



# PROFESSIONAL EVALUATION GROUP

OF FLORIDA, INC.

7126 West McNab Road, Tamarac, Florida 33321  
Telephone: (954) 721-4500 • Fax: (954) 721-4993

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]  
**PEG #:** 1013F71398  
**D/A:** 01/11/13

**INSURED:** O [REDACTED] V [REDACTED]  
**CARRIER #:** 770920155834  
**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 6<sup>th</sup>, 2013

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

CLAIM #

1109 20 155834

RE: O [REDACTED] V [REDACTED]  
Date of Injury: 01/11/2013

To whom it may concern:

On November 4<sup>th</sup>, 2013 O [REDACTED] V [REDACTED] presented for an Independent Medical Exam for her accident on January 11<sup>th</sup>, 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 11<sup>th</sup> 2013. Any further diagnostic testing is not reasonable, related, and necessary with respect to the accident of January 11<sup>th</sup> 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 :

Delivery Section	
Signature	<i>McTindell</i>
Delivered to	<i>McTindell</i>

Address of Recipient :

Delivery Address	<i>1506 Pradontine Dr.</i>
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Thank you for selecting the Postal Service for your mailing needs.

If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,  
United States Postal Service