- Complete copy of the patient's file with your facility, including correspondence, doctor/nurse notes and therapy records from 06/28/11 to present; and
- Itemized bills for services rendered.

Attached please find a HIPAA authorization signed by our client/your patient permitting the release of the foregoing documents being requested.

Please direct these documents back to my attention by mailing the information to the address listed above. Thank you for your prompt attention to this request.

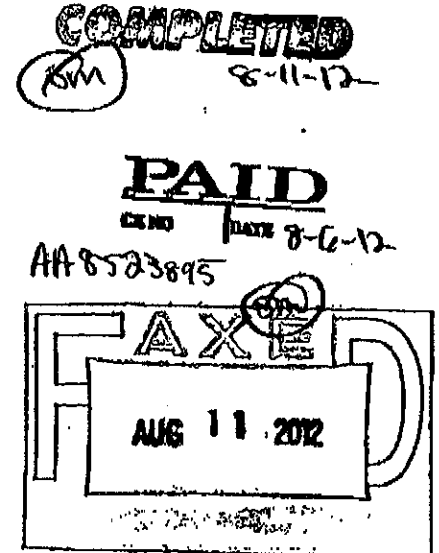
LAW OFFICES OF THOMAS J. POPOVICH, P.C.

Very truly yours,

Alarie Dullum,
Paralegal

WAUKEGAN OFFICE
210 NORTH MARTIN LUTHER
KING JR. AVENUE
WAUKEGAN, IL 60085

†Also Licensed in Wisconsin



HIPAA AUTHORIZATION FORM

PATIENT NAME: Paul Dulberg

DATE OF BIRTH: 3/19/70

DATE OF SERVICE: 6/28/11- Present

PURSUANT TO 735 ILCS 5/8-2001, 735 ILCS 5/8-2003 OF THE ILLINOIS COMPILED STATUTES AND HIPAA, I HEREBY AUTHORIZE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION ABOUT ME AS DESCRIBED BELOW.

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure:

Medical Provider: MidAmerica Hand to Shoulder Clinic
Dr. Talerico

2. The Law Offices of Thomas J. Popovich, P.C., may receive disclosure of protected health information about me.

3. The specific information that should be disclosed is: a copy of my entire hospital record and/or information in connection with the hospitalization/treatment date(s). I fully understand that my entire hospital record may contain mental health and developmental disabilities, alcohol and/or drug abuse, and/or Acquired Immune Deficiency Syndrome (AIDS)/HIV tests results and/or information. The medical records and/or healthcare information authorization to be disclosed hereunder are privileged and confidential and may be disclosed only on my authorization, except as required by law. I understand that information disclosed pursuant to this authorization may be re-disclosed by health information or medical records. I may inspect and arrange for photocopies of the records/healthcare information that are to be disclosed.

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying law offices of Thomas Popovich in writing of my desire to revoke it. However, I understand that any action already taken in reliance of this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

6. THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE OF MY SIGNATURE.

7. This information for which I am authorizing disclosure will be used for the purpose of my legal action being handled by my attorneys, Law Offices of Thomas J. Popovich, P.C.

Paul Dulberg
SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

6/3/11
Date

If signed by legal representative, relationship to patient: _____

Mavis Dullem
Signature of witness

6-3-12
Date

Therapy Prescription

☒ Hand Therapy

☐ Physical Therapy

Name of the Patient: Paul Dulberg

DOB: 03/19/1970 Telephone: (847)497-4250

Diagnosis: R forearm laceration with wrist flexor weakness, fatigue. No restrictions

Special Instructions/Precautions: Strengthening and conditioning, pain control modalities

Frequency & Duration: 1-2 times per week x 4 weeks

Evaluation and Treatment

Exercises

- ☒ AROM
- ☐ PROM
- ☒ Strengthening
- ☐ Manual Therapy

Protocols

- ☐ Flexor Tendon Repair
- ☐ Extensor Tendon Repair
- ☐ Carpal Tunnel Syndrome
- ☐ Trigger Finger
- ☐ Epicondylitis

Miscellaneous

- ☒ Home Exercise Program
- ☐ ADL's
- ☐ CPM for home use
- ☐ FCE
- ☐ Work Conditioning
- ☐ Work Hardening
- ☒ Per Therapist's discretion

