

PARK PLAZA ORTHOPEDIC CLINIC

105 N. 31st Avenue, Suite 102
Omaha, NE 68131
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801 Harmony Street, Suite 305
Council Bluffs, IA 51503
723-328-5970
FAX: 712-328-5971

SAMPLE IME CASE

*For confidentiality of patient and doctors involved, identifying terms have been removed.
For the same reason, package of references and exhibits is not included.*

Anil K. Agarwal, M.D., F.A.C.S.
Board Certified Orthopedic Surgeon



Orthopedic
A.K. Agarwal, MD
Board Certified Orthopedic Surgeon
Independent Medical Examiner

Internal Medicine
V. Salaria, MD
Board Certified Internal Medicine

Family Practice
J. Paknikar, MD
Board Certified Family Physician

Family Practice
Sherri Rogers, P.A.C.
Physician Assistant

March 22, 2005

Law Office of [REDACTED]
[REDACTED]
[REDACTED]

Re: [REDACTED], MVA, 10/29/2004

Dear Mr. [REDACTED],

We appreciate the opportunity to serve you, and thank you for sending Mr. [REDACTED] to us.

As you already aware, this case is extremely complicated, and required extensive review and research in order for us to prepare a thorough report herein enclosed. To recap that effort, we spent >125 hours reviewing all of the materials provided, including X-rays and CT Scans.

Moreover, we took the liberty to research and interpret X-rays and reviewed those along with the voluminous pages of medical records. We also went to Creighton University Medical Center to review old X-rays and we made a copy for you, pre-operative and post-operative.

Our research also discussed issues concerning degenerative changes for the elbow and shoulder. To reiterate, our research is comprehensive and reflects reasonable clinical certainty based upon the available information.

Please review the file, and feel free to contact me with any questions at (402) 346-1111, or email me at anil@parkplz.com. Again, we appreciated the support that you are providing our charitable foundation, the Park Plaza Clinic, and hope that we can work together in the future.

Sincerely,

Anil Agarwal, M.D; F.A.C.S.
Orthopedic Surgeon
Independent Medical Examiner

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Omaha, NE 68131
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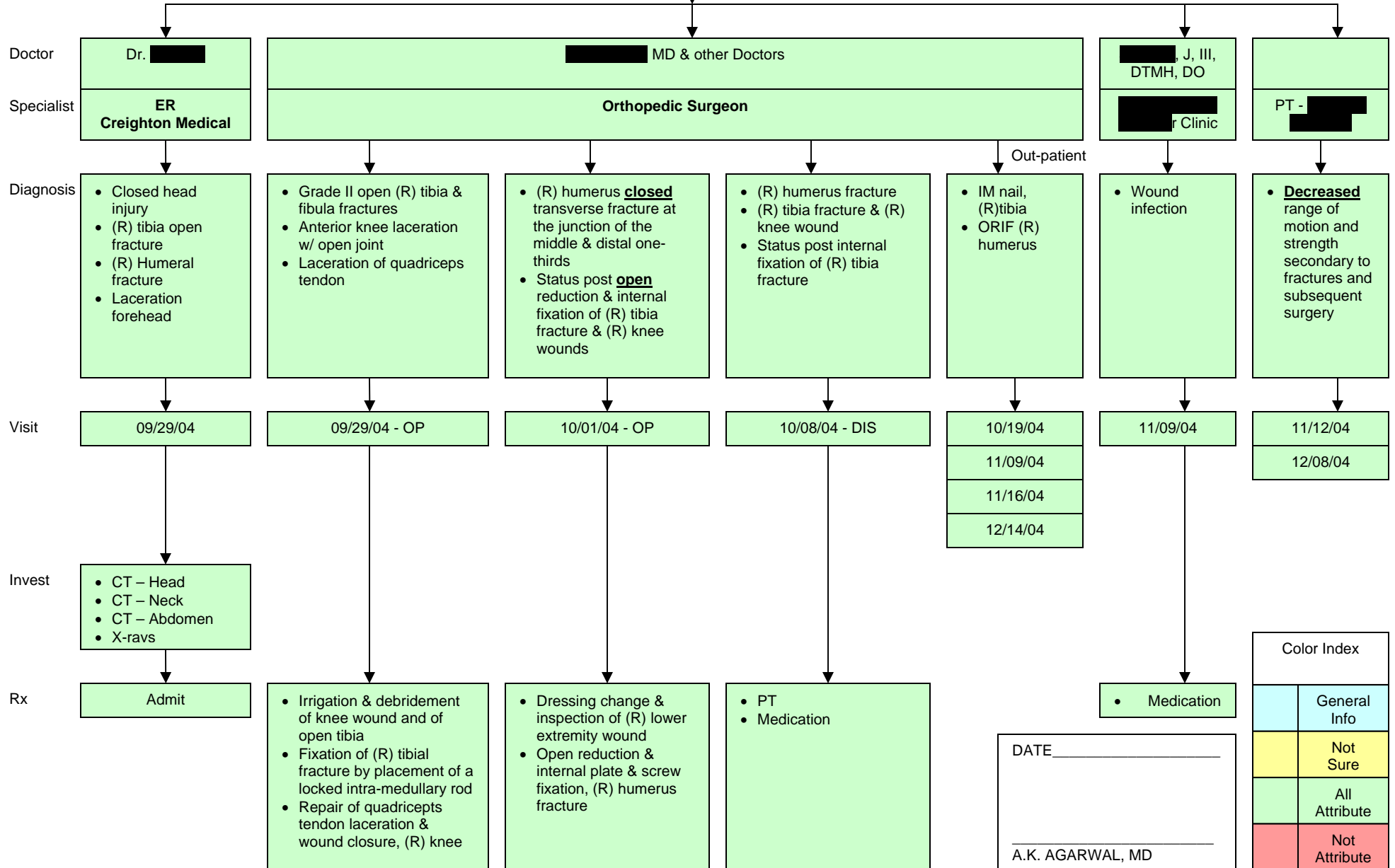
500 West Broadway, Ste 2A
Council Bluffs, IA 51503
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Fax: (712) 325-8890

