

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

PHYSICIAN'S REPORT OF WORKER'S COMPENSATION INJURY

A COPY OF THIS REPORT MUST BE SENT TO THE INJURED WORKER AND THE INSURER.

1. REPORT TYPE Initial Progress Closing

EXAM DATE 10/19/16

2. CASE INFORMATION

Date of Injury 10/06/16 Insurer Claim # 3863334
Injured Worker GROVES, SHERYL Insurer Name/TPA PINNACOL ASSURANCE
Social Security # XXX-XX-0509 Insurer Phone/Fax (303)361-4000 (000)
Date of Birth 11/28/55 Employer Name CORPORATE MANAGEMENT GROUP,

3. INITIAL VISIT (only)

a. Injured worker's description of accident/injury

b. Are your objective findings consistent with history and/or work-related mechanism of injury/illness? Yes No

4. CURRENT WORK STATUS Working Not Working (Laid off)

5. WORK-RELATED MEDICAL DIAGNOSIS(ES) Confusion (L. hand)

6. PLAN OF CARE

a. TREATMENT PLAN

Diagnostic tools/tests Exam
 Procedures
 Therapy
 Medications
 Supplies
 Other

b. WORK STATUS

Able to return to full duty on Continue Full duty as of 10/19/16
 Able to return to modified duty from to
 Unable to work from to
 Able to return to part time work on for hours per day

c. LIMITATIONS/RESTRICTIONS No Restrictions Temporary Restrictions Permanent Restrictions

Lifting (maximum weight in pounds) lbs. Walking hours per day
 Repetitive lifting lbs. Standing hours per day
 Carrying lbs. Sitting hours per day
 Pushing / Pulling lbs. Crawling hours per day
 Pinching / Gripping Kneeling hours per day
 Reaching over head Squatting hours per day
 Reaching away from body Climbing hours per day
 Repetitive Motion Restrictions
 Other

7. FOLLOW UP CARE AND REFERRALS - *7c. requires a notice by certified mail to insurer & patient within 3 business days. (See Instructions)

a. Return Appointment Date No Follow up needed
b. Referral for Treatment (specify) Evaluation (specify)
 Impairment Rating Other (specify)
Referred Provider's Name Phone #
c. Discharged for Non-Compliance* Discharged from Care for Nonmedical Reasons*

8. MAXIMUM MEDICAL IMPROVEMENT (MMI)

Injured Worker has reached MMI Date of MMI 10/19/16
 Injured Worker is not at MMI, but is anticipated to be at MMI in/on
 MMI date unknown at this time because

9. MAINTENANCE CARE AFTER MMI Yes No

If yes, specify care:

10. PERMANENT MEDICAL IMPAIRMENT (REQUIRED)

No permanent impairment Permanent Impairment (attached required worksheets and narrative)
 Anticipate permanent impairment Needs referral to Level II physician for impairment rating (see 7b above)

11. PHYSICIAN'S SIGNATURE

Jennie Schulman P.A.-C License # 073 Date of Report 10/19/16
CORPORATE MANAGEMENT GROU 4624

Handwritten note: Jennie W. Reiter MD