Splints

- ☐ Static
- ☐ Dynamic
- ☐ Dorsal
- ☐ Hand based
- ☐ Wrist/Forearm based
- ☐ Volar

Modalities

- ☒ At therapist's discretion
- ☐ Ultrasound
- ☐ Iontophoresis
- ☐ High Volt Pulsed Current
- ☐ NMES
- ☐ TENS
- ☐ Heat/Cold Pack
- ☐ Whirlpool
- ☐ Fluidotherapy
- ☐ Paraffin

Scar/Edema

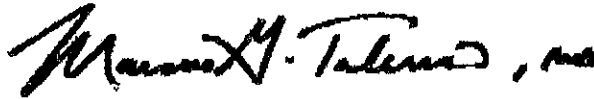
- ☐ Edema Control
- ☐ Scar Control/Massage/Remodeling
- ☒ Desensitization
- ☐ Wound Care
- ☐ Soft Tissue Mobilization
- ☐ Sterile Dressing Changes
- ☒ Pain Reduction
- ☐ Jobst Compression Garment

Specific Joint position required:

- ☐ Wrist
- ☐ MP
- ☐ PIP
- ☐ DIP
- ☐ Thumb CMC
- ☐ MCP
- ☐ IP

Physician's Signature:

Date: 12/02/11



Scheduled for:

Tuesday December 6, 2011 at 3:30pm at:

Dynamic Hand Therapy/ Fox Lake

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul AGE: 41 years old EXAM DATE: 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.

ALLERGIES: nkda

REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis

OPERATIONS: Ulnar Nerve Transportation: Active

SOCIAL HISTORY: Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

FAMILY HISTORY: Diabetes

OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

PHYSICAL EXAM:

Vitals: No data for Vitals.

Appearance: No distress, good color on room air. Alert and cooperative.

Skin: Bilateral upper extremities: no open wounds or skin changes.

Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.

Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.

Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle

Report Date: June 15, 2012 Patient: Dulberg, Paul R DOS:

incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension. None today.

IMAGING:

ASSESSMENT:

DIAGNOSIS:

906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES:

99203-NEW Detailed, Low Complexity

PLAN:

Plan:

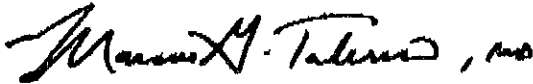
I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription:

No data for Prescription

Work Status:

Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin

Primary Care Physician: Dr. Sek

Other: n/a

Fax Created Dated 12/5/2011 9:13:03 AM Referring Physician.MC

PATIENT: Dulberg, Paul R AGE: 41 years old EXAM DATE: 01/06/12
HOME: 4646 Aden Court
Mchenry, IL 60051

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis

MEDICATION: naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)

ALLERGIES: nkda

SOCIAL HISTORY Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:

Appearance: No distress. Alert and cooperative.

Skin: Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.

Neuro: Bilateral upper extremities: light touch intact all digits, no weakness or wasting.

Focused Exam: Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

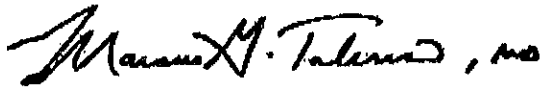
ASSESSMENT & PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer

Report Date: June 15, 2012 Patient: Dulberg, Paul R DOS:

the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status: Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Other: Hans Mast (Attorney)

Fax Created: Dated 1/9/2012 3:25:12 PM

Fax Created: Dated 1/10/2012 3:13:28 PM



MidAmerica Hand to Shoulder Clinic

LIABILITY/PERSONAL INJURY INFORMATION FORM

Please fill out this form only if you have a liability/personal injury claim.