CONCLUSION I

PATIENT INFORMATION
 Re : [REDACTED]

PRE-EXISTING	SURGERY	MEDICATIONS
• NONE	• NONE	• NONE

MVA - Unrestrained : 09/29/2004, [REDACTED] 32 years old



DATE _____

 A.K. AGARWAL, MD

Color Index	
	General Info
	Not Sure
	All Attribute
	Not Attribute

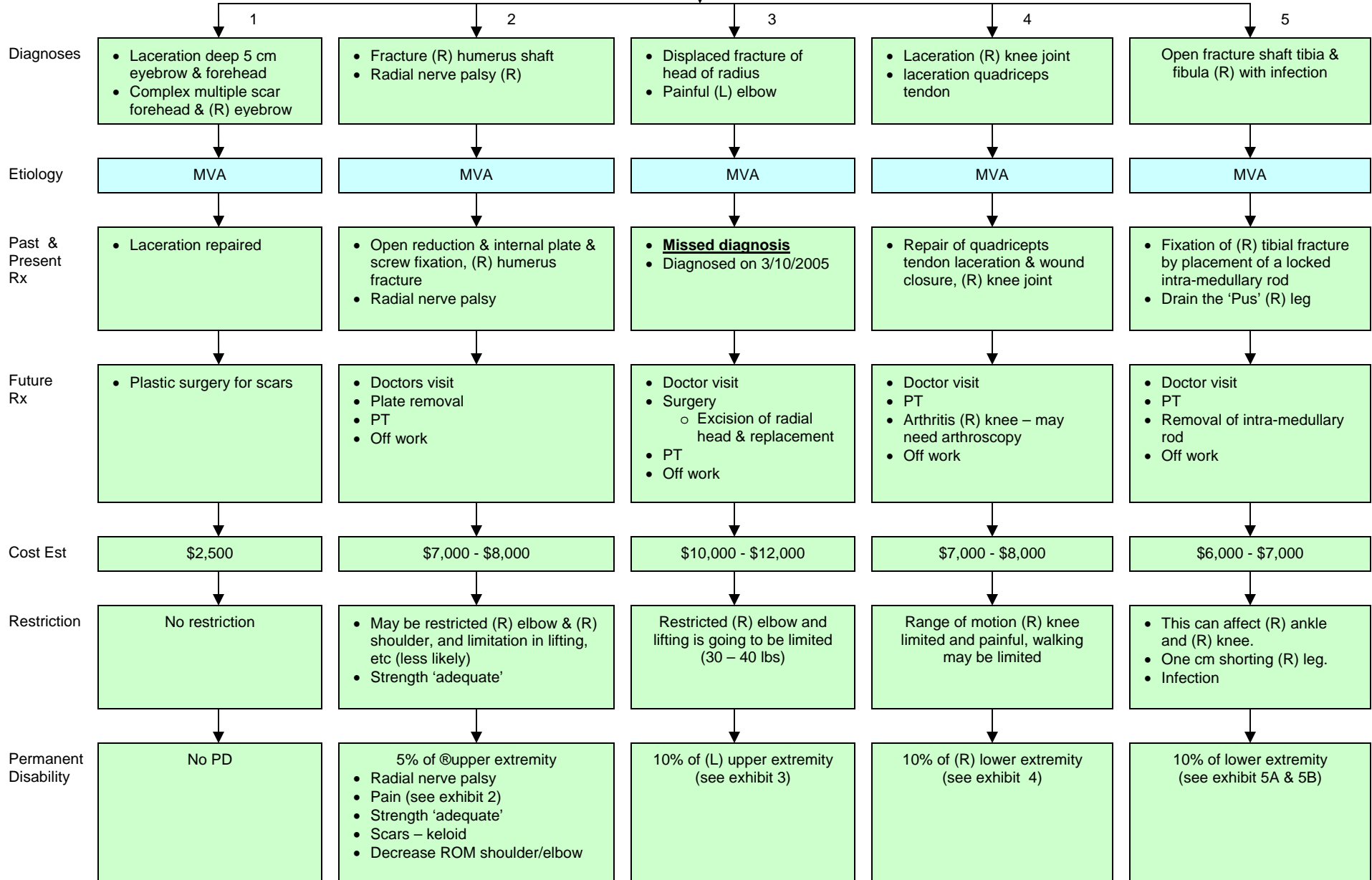
CONCLUSION II

**DIAGNOSES & RX
PATIENT INFORMATION**
Re: [REDACTED]

DATE _____
A.K. AGARWAL, MD

Color Index	
	General Info
	Not Sure
	All Attributed
	Not Attributed

MVA - unrestrained : 09/29/2004, [REDACTED], 32 years old



PARK PLAZA ORTHOPEDIC CLINIC

Anil K. Agarwal, M.D.

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FAX: 712-328-5971

March 21, 2005

Law Office of

[REDACTED]

Re: [REDACTED]

DOI: 09/29/04

DOB: [REDACTED]

SSN: [REDACTED]

Dear Mr. -----:

Mr. [REDACTED] is a 32-year-old right-handed male. He came to the clinic for an Independent Medical Examination at 1:00 P.M. March 10, 2005. He was accompanied by "-----" (402-932-0186), who acted as interpreter. The interview was started at 1:30 P.M., followed by a physical examination, which ended at 4:00 P.M. Mr. [REDACTED] was informed that this was an Independent Medical Examination and that the report of this encounter would be sent only to the company who had requested it.

CHIEF COMPLAINT:

1. Left elbow pain since September 29, 2004.
2. Right arm pain after fracture of the humerus and subsequent surgery, since September 29, 2004.
3. Right knee pain after surgery for quadriceps rupture and fracture of the tibia-fibula on the right side, since September 29, 2004.
4. Right leg pain.
