

Sensitive: Medical

DR. GARY CHAMPION

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14th November 2023

Ms Maria Silvestri
Claims & Rehabilitation Consultant
Department for Health and Wellbeing
Workforce – Claims Management
PO Box 287
RUNDLE MALL SA 5000

Email: Maria.Silvestri5@sa.gov.au

Whole person impairment assessment report – physical injuries

Name of injured worker	Muris Boric
Date of birth	11 November 1985
Claim number	22000032/01
Date of injury	1 November 2021
Injury	Pericarditis – Post Moderna COVID-19 Vaccine
Employer:	SA Health

Dear Ms Silvestri

I advise that I have prepared this report as a Consultant Physician/Rheumatologist and an accredited assessor of the Cardiovascular System for Return to Work SA. I advise that I have prepared this report in accordance with the South Australian Employment Rule 62 'Content of expert reports' which came into effect on 3 February 2022.

Further to your letter of 24th October 2023, I saw Muris Boric on 14th November 2023 at Suite 32, Ashford Specialist Centre, 57 Anzac Highway, Ashford for a whole person impairment assessment and report.

The worker attended the consultation unaccompanied.

An interpreter was not present at the consultation.

You have requested an assessment of whole person impairment for the following work related injury:

- 1st November 2021 – Cardiovascular system - Pericarditis

I explained my role as an accredited assessor of permanent impairment and also that my report for this assessment would be sent to you as well as the worker receiving a copy.

I indicated that by statute I was required to follow the direction of both the Impairment Assessment Guidelines Return to Work Scheme, Government of South Australia, and the American Guides to the Evaluation of Permanent Impairment, 5th Edition.

HISTORY

Social and personal history

Mr Boric is aged 38. He and his parents came from Bosnia in 1994 and were housed at the Pennington Hostel. He subsequently was educated at Kilkenny Primary and then moved to Para Hills and educated at Valley View High School where he achieved his SACE and he performed a TAFE course to obtain a Diploma in Advanced Computer Engineering after 3 years. He subsequently was contracted to SA Health. He was involved with the networking and upgrading of computer systems. Subsequently he was to move from an ASO2 to now his position of an ASO5 and permanent from 2012, so he has been employed by SA Health for 11 years.

He is married with a 7-month-old child. He is a non-smoker and regards his preceding health prior to the Moderna vaccine as excellent. He explained to me that prior to his diagnosed pericarditis that he was an avid bike rider, he could ride up to 70 kms a day without difficulty and he enjoyed being outdoors and would go walking and hiking.

Currently he is working from home although can do off-site work as well.

History of occupational injury

In 2020 he was working from home, he said he did go into the office but basically worked from home. Because of SA Health policy he was required to have a mandatory COVID vaccine. He did some research on the vaccine and he chose Moderna as he was of the opinion that the Moderna vaccine gave better immunity. He had the vaccine administered on 01/11/2021 and he said that within 10 minutes he had pain within the left side of the chest, he had a "heat like" sensation on the left side of the chest and a pressure in the left side of the chest area. He developed fever, he did not feel well. He then developed palpitations and ultimately he was to see his local GP who performed an ECG and said it was fine but ultimately he was referred to a Cardiologist who indicated that he had pericarditis and indicated the pericarditis has come about due to the vaccine. He was prescribed nonsteroidal anti-inflammatory drugs in December as well as Colchicine which he took for about 3 months. He also took Aspirin. He said the Colchicine helped a little in terms of the chest pain but other symptoms were to develop and he really has not recovered to the extent that he had prior to the vaccination. He has seen a Cardiologist and I note has undergone an echocardiogram which was normal. He has also undergone an MRI scan which was normal. I note also he has undergone a stress test. He had tests for pulmonary emboli which were normal and as I have indicated an echocardiogram had not shown significant pericardial effusion. I note an exercise stress test performed by Dr Chacko at Windsor Heart and Specialist Centre indicated that the exercise stress test echo did not reveal any significant myocardial ischemia and in Dr Chacko's words; he did well on the stress test. He said, and I quote; "based on the clinical, ECG and echo findings, the stress echo was negative for inducible ischemia. Moreover he reports that he is symptomatically better".

Current symptoms

Mr Boric continues to complain of quite a degree of symptoms which he relates to the vaccine and the diagnosis of pericarditis. He has left-sided chest burning with any increase in activity. He can no longer bike ride and he can no longer carry any heavy weights, he can no longer lift his child who weighs 7 kg. He feels like the muscles are "burning" on the left side of the chest, the chest wall was tender to touch. He finds breathing is hampered when going up a hill and he feels pressure on the left side of his chest. He said he finds the hot weather can make his symptoms worse. He said even being in a hot shower makes the symptoms worse and he has to cool the shower down. He said that he walks about 2,000 to 3,000 steps daily but he said after that he does have some chest burning. He says that he cannot lie on the left side when sleeping because of pain and he has to sleep on the right hand side. There has been no associated cough.

EXAMINATION

On examination he looked well. He had a pulse rate of 80 bpm. He had a blood pressure of 125/80 mmHg. The jugular venous pressure was not raised. His heart apex was in the fifth intercostal space mid-clavicular line. The palpation of the precordium was normal apart from a degree of tenderness. Auscultation of the heart was normal, there were two heart sounds, there was no evidence of murmurs and there was no pericardial rub. Examination of the chest was normal with air entry being normal bilaterally and there were no adventitious sounds.

DOCUMENT REVIEW

Author	Date	Document
Dr Manmohan (Mona) Kaur	10/11/2021	Sick Certificate
Dr Manmohan (Mona) Kaur	14/01/2022	Work Capacity Certificate
NALHN	17/01/2022	Medical Certificate
Mr Muris Boric	18/01/2022	Claim Form (RTWSA)
Office of Chief Public Health Officer	28/01/2022	Letter – COVID-19 vaccination exemption
Mr Muris Boric	08/09/2022	Email – post injury details
NALHN	28/02/2022	ED medical records
Dr Manmohan (Mona) Kaur	11/05/2022	Report
Dr Sujith T Chacko	08/06/2022	Medical records
Dr Leo J Mahar	29/06/2022	Report
Rachel Finney (RTW Consultant)	01/09/2022	Case conference summary
Mr Jack Elsworth	26/09/2022	Exercise Physiology Management Plan
Rachel Finney (RTW Consultant)	09/02/2023	Email
Dr Manmohan (Mona) Kaur	03/03/2023	Report
Dr Richard Newman	10/03/2023	Report
Dr Jonathan Cherry	23/05/2023	Medical records
Mr Jack Murphy	11/06/2023	Email
A/Prof Abdul Khalid	28/06/2023	Report
Dr Maureen Busuttil	17/07/2023	Report
Dr Manmohan (Mona) Kaur	25/08/2023	MMI confirmation letter
Dr Maureen Busuttil	05/09/2023	Work Capacity Certificate
DHW – Digital Health SA	01/06/2022	Role Description

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I acknowledge the enclosed documents. I have made referral to a number of those documents. I note in particular the report of Consultant Cardiologist Dr Leo Mahar of 29/06/2022 where he provides an opinion regarding the diagnosis of post COVID vaccination of pericarditis. He provides an opinion based on the information provided to him. In his opinion Dr Mahar was not of the opinion that there was post vaccine pericarditis. He said he would not make a diagnosis of pericarditis on the ECG that he was provided. He also notes a number of other investigations, there was no increased inflammatory markers, the CK was low, his troponins have always been low. The chest X-ray and CTPA were normal and chest x-ray and CTPA to exclude pulmonary embolism was normal and an MRI showed no evidence of myopericarditis. He then makes the comment; "The diagnosis of pericarditis in my opinion is tenuous. He has been well worked up by the Cardiologist Dr Sujith Chacko at Windsor Heart and Specialist Centre. He had been fully investigated with no abnormalities found". His opinion regarding medications advised or taken is that there is no evidence that I can find that these have been useful for anything. They are alternative medicines and they possibly have a placebo effect and have nothing to do with pericarditis. He provides a paper "Myocarditis and Pericarditis after COVID-19 mRNA vaccination" by Wong, Hu and Zhou which was published in The Lancet. This was a study of 15 million patients aged 18 to 64 who received 16.9 million doses of COVID-19 vaccination. In summary males from the age of 18 to 25 years reported incidence rate was highest after the second dose but it was still quite low showing a total of 411 myocarditis/pericarditis cases after the administration of 16.9 doses. And he makes the comment; "that puts into perspective the rarity of this condition that usually comes on after the second dose, not the first".

OPINION

Diagnosis

I have been asked to assess Pericarditis as an accepted work-related injury.

Determination of maximum medical improvement for each work injury assessed:

- Pericarditis

Rateable Impairment

- Cardiovascular system

1. Cardiovascular – Pericarditis

Refer to Return to Work Scheme, Impairment Assessment Guidelines, Government of South Australia, Chapter 14

AMA5 Guides Chapter 3, 3.6 Pg. 52 Pericardial Heart Disease Table 3-10 Criteria for Rating Impairment Due to Pericardial Heart Disease.

Class 1 states 0-9% Impairment of the Whole Person – No symptoms in performance of ordinary daily activities or moderately heavy physical exertion, but evidence from either physical examination or laboratory studies of pericardial heart disease and continuous treatment not required and no signs of cardiac enlargement or of congestion of lungs or other organs.

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He has symptoms of chest pain but there is no physical evidence or laboratory studies of pericardial heart disease. Given the lack of objective evidence including my physical examination today therefore he falls into 0% Impairment of the Whole Person.

= 0% Whole Person Impairment

Summary table

Body part or system	Impairment Assessment Guidelines Chapter, page, table/figure	AMA5 Chapter, page, table/figure	% WPI All assessed impairments	% WPI Pre-existing impairments	% WPI Work injury impairment
1. Cardiovascular - Pericarditis	Ch. 14	Ch 3, 3.6 Table 3-10 Pg.52	0%		0%
Totals (from Combined Values Chart AMA5)			0%WPI Total all assessed Impairments		0%WPI Total work injury

The contents of this report are true to the best of my knowledge and belief. This report has been written in accordance with the current edition of the *Impairment Assessment Guidelines*.

Please do not hesitate to contact me if I may be of further assistance.

Yours sincerely,



DR GARY CHAMPION

Accredited by Workcover SA for impairment assessment of upper extremities, lower extremities, spine, cardiovascular and respiratory systems.

Please Note:

In addition to the guidelines shown under the heading 'Impairment assessment for each work injury listed', you need to be aware that the South Australian Employment Tribunal (SAET) has made rules (South Australian Employment Tribunal Rules 2017) which include a rule regarding the content of reports prepared by experts. These Rules should be taken into consideration in writing your report as your report may become relevant to an application for a decision to be reviewed by the SAET.

The relevant rule states:

62. Content of expert reports

- (1) If a party proposes to rely on expert evidence in any matter, the party must seek a written report from the expert, which must:
 - (a) Set out the expert's qualifications to make the report;
 - (b) Set out the facts and factual assumptions on which the report is based;
 - (c) distinguish between objectively verifiable facts and matters of opinion that cannot be (or have not been) objectively verified;
 - (e) set out the reasoning of the expert leading from the facts and the assumptions to the expert's opinion on the questions asked;
 - (f) set out the expert's opinion on the questions asked;
 - (g) be provided on the understanding and acknowledgement that the expert's primary duty is to be truthful and accurate to the Tribunal rather than to serve the interests of a party or parties;
 - (h) make reference to this rule; and
 - (i) comply with any requirements imposed by any Practice Directions

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TAX INVOICE

Reference: **2517**

14 Nov 2023

Account: SALHN DEPARTMENT FOR HEALTH AND WEL
11 Hindmarsh Square
LEVEL 7, CitiCentre Bldg,
ADELAIDE, SA, 5000

Provider: Dr Gary CHAMPION
Number: 0211433H
AHPRA No:
ABN: 36003680993
LSPN:
Patient: Mr Muris Boric
DOB: 11 Nov 1985
5 Welsh Crescent
PARA HILLS WEST, SA, 5096

Medicare No: Expiry Date:
Health Fund:
Membership No: UPI: 0 Expiry Date:

Service Date	Description	Item	Qty	Fee	GST
14/11/2023	Pia - Standard Specialist Report	PIA30	1	1113.80	*
14/11/2023	Pia38 - More Than 25 Pages At \$10.30 Per Page Over 25 Pages 130 Pages at Gazetted Rates	PIA38	1	1339.00	*

Claim Number: 22000032/01
Date of Injury: 01-Nov-2021

Total Value exclusive of GST: 2452.80
GST: 245.28
Total Price inclusive of GST: 2698.08
Balance Outstanding: 2698.08

Remittance Advice

Account: SALHN DEPARTMENT FOR HEALTH AND WEL
Details: Invoice 2517 on 14 Nov 2023.

Balance Outstanding: 2698.08
Payment Amount:

EFT:
BSB - 085 458
A/C - 045077204