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April 8, 1986

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Re: Richard Harrington
File No. 1700-5518

Dear Mr. Hentemann:

Richard Harrington was examined on April 3, 1986 regarding an accident which occurred on January 26, 1982. This 55-year-old male informed me that he was injured on January 26, 1982. At that time, he was in his tractor-trailer when he noted that there was a car under the bed of the trailer. He recalled that neither he nor the driver of the car had been injured. Later, he was sitting in the passenger side of the other person's car when that car was struck from behind and then on the driver's side by a third vehicle. He recalled that the impact knocked the car under the trailer. He was "in and out" for a period of time and was aware of pain in the left side of his face, hands, knees, and feet. He recalled that the passenger seat broke and that he was lying flat in the seat. He was taken to Cleveland Metropolitan General Hospital where he was examined, treated, and released with medication.

Approximately four days after the accident, he came under the care of Dr. Wismar for treatment of his symptoms referable to the side of his face, posterior aspect of his neck, left shoulder, arm and forearm. He received approximately ten physical therapy treatments, and these included hot packs, ultrasound, and massage. Medication was prescribed by Dr. Wismar, and he continued under his care until April of 1'982.

He was then referred to Dr. Rodriguez and was examined by him in May of 1982. Dr. Rodriguez suggested additional physical therapy, re-evaluated Mr. Harrington, and then referred him to Dr. Stern.

He was examined by Dr. Stern in September of 1982 and was told that he had a "spine problem and a left carpal tunnel." He was admitted to Deaconess Hospital between August 1, 1982 and August 11, 1982, and a myelogram, CT-scan, EMG, and EEG were performed. He recalled that the myelogram and the CT-scan revealed "impingement at C5 or whatever." During his hospitalization, Dr. Stern performed "carpal tunnel surgery." Mr. Harrington indicated the surgery "didn't do anything that great."

Following his discharge, he continued under Dr. Stern's care and was examined by him approximately every two months. In December of 1982, he was examined by Dr. Hahn at The Cleveland Clinic. He "substantiated that the problem was in the spine." He 'suggested surgery, but Mr. Harrington declined.

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During 1983, he continued under Dr. Stern's care. In July of 1983, he came under the care of Dr. Kammer, "the rheumatologist." He was told that he had "spondylosis and a degenerating spine." He was also examined by Dr. Stern.

During 1984 and 1985, he continued under Dr. Stern's care and was examined by him approximately every two to three months. Dr. Stern continued to suggest surgery. In July of 1985, Mr. Harrington was driving an automobile which was moving when it was struck from behind by a second car. He was wearing seat belts at the time and following the accident "temporarily went numb from the waist up." When asked to explain this, he indicated that he felt "weakness." He was taken to Southwest General Hospital where he was examined, treated, and released. Mr. Harrington indicated "I felt bad after the accident. Eventually, it subsided to where it was before the accident."

In August of 1985, he came under the care of Dr. Bishop. He was readmitted to Deaconess Hospital in October of 1985. Additional diagnostic testing was performed, and Mr. Harrington was told "there was a spine problem and severe myofascitis." Following his discharge, he continued under Dr. Suresky's care who recommended surgery. He was last examined by Dr. Suresky in February of 1986.

At the time of this examination, Mr. Harrington indicated that his left ear "feels like it's full of water." He also had pain inferior to the ear which radiated into his skull, posterior aspect of his cervical spine, and upper thoracic spine. This symptom was present "all the time." Any movement "from the waist up" increased this symptom and he limited his movements, for he knew "my limitations." He was unable to hold "anything" in his left hand for longer than one to two minutes, for "it isn't there to hold." He also described pain which radiated down the radial aspect of his arm and forearm into his hand. When asked to explain this symptom further, he pointed to the ulnar aspect of his forearm, ulnar two fingers, and thenar eminence. He also had "tingling" in the ulnar two fingers of his right hand. He indicated "I think I have carpal tunnel syndrome - it's comfirmed with the tests." He experienced dizziness when he extended his head and when he turned his head from side to side, he felt pain. He had "passed out" on several occasions. He also became dizzy with coughing, sneezing, and attempting to empty his bladder completely. In addition, his "sex life was not the same."

He was presently taking Motrin, four times a day: Robaxin, four times a day and Darvocet, twice a day. He had taken Motrin and Robaxin on the day of the examination.

His past medical history indicated that he had no symptoms referable to his neck prior to the accident. He had sustained a low back injury approximately 25 years ago but had recovered from this. He indicated that he had lifted "960 cases of liquor in two hours" the day before the accident. He had sustained no new injuries.

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Physical examination revealed a male who appeared somewhat older than his stated age and was moderately overweight. He indicated that he was 5 feet 7 inches tall and weighed 217 pounds. He arose from the sitting position without difficulty, ambulated without limp, and was able to ascend and descend the examining table in a normal fashion.