5. The scar under the right eyebrow and forehead after laceration

Name: [REDACTED]
DOB: [REDACTED]
DOI: 09/29/04

HISTORY OF INJURY:

The records indicate that this 32-year-old male was thrown from a car following a head-on collision the evening of September 29, 2004. He reportedly was an **unrestrained passenger**. He was transferred via helicopter to the Creighton University Medical Center for care. He was admitted by -----, M.D., who called for consultation with Michael -----, M.D., for surgical repair. He had facial trauma, but no head injury. He had a closed midshaft right humerus fracture, which was splinted in satisfactory position, and had open injuries to the right lower extremities. He underwent surgery on the date of the accident, with irrigation and debridement of a knee wound and of the open tibia. There is fixation of the right tibial fracture with a locked intramedullary rod, and repair of the quadriceps tendon and wound closure of the right knee.

On October 1, 2004, the patient underwent a dressing change of the right lower extremity wound and open reduction and internal plate and screw fixation, right humerus fracture. Dr. ----- notes that this man was severely injured in a motor vehicle accident on September 29, 2004. He is noted to have a radial nerve palsy of the right upper extremity with no motor function of the extensors of his wrist, fingers or thumb on September 30, 2004.

He was discharged from hospital October 8, 2004, and returned home have physical therapy in ----- . He was released to return to work on December 14, 2004.

