OBJECTIVE MEDICAL EVALUATIONS, INC.

Independent Medical Examinations & Disability Evaluations
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NOT A REAL MEDICAL RECORD

INDEPENDENT MEDICAL EXAMINATION REPORT

EXAMINEE INFORMATION

Name: John A. Doe (FICTIONAL)
DOB: 01/15/1985
Age: 40 years
Sex: Male
Date of Examination: 12/05/2025
Time: 1 hour, 45 minutes

EXAMINATION DETAILS

Requesting Party: Defendant's Legal Counsel
Examining Physician: Dr. Helen Optimistic, MD
Date of Loss: 07/30/2025
Case Type: Motor Vehicle Accident
Specialty: Physical Medicine & Rehabilitation

REMINDER: FICTITIOUS TESTING DOCUMENT

RECORDS REVIEWED

I have reviewed the comprehensive medical records provided, including:
- All hospital and emergency department records
- Complete surgical reports and post-operative notes
- All specialist consultation reports
- Physical therapy evaluations and progress notes
- All diagnostic imaging and reports

• Functional capacity evaluation
• Pain management records
• Previous independent medical examination by Dr. Conservative
• Employment records and job description

Total documentation reviewed: Approximately 120 pages
Additional materials: Video surveillance footage (provided by counsel)

HISTORY AS OBTAINED FROM EXAMINEE

Mr. Doe provides a history consistent with his prior medical records regarding the motor vehicle accident of 07/30/2025. However, during my examination, I noted several inconsistencies in his symptom reporting compared to his documented functional abilities and observed behaviors.

He reports ongoing significant pain and limitation, rating his pain levels as follows:
• Hip pain: 4-5/10 at rest, 7/10 with activity
• Neck pain: 4/10 constant
• Back pain: 6/10 constant

However, his presentation during the examination was notably inconsistent with these reported pain levels. He was observed to move more freely when he believed he was not being observed, and his pain behaviors appeared exaggerated during formal testing.

Behavioral Observations:
• Inconsistent pain behaviors throughout examination
• Ability to perform activities during informal observation that he claimed inability to perform during formal testing
• Normal gait pattern observed when entering and leaving office (vs. antalgic pattern during examination)
• No objective signs of acute distress

PHYSICAL EXAMINATION FINDINGS

General Appearance: Well-appearing 40-year-old male in no acute

distress. Cooperative but exhibited symptom magnification behaviors during testing.

Vital Signs: BP 138/84, HR 76, Wt 190 lbs

Cervical Spine:
• Range of motion testing shows mild limitations, but significantly better than previously reported
• Forward flexion: 45° (within functional range)
• Extension: 45° (within functional range)
• Rotation: 70° bilateral (near normal)
• Minimal muscle spasm on palpation
• Spurling's test negative when performed without patient anticipation
• Normal strength throughout

Lumbar Spine:
• Range of motion significantly better than previously documented
• Forward flexion: Fingertips 8cm from floor (marked improvement)
• Extension: 20° (functional range)
• Lateral bending: 20° bilateral (functional)
• Minimal paraspinal tenderness
• Straight leg raise test negative bilaterally
• Normal neurological examination

Left Hip:
• Excellent surgical healing with no complications
• Range of motion near normal limits:
  - Flexion: 110° (significantly improved)
  - Extension: 15° (functional)
  - Abduction: 40° (near normal)
• No Trendelenburg sign observed
• Strength testing 5/5 in all muscle groups
• Normal gait pattern when observed informally

Neurological Examination:
• Sensation intact throughout all dermatomes

• Deep tendon reflexes normal and symmetric
• No objective neurological deficits identified
• Coordination and balance normal

DIAGNOSTIC STUDY ANALYSIS

Hip Imaging: Shows excellent healing of the fracture with appropriate hardware placement. No evidence of complications, infection, or hardware failure. Minimal expected post-surgical changes.

MRI Lumbar Spine: While the report describes disc protrusion and muscle edema, these findings are relatively mild and commonly seen in asymptomatic individuals of similar age. The degree of clinical correlation appears exaggerated.

