

MILLS STREET CLINIC

DR DAVID HO M.B.B.S.

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5th May 2014

Gallagher Bassett Services Workers' Compensation Victoria P/L
Locked Bag 3570
GPO MELBOURNE VIC 3001

ATTENTION:- MR JOSHUA HARDWICK

Dear Sir

RE: WORKSAFE CLAIM NUMBER	21130058689
EMPLOYER	PACCAR AUSTRALIA P/L
WORKER	MR SIVA REDDY
DATE OF INJURY	12 TH FEBRUARY 2014
DATE OF BIRTH	23 RD NOVEMBER 1969
DEXTERITY	RIGHT HANDED
DATE OF WORKSITE VISIT	5 TH MAY 2014
LOCATION	BAYSWATER
CONTACT(S)	MS PAT DEWICK, OH&S NURSE PAUL, PRODUCTION MANAGER SHANE, TEAM LEADER

Thank you for asking me to conduct a Worksite assessment for Mr Reddy whom I examined recently on the 29th April 2014. The Worksite assessment was conducted at Paccar in Bayswater. Present at the Worksite assessment were the above contacts. Mr Reddy was not present.

INTRODUCTION:-

The purpose of the Worksite assessment was to assess his pre injury duties as well as other suitable duties to formulate a durable return to work plan for Mr Reddy.

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RECOMMENDED MEDICAL RESTRICTIONS:-

In consideration of his current presentation and his reported neck and back condition, suitable duties to assist with his initial return to work must observe the following medical restrictions:

- *Avoid heavy lifting in excess of 5 kg;*
- *Avoid repeated strenuous bending and twisting at his lower back;*
- *Avoid heavy pulling and pushing;*
- *Regular change of posture.*

The above medical restrictions are to be reviewed in 2-3 months.

WORKSITE ASSESSMENT:-

*During the worksite visit I assessed his pre injury duties in the **transmission engine assembly**. I was informed that his pre injury duties were to move the pallet with the transmission unit to the workstation and using an overhead gantry crane with a pendant control to maneuver the transmission unit into position next to the engine ball housing / engine. Previously the pallet was on the roller system at floor level. Since his reported injury this has been elevated to involve a slight gravity feed. It has been raised to 50 cm where the transmission or gearbox on the pallet is gravity fed along the conveyor system. Very minimal force is now required to move the gearbox or transmission unit. The engine block or ball housing is automatically moved on the roller into position. Mr Reddy would have used the gantry crane and lifted the transmission or engine into position to be attached and secured. It was accepted that there was some force required previously until the modification to the roller system.*

*After his initial injury Mr Reddy was moved to the lighter duties one day after his injury. He was attaching the **exhaust unit to the engine block**. This is performed seated.*

Despite the suitability of the duties in the exhaust assembly section Mr Reddy ceased working after the result of his MRI.

Although his pre injury duties are now suitable with the modifications or changes to the roller system, I believe it is prudent to offer Mr Reddy suitable alternative duties to assist with his initial return to work.

5th May 2014

The employer is able to provide **quality control visual inspection** duties at the end of the cabin build line. His role in this section as a quality controller would be visual inspection and checking that rivets are in place. It is only an external inspection and he then highlights or makes notes regarding the defect or issues, which are later fixed after informing the supervisor. The work is self-paced. He is able to sit or stand as needed. The visual inspection duties are of benefit to the employer.

COMMENTS:-

After having clinically examined Mr Reddy and conducted a Worksite assessment, I believe the above quality control inspection duties at the end of the cabin build line are well within his current capabilities. The duties do not involve any heavy lifting or manual handling. There is regular change of posture. He works at his own pace. Hence I believe the visual inspection quality control duties are well within his current capabilities. I recommend that he commence on a graduated return to work plan starting on four hours per day, five days per week. After 1-2 weeks he is able to increase his hours by one hour per day at weekly intervals to his pre injury level. At this stage there may be personal reasons or psychosocial reasons as well as relationship difficulties at work, which may be hampering his acceptance of a suitable return to work plan and his eventual successful rehabilitation.

If you have any queries, please do not hesitate to contact me.

Yours sincerely



DR DAVID HO

M.B.B.S.

Occupational Health Consultant

DH:sw

Ref: reddsvsw

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2nd May 2014

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ATTENTION:- MR JOSHUA HARDWICK

Dear Sir

RE: WORKSAFE CLAIM NUMBER	21130058689
EMPLOYER	PACCAR AUSTRALIA P/L
WORKER	MR SIVA REDDY
DATE OF INJURY	12 TH FEBRUARY 2014
DATE OF BIRTH	23 RD NOVEMBER 1969
DEXTERITY	RIGHT HANDED

Thank you for asking me to examine Mr Reddy on the 29th April 2014 for the purpose of assisting in making a decision about his claim, in particular to consider the worker's weekly payment entitlements and to assess suitable return to work options for the worker using a Worksite visit.

The examination was conducted at my Middle Park rooms.

A professional interpreter was present but he spoke English well.

As requested a Worksite assessment has been arranged for Monday 5th May 2014.

Documents enclosed with your correspondence were perused.

The purpose and requirements of the examination were explained and he agreed to proceed.

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HISTORY:-

(a) SOCIAL:-

Mr Reddy is a 44 year old married man with two children aged 15 and 11 years who are both healthy. His wife works full time. He does not play sports. He enjoys reading and listening to music. He lives in Cranbourne East. He has been driving his automatic car for short distances only. He emigrated from Indian in 2007.

(b) OCCUPATIONAL:-

In April 2012 he started working with the above employer in Bayswater as a mechanical assembler on a full time basis. He has been working in the transmission or engine assembly section. He explained that his normal duties have been to fit parts together which involve some heavy pushing and pulling. He explained that the work is very heavy. He has reportedly been doing the work for 12 months. Before that he worked in hose assembly area for six months initially as a casual. The department work was eventually outsourced and he was moved to the transmission or engine assembly section. Currently he is off work.

Before this employment he worked with Adecco Industrial for 2-2½ years doing different work particularly assembly or packing. He was a machine operator at Nissan and a fitter and painter at Richmond Wheel and Castors. In India he was a machinist in the aeronautical industry.

(c) MEDICAL:-

He has no relevant past medical history. He is not a diabetic. He is not a smoker. He does not drink alcohol. He did not have any previous problems with neck or back.

HISTORY OF THE CLAIMED INJURY:-

Mr Reddy stated that he hurt his neck, shoulder and lower back while pushing things to the line and pulling engine stands when the rollers were not working well on the 12th February 2014. He stated that both his neck and his lower back were worse. He reportedly had cramps in his neck and a cracking noise in his lower back. Other symptoms at the time included headaches and reportedly an urge to urinate.

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He reports a sharp pain in his lower back. He said that his neck needed support. He said both arms were painful to his thumbs, left more than right. He reports pins and needles in his legs to his feet, in particular the sole of his feet, right greater than left at times.

Mr Reddy stated that 3½ years ago he had felt a strain in his lower back from running. He took some Voltaren for his arms, knees and calf muscles. He recovered over 1-2 days.

Mr Reddy stated that he had reported to his employer a few times regarding the work practice. He continued working for a month doing the same job until he ceased working on the 21st March 2014.

Mr Reddy stated that he had reported and attended the medical centre and was referred for physiotherapy, which he attended once a week. He was also taking Panadeine Forte. He saw the company doctor on the 11th March 2014. He was reportedly sent for an MRI of his neck and his lower back in the third week of March 2014. He stopped working after the MRI findings.

Other treatment included physiotherapy, which he attended 4-5 times in two weeks. He was also using Voltaren gel. He had reportedly collapsed at home and attended the Casey Hospital on the 19th March 2014. He was reportedly prescribed Endone 5mg, which he takes one tablet 2-3 times per day for the last month. He has also been prescribed Lyrica 300 mg, one tablet twice per day. He has an appointment to see a Neurosurgeon, Mr Chris Xenos.

When asked his progress to date Mr Reddy stated it feels better with the medication.

CURRENT CONDITION:-

Currently he complains of pain in his neck and the need to rest his neck. He said that both legs are painful equally. He reportedly has pain into his thighs and feet affecting the sole of his feet. He reports a cracking noise every time in his lower back, which is better with massages. He said his lower back pain is unbearable. However he was unable to describe the pain despite being given options by the interpreter. He described a pulling nerve sensation in his neck. He reports radiation of pain into both arms affecting the whole arm.

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Currently he sees a Dr Nisha for his certificate of capacity. His specialist had reportedly recommended pain management.

At home he has been doing some hydrotherapy and using a warm shower. He has been using a treadmill at home. He reportedly is unable to bend to tie his shoes when dressing. Hence he wears slip on shoes.

INVESTIGATIONS:-

I was provided with the following reports.

1. CT brain 10th December 2013. No abnormality was reported.
2. MRI cervical spine dated 25th March 2014.
Comment: mild central canal narrowing at C5/6. There is compression of the exiting right C6 nerve root at this level due to disc and unco-cervical osteophytes but no further neural compression.
3. MRI lumbar spine dated 25th March 2014.
Comment: right para central and foraminal disc protrusion at L5S1 contacting the budding right S1 nerve root. There is no central canal narrowing or further neural compression. Mild intervertebral disc degeneration.

EXAMINATION:-

The physical examination was performed with due care and consideration.
He is tall and of average build.
Height: 184 cm Weight: 93 kg
He was pleasant and cooperative
He appeared drowsy and slightly depressed.
There was inappropriate smiling effect.
There was over reaction to the physical examination.
At times he was holding onto his head with hands to support his neck.
However he moved his neck well when talking to the interpreter sitting to his left.
He moved his back well on observation.

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Vertebral Spine:-

Alignment and curvature were normal.

Lumbar lordosis was not flattened.