PAST MEDICAL HISTORY

Medical: No major medical illness reported.
Allergies: No allergies reported.
Medication: None.
Surgeries: 1. Right arm surgery on 09/30/04,
2. Right leg surgery 09/29/04,
3. Repair of eyebrow laceration 09/29/04.
Personal: He is married.

PAST/PRESENT TREATMENT:

Total medical office visits: He does not know this. He was followed by the doctors at the ----- University Medical Center.
Last medical office visit: He was last seen by Dr. ----- on December 14, 2004. He had some physical therapy at ----- Memorial Hospital in November and December of 2004.

Name: [REDACTED]
DOB: [REDACTED]
DOI: 09/29/04

WORK HISTORY:

Mr. [REDACTED] is working 40 hours a week. He went to work on December 15, 2004, three and one-half months following the motor vehicle accident. He is a laborer working for -----, a meatpacking plant. He uses a knife in his work. He has been employed in that job since October 28, 2002.

REVIEW OF MEDICAL RECORDS:

----- University Medical Center

09/29/04 Mr. [REDACTED] was admitted to the Emergency Room at 1822 hours. Initial impressions were of a **closed head injury and right tibia open fracture**. He arrived via helicopter approximately 60 minutes following a collision. The patient was a passenger in a motor vehicle going at a moderate to high rate of speed, and which had severe damage. He had injuries to his head, face, arm, thigh, leg, right and left shoulders and had lacerations to his head, face and extremities. He complained of headache. The right arm was tender with swelling and deformity. The right thigh and leg were tender with swelling and deformity. The patient was alert and responded to verbal stimuli. The attending surgeon was Dr. -----

A report by the Paramedics was noted.
An H&P was done by -----, M.D. and authenticated by Dr. -----
---, with diagnoses of right tibia-fibula fracture and right humeral deformity. A CT scan of the head, neck and abdomen was ordered, as were x-rays. Orthopedics was to be called.

The patient was taken to surgery X2, discussed under Dr. -----.
The progress notes and nurses' notes are reviewed through October 8, 2004, on which date the patient was discharged.

John -----, III, DTMH, DO – [REDACTED] Health ----- Clinic

11/09/04 The patient presented with a history of a motor vehicle accident six weeks ago. He has a wound on his right lower leg that continues to drain pus. He states that it opens and closes, and that on a pain scale of 1-10 he rates this as a 4.
Assessment: Wound infection.
Augmentin, 875 mg, one b.i.d., was prescribed.

Name: [REDACTED]
DOB: [REDACTED]
DOI: 09/29/04

-----, M.D. – ----- University Division of Orthopedic Surgery

09/29/04 Consultation Report

This patient was status post MVA this evening. He was an unrestrained passenger involved in a head-on collision and was ejected from the vehicle. He was then presented as a Code 3 (critical condition) trauma to ----- University Medical Center on a hard backboard and with a cervical collar in place. Both the right upper and lower extremities were splinted in the field. An examination was done and Lodox film revealed a right proximal third tib-fib fracture, as well as a right mid to distal third humerus shaft fracture. The patient's humerus and right lower extremity were splinted in Trauma Bay and he was to proceed to the OR.

An eyebrow laceration was repaired without complications.

09/29/04 Operative Report

Surgeon: -----, M.D.

Assistants: [REDACTED], M.D., and [REDACTED], M.D.

PreOp and PostOp DX:

1. Grade II open right tibia and fibular fractures.
2. Anterior knee laceration with open joint.

Procedures:

1. Irrigation and debridement of knee wound and of open tibia.
2. Fixation of right tibial fracture by placement of a locked intra-medullary rod.
3. Repair of quadriceps tendon laceration and wound closure, right knee.

Dr. ----- notes the patient was thrown from a car. He had facial trauma but no head injury. He had a closed midshaft right humerus fracture, which was splinted in satisfactory position, and had open injuries to his right lower extremity.

09/30/04 Progress notes of this date indicate a weak wrist with digital dorsiflexion noted, along with some generalized decreased sensation.

10/01/04 Operative Report

Surgeon: -----, M.D.

Assistants: [REDACTED], M.D., and [REDACTED], M.D.

Pre and Postop DX:

1. Right humerus closed transverse fracture at the junction of the middle and distal one-thirds.
2. Status post open reduction and internal fixation of right tibia fracture and right knee wounds.

Name: [REDACTED]
DOB: [REDACTED]
DOI: 09/29/04

Procedure:

1. Dressing change and inspection of right lower extremity wound.
2. Open reduction and internal plate and screw fixation, right humerus fracture.

