



# Metropolitan Water Reclamation District of Greater Chicago

100 East Erie Street  
Chicago, IL 60611

## Legislation Details (With Text)

**File #:** 10-0882 **Version:** 1  
**Type:** Agenda Item **Status:** Adopted  
**File created:** 8/4/2010 **In control:** Judiciary Committee  
**On agenda:** 8/12/2010 **Final action:** 8/12/2010  
**Title:** Authority to settle the Workers' Compensation Claims of Dwight Grant v. MWRDGC, Claim Nos. 0200003372, 0200003934, 0200004247, 0200004250, 0200004347, 02000004373 and 0200004837 in the sum of \$28,593.01, Account 901-30000-601090

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

Date	Ver.	Action By	Action	Result
8/12/2010	1	Committee of the Whole	Recommended	Pass
8/12/2010	1	Board of Commissioners	Approved	Pass

### TRANSMITTAL LETTER FOR BOARD MEETING OF AUGUST 12, 2010

#### COMMITTEE ON JUDICIARY

Mr. Richard Lanyon, Executive Director

Authority to settle the Workers' Compensation Claims of Dwight Grant v. MWRDGC, Claim Nos. 0200003372, 0200003934, 0200004247, 0200004250, 0200004347, 02000004373 and 0200004837 in the sum of \$28,593.01, Account 901-30000-601090

Dear Sir:

Dwight Grant is a Maintenance Laborer A at the North Side Water Reclamation Plant. On February 13, 2007, the main accident in this settlement, he started snow plows and injured his right wrist. He worked the rest of the day without reporting the accident and aggravated the injury. He did not seek treatment until February 15, 2007, and then went to a Swedish Covenant Hospital Occupational Clinic. Dr. Callangan diagnosed a strain/sprain to the right wrist, and Mr. Grant continued to treat with her. He was returned to modified duty and given a wrist brace to wear.

On March 8, 2007, while working modified duty and wearing his brace, he felt a deeper pain and popping in his right wrist. He saw Dr. Callangan again; she examined him and ordered occupational therapy. An MRI was ordered to rule out internal derangement and came back showing tendinosis/tenosynovitis of the extensor carpi ulnaris. He was referred to Dr. Karnezis, an orthosurgeon, for steroid injection(s). He saw Dr. Karnezis on April 11, 2007, and got a steroid injection, a wrist immobilizing splint to wear full time, return to work with restrictions, and a modality program of therapy was reinitiated. Dr. Karnezis later ordered another MRI with gadolinium arthrogram. On May 16, 2007, Dr. Karnezis ordered a right wrist arthroscopy for diagnostic purposes. He planned to ultimately perform a right wrist relocation of the subluxed extensor carpi ulnaris tendon on June 18, 2007. This is also the first day Mr. Grant was off work. After surgery he was casted (had two pins placed in arm) and later graduated to a sling. He received occupational therapy and was returned to full duty work with restrictions on August 22, 2007 (full use of left hand; none of right hand).

At the October 12, 2007, exam with Dr. Karnezis, he thought that Mr. Grant might have cubital tunnel in his right arm. An EMG nerve conduction velocity test was ordered because of the numbness he had been experiencing in his 4<sup>th</sup> and 5<sup>th</sup> fingers, but nothing on the EMG showed a compression neuropathy. Therapy continued as did the wearing of the immobilizing splint on his hand. At night he was to wear an elbow brace to keep him from flexing his right upper extremity. He may later require surgical decompression of the ulnar nerve with an anterior transposition. He had full use of left hand; none of the right hand.

As of a December 17, 2007, functional capacity evaluation report, Mr. Grant was working at a medium work level according to the U.S. Department of Labor Dictionary of Occupational Titles. In January 2008, Dr. Karnezis recommended four weeks of work conditioning, continuance of light duty to be full duty beginning February 12, 2008. After work conditioning, he was working between medium-heavy work levels and returned to full duty work on March 8, 2008. He saw Dr. Karnezis again on April 13, 2009, because of continued tenderness to medial epicondyle, evidence of numbness to the 4<sup>th</sup> and 5<sup>th</sup> fingers, complaints of numbness of medial nerve distribution, and occasional evidence of locking and clicking to the extensor carpi ulnaris tendon that subluxes. Mr. Grant was told to get an EMG, to wear an immobilizing splint again, and to follow up with the doctor in four weeks. He was also given a prescription for Norco.

On July 14, 2008, after the EMG and cervical MRI tests had come back normal, Mr. Grant was released to full duty with no restrictions. On June 8, 2009, he presented to the doctor, with median tenderness, complaints of numbness in the median nerve, but the EMG shows it is stable, and there is no EMG evidence of peripheral compression neuropathy. He was returned to full duty; however, a non-work cervical disorder (EMG evidence of radiculopathy to C5-6) requires an MRI.

On October 28, 2009, the orthopedic doctor, Dr. Karnezis, said he reached maximum medical improvement. He was off for a total of 14 weeks.

The other claim numbers represent aggravating incidents for his wrist problem which we are including in this settlement.

Subject to the approval of the Illinois Workers' Compensation Commission, this claim can be settled for the sum of \$28,593.01 which represents a 22.5% loss of use of the right hand.

The General Counsel believes this is an equitable settlement to conclude this matter and requests payment of that sum be approved and he be authorized to execute such documents as may be necessary to effect the settlement.

Requested, Frederick M. Feldman, General Counsel, FMF:LAG:VMM:JLO:nm  
Respectfully submitted, Terrence J. O'Brien, Chairman Committee on Judiciary  
Disposition of this agenda item will be documented in the official Regular Board Meeting Minutes of the Board of Commissioners for the August 12, 2010