



PROFESSIONAL EVALUATION GROUP OF FLORIDA, INC.

7126 West McNab Road, Tamarac, Florida 33321
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NATIONWIDE INS COMPANY

P.O. BOX 147081

GAINESVILLE, FL 32614

ATTENTION: MR. VICTOR DELGADO

BILL DATE: 11/13/13
INVOICE #: 127691

CLAIMANT: V [REDACTED], O [REDACTED]

INSURED: O [REDACTED] V [REDACTED]

PEG #: 1013F71398

CARRIER #: 770920155834

D/A: 01/11/13

EXAM DATE: 11/04/13

FOR PROFESSIONAL SERVICE RENDERED:

CHIROPRACTIC EXAMINATION W/NARRATIVE	\$	300.00
1 CERTIFIED MAIL- NO CHARGE	\$	0.00

*Thank You for
being a Valued Customer!*



Total Amount Due:

\$ 300.00

TAX I.D. NO.: 65-0023108

Theodore Kuchler DC
13121 Atlantic Blvd Ste. 4
Jacksonville, FL 32225

November 6th, 2013

Professional Evaluation Group
7126 West McNab Rd.
Tamarac, FL 33321

CLAIM #

110920155834

RE: O [REDACTED] V [REDACTED]

Date of Injury: 01/11/2013

To whom it may concern:

On November 4th, 2013 O [REDACTED] V [REDACTED] presented for an Independent Medical Exam for her accident on January 11th, 2013. The purpose of the examination was to determine the medical necessity for further treatment.

Accident Description

Ms. V [REDACTED] was the restrained driver of a car that was stopped at a red light on Penman Rd. in Jacksonville Beach, FL. As she was waiting for the light to change her car was struck from behind by another car. The patient did not see the accident coming and was not able to brace for the impact. The patient states that she felt cervical, shoulder and lumbar pain the day after the accident. She states that she did not strike her head and did not lose consciousness. The day of the accident she went to Doctors Express where she was examined and told to follow up with her primary care physician.

Diagnosis:

- Cervicalgia
- Lumbar Facet Syndrome
- Right Rotator Cuff Syndrome
- Spasm of Muscle

Treatment:

A few days after the accident, Ms. V [REDACTED] went to Dr. Bloom DC at Hodges Chiropractic Center in Jacksonville Florida. She was not a patient at this office before the accident. She began treating there two times a week with the treatments consisting of electrical stimulation, massage therapy, and chiropractic adjustments. She left Dr. Bloom when he closed his office and Started treating with Dr. Steven Rhodes on 7/3/2013. She is currently treating three times a week with treatment consisting of adjustments, ultrasound, traction, and electrical stimulation. She has not been given any rehabilitative exercises. She states that the treatment has helped her pain but continues to have exacerbations of her condition. She has also seen Dr. Formoso MD where she was evaluated.

Medical History

Ms. V [REDACTED] past medical history is non-contributory.

General Physical Exam

Range of Motion

Cervical Spine

Flexion	With in normal limits
Extension	Restricted
Left lateral flexion	With in normal limits
Right lateral flexion	With in normal limits
Left Rotation	With in normal limits
Right Rotation	With in normal limits

Lumbar Spine

	Angle
Flexion	With in normal limits
Extension	With in normal limits
Left lateral flexion	With in normal limits
Right lateral flexion	With in normal limits

Neurological Evaluation

Posterior Column Disorders:

Finger to finger test was negative. Finger to nose test was negative

Deep Tendon Reflexes:

The Biceps, Triceps, Brachioradialis, Patellar, Achilles and Hamstring reflexes were bilaterally normal.

Lumbosacral Nerve Tests:

Heel-walk and Toe-walk were normal

Sensory Evaluation:

All upper and lower dermatomes were bilaterally normal.

Orthopedic Evaluation:

Cervical Lesion Tests:

Cervical Compression was negative

Cervical Distraction was negative

Maximum Cervical Compression was positive bilaterally

Shoulder depression test was positive bilaterally

Lumbar Lesion Tests:

Straight leg raise was negative

Double leg raise was negative

Kemps was positive bilaterally

Well leg raise was negative.

Yeoman's was negative

Sacroiliac and Hip Lesion Tests:

Fabres was negative

Elys, Nachles, and SI compression were negative

Palpation Evaluation:

Palpation elicited mild pain in cervical and lumbar paraspinals

Patient Records

Patient records dated 1/24/13 to 10/13/2013 were reviewed.

Work Ability:

Ms. V [REDACTED] is a concierge/nanny and can work without any restrictions.

Conclusion:

Given the date of accident, amount of treatment received, objective findings upon exam, and patient statements upon exam of chiropractic treatment outcomes, it is my opinion that further treatment from a chiropractic standpoint to include rehabilitative exercises, once a week for four weeks is reasonable, related, and necessary with respect to the accident of January 11th 2013. Any further diagnostic testing is not reasonable, related, and necessary with respect to the accident of January 11th 2013 and it is my opinion that her injuries are a result of her accident and her prognosis is fair.

I declare, under the penalties of perjury, that the information contained within this document was prepared and is the work product of the undersigned as is true to the best of my knowledge and information. I certify that I meet the requirements of Section 627.736(7) of Florida Statute which states that the physician preparing the report must be in active practice unless the physician is physically disabled. Active practice means that during the three (3) years immediately preceding the date of the physical examination or review of the treatment records the physician must have devoted professional time to the clinical practice of evaluation, diagnosis, or treatment of medical conditions of to the instruction of students in an accredited health professional school or accredited resident program or a clinical research program that is affiliated with an accredited health professional school or teaching hospital or accredited resident program.

Sincerely,


Theodore C Kuchler DC
Chiropractic Physician



Date: October 22, 2013

PEG IME:

The following is in response to your October 22, 2013 request for delivery information on your Certified Mail™ item number 70130600000076360432. The delivery record shows that this item was delivered on October 21, 2013 at 3:59 pm in JACKSONVILLE, FL 32207. The scanned image of the recipient information is provided below.

Signature of Recipient :

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Thank you for selecting the Postal Service for your mailing needs.

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Sincerely,
United States Postal Service