Dr. ----- notes the patient had been severely injured in a motor vehicle accident on September 29, 2004, and noted his extremity injuries. He also stated the patient had a radial nerve palsy of the right upper extremity with no motor function of the extensors of his wrist, fingers or thumb.

10/08/04 Discharge Summary

Discharge Diagnoses:

1. **Right humerus fracture.**
2. **Right tibia fracture and right knee wound.**
3. **Status post plate and screw of right humerus fracture.**
4. **Status post internal fixation of right tibia fracture.**

The patient did well once he was admitted to the floor. He was up and ambulatory with physical therapy and was walking greater than 50 feet with the assistance of a walker. He was discharged home with continuation of physical therapy on a three time per week basis. He was discharged on Colace and Percocet with toe-touch weightbearing on the right side. He was to return to Dr. ----- for staple removal in ten days.

10/19/04 Stitches out, wounds okay. Patient is stable.

11/09/04 Dr. ----- prescribed physical therapy to evaluate and treat the right knee for range of motion and strengthening. Patient was status post ORIF, right tibia.

11/16/04 Patient seen in follow-up for right tibia and right humerus fractures with ORIFs. The wounds were okay.

Assessments:

1. **IM nail, right tibia, healing.**
2. **ORIF right humerus.**

12/14/04 Patient seen in follow-up for right humerus ORIF. He had no new complaints and was given a return to work note.

Assessment: Healing fractures.

Name: [REDACTED]
DOB: [REDACTED]
DOI: 09/29/04

----- **Hospital – Physical Therapy**

11/12/04 The patient was referred by Dr. ----- for evaluation and treatment of the right knee for increasing range of motion and strengthening. The history was reviewed. The patient reported right shin pain; right ankle movement causes pain on top of the foot and medial ankle. Treatment was outlined and the assessment was that **the patient has decreased range of motion and strength secondary to fractures and subsequent surgery.** The goals were set and the patient was to be seen two to three times a week for the next four to six weeks.

12/08/04 The patient had attended, from what I note from the records, ten physical therapy sessions. On this date his tibial pain was at a 2 on a scale of 1-10. Mr. [REDACTED] was walking well with all exercises, walking without an assistive device, but with an antalgic gait. They may discharge him on Friday and would try to evaluate him on treadmill walking for ten minutes to work on the antalgic gait.

DIAGNOSTIC STUDIES

----- **Hospital at ----- Medical Center**

09/30/04 CT scan of the head without contrast.

Impressions:

- 1. Right frontal scalp contusion.**
- 2. No acute intracranial abnormalities.**

CT scan of the cervical spine.

Impression: No evidence of acute osseous or acute alignment abnormality of the cervical spine.

CT scans of the abdomen and pelvis with contrast.

Impression: Small bilateral pleural effusions, otherwise negative CT of the abdomen and pelvis.

Chest x-rays – AP and lateral. Lodox, part of the whole body scan was reviewed on the monitor.

Impression: No acute cardiopulmonary abnormalities.

Lumbar spine x-rays, AP and lateral. Lodox.

Impression: No evidence of acute osseous or acute alignment abnormality, lumbar spine.

Name: [REDACTED]
DOB: [REDACTED]
DOI: 09/29/04

X-rays, limited pelvis, Lodox.

Impression: No evidence of acute osseous abnormality of the pelvis.

X-rays, thoracic spine, AP and lateral, Lodox.

Impression: No evidence of acute osseous or alignment abnormality of the thoracic spine.

X-rays, right humerus, AP and lateral.

Impression: Transverse comminuted fracture of the right mid shaft humerus.

X-rays, right tibia and fibula Lodox, AP, Lodox.

Impression: Transverse fracture of the right proximal tibia and fibular shafts.

10/07/04 Portable x-ray of right arm for fracture, right humerus.

Portable view of the chest, which showed **no acute pulmonary process.**

10/08/04 Intraoperative fluoroscopy of 09/29/04

Impression: Transverse fracture of the right proximal tibia and fibular shafts.

X-rays, left shoulder, done 09/30/04 show **no evidence of acute fracture or dislocation to the left shoulder.**

12/14/04 Two views of the right tibia and fibula and two views of the right humerus.

Impressions:

- 1. Healing tibial and fibular fractures with rod and screw fixation of tibia.**
- 2. Healing fracture mid humerus with plate and screw fixation.**

03/10/05 Park Plaza Orthopedic Clinic

- Humerus: Two views, AP and lateral, show a displaced fracture from the right humerus. He had internal fixation with plate and screws. Alignment is good and the fracture has healed nicely.
- Left Elbow: AP and lateral views reveal a displaced fracture of the radial head with a step-off, intra-articular of the radial head, healed with callus.
- Right Knee: AP and lateral views show no dislocation or subluxation of the knee joint or patella. Intra-articular spaces are well maintained.

Name: [REDACTED]
 DOB: [REDACTED]
 DOI: 09/29/04

4. Tibia & Fibula, right: AP and lateral views reveal open sharp fracture for the tibia and fibula on the right with internal fixation by an intramedullary rod with screw fixation, lower end. Alignment is satisfactory and the fracture is healing.
5. Ankle: AP and lateral views of the right ankle show a fracture of the lower part of the tibia and fibula with intramedullary rod. The ankle joint shows good alignment and the intra-articular surface is fairly well maintained. No bony abnormality is seen.

PHYSICAL EXAMINATION:

General: Alert and oriented to person, place and time. No acute distress. Well developed and well nourished.

Vital Signs: Blood Pressure: 130/84
 Pulse: 72
 Respirations: 16
 Temperature: 98.9
 Height: 5/6 1/2"
 Weight: 174 lbs.

Neck: Neck is supple without lymphadenopathy or thyromegaly.

Heart: Regular rate and rhythm. No murmurs, clicks or rubs.

Chest/Lungs: Clear to auscultation bilaterally.

Abdomen: Soft, nontender and nondistended. No organomegaly. No masses or tenderness to deep palpation.

Spine: Lumbar Spine:

Examination	Finding	Comment
Posture:		
• Scoliosis	Negative	
• Lordosis	Negative	
• Kyphosis	Negative	
Palpation:		
• Muscles	Normal	
• Tenderness	Negative	
• Spinous process	Normal	
Gait	Limping with	ambulation.

Name: [REDACTED]
 DOB: [REDACTED]
 DOI: 09/29/04

Range of motion: <ul style="list-style-type: none"> • Flexion • Extension • Side to side 	Normal Normal Normal	
Muscle strength screening: <ul style="list-style-type: none"> • Heel-toe walk 	Normal	
Neurologic: <ul style="list-style-type: none"> • Reflexes (ankle, knee) • Strength • Sensation • Straight leg raise test • Femoral stretch test 	Normal Normal Normal Negative Negative	
Other: <ul style="list-style-type: none"> • Peripheral pulses • Hip range of motion 	Normal Normal	

Spine: Thoracic:

Examination	Finding	Comment
Posture: <ul style="list-style-type: none"> • Scoliosis • Kyphosis 	Negative Negative	
Palpation: <ul style="list-style-type: none"> • Muscles • Tenderness • Spinous process 	Normal Negative Normal	
Range of motion: <ul style="list-style-type: none"> • Flexion • Extension • Side to side 	Normal Normal Normal	

Name: [REDACTED]
 DOB: [REDACTED]
 DOI: 09/29/04

Cervical Spine:

Examination	Finding	Comment
Posture: <ul style="list-style-type: none"> • Scoliosis • Lordosis • Kyphosis 	Negative Negative Negative	
Palpation: <ul style="list-style-type: none"> • Muscles • Tenderness • Spinous process 	Normal Negative Normal	
Range of motion: <ul style="list-style-type: none"> • Flexion • Extension • Side to side 	Normal Normal Normal	
Other: <ul style="list-style-type: none"> • Shoulder Motion • Cervical Compression • Spurling test 	Normal Normal Normal	
Neurologic: <ul style="list-style-type: none"> • Reflexes (biceps, triceps, brachioradialis) • Motor • Sensory 	Normal Normal Normal Normal	

UPPER EXTREMITY EXAMINATION

SHOULDER		
	RIGHT	LEFT
Shoulder: <ul style="list-style-type: none"> • Strength • Effusion • Stability • Crepitus • Other 	Normal Negative Normal Negative	Normal Negative Normal Negative
Shoulder Range of motion: <ul style="list-style-type: none"> • Flexion • Extension • Abduction • Adduction • Internal rotation • External rotation 	110 degrees 45 degrees 100 degrees 60 degrees 50 degrees 40 degrees	140 degrees 45 degrees 135 degrees 60 degrees 70 degrees 50 degrees

Name: [REDACTED]
 DOB: [REDACTED]
 DOI: 09/29/04

ARM & ELBOW		
	RIGHT	LEFT
Elbow:		
<ul style="list-style-type: none"> • Strength • Effusion • Stability • Crepitus • Range of motion 	Adequate Negative Normal Negative Normal	Adequate Negative Normal Negative Normal
Elbow range of motion:		
<ul style="list-style-type: none"> • Flexion • Extension • Supination • Pronation 	Normal Normal Limited & slightly painful. Limited & slightly painful.	Normal but painful. Normal but painful. Limited and painful. Limited and painful.

