Highland
Musculo-Skeletal
Associates, Inc.

Robert C. Corn, M.D., F.A.C.S.
Timothy L. Gordon, M.D.
Orthopaedic Surgeons

February 27, 1997

Carol N. Siskovic
Attorney at Law
1520 Standard Building
1370 Ontario Street
Cleveland, OH 44113-1757

RE: Dudley Simmerson
Case No. 305497 (Cuyahoga County)
File No. 3394

Dear Ms. Siskovic:

I am writing to you in reference to the Independent Medical Evaluation that was carried out on February 20, 1997. The above plaintiff was evaluated in my office in the presence of his attorney, Mr. Barry Shane. Mi. Shane was present throughout the history and physical examination.

Mr. Simmerson presented with a history of being involved in a motor vehicular accident on May 2, 1994. At that time he was the driver and solo occupant of a Lincoln Towncar in the vicinity of Cedar Road and University Circle, near Euclid Avenue. There was a passenger side impact and the injury described forced him into a side-to-side direction. He did not strike his head and there was no loss of consciousness. He struck his left shoulder region on the door or door frame, as well as hitting his chest on the steering wheel. He did not realize any injury and he continued on his way. The following day he began having left sided arm pain which started a few hours after the injury. He also complained of increasing pain in his neck, left shoulder and left side low back pain.

He initially consulted Dr. Schnall, associated with University Hospitals Family Physicians. He started some physical therapy treatments with Mr. Michael Suppler at the South Green Road facility. The treatments consisted of heat, ultrasound, traction to the neck, as well as some stretching exercises. According to the records he was seen on very few occasions.

He was subsequently referred to Dr. Jeffrey Moms, an orthopaedic surgeon affiliated with Beachwood Orthopaedics. The date of the initial consultation was on May 25, 1994, approximately three weeks after the car accident. Within three weeks it was noted his neck pain had improved. The bulk of his ongoing discomfort was well localized to the lumbar spinal area which essentially had been unchanged. This was primarily in the midline without any radiation into his buttocks or lower extremity. The left shoulder pain had become worse and was consistent in intensity. It seemed to be aggravated by any activity with raising the ann above the shoulder level.

Physical examination at that time was compatible with a soft tissue strain or sprain, and possible impingement syndrome of the left shoulder.

Physical therapy was recommended. There was some improvement in his symptoms primarily in the neck and low back. His left shoulder seemed to continue to give him problems through the summer of 1994. Records indicate three visits from June 30, 1994 through September 28, 1994. MRI scans were performed of his neck and low back which essentially showed degenerative changes in both areas. No traumatic abnormalities or disc herniations were noted.

He also started on an exercise program at the Jewish Community Center. He does water exercises, home stretching with light dumbbells. Heat also seems to help his symptoms. He has also been tried on a variety of medications and takes either Darvocet or Dolobid 0 to I per day at the most. He did have a soft cervical collar which he wore for a period of time after the accident.

EMPLOYMENT HISTORY: The plaintiff has been retired since January of 1984.

PAST MEDICAL HISTORY failed to reveal previous or subsequent injuries to his neck, **upper** back, low back or left shoulder.

CURRENT SYMPTOMS: At the time of this evaluation he had concluded his formal medical care and treatment. He does not believe he has had treatments for over a year. According to the medical records, the last visit with Dr. Moms was in February of 1996. He has continued with the home program as outlined above.

He still has ongoing symptoms in primarily his left shoulder. These is a dull aching pain, mostly in the posterior aspect near the trapezius insertion onto the shoulder blade. There has been no episodes of radiating **pain,** numbness or tingling after **the** *fist* or second day. We has no ongoing complaints in reference to his left elbow. His neck occasionally is sore and tight on the left side of midline. He also has intermittent symptoms in the form of stiffness in his left lumbar spinal region. This stiffness seems to interfere somewhat with his recreational activities.

PHYSICAL EXAMINATION revealed a pleasant **74** year old male who appeared in no acute distress, His gait pattern was normal. He was able to stand on his heels and toes without difficulty. He appeared to sit comfortably and more around the **exam** room without signs of distress. There was no atrophy'noted in either upper extremity on direct palpation and his movements appeared to be normal.