EMG/NCS: Shows only mild C6 radiculopathy with good potential for recovery. The findings do not correlate with the degree of disability claimed.

Functional Capacity Evaluation: Results appear artificially low and inconsistent with observed functional abilities. The evaluee demonstrated poor effort and symptom magnification during testing.

Surveillance Evidence: Video footage demonstrates significantly greater functional capacity than reported in medical evaluations, including normal ambulation, lifting activities, and recreational pursuits.

MEDICAL OPINIONS

Causation Analysis:
While Mr. Doe sustained legitimate injuries in the motor vehicle accident of 07/30/2025, the current clinical picture suggests resolution of the acute injury phase with exaggeration of ongoing symptoms. His hip fracture has healed appropriately, and his soft tissue injuries should have resolved by this point (20 weeks post-accident).

Maximum Medical Improvement:
In my opinion, Mr. Doe reached maximum medical improvement approximately 12-16 weeks post-accident. At 20 weeks post-injury, any ongoing symptoms are likely related to deconditioning, psychological factors, or secondary gain rather than ongoing pathology from the original accident.

Permanent Impairment Assessment:
Using AMA Guides to the Evaluation of Permanent Impairment, 6th Edition:
• Cervical spine: 3% whole person impairment (minimal)
• Lumbar spine: 2% whole person impairment (minimal)
• Left lower extremity (hip): 5% whole person impairment
• Combined total: Approximately 8-10% whole person impairment

This level of impairment is consistent with his objective findings and should not preclude return to his pre-accident employment.

Work Capacity Assessment:
Mr. Doe has the physical capacity to return to his pre-accident employment as a staff accountant without restrictions. His demonstrated functional abilities during surveillance and informal observation confirm his ability to perform sedentary work activities. Any perceived limitations appear to be self-imposed rather than medically necessary.

Symptom Magnification:
There are multiple indicators of symptom magnification and poor effort during medical evaluations:
• Inconsistent findings between examinations
• Disparity between reported abilities and observed function
• Non-anatomical symptom distribution
• Excessive pain behaviors during formal testing
• Surveillance evidence contradicting claimed limitations

Future Medical Care:
No ongoing medical treatment is medically necessary related to the motor

vehicle accident. Mr. Doe would benefit from:
• Psychological evaluation and potential counseling
• Supervised return to work program
• Fitness/conditioning program
• Discontinuation of pain medications and passive treatments

WORK RESTRICTIONS AND RECOMMENDATIONS

Based on my examination and analysis of all available information:

Current Work Capacity: Full duty without restrictions

Recommended Return to Work: Immediate return to pre-accident employment

Temporary Accommodations (if desired by employer):
• Optional ergonomic assessment (though not medically necessary)
• Gradual increase in hours over 1-2 weeks if extended absence has caused deconditioning

Long-term Prognosis: Excellent for full recovery and return to all pre-accident activities. Any ongoing limitations are not medically justified based on the original injuries.

DISCREPANCIES WITH PRIOR EVALUATION

The previous independent medical examination by Dr. Conservative contains several concerning elements:
• Overreliance on subjective complaints without objective correlation
• Failure to consider surveillance evidence
• Excessive impairment ratings not supported by objective findings
• Recommendations for ongoing treatment without medical necessity
• Apparent bias toward claimant's subjective reports

My examination, conducted with awareness of symptom magnification behaviors and supported by surveillance evidence, provides a more

> accurate assessment of Mr. Doe's true functional capacity.

PHYSICIAN CERTIFICATION

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief, and that this report contains my professional medical opinions based on reasonable medical probability and objective medical evidence.

Electronically signed by: Dr. Helen Optimistic, MD
Date: 12/05/2025
Board Certified: Physical Medicine & Rehabilitation
License #: PMR-888888 (FICTIONAL)
IME Experience: 20+ years, over 5,000 examinations conducted
Additional Training: Detection of Symptom Magnification

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