WRIST		
	RIGHT	LEFT
Wrist:		
<ul style="list-style-type: none"> • Strength • Effusion • Stability • Crepitus • Range of motion • Other 	Normal Negative Normal Negative Normal	Normal Negative Normal Negative Normal
Wrist range of motion:		
<ul style="list-style-type: none"> • Extension • Flexion • Radial Deviation • Ulnar Deviation 	80 degrees 90 degrees 25 degrees 40 degrees	80 degrees 90 degrees 25 degrees 40 degrees

Skin: There is a 4 to 5” ragged scar seen on the right arm with a “keloid tendency”. The rest of the skin is normal.

Sensation: No loss of sensation in the upper extremities. No obvious abnormal sensation, particularly on the right side.

Motor: Patient had active range of motion against gravity with “adequate” resistance. Muscle tone in the upper extremities is adequate.

Atrophy: No appreciable atrophy is seen in muscles of the upper extremities.

Name: [REDACTED]
 DOB: [REDACTED]
 DOI: 09/29/04

LOWER EXTREMITY EXAMINATION

KNEE		
	RIGHT	LEFT
Knee:		
• Strength	Adequate	Normal
• Effusion	Negative	Negative
• Stability (ligament)	Normal	Normal
• Crepitus	+	Negative
• Patello-femoral joint	Tenderness	Normal
• Atrophy *see below	of quadriceps/leg muscles	Negative
• McMurray sign	Negative	Negative
Knee range of motion:		
○ Flexion	135 degree	140 degree
○ Extension	0 degree	0 degree

ANKLE		
	RIGHT	LEFT
Ankle:		
• Strength	Normal	Normal
• Effusion	Negative	Negative
• Stability	Normal	Normal
• Crepitus	Negative	Negative
• Range of motion	Normal	Normal
• Other		

Skin: There is a 4” visible scar seen on the right lower thigh.
 There is a 3” visible scar seen on the middle right leg.

Sensation: No loss of sensation in the lower extremities. No abnormal sensation.

Motor: Patient had active range of motion against gravity with adequate resistance. Muscle tone in the lower extremities is decreased, left more than right.

Atrophy: Circumference measurements of the thighs and calves:

	Right	Left
10 cm. above patella	46 cm.	47 cm.
10 cm. below patella	35 cm.	36 ¼ cm.

Name: [REDACTED]
DOB: [REDACTED]
DOI: 09/29/04

Neurologic: Gait is coordinated and even. Superficial touch, pain and vibratory sensation are intact bilaterally.

DISCUSSION:

I have had the opportunity to review all of the medical records provided, review x-rays and perform a thorough physical examination. I will answer your questions as they were outlined in your letter of March 7, 2005.

1. Clarify the specific diagnoses associated with Mr. [REDACTED]'s case.

a. Operations:

- 1) 09/29/04 - Complex multiple scar on the forehead and right eyebrow. (A 5 cm. deep laceration over the right eyebrow and forehead.)*
 - 2) 09/30/04 - Fixation of right tibial fracture by placement of a locked intramedullary rod; repair of quadriceps tendon laceration and wound closure, right knee.*
 - 3) 10/01/04 - Open reduction and internal plate and screw fixation, right humerus fracture.*
- b. Fracture, right humerus shaft, with radial nerve palsy.*
 - c. Displaced fracture of the head of the radius on the left. This had never been diagnosed prior to March 10, 2005.*
 - d. Painful left elbow.*
 - e. Laceration of right knee joint.*
 - f. Laceration of quadriceps tendon on the right.*
 - g. Open fracture, shaft of right tibia and fibula, with infection.*
 - h. Bilateral pleural effusion.*

2. Assess causation, to a reasonable degree of medical probability.

The motor vehicle accident of September 29, 2004 is the cause of the above diagnoses.

3. Provide an opinion and evaluate maximum medical improvement and permanent impairment of Mr. [REDACTED]'s condition.

Mr. [REDACTED] has almost reached maximum medical improvement for assessment of permanent impairment, but he has to have a few surgeries and follow-up with his physicians and with his orthopedic surgeon.

