

# Vocational Rehabilitation Worker's Compensation Screening Assessment

State DOL #: [REDACTED]

Date of Injury:

Insurance:

Claimant:

Adjuster Name:

Employer:

Employer Contact:

## Summations:

### Medical

4/10/23 UVM-CVMC

CT Head - no abnormalities noted.

CT Abdomen - no acute abnormality due to fall noted

CT Chest - nodule of lower right lobe - no acute abnormalities due to fall noted

CT Cervical Spine - degenerative spondylosis of the cervical spine - no acute abnormalities due to fall noted

XR Rt foot- nondisplaced comminuted fracture - talus w intra-articular extension into the posterior facet of the subtalar joint.

XR Rt Femur - mild degenerative changes, no fracture or malalignment.

XR Rt tibia fibula - chroni-appearing small avulsion fracture fragment suspected along lateral ankle  
posterior splint applied, directions- non-weight bearing Follow up appt scheduled

04/26/23 UVM -CVMC

arrived for appt with a broken split. Complains of numbness across the top of right foot.

XR Rt foot - unremarkable. Prescribed trazadone to lessen pain. New splint applied, NWB order still applies. Follow Up Appt scheduled

05/10/23 UVM CVMC

improvement noted. Cast applied. Follow Up Appt scheduled.

5/24/23 UVM - CVMC

XR Rt foot - transferred to CAM boot Follow up appt scheduled.

No additional medical records available

### Employer

7/28/23 - spoke with Ray. His last update was on 7/14. He reports that [REDACTED] was still in a walking boot at that point. Has had no other updates. Ray would like [REDACTED] to RTW as soon as he is able - he will "try to keep him on the ground."

### Claimant

7/28/23 next follow up Dr's appt - 8/19. Still attending p/t. has three more scheduled session left. Hoping to get back to work soon.

## Screening Recommendations

1. Has Employee been medically released to return to work?

No

Comments:

2. Does evidence indicate that Employee will eventually be able to return to his/her job?

Yes

Comments: no evidence to the contrary.

3. Does Employer have suitable work available for the Employee?

Yes

Comments:

*If two or more of the above responses are answered in the negative, the injured worker shall receive an entitlement assessment.*

Referral for Vocational Rehabilitation Entitlement Assessment?

No

Comments: Both parties seem eager to have [REDACTED] back at work.

Submitted By: [REDACTED]

Follow-up screening in 90 days: Yes

Date complete 7/31/2023

# Vocational Rehabilitation Worker's Compensation Screening Assessment

State DOL #: [REDACTED]

Date of Injury:

Insurance:

Claimant:

Adjuster Name:

Employer:

Employer Contact:

## Summations:

**Medical** 10/9/23 & 10/18/23: Presented for beginning of work hardening with chronic pain and reduced mobility. Continues using Tylenol, Motrin and Oxycodone for pain. Has attended 14 sessions of PT and recently approved for work hardening program. Had a follow up with podiatry on 9/22/23. Ankle brace did not help and in fact made his foot and ankle hurt more. Gets stiff after redoing it. Still out of work at this time. Does continue to feel more confident about his ankle despite the pain. Continues at home exercises. Ice and rest have been adequate to relieve symptoms and isn't taking much for pain. Is hoping to be released for light duty work soon. Anticipate a 4 to 6 week work hardening program. 8/28/23: Continues to increase his distance of walking with decreased pain and swelling. PT is recommending a work hardening program. Recent CT scan indicates good healing of the talar fracture. June 2023: continues PT. Recommendation of trekking poles for better gait and a trial of gel heel cups for pain. Improvement still looks promising. Still significant swelling with use. Now able to use regular lace up boots for ambulation. May 2023: Seen for follow up from fall. Still using crutches and a splint. Also is now experiencing significant rib pain and pain with breathing. Follow up in 2 weeks for xray as well as discussion around using regular shoes and getting out of CAM boot. 4/26/23: Seen for follow up after fall 30 feet from a ladder on 4/10. Placed in splint and has returned today in a broken splint, significant pain and swelling. At this time, no surgery is needed. Best candidate for conservative management. Talked about pain management and a cast. 4/10/23: Fall from ladder today while at work 30 feet. CT confirms fracture of talus. Splinted and non weightbearing. Discharged with pain management and a follow up with orthopedics.

**Employer** er employer, [REDACTED] returned to work last Monday and Tuesday. He returned Wednesday and reported he couldn't walk and needed to be seen again. He hasn't returned since then. Employer is frustrated as he's been out since April and he's getting no communication.

**Claimant** L/M 12/5/23 12/11/23 with no response back.

## Screening Recommendations

**1. Has Employee been medically released to return to work?** Yes

Comments: Returned for two days last week, but now something else seems to have come up with the injury

**2. Does evidence indicate that Employee will eventually be able to return to his/her job?** Yes

Comments:

**3. Does Employer have suitable work available for the Employee?** Yes

Comments:

*If two or more of the above responses are answered in the negative, the injured worker shall receive an entitlement assessment.*

**Referral for Vocational Rehabilitation Entitlement Assessment?** No

Comments:

Submitted By: [REDACTED]

Follow-up screening in 90 days: Yes

Date complete 12/11/2023

# Vocational Rehabilitation Worker's Compensation Screening Assessment

State DOL #: [REDACTED]

Date of Injury: [REDACTED]

Claimant: [REDACTED]

Insurance: [REDACTED]

Adjuster Name: [REDACTED]

Employer: [REDACTED]

Employer Contact [REDACTED]

## Summations:

**Medical** On 4/10/23 while working as a [REDACTED] works lead installer, [REDACTED] was on a ladder on a roof when he fell 20-30 feet to the ground. He reported to the ER on this date at UVM, and complained of right lower extremity pain. X-rays of the right femur, tib-fib and foot were taken as well as CT scans of the head, neck, chest, abdomen and pelvis. The CT Scans were without traumatic findings. There was question of a nondisplaced talus fracture and a CT scan of the right foot confirmed this. Case discussed with orthopedics, splinted and non-weightbearing, f/u with orthopedics.

Seen on 4/26/23 at UVM Orthopedics Dr. Bouchard, [REDACTED] complained of significant pain and swelling in right ankle. He was a good candidate for conservative management of fracture. Ordered to remain NWB to RLE with crutches, icing and elevation of extremity. Return 2 weeks to re-evaluate. Seen again by Dr. Bouchard on 5/10/23 for a F/U. Pain and swelling drastically improved. F/U on 5/24/23 with Dr. Bouchard reports that [REDACTED] had fallen a few days before. He was having significant rib pain and pain with breathing. He denied any significant pain at the visit time. X-rays were negative for rib injury. F/U in 2 weeks, referral for PT given.

F/U with Dr. Bouchard again on 6/7/23. Transition to ambulation in CAM boot without crutches, CT ordered to assess for talus fracture healing. F/U in 2 weeks, PT scheduled to begin following week.

PT commenced on 6/20/23 at UVM Berlin. Deficits in function secondary to pain, weakness and mobility deficits were reported. PT continued on 6/27/23, and 7/21/23. Reports of soreness, overall improvement. F/U with Dr. Bouchard on 8/21/23 states that pain and swelling was drastically improved, PT helping a lot. PT recommends a work hardening program which he scheduled to begin in September. CT done on 6/19/23 indicated good healing of the fracture, F/U 1 month.

PT continued on 9/7/23, getting better but still a lot of pain when walking long distances or carrying load. Work Hardening evaluation done on 9/11/23 at CVMC Occupational Medicine shows him out of work and highly motivated to get back to work, struggling to pay bills while on Worker's Compensation. Continue PT, will take 3-4 weeks to get authorization to start work hardening program. PT on 9/25/23 shows Mr. [REDACTED] being able to do more things around the house and feeling that things are really getting better.

Initial Work Hardening visit on 10/11/23 at CVMC OP Rehab Services states that [REDACTED] had completed PT for 12 visits, had not worked since injury, and hoped to return to his work as a stove and chimney installer. Next Work Hardening visit on 10/23/23.

CVMC Occupational Medicine visit notes from 10/23/23 show that he was getting stronger and endurance improving. He was struggling with housing. He was losing his housing and finding a hard time getting alternative housing. Some referrals were made to assist. Work Hardening visit on 10/26/23 showed good response to treatment. Return visit to CVMC Occupational Medicine on 10/30/23 discussion of return to work. Decided that another 3-4 weeks would put him close to returning to full duty. He was motivated to return. Work Hardening continued on 10/30/23, stiff after moving wood on weekend. CVMC Occ. Medicine visit on 11/6/23 stated that he was at session #12 out of 20 Work Hardening program visits and making functional gains. Tentative return to work date of 11/27 discussed.

Work Hardening program continued on 11/8/23 and 11/9/23 continuing progress. CVMC OP Behavioral Health Initial assessment on 11/15/23. Discussed continued search for housing and storage locker. Wanted to return to work earlier to achieve greater financial stability, but understood team recommended waiting another few weeks. Purpose of visit to understand current state of housing and proactive management of stress. Terminated from psychotherapy. Work Hardening program again on 11/22/23 reports that [REDACTED] had a visit with Dr. Sumner on that Monday and he was given release to return to work on 12/4 at a 6 hour work day, hoping to be doing it at full heavy work capacity.

Final report included is of an ER visit on 12/6/23. Notes state that [REDACTED] returned to work this day and experienced worsening right ankle pain despite no recurrence of injury. Seen by Dr. Sumner earlier that day and was sent to ER for imaging in form of MRI. D-Dimer obtained was negative. ZX-ray showed no acute bony abnormality. Old ununited fracture at the lateral aspect of the talus which is in an unchanged position. MRI results pending. Impression, Spain of anterior inferior tibiofibular ligament with partial tear of the anterior talofibular ligament.

**Employer** Spoke with Mr. Raymond [REDACTED] owner of [REDACTED] on 3/1/24. Mr. [REDACTED] stated that he does not know of any medical release being given for [REDACTED] to return to work. He does not know of any anticipated date of return.

Mr. [REDACTED] says he is not a Dr. and they do not tell him much about the medical info. He stated that last time [REDACTED] was released to return to work in December 2023, he was not able to do the job for even 2 days before having to go out again.

Mr. [REDACTED] stated that the company is a small one and he does not have limited/light duty work available for [REDACTED]. He needs to be able to fully do his job in order to come back to work.

**Claimant** Spoke with [REDACTED] on 3/1/24. He is not represented by a lawyer and agreed to answer my questions.

[REDACTED] says that his recovery has been a long slow miserable process. His balance is still bad and he has little to no rotation left and right on his ankle.

[REDACTED] saw a Dr. at DHMC for a second opinion recently. They told him that he was going to need surgery. His tendons are damaged and not healing. He said they were going to talk to workers comp. He has another appointment with Dr. Bouchard soon to discuss the findings of the second opinion and to see if he needs to have surgery scheduled.

[REDACTED] says that he has not been medically released to return to work, no since he was released in Dec. 2023 and was unable to continue working. He does not have an anticipated date of return.

[REDACTED] states that his employer does not have any light duty work available that he can do at this time with his limitations.

## Screening Recommendations

1. Has Employee been medically released to return to work?

No

Comments:

2. Does evidence indicate that Employee will eventually be able to return to his/her job?

Unknown

Comments:

# Vocational Rehabilitation Worker's Compensation Screening Assessment

3. Does Employer have suitable work available for the Employee?

No

Comments:

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*If two or more of the above responses are answered in the negative, the injured worker shall receive an entitlement assessment.*

**Referral for Vocational Rehabilitation Entitlement Assessment?**

No

Comments:

Submitted By:

[REDACTED]

Follow-up screening in 90 days: Yes

Date complete 3/1/2024