Examination of his cervical spine revealed normal cervical lordosis without evidence of paracervical or trapezius spasm. There was tenderness to palpation in the lower cervical spine and left trapezius. There was normal cervical flexion, extension and right lateral bending, 75 percent of left lateral bending, and 50 percent of lateral rotation bilaterally. Cervical jarring was negative in three positions.

Examination of the shoulders revealed no evidence of deformity or localized tenderness. There was a full range of shoulder motion bilaterally. Abduction of the left arm produced pain in the left ear. Neurological examination of the upper extremities revealed symmetrical depression of the deep tendon reflexes and normal motor power. There was decreased perception of pinprick in the left upper extremity, in a non-dermatome pattern. There was a well healed scar from the left carpal tunnel surgery. There was a negative Tinel's test, and Phalen's test produced numbness in the entire hand. On the right, there was a positive Tinel's test over the carpal tunnel and a negative Phalen's test.

Neurologic examination of the lower extremities revealed symmetrically active patellar tendon reflexes, symmetrically hypoactive Achilles tendon reflexes, a positive right Babinski sign, normal motor power, and normal sensory perception.

Radiographs of the cervical spine revealed no evidence of fracture or dislocation. There was mild narrowing at the C5-6 interspace and, to a lesser degree, at the C6-7 interspace. Spurring was present at these levels.

I have reviewed the material forwarded to me and note that Mr. Harrington was examined in the Emergency Room of Cuyahoga County Hospital on January 26, 1982. The examining physician noted symptoms with respect to various parts of the body and a "? H/O LOC...Past H/O Low back injury...States LBP no worse than usual at present." There were no symptoms referable to the left wrist or hand. The examination revealed that the neck was "supple & non-tender...Back: Increased tenderness mid-L lateral lumbar spine...Imp: Soft tissue injuries." Radiographs of the cervical spine were interpreted as showing "There is anterior vertebral body spurring at the C-6/7 level.. ."

Dr. Wismar's office records describe his treatment of Mr. Harrington between June 6, 1977 and December 23, 1985. At the time of the initial examination, approximately four and a half years before the accident

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under discussion, the patient had symptoms of "1. Recurrent back pain.. .2. Paresthesias of both hands c gripping sledge hammer or axe...3. Diminished libido..." On January 29, 1982, three days after the accident, Dr. Wismar, apparently, made the diagnosis "Cervical myositis, post traumatic." The physical examination revealed "Tender muscles along cervical, thoracic spine. Tender R. ant. thigh." (This diagnosis and these findings are written above the date of the examination and the 'history.) There is nothing to indicate that the patient had symptoms or physical findings referable to his left upper extremity. Mr. Harrington was re-examined on several occasions over the next several months and on April 22, 1982 was referred to an orthopaedist. There is nothing to indicate that he had symptoms referable to his upper extremities or low back during that period of time.

A C-30, prepared by Dr. Wismar on May 4, 1982, indicates a diagnosis "Cervical fibromyositis."

In his letter of February 18, 1985, Dr. Wismar summarizes his treatment. He indicates "My diagnosis was post traumatic cervical fibromyositis."

Dr. Rodriguez' office records describe his examination of Mr. Harrington on April 30, 1982 and May 21, 1982. At the time of the initial examination, "the pain in the neck persists. Although, it has subsided somewhat in the last few weeks. On the physical examination, there was no neurological deficits..." The records also indicate "Medical report sent atty." This report is not included with Dr. Rodriguez' records.

Records from Deaconess Hospital indicate Mr. Harrington was in that facility between August 1, 1982 and August 10, 1982. A pre-admission physical examination was performed on July 30, 3982, and this indicates that Mr. Harrington was a "policeman by occupation...Clinical Impression: Carpal tunnel syndrome L. arm, headaches & vertigo for investigation." On August 2, 1982, electrodiagnostic studies were performed and were interpreted as "The distal motor and sensory latencies are within normal range. However the left median sensory nerve through the carpal tunnel is not as sharp as those of the left ulnar nerve in duration...Impression: The above findings are compatible with minimal radiculopathy, cervical, at mostly left C-6 root. The nerve conduction velocity studies are also suggestive of a very early stage of a very mild degree of carpal tunnel syndrome of the left median nerve, superimposed." On August 5, 1982, a cervical myelogram was performed and interpreted as showing "Impingement into the contrast column at C-6-7 and 5-6 from posterior spurring from the vertebral bodies at these levels." On August 9, 1982, the patient underwent "Left carpal tunnel decompression." At that time, "Markedly hypertrophied transverse carpal ligament was encountered. The median nerve dove under this and was severely compressed and had an area with a ridge across this where the ridge had dug into the nerve. The nerve was severely flattened, causing chronic compression." The patient was discharged with the final diagnosis "Marked cervical spondylosis and cervical radiculopathy, and left carpal tunnel syndrome."

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In his letter of April 2, 1984, Dr. Stern indicates "The carpal tunnel syndrome is definitely related to the accident that occurred on 1/26/82 and was definitely caused by the accident." He does not explain his opinion.

In his letter of May 16, 1984, Dr. Stern describes his treatment of Mr. Harrington between July 1, ,1982 and August 2, 1984. He indicates "The patient's neurological examination prior to admission to the hospital was compatible with a significant cervical radiculopathy, primarily into the left upper extremity as well as left carpal tunnel syndrome.'' He does not describe the physical findings upon which this opinion was based. He further indicates that the myelogram obtained on August 5, 1982 "was compatible with significant cervical canal stenosis and cervical radiculopathy, left greater than right." On April 4, 1983, "The patient had a positive Babinski sign in the right toe." On January 16, 1984, "He still had mild spasticity in his lower extremities, however on this examination his toes appeared to be downgoing on Babinski testing..." Dr. Stern discusses his opinion of the relationship between Mr. Harrington's condition and the accident under discussion.

In his letter of November 4, 1983, Dr. Gabelman describes his examination of September 19, 1983. At that time, approximately 20 months after the accident, Mr. Harrington's history was somewhat different than it had been on prior occasions. He also described different symptoms than he had previously. Dr. Gabelman's impression was "Cervical radiculitis, lumbosacral myofascitis." Cervical and lumbar thermograms were obtained on September 28, 1983.

Records from Southwest General Hospital indicate that Mr. Harrington was treated in the Emergency Room on August 17, 1971 at which time radiographs of the cervical spine were obtained. He was also treated on July 30, 1985 following the second automobile accident. At that time, "Pt. C/O pain similar to what he had p a previous accident." The impression of the examining physician was "Acute cervical & LS strain. Chronic severe cervical stenosis." The basis for the latter diagnosis is not clear.

Additional records from Deaconess Hospital indicate that Mr. Harrington was in that facility between October 7, 1985 and October 15, 1985. A history and physical examination performed by Dr. Bishop is included in the hospital record. The history of the "present illness" is different than that presented to other physicians. In addition, the patient indicated "Since then (approximately 22 months), the patient did well, until 30 July, 1985 at which time the car he was driving was hit from behind.. ." Dr, Bishop's diagnosis was "Cervical disc protrusion, C5-6, left. Sprain, cervical spine, flexion/extension, recent, with aggravation of pre-existing radiculitis." The patient was examined by Dr. Shah on October 11, 1985. His impression was "(R) carpal tunnel syndrome of a mild to moderate degree. Bilateral C-8 and T-1 root

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irritation.. .severe degree of myofascitis of the cervical paraspinal muscles...A mild degree of peripheral neuropathy...There is no evidence of any lumbosacral root irritation or any lumbosacral radiculopathy." (These findings are not consistent with the diagnosis "Cervical protrusion, C5-6, left;") In the discharge summary, Dr. Suresky indicates "I did not recommend surgery on his cervical spine. I recommended a right median nerve decompression...Final Diagnosis: Cervical spondylosis with radiculitis. Cervical myofascitis. Right carpal tunnel syndrome with median nerve compression neuropathy."

Further records indicate that the injury of August 17, 1981 was considered to be "soft tissue injuries to neck, left arm, chest and stomach."

The records from the St. Clair Clinic indicate that Mr. Harrington was treated for a "cervical strain, sprain-left shoulder" as a result of an accident which occurred on April 28, 1980.

Based on the information available to me, I believe that Mr. Harrington was involved in a vehicular accident on January 26, 1982 and that he sustained various contusions and a cervical strain. .Although the left carpal tunnel surgery which was performed seven months after the accident appears to have been indicated by Mr. Harrington's symptoms and diagnostic studies, this surgery is not related to the accident of January 26, 1982. As noted above, Mr. Harrington had no left upper extremity symptoms or neurological findings while he was under the care of Dr. Wismar or Dr. Rodriguez.

At the time of this examination, Mr. Harrington continues to have symptoms referable to his neck and his upper extremities. His symptoms and physical examination are suggestive of cervical myelopathy as a result of his cervical spondylosis. This condition was present at the time of the accident, and there is nothing to indicate that it has been accelerated by the accident. I believe that Mr. Harrington has no permanent disability directly attributable to his accident. Although he may be unable to return to his occupation as a truck driver, I believe that this is related to his pre-existent cervical sponydlosis rather than the accident of January 26, 1982.

Very truly yours,

DBBrooks

Dennis B. Brooks, M.D.

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