Name: [REDACTED]
DOB: [REDACTED]
DOI: 09/29/04

- 4. Suggest and provide an opinion on any future medical needs within a reasonable degree of medical probability. Please include any possible surgical procedures or other medical needs, if possible, and appropriate any opinions on the future estimated medical expenses related to such medical procedures, if known.**

Yes, he will need future treatment. See Conclusions I and II.

- 5. Specify medical restrictions and suggest appropriate modified duties and restrictions on life activities.**

Yes, he has medical restrictions. See "Conclusions I & II".

- 6. Assess the appropriateness of care to date.**

Fair to good. The patient had "excellent operations" for his injuries, but he had some complications.

- a. Radial nerve palsy – This may occur in 18% of closed humeral shaft fractures, and 95% of people recover from this in four months' time.*
- b. Infection, right leg - Open fracture of tibia and fibula – infection now subsided.*
- c. Missed diagnosis – Displaced fracture of the head of the radius on the left.*

The above analysis is based upon the available information at this time, including the history given by the examinee, the medical records and tests provided, and the physical findings. I have carefully reviewed the hospital records, the orthopedic surgeon's records and all other records provided. It is assumed that the information provided to me is correct. If more information becomes available later, an additional report may be requested. Such information may or may not change the opinions rendered in this evaluation.

The examiner's opinions are based upon reasonable medical certainty and are impartial. Medicine is both an art and a science and although a claimant may appear fit for return to duty there is no guarantee the claimant will not be re-injured or suffer additional injury once he or she returns. The opinions on work capacity are to facilitate job placement and do not necessarily reflect an in-depth direct threat analysis. Comments on appropriateness of care are professional opinions based upon the specifics of the case and should not be generalized, nor necessarily be considered supportive or critical of, the involved providers or disciplines.

Name: [REDACTED]
DOB: [REDACTED]
DOI: 09/29/04

Any medical recommendations offered are provided as guidance and not as medical orders. The opinions expressed do not constitute a recommendation that specific claims or administrative action be made or enforced.

Thank you for the referral of this claimant. If you have further questions or comments, please do not hesitate to contact my office.

Sincerely,

Anil K. Agarwal, M.D., F.A.C.S.
Board Certified Orthopedic Surgeon and
Independent Medical Examiner

AKA:bb

Enclosures:
Conclusions (two pages)
AMA Guides pages
Research
Photocopies of x-rays
Invoice
CV



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Anil K Agarwal M.D. F.A.C.S.

Business Website: www.parkplazaclinic.com

Birth Date: January 1, 1945

Tax ID: 36-3428793

Email: anil@parkplz.com

Licensure: Nebraska - 13501 Iowa - 25165 Illinois - 036-115672
Colorado - 44638 Minnesota - 48417

Board Certified: American Board of Orthopedic Surgeons (1977)
Fellow of American College of Surgeons (1980)
American Academy of Disability Evaluating Physicians (1984)

Academic Appointment: Former Instructor Creighton University School of Medicine
Omaha NE 68131 (February 1977-January 1991)

Medical Education: KK College and University of Lucknow, India, B.S.(1958-1962)
King George Medical College Lucknow, India M.D.(1962-1967)

Post Graduate Medical Education: King George Medical College Lucknow, India M.S.
Master in General Surgery.(1967-1971)

Education Council for Foreign Medical Graduates (1973)

Oxford Regional Board, Aylesbury, England U.K.
General and Orthopedic Surgery (1972-1973)
Howard University, Washington D.C. Orthopedic Surgery (1973-1976)

Memberships: Fellowship- Royal College of Surgeons of London Primary (1973)
Fellowship- Canadian Royal College of Surgeons- Eligible (1973)
Fellowship- American Academy of Orthopedic Surgeons (1977)
Fellowship- American Academy of Disability Evaluating Surgeons (1994)
Fellowship American College of Surgeons
Membership- American Medical Association
Membership- Nebraska Medical Association
Membership-Omaha Medical Society
Membership American Association of Physicians of Origin

Hospital Affiliation St. Joseph Hospital, Creighton University Medical Center Omaha NE
Methodist Hospital, Omaha NE
Jennie Edmundson Hospital, Council Bluffs IA

Publications: Thesis- Research on "Serum Enzymes Changes in Tetanus" (1971)
Book Chapter – Pediatric Orthopedics

May 26,2006