Specific examination of his cervical spine revealed a diffuse degree of stiffness. There was approximately 30% decreased range of motion of his cervical spine in all directions in forward flexion, extension, side bending, and rotation. This did not have any painful end point and appeared to be due to his arthritic condition. Protraction, retraction, and elevation of the scapulae were performed normally. No atrophy was noted in the neck, upper back or periscapular region.

Examination of both shoulders revealed a virtual identical range of motion. There was some limitations in forward flexion, abduction, internal rotation. Approximately 75 to 80% of his motion was preserved. The elbows, wrists and small joints of the hand

examined normally. A detailed neurologic examination including sensory, motor and reflex testing of both upper extremities was normal. Circumferential measurements of both upper extremities at the axillary, midarm, forearm or wrist level were equal and symmetrical bilaterally.

Examination of his lumbar spine revealed a similar degree of stiffness. No gross neuromuscular abnormalities were noted.

IMPRESSION: Probable strain of the cervical spine and contusion of the left shoulder. MRI evidence of diffuse degenerative arthritis and degenerative disc disease with no traumatic abnormalities. No symptoms clinical or radiological findings of nerve root impingement or impairment.

DISCUSSION: I have had the opportunity to review some medical records associated with his care and treatment. These included records from the University Suburban Health Center and Beachwood Orthopaedics. The results of the MRI scans and the **actual** films were reviewed.

After careful questioning of the patient's history and physical limitations, as well as after a careful physical examination and review of medical records, I have come to some conclusions concerning his ongoing level of physical impairment.

The primary injury, on the basis of this review, appears, at worst, to have been a soft tissue strain or sprain of his neck. This may have transiently subjectively aggravated his degenerative arthritis and disc disease of neck and low back. The bulk of his severe symptom seemed to have resolved within a short period of time. His ongoing treatments were related to the left side of his neck and left shoulder. With time, these have improved as well.

At the time of this evaluation he has objectively recovered from any soft tissue injury sustained. On the basis of this evaluation, at worst, a soft tissue stretching injury was incurred at the time of the motor vehicular accident in question. Although there is still

some ongoing subjective stiffness and discomfort, his daily activities are not significantly impaired. He has been performing water exercises and some gently aerobic condition which is appropriate for his height, weight, and age. On the basis of this evaluation no further orthopaedic care or treatment is necessary or appropriate.

It is my opinion, after review of the medica1 records, that the care and treatment that was provided by both Dr. Schnall, University Physical Therapy, and Beachwood Orthopaedics was appropriate. Although a great deal of orthopaedic and neurosurgeons reserve MRI scans for individuals who have only neurological deficits, these scans, nevertheless, were performed. No traumatic lesions were noted. Diffuse degenerative changes were observed in the neck and low back region, compatible with this gentleman's age.

On the basis of this evaluation, he has objectively recovered from any soft tissue injury sustained. The long-term prognosis is favorable. On the basis of this evaluation, no further care or treatment is necessary or appropriate. There is no objective evidence of any permanent aggravation or acceleration of his previous degenerative condition. The prognosis is favorable.

Sincerely,

Robert C. Corn, M.D., F.A.C.S.

RCC/bn

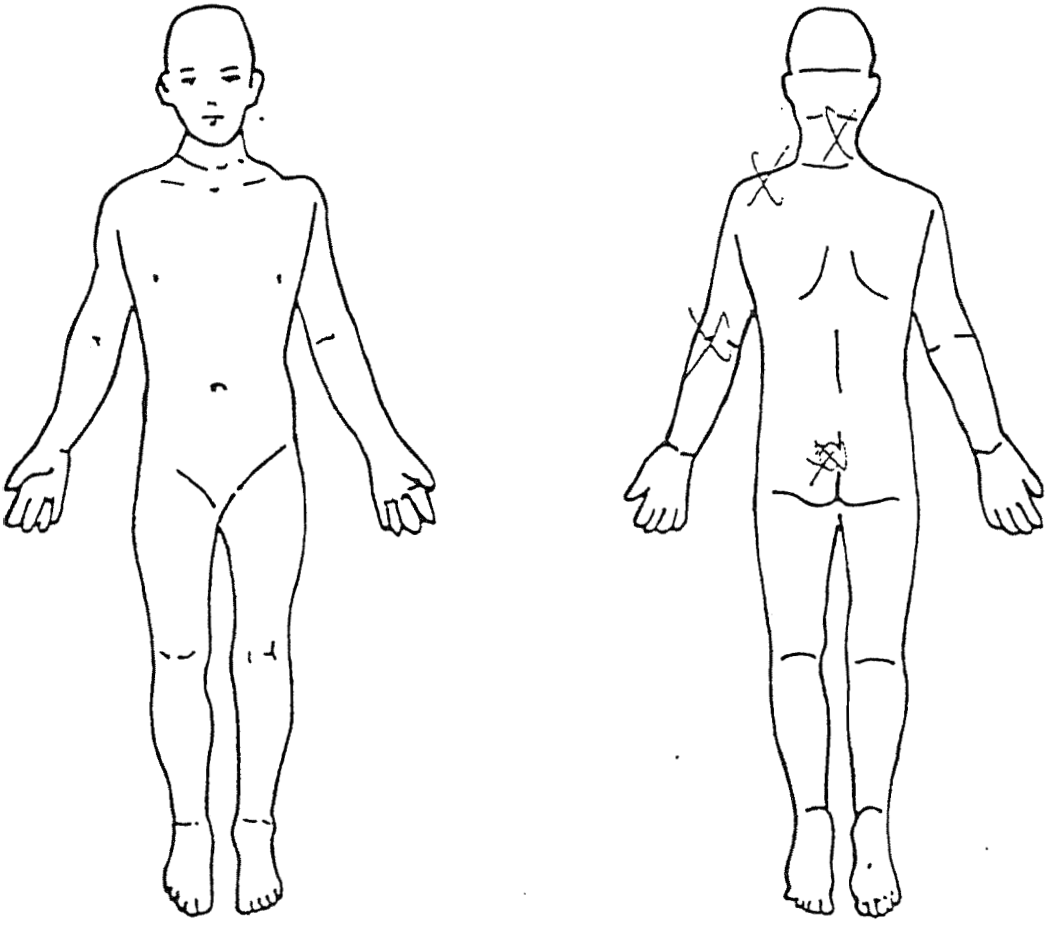
cc: File

HIGHLAND MUSCULO-SKELETAL ASSOC., INC.

PAIN PATTERN DRAWING

PLEASE INDICATE ON DRAWING TYPE AND LOCATION OF PAIN USING CHOICES BELOW:

PINS AND NEEDLES = OOOO BURNING = XXXX STABBING = //// DEEP ACHE = ZZZZ



FRONT VIEW BACK VIEW

RATE YOUR PAIN *0* = No Pain ⟶ 10 = Extremely intense

1. Right now	0	1	2	3	4	5	6	7	8	9	**10**
2. **At** its worst	0	1	2	3	4	5	6	7	8	9	10
3. **At** its best	0	1	2	3		5	6	7			10

PATIENT NAME:

HIGHLAND MUSCULO SKELETAL ASSOC., INC.
850 BRAINARD ROAD
HIGHLAND HEIGHTS OH 44143
(216) 461-3210

TO:
CAROLE SISKOVIC
RE:D. SIMMERSON
1370 ONTARIO #1520
CLEVE OH 44113-1757
(216) 381-7769

ACCT. NO. 12353
BILLING DATE 02/28/97
BALANCE DUE 1620.00

DATE	PATIENT	DESCRIPTION OF SERVICE	CLAIM SUBMITTED *	AMOUNT
02/20/97	DUDLEY	NON TREATMENT EVALUATIONS		1620.00

AMOUNT NOW DUE FROM PATIENT

CURRENT	30 DAYS	60 DAYS	OVER 90 DAYS	INSURANCE PENDING
.00	.00	.00	.00	.00