

REPORT OF INDEPENDENT HEALTH CARE REVIEWER/REVIEW TEAM

History of present illness

Job description

Past medical history

Physical examination

Review of X-ray and/or other testing

Diagnosis

Causal relationship

Records reviewed

Comparison or records reviewed with your findings

DISABILITY – Please comment on disability only if requested to do so in the Judge’s correspondence.

(No disability) Able to return to former job without restrictions.

(Partial disability) Able to return to modified job with the following restrictions.

(Total disability) Unable to return to any work at this time.

MAXIMUM MEDICAL IMPROVEMENT (MMI) - Please comment on MMI only if requested to do so in the Judge’s correspondence.

Has MMI been reached – yes or no?

If no...

treatment recommendations to reach MMI

and

date expected to reach MMI.

If yes...

degree of functional impairment according to the latest AMA guidelines

