



May 4, 1997

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Orthopaedic Surgeons

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RE: Dons Casbean
Case No. 309729
File No. 1700-13764

Dear Mr. Lazzaro:

I evaluated the above plaintiff in my office in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on June 7, 1994. She was evaluated without legal counsel or friend or family present. The date of the evaluation was January 23, 1997.

MEDICAL HISTORY: The patient's medical history, as you are aware, is somewhat complex. She has had the diagnosis of severe degenerative arthritis in both shoulders and was getting previous treatment for her shoulders prior to the motor vehicular accident in question. In actuality, she had received a number of cortisone injections, as well as had some physical therapy on her shoulders. Her prior treating physicians were Dr. Santiago, her medical doctor, and Dr. Michael Hritz, an orthopaedic surgeon. I have seen only scattered chronological records from Dr. Hritz's office. I have not had the chance to review all of his past records.

She was the driver and solo occupant of a 1996 Cavalier vehicle in the vicinity of West 117th Street and Worthington. She was stopped at a red light when she was rear

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ended. **At** the moment of **impact** she stated she was thrown forward and backwards, and it **created** a "shock" to her body. She described the hit as a "very hard hit". There was alleged damage to her bumper, tailgate, and "my whole exhaust system **was** pushed forward".

Despite the vehicular damage, the car was drivable. Initially, her major complaint was left ankle pain only. She returned to her family physician, Dr. Santiago, who had x-rays performed of her left ankle. She also complained of diffuse aching pain, as presented to me in both shoulders, to Dr. Hritz in her right shoulder, and to Dr. Santiago in her left shoulder. There **was** absolutely no recollection of any immediate back **pain**. She did have some stiffness in her neck after the accident.

She again followed up with Dr. Hritz later on that year in 1994. Ultimately it was decided to proceed with a right total shoulder replacement for her severe arthritis. Dr. Hritz was scheduled to do this with Dr. Mark Schickendantz. Dr. Hritz apparently had a detached retina and Dr. Schickendantz took over her care. She had a **right** total shoulder replacement performed on December 8, 1993, and approximately three months later she had the left shoulder done on or about March 4, 1995. These records were not available for review. It should be noted that the plaintiff had severe endstage arthritis of the shoulders. It was Dr. Schickendantz's opinion that the necessity of the total shoulder replacement was not the motor vehicular accident in question. The plaintiff, however, is convinced that had it not been for this injury she would have not needed a total shoulder replacement.

She has also been treated, as you are aware, for multiple sclerosis that was originally diagnosed in 1962. At that time she had lost her eyesight, was incontinent, had difficulty walking (ataxia), and had hand tremors. The diagnostic tools available at that time were primarily a spinal tap which showed increased gamma globulins. She had complete resolution of this particular episode and does not believe any of her ongoing problems are related to the multiple sclerosis. She was also evaluated by Dr. Peter Bambakidis, a neurologist, associated with University Hospitals of Cleveland. His evaluation was in June of 1994. A workup at that time failed to reveal any

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“active“ lesions of multiple sclerosis. The MS problems had nothing to do with the motor vehicular accident in question.

She also subsequently developed increasing pain in her low back. A diagnostic workup revealed degenerative arthritis and disc disease, as well as lumbar spinal canal stenosis. There was no direct cause and effect relationship between any of her back pain and the motor vehicular accident. The low back workup and scans were not carried out until 1995.

She has not had any medical care or treatment concerning any residuals of *injury* for “quite some time”. She only is followed by Dr. Santiago who continues with her Thiamin injections as necessary. This was the treatment for her neurological complaints. She is taking Daypro, an anti-inflammatory medication which totally relieves her low back arthritis, and she also has some other medications that are unrelated.

EMPLOYMENT HISTORY: She last worked in 1974. She was doing marketing research at that time and suffered a “nervous breakdown down”. There are apparently no lost wage claims associated with this motor vehicular accident.

PAST MEDICAL HISTORY did reveal prior motor vehicular traumas. She injured her left shoulder which was fractured and not picked up for about six months. This, she believes, was sometime in the mid or early 1980's. A second motor vehicular accident occurred in which both arms were injured. This incident precipitated the first contact with her orthopaedic surgeons. These records were not available for review.

CURRENT SYMPTOMS: At this point in time she is asymptomatic. There is no ongoing pain, stiffness or aching discomfort in her neck, upper back or shoulders. She has an excellent subjective result from her total shoulder replacements. There is no ongoing symptoms of multiple sclerosis and her only ongoing problems is her arthritic spine which is controlled.

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PHYSICAL EXAMINATION revealed a very pleasant, 63 year old female who appeared in no acute distress. Her gait pattern was normal. She was noted to move about the exam room in a normal fashion. She did not shift or change her posture or position and appeared quite comfortable throughout this encounter.

Examination of her cervical spine and lumbosacral spine showed approximately the equivalent exam, There was, at most, 15% decreased range of motion in forward flexion, extension, side bending, and rotation. This was not associated with spasm, dysmetria or muscular guarding.

Examination of both shoulders revealed well-healed scars compatible with her total shoulder replacement. She has **superb** mobility and would be considered to have **an** excellent result from her shoulder replacements. There was absolutely no measurable restriction of motion. All her motions in all directions were painless. Neurologic examination of both upper extremities was normal.

IMPRESSION: Sprain of the left ankle and alleged left shoulder strain related to the motor vehicular accident in question. Severe endstage degenerative arthritis of both shoulders, status post total shoulder replacement. These opinions are **preliminary** in nature. Significant medical records needed to be reviewed.

DISCUSSION: I have had the opportunity to review only **part** of the medical records that are necessary for a complete analysis. These records included some records from Dr. Bambakidis, Dr. Michael Hritz, and Fairview Hospital radiology. I have requested the entire medical records from Horizon Orthopaedics and Dr. Schickendantz, complete records from Dr. Michael Hritz, as well as the 1993 through 1995 records from Dr. Santiago.

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 her ongoing level of physical impairment.

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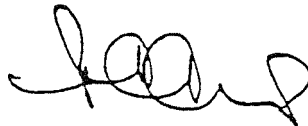
By the history presented, she apparent to have had a left shoulder ~~strain~~ or ~~sprain~~, and a sprain of the left ankle. Her exact complaints registered with the physicians, have yet to be resolved. There is no question there was a past history of severe end stage arthritis of both shoulders. There, to my review, was no specific opinion that the accident in question permanently aggravated or accelerated her arthritic condition.

The treatment for end stage arthritis of this nature is a total joint replacement. She underwent these procedures for both of her shoulders and has an excellent clinical result. Her ankle symptoms have resolved as well. Fortunately the "stress" around a traumatic incident did not precipitate any worsening of her multiple sclerosis. On the basis of this evaluation there is an excellent resolution of any subjective symptomatology. She only has a slight degree of stiffness in her spine compatible with her age and general physical condition.

The injuries in question appear on this preliminary review to be solely soft tissue in nature. There is no objective evidence of any permanent aggravation or acceleration of any pre-existing condition. She has objectively recovered from any soft tissue injury sustained. The long term prognosis is favorable.

If additional medical records become available I will be glad to review these and add to the discussion of the above issues.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Corn', with a stylized flourish at the end.

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

RCC/bn

cc: File