Patient Name: Paul Dvilberg Date of Birth: 3-19-70 Date of Injury: _____

Liability/Personal Injury Insurance Carrier: Auto home owners Claim #: 13-2779-11

Liability/Personal Injury Insurance Carriers Address: 6000 Tailgate Rd Suite D Elgin IL 60123

Claims Adjuster: Tom Malatka Phone #: 847-587-3077 ex #: _____

If you have retained an attorney for this injury, please provide the following information:

Attorney Name: Hans mast Phone #: 815-344-3797 Fax #: _____

Attorney Address: _____

Signature: _____ Date: _____

Printed Name: _____ Date: _____



Fax

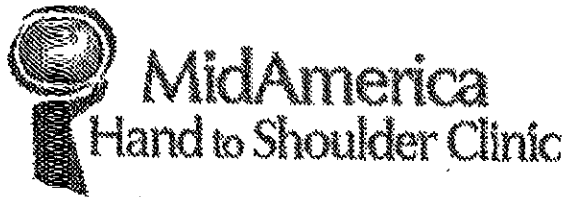
To: Hans Mast	From: Tish
Fax: 8153445280	Pages: 6 (Including Cover Letter)
Phone:	Date: 3/26/2012
	Phone: 847-720-7114
Re: Paul Dulberg	Fax: 847-720-7344

☐ Urgent
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• Comments:

Attached please find a ledger for the amount due for injury sustained by Mr. Paul Dulberg.

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Anton J. Fakhouri, MD, FACS, FICS
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Paul E. Papierski, MD
Taruna Madhav Crawford, MD
Marcus G. Talerico, MD
Jeremy T. Bell, PA-C
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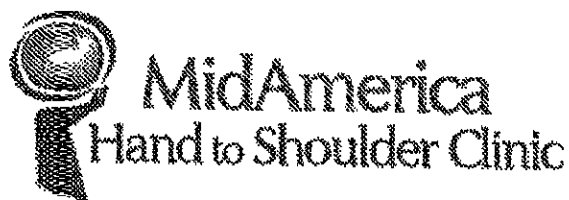
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UserFaxNumber = (847)247-0540
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PATIENT: Dulberg, Paul R **AGE:** 41 years old **EXAM DATE:** 01/06/12
HOME: 4646 Aden Court **PID:** 1002454
 Mchenry, IL 60051

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis
MEDICATION: naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)
ALLERGIES: nkda
SOCIAL HISTORY Alcohol - Denies
 Marital Status: Single
 Smoking: current every day smoker

PHYSICAL EXAM:

Appearance: No distress. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.
Neuro: Bilateral upper extremities: light touch intact all digits, no weakness or wasting.
Focused Exam: Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

Report Date: January 10, 2012 Patient: Dulberg, Paul R DOS: 01/06/12

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status: Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin

Other: Tom Malatia(adjuster) and Hans Mast(Attorney)

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MidAmerica
Hand to Shoulder Clinic

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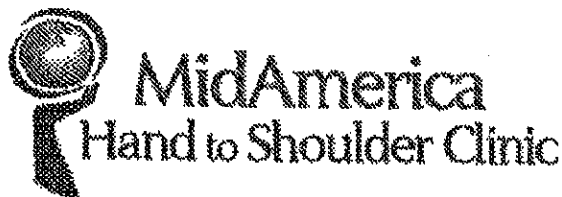
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UserFaxNumber = (847)247-0540
UserName = Paul Papierski, MD

Do Records
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HISTORY & PHYSICAL

PATIENT: Dulberg, Paul **AGE:** 41 years old **EXAM DATE:** 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.
ALLERGIES: nkda
REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis
OPERATIONS: Ulnar Nerve Transportation: Active
SOCIAL HISTORY: Alcohol - Denies
 Marital Status: Single
 Smoking: current every day smoker
FAMILY HISTORY: Diabetes
OCCUPATION: Graphic Designer

ROS:

1. Head and Neck:	System reported as normal by patient.
2. Heart:	System reported as normal by patient.
3. Lungs:	System reported as normal by patient.
4. GI:	System reported as normal by patient.
5. GU:	System reported as normal by patient.
6. Neuro:	As per HPI.
7. Musculoskeletal:	As per HPI.
8. Abdomen:	System reported as normal by patient.
9. Heme/Lymph:	System reported as normal by patient.
10. Other:	

Report Date: June 21, 2012 Patient: Dulberg, Paul R DOS: 12/02/11

PHYSICAL EXAM:

Vitals: No data for Vitals.

Appearance: No distress, good color on room air. Alert and cooperative.

Skin: Bilateral upper extremities: no open wounds or skin changes.

Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.

Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.

Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength, 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension.

IMAGING: None today.

ASSESSMENT:

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES: 99203-NEW Detailed, Low Complexity

PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription: No data for Prescription

Work Status: Not applicable.