With light finger palpation without indentation of the skin he reported very severe pain in his neck and his lumbosacral spine.

Active neck movements were to good range.

Cervical Spine

Flexion	40°	Normal = 45°
Extension	45°	Normal = 45°
Right Lateral Flexion	30°	Normal = 45°
Left Lateral Flexion	30°	Normal = 45°
Right Rotation	70°	Normal = 80°
Left Rotation	60°	Normal = 80°

Thoracolumbar spine movements were measured to good range.

Thoracolumbar Spine

Flexion	70°	Normal = 90°
Extension	30°	Normal = 30°
Right Lateral Flexion	20°	Normal = 30°
Left Lateral Flexion	20°	Normal = 30°
Right Rotation	20°	Normal = 30°
Left Rotation	20°	Normal = 30°

Shoulders and Upper Limbs:-

No abnormality was seen in both arms.

No tenderness was palpated in both arms.

Active movements at all joints in both arms were equally to full range.

Reflexes, sensation, power and tone were normal in both arms.

Lower Limbs:-

He claimed he was unable or difficult to walk on his tiptoes and his heels.

Active straight leg raising was to 60° bilaterally.

Reflexes, sensation, power and tone were again normal in both legs.

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COMMENTS:-

Mr Reddy a 44 year old machine assembler reported experiencing pain in his neck and his lower back in the course of his employment when moving parts at work on the 12th February 2014. He reported symptoms in his neck, arms, lower back and legs as well as headaches in a widespread distribution. Giving the worker the benefit of the doubt he may or might have sustained a soft tissue strain in his neck or his lower back.

Mr Reddy reportedly continued working for a whole month but had been seeing the doctor at work. He was also referred for physiotherapy treatment.

Subsequently he had an MRI of his cervical and his thoracolumbar spine which reportedly revealed mild central canal narrowing at C5/6 due to a mild broad based disc protrusion. There was right para central and foraminal disc protrusion at L5/S1 contacting the budding right S1 nerve root.

Although the MRI had revealed changes at the above stated level with reported compression of the exiting right C6 nerve root as well as the budding right S1 nerve root, he reports widespread symptoms in both arms and both legs. His left arm was reportedly worse than his right arm while his right leg is reportedly worse than his left leg.

Clinical examination today revealed reasonably good range of movements in his neck and his lower back. However there is over reaction to light finger palpation of his neck and his lower back.

After today's clinical examination I do not believe his widespread symptoms would be consistent with the changes seen on the MRI of his cervical and lumbar sacral spine. I believe there are functional overlay contributing to his symptoms. In my opinion he does require a referral to a pain clinic.

With his current presentation I do not believe he is able to return to work to his pre injury duties and hours. In my opinion a return to work on suitability selected duties with medical restrictions is likely to be beneficial in providing a distraction from his symptoms and work can be an occupational therapy for Mr Reddy.

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In my opinion suitable duties for Mr Reddy currently must observe the following medical restrictions:

- *Avoid heavy lifting in excess of 5 kg;*
- *Avoid repeated strenuous bending and twisting at his lower back;*
- *Avoid heavy pulling and pushing;*
- *Regular change of posture.*

If suitable duties are available I recommend a graduated return to work plan for Mr Reddy. This will be detailed in my Worksite assessment report to follow.

In my opinion Mr Reddy should be referred for a multidisciplinary functional restoration program.

I provide the following responses to your specific queries:

1. ***What injury or medical condition does the worker have?***
Mr Reddy could have sustained a soft tissue injury in his neck and his lower back. Currently he appears to have a chronic pain syndrome with significant functional overlay.
2. ***In your clinical opinion what has caused the worker's injury or medical condition?***
The initial injury was reportedly sustained while moving heavy parts at work on the 12th February 2014.
3. ***In your clinical opinion can the worker return to work in the pre injury duties and hours?***
Given his current presentation I do not believe he is able to return to work in his pre injury duties and hours.
4. ***If in your clinical opinion the worker cannot return to the pre injury duties and hours, does the worker have a current work capacity?***
As indicated above I believe he does have a current work capacity for suitability selected alternative duties with medical restrictions as outlined above. In my opinion a return to work is likely to be a distraction from his symptoms and may be therapeutic.

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5. *In your clinical opinion can the worker return to work on modified pre injury duties or alternative duties?*
As indicated above he is able to return to his alternative duties.
- 6.7.8.9.
As stated above I believe he does have a current work capacity for alternative duties with medical restrictions as outlined above.
10. *When should the worker's capacity for work including a return to work be reviewed?*
A review is indicated in six months to assess his condition and progress.
11. *Is there anything other than the worker's injury or medical condition that is affecting the recovery including the return to work?*
I believe there may be psychosocial factors and relationship problems at work hampering his recovery including his return to work.

My Worksite assessment report follows.

If you have any queries, please do not hesitate to contact me.

Yours sincerely



DR DAVID HO

M.B.B.S.

Occupational Health Consultant

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