

# MEDICAL LEGAL CONSULTANTS, LLC

Independent Medical Examinations  
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 **FICTITIOUS DATA FOR SOFTWARE TESTING ONLY**   
**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:**  
11/20/2025

**Time:** 2 hours, 15 minutes

### EXAMINATION DETAILS

**Requesting Party:** ABC  
Insurance Company

**Examining Physician:** Dr.  
Thomas Conservative, MD

**Date of Loss:** 07/30/2025

**Case Type:** Motor Vehicle  
Accident

**Specialty:** Orthopedic Surgery

**REMINDER: FICTITIOUS TESTING DOCUMENT**

### RECORDS REVIEWED

I have reviewed the following medical records provided by the requesting party:

- Emergency Department report dated 07/30/2025
- Orthopedic surgery consultation dated 07/30/2025
- Operative report dated 07/31/2025
- Physical Medicine & Rehabilitation consultation dated 08/15/2025
- Physical therapy evaluation dated 08/18/2025

- EMG/NCS report dated 09/10/2025
- MRI lumbar spine report dated 09/15/2025
- Pain management consultation dated 09/20/2025
- Functional capacity evaluation dated 10/15/2025
- Cardiology consultation dated 11/02/2025
- Selected physical therapy progress notes
- Relevant imaging studies (X-rays, MRI)

**Total pages reviewed:** Approximately 85 pages of medical documentation

## **HISTORY AS OBTAINED FROM EXAMINEE**

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Mr. Doe reports that on 07/30/2025, he was involved in a motor vehicle accident where his vehicle was struck on the driver's side by another vehicle traveling at moderate speed. He was wearing a seatbelt and airbags deployed. He denies loss of consciousness but reports immediate onset of severe left hip pain, neck pain, and back pain.

He underwent emergency surgery the following day for his hip fracture with placement of a cephalomedullary nail. Since the accident, he reports persistent and worsening symptoms that have not responded adequately to extensive treatment including physical therapy, pain management, and multiple specialist consultations.

### **Current Symptoms (as reported by examinee):**

- Left hip pain: 4-5/10 constant, 7-8/10 with activity
- Neck pain: 5/10 constant with severe stiffness
- Lower back pain: 7-8/10 constant with frequent muscle spasms
- Numbness and tingling in right hand
- Severe fatigue and sleep disturbance
- Depression and anxiety related to chronic pain
- Complete inability to return to work as an accountant

He states these symptoms have "ruined my life" and that he requires assistance with many basic activities of daily living. He reports being

unable to sit for more than 30 minutes, stand for more than 15 minutes, or walk more than 100 feet without severe pain.

## PHYSICAL EXAMINATION FINDINGS

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**General Appearance:** 40-year-old male who appears in moderate distress, frequently shifting positions during examination, grimacing with movement

**Vital Signs:** BP 150/92, HR 88, Wt 190 lbs (gained 5 lbs since accident)

### Cervical Spine:

- Moderate restriction in all planes of motion
- Forward flexion: 30° (normal 50°)
- Extension: 20° (normal 60°)
- Rotation: 50° bilateral (normal 80°)
- Marked muscle spasm and tenderness throughout paraspinal musculature
- Positive Spurling's test on right
- Diminished sensation in C6 distribution right hand

### Lumbar Spine:

- Significantly limited range of motion in all planes
- Forward flexion: Fingertips 20cm from floor (previously could touch floor)
- Extension: 5° (normal 25°)
- Lateral bending: 15° bilateral (normal 25°)
- Severe paraspinal muscle spasm and tenderness
- Positive straight leg raise at 45° on right
- Antalgic gait pattern observed

### Left Hip:

- Well-healed surgical scar with slight tenderness
- Range of motion significantly limited:
  - Flexion: 80° (normal 120°)
  - Extension: -10° (normal 20°)
  - Abduction: 20° (normal 45°)

- Positive Trendelenburg sign
- Strength testing limited by pain: 3+/5 in most muscle groups
- Limping observed during ambulation

**Neurological:**

- Sensory deficits in C6 and L5 distributions
- Deep tendon reflexes diminished in affected areas
- Coordination intact but limited by pain
- Obvious pain behaviors throughout examination

## DIAGNOSTIC STUDY REVIEW

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**Hip X-rays:** Reveal appropriate healing of the intertrochanteric fracture with cephalomedullary nail in good position. Some evidence of early post-traumatic arthritis developing.