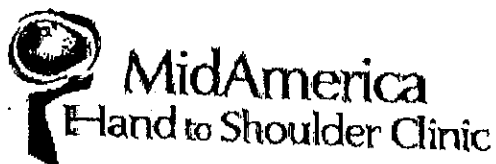
Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
 Primary Care Physician: Dr. Sek
 Other: n/a

Fax Created - Dated 12/5/2011 9:13:03 AM - Referring Physician: MC

Addendum - Dated 06/21/12

06/21/12 -- Patient clarified that this injury occurred on the above mentioned date but that he was not holding on to the chainsaw. Instead, he was helping his neighbor by holding a branch and the neighbor was the one cutting the branch with the chainsaw. vv



OAKBROOK TERRACE
1 TransAm Plaza Drive,
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Oakbrook Terrace, IL 60181
P 830.317.7007
F 830.317.7088

LOCKPORT
18810 W. 159th St.
Ste. 103
Lockport, IL 60441
P 708.237.7200
F 708.237.7201

PALOS HEIGHTS
10330 S. Roberts Road
Palos Hills, IL 60465
P 708.237.7200
F 708.237.7201

LIBERTYVILLE
1419 Peterson Road
Libertyville, IL 60048
P 847.247.0547
F 847.247.0540

SCHAUMBURG
1890 East Algonquin Rd.
Ste. 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul **AGE:** 41 years old **EXAM DATE:** 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.

ALLERGIES: nkda

REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis

OPERATIONS: Ulnar Nerve Transportation: Active

SOCIAL HISTORY: Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

FAMILY HISTORY: Diabetes

OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
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3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

PHYSICAL EXAM:

Rep: Date: June 21, 2012 Patient: Dulberg, P. R DOS: 12/02/11

Vitals:

Appearance:

Skin:

Neuro:

Vascular:

Focused Exam:

No data for Vitals.

No distress, good color on room air. Alert and cooperative.

Bilateral upper extremities: no open wounds or skin changes.

Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.

Bilateral upper extremities: palpable radial pulses and brisk capillary refill.

Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension.

None today.

IMAGING:**ASSESSMENT:****DIAGNOSIS:****PROCEDURES:**

906.1-LATE EFFECT OPEN WND EXTREM
99203-NEW Detailed, Low Complexity

PLAN:**Plan:**

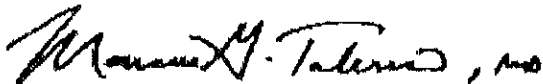
I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription:

No data for Prescription

Work Status:

Not applicable.



 Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin

Primary Care Physician: Dr. Sek

Other: n/a

Exam created - Date: 12/5/2011 10:13:03 AM - Referring Physician: MC



OAKBROOK TERRACE
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F 847.247.0540

SCHAUMBURG
1990 East Algonquin Rd.
Ste. 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

PATIENT: Dulberg, Paul R **AGE:** 41 years old **EXAM DATE:** 01/06/12

HOME: 4648 Aden Court
Mchenry, IL 60051

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis

MEDICATION: naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)

ALLERGIES: nkda

SOCIAL HISTORY Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:

Appearance: No distress. Alert and cooperative.

Skin: Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.

Neuro: Bilateral upper extremities: light touch intact all digits, no weakness or wasting.

Focused Exam: Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

Re: Date: June 21, 2012 Patient: Dulberg, Paul R DOS: 01/06/12

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
 PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status: Not applicable.

Marcus G. Talerico, M.D.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
 Other: Hans Mast (Attorney)

Fax Created: 06/26/2012 12:25 PM
 Fax Created: 06/26/2012 12:25 PM



Fax

To: Hans Mast	From: Tish
Fax: 8153445280	Pages: 6 (Including Cover Letter)
Phone:	Date: 3/26/2012
	Phone: 847-720-7114
Re: Paul Dulberg	Fax: 847-720-7344

☐ Urgent
 ☐ For Review
 ☐ Please Comment
 ☐ Please Reply
 ☐ Please Recycle

■ **Comments:**

Attached please find a ledger for the amount due for injury sustained by Mr. Paul Dulberg.

THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE THE READER OF THIS MESSAGE AND NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OF AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU