

ROBERT D. ZUCKER, M.D.
DENNIS B. BROOKS, M.D.
_____, INC.

#544

ORTHOPAEDIC SURGERY

26900 CEDAR RIDGE
BEACHWOOD, OHIO 44122
TELEPHONE 281/464-4400

July 10, 1983

Mr. Charles H. Williams
Claims Department
Amica Mutual Insurance Company
Westgate Tower, Suite 300
20525 Center Ridge Road
Cleveland, Ohio 44116

Re: Sidney Korn
File No. L11F01034

Dear Mr. Williams:

The above named claimant was examined by me on July 18, 1983 regarding an accident which occurred on January 6, 1982. This 40-year-016 male informed me, in the presence of his counsel, that he was injured on approximately January 6, 1982 when he was driving an automobile which was stopped when it was struck from behind by a second car. He did not remember whether he was wearing seatbelts but did recall that he first went backwards in his seat and that his head struck the headrest. He then went forward and felt like he was "shook". He proceeded home after the accident and within three to four hours of the accident noted numbness in his right arm radiating into his ulnar three fingers.

Within a week of the accident, he came under the care of Chiropractor Pavkov and recalled that his neck was stiff, that he had difficulty in turning his head and that he had persistent numbness in his right arm and hand. He was treated by massage, adjustments and heat approximately two times a week for approximately two to three months. He then received treatment approximately once a week for he was unable to get away from work more often.

In approximately April or May of 1982, he came under the care of Chiropractor Firster and has been treated by him approximately once a week. He receives "muscle treatment", massage, heat and adjustments. His treatment continued until May of 1983. He has not been examined by any physicians nor has he been hospitalized.

The claimant also stated that initially he had low back pain which radiated down his right leg as far as his knee. He stated that he had been asymptomatic for approximately four to five months with respect to his back.

At the time of this examination, the claimant stated that he continued to have numbness "every once in awhile". He would awaken at night with numbness in his right arm and hand when he found that he had been sleeping with his right shoulder externally rotated and abducted. He also noted numbness when he worked with his hands above shoulder level. There was associated weakness as well. He had difficulty loading ladders onto his truck because of these symptoms. He described his hand numbness as occurring in the ulnar three fingers and the hypothenar eminence. This symptom occurred with activity whereas his

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entire hand would become numb at night. His neck was described as "basically pretty good". He did experience stiffness when he was working on a calling or working with his head extended. Occasionally, his neck would become "real stiff" but he could "work it out". On occasion, he would develop a "knot" in the right parascapular area and this symptom depended on his activity level. He recalled that approximately one to months prior to this examination, he had this symptom every day following work. He was unable to sleep on his side for this would cause arm aching. He was presently taking no medication.

His past medical history indicated that he had occasional neck stiffness following work but this responded to rest. He had never had arm numbness. He had received chiropractic care in the past because "basically it felt good". He also stated that in the '70s, he "wrenched" his low back and had been symptomatic following that accident. Of note was the fact that after his x-rays were reviewed and metallic densities were noted in the soft tissues, he recalled, upon questioning, that he had been shot in the neck, at close range, in 1977. Apparently the bullet passed through his neck and he denied any neurological symptoms following that. He had sustained no new injuries.

Physical examination revealed a male of approximately his stated age who was of average proportions. He stated that he was 5 feet 10 inches tall and weighed 160 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 were no areas of localized tenderness to palpation. There was a full range of cervical flexion and extension with approximately 25 percent limitation of lateral rotation and lateral bending bilaterally. Cervical compression tests were negative. Incidentally noted were two well healed, small, scars in the right anterior and posterior aspects of his neck.

Examination of his shoulders revealed no evidence of atrophy or localized tenderness. Tests for thoracic outlet syndrome were negative. Neurological examination of the upper extremities revealed normal deep tendon reflexes, motor power and sensory perception. Palpation of the ulnar nerve in the right cubital tunnel produced pain and "electric" sensation in the ulnar fingers and hypothenar eminence. A similar maneuver on the left caused less sensation.

Radiographs of the cervical spine revealed no evidence of fracture, dislocation, disc space narrowing or spurring. Metallic particles were noted in the soft tissues.

In his "Medical Report" of March 12, 1982, Chiropractor Pavkov lists as his diagnosis "Acute traumatic hyperextension, hyperflexion type strain to the cervical spine, causing spinal subluxations allowing for nerve root pressure". It is not clear why the patient was not immediately referred to an orthopaedic surgeon or neurosurgeon for the treatment of these "subluxations". His "Medical Report" of July 16, 1982 is noted. Chiropractor Firster's "Medical Report" of September 21, 1982 is noted.

I have reviewed the radiographs of the cervical spine obtained by Chiropractor Bestgen on July 21, 1982 and compared them with those obtained at the time of this examination.

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They are identical in terms of the absence of pathology. I am unfamiliar with the terminology used by Dr. Bestgen in his "impression".

Based on the information available to me, I believe that the claimant was involved in a vehicular accident on January 6, 1982 and, on the basis of his history, I believe that he sustained a cervical strain. He developed symptoms of right brachial radiculitis soon after the accident and continues to have these symptoms, intermittently, to the present. His examination demonstrates no evidence of nerve root compression, although it suggests the possibility of entrapment of the ulnar nerve at the elbow, the cubital tunnel syndrome. Based on the claimant's history, I do not believe this condition is related to the accident of January 6, 1982. I believe that the claimant should be referred to a medical neurologist who is capable of performing electrodiagnostic studies, for these studies may well determine the etiology of the claimant's right arm symptoms. At the present time, I am unable to find anything on physical or radiographic examination which would indicate that the claimant will have any permanent disability directly attributable to his accident of January 6, 1982.

Very truly yours,

Dennis B. Brooks, M.D.

DBB/anm