**MRI Lumbar Spine:** Significant findings including L4-L5 disc protrusion with nerve root contact, paraspinal muscle edema consistent with ongoing strain, and developing degenerative changes that appear accelerated beyond patient's age.

**EMG/NCS:** Confirms C6 radiculopathy with evidence of denervation, consistent with post-traumatic nerve injury.

**Functional Capacity Evaluation:** Documents severe functional limitations with ability to perform only light-duty work with significant restrictions. Notable that patient could not tolerate full evaluation without frequent breaks.

**Cardiology Evaluation:** While cardiac causes were ruled out, the development of chest pain during minimal exertion demonstrates the patient's overall deconditioning and inability to tolerate normal activities.

## MEDICAL OPINIONS

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**Causation Analysis:**

In my medical opinion, all of Mr. Doe's current symptoms and functional limitations are directly and causally related to the motor vehicle accident of 07/30/2025. The pattern of injuries and their persistence despite aggressive treatment is consistent with significant trauma sustained in the accident.

**Maximum Medical Improvement:**

Based on my examination and review of records, Mr. Doe has NOT reached maximum medical improvement. While 16 weeks have passed since the accident, his condition continues to show signs of ongoing inflammation and dysfunction. The complexity of his multi-system injuries suggests he may require 6-12 additional months of treatment before reaching maximum medical improvement.

**Permanent Impairment Assessment:**

Using AMA Guides to the Evaluation of Permanent Impairment, 6th Edition:

- Cervical spine: 15% whole person impairment
- Lumbar spine: 18% whole person impairment
- Left lower extremity (hip): 12% whole person impairment
- Combined total: Approximately 38-40% whole person impairment

**Work Capacity Assessment:**

Mr. Doe is currently unable to return to his pre-accident employment as a staff accountant. His inability to sit for prolonged periods, cognitive effects from chronic pain, and overall functional limitations preclude return to sedentary work at this time. Even with accommodations, his work capacity is severely compromised.

**Future Medical Care:**

Mr. Doe will require ongoing medical care including:

- Continued pain management with possible interventional procedures
- Additional physical therapy and rehabilitation
- Psychological counseling for chronic pain and depression
- Possible future surgical interventions (cervical fusion, hip revision)
- Lifelong monitoring for post-traumatic arthritis progression

- Assistive devices and home modifications

**Prognosis:**

Guarded. While some improvement may occur with continued treatment, Mr. Doe is likely to have permanent functional limitations that will significantly impact his quality of life and earning capacity. The multi-level nature of his injuries creates a complex pain syndrome that typically responds poorly to conservative treatment.

## RESTRICTIONS AND LIMITATIONS

Based on my examination, Mr. Doe should adhere to the following permanent restrictions:

- No lifting greater than 10 pounds
- No prolonged sitting (maximum 20 minutes continuous)
- No prolonged standing (maximum 15 minutes continuous)
- No bending, stooping, or twisting
- No climbing or working at heights
- No driving for distances greater than 30 minutes
- Requires frequent position changes and rest breaks
- May require assistive devices for ambulation

These restrictions render him unable to perform the essential functions of his previous employment even with reasonable accommodations.

## 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.

**Electronically signed by:** Dr. Thomas Conservative, MD

**Date:** 11/20/2025

**Board Certified:** Orthopedic Surgery

**License #:** OS-777777 (FICTIONAL)

**Medical Legal Experience:** 15 years conducting IMEs

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