Highland
Musculo-Skeletal
Associates, Inc.

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RE: Israel Honig
Case #283920
File #13855-AF

Dear Mr. Johnson:

I evaluated the above plaintiff in my office on May 28, 1996, in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on January 29, 1993. This case is somewhat complicated in that the patient is claiming all of his left knee residual symptoms and the need for surgery on this accident. I will explain in detail how it is not within a reasonable degree of medical certainty that his knee problem was a direct result of this accident.

He presented with the history of being the driver and solo occupant of a Cougar vehicle heading on Washington Boulevard in Cleveland Heights. He was operating his car at the speed limit, approximately 25 miles per hour, and looking fonvard. Out of the comer of his eye he saw a car backing out of a driveway. The car same into his path, he tried to avoid a collision, but ultimately the right passenger rear portion of his vehicle impacted the other car. He does not recall any direct trauma to his knee but "I may have twisted it." There was no swelling of the knee and he was able to walk on the lower extremity. There was some complaint of low back pain as well.

Police **were** on the scene. He was not transported to an emergency facility. He did call his family physician, Dr. Pamela Geyer, who evaluated him later that day: It was noted on review of her records that in January of 1993 he was there for an evaluation. He did give her a history of two previous surgeries on his knee, as well as a discussion that he will need a ligament reconstniction. He did not have this reconstruction as we know. When she evaluated him on January 29, 1993, immediately after the accident, he was complaining primarily of right lateral chest discomfort, as well as low back pain. There was absolutely no complaint of his knee at that time and no indication of an effusion. He was referred to Dr. Bruce Cohn, an orthopaedic surgeon, who **saw** him on February 4,1993, a number of days after the accident. Surprisingly, there was absolutely **no mention of the motor vehicular accident,** The history provided was that solely of a remote knee problem which I believe is the truth. There **was** no mention of a knee effusion which, as will be discussed below, is the cardinal sign of *an* acute anterior cniciate ligament tear.

He had two basic problems. The first was his low back which was treated conservatively. He was tried on a variety of medications and ultimately physical therapy. He continued with therapy on a regular basis and the bulk of his back pain dissipated. The back has never been a significant problem. He has never had any diagnostic scans. He continues to have intermittent symptoms.

In reference to his left knee, it was clear that when Dr. Cohn saw him for the initial visit on February **4,** 1993, it was felt that the diagnosis was not acute anterior cruciate ligament tear, but chronic anterior cniciate ligament deficiency. He was tried on a variety of physical therapy regimes, as well as wearing a brace. Ultimately **an** MRI scan was performed in June of 1994. This revealed some patella abnormality, as well as a cyst in one of the tendons about the knee. He did have a second opinion with Dr. Ben Richman and ended **up** undergoing an antenor cruciate ligament reconstruction using a patellar tendon graft on July 5, 1994. There was also a tom meniscus noted at that time. It is my opinion, within a reasonable degree of medical certainty, that neither of these had anything to do with the motor vehicular accident in question.

Postoperatively he went through the appropriate physical therapy. He continued to have patellofernoral **pain,** as well as the suspicion of the hardware being symptomatic. He underwent a second operation on his left knee on January **4,** 1996, in which some debridement was carried out. Some arthritis was removed and the staple was also removed. Both of these surgeries were done at the Mt. Sinai Medical Center.

PAST **MEDICAL** HISTORY is significant. He was a very avid sports player. There was some increasing problems in both of his knees, the left knee worse than the right. He underwent a workup through Kaiser which showed a partial tear of the anterior cruciate ligament as far back as 1986. He underwent two procedures, an open and an arthroscopic procedure for repair of the medial meniscus: This is the same structure that ended up with a tear due to the anterior cruciate ligament insufficiency. According to the medical records half of the ligament was tom. In that there **was** similar instability bilaterally, it was elected not to go ahead with the anterior cruciate ligament repair. There was clear reference in the medical records, both from Kaiser and Dr. Cohn that there had been multiple episodes where the left knee has given out and given way, which is also quite typical for a chronic antenor cruciate insufficient knee. This condition preexisted the motor vehicular accident in question. In my opinion, there was no aggravation on the basis of this accident in that the history did not point to the motor vehicular accident as the source of the knee trauma. **As** a matter of fact, it was not until the second visit with Dr. Cohn that the accident was mentioned and it was only a back injury.

CURRENT SYMPTOMS: Concerning his low back, he has an intermittent aching pain when he is sitting and driving for long periods of time. His job involves trips to Michigan. He develops an aching pain. He tends to avoid heavy lifting. Recently while gardening, with repetitive bending and lifting, gave him an episode of back pain about a week prior to this evaluation. Leg **pain** was also experienced for the first time in his right leg. This seems to have resolved.

He also had carpal tunnel syndrome in his right hand which was treated surgically and unrelated to this accident.

In reference to his left knee, he still is continuing with his rehabilitation. He claims not to be able to run as of yet. There had been no episodes of giving out or giving way since the accident.

He is currently on no medications other than over-the-counter Tylenol or **Aspirin.**

EMPLOYMENT HISTORY: He is a technical representative for an electrical manufacturing firm.

PHYSICAL EXAMINATION revealed a pleasant, somewhat evasive, 39 year old male who appeared in no acute distress. His gait pattern was normal. There was obvious scarring on his left knee from the multiple surgeries. There was still some residual muscle atrophy in his left distal thigh. He was able to heel and toe walk without difficulty. Ascending and descending the examining table was performed normally. He was able to arise from a sitting position in a normal fashion.

Examination of his lumbar spine failed to reveal any signs of chronic muscular irritation in the form of spasm, dysmetria or muscular guarding. There was full range of motion of his lumbar spine being able to bend fonvard to touch his toes. Hyperextension, side bending, and rotation were performed normally. His straight leg raising in both the sitting and supine positions were performed to 90" bilaterally. There was a full range of motion of both hips and knees. Neurologic examination of both lower extremities was normal.

Examination of both lower extremities revealed a mild anterior cruciate insufficiency of his **right knee.** There was no effusion bilaterally. The left knee actually was somewhat tighter due to the recent ligament construction. As noted, there was approximately 2 cm of left thigh atrophy. The patient has not completed his rehabilitation.

IMPRESSION: Related to this accident, an acute lumbar strain or sprain. Remote anterior cruciate ligament insufficiency **unaffected** by motor **vehicular accident.**

DISCUSSION: I have had the opportunity to review a number of medical records associated with his care and treatment. These include the records from Dr. Pamela Geyer, Dr. Ben Richman, Metro Health St. Luke's Medical Center, Mt. Sinai Medical Center and Bruce T. Cohn.

M e r 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 the patient's ongoing level of physical impairment.

It is my opinion, within a reasonable degree of medical certainty, that the only documented injury sustained was a minor strain or sprain of the lumbar spine. This was treated adequately with physical therapy and a variety of medications. The bulk of his symptoms gradually resolved. It is my opinion that the only medical expenses appropriate for this accident were those solely related to his low back.

In reference to his knee, it is my medical opinion, that he did not, as a result of this accident, develop an anterior cniciate deficient knee. The accident did not cause the ligament tear and did not permanently aggravate the ligament tear. There was clearly well documented records that there had been for years an anterior cruciate insufficient knee. There was nothing in the history by the treating physician to indicate a direct causal relationship between the motor vehicular accident and his left knee problems. In my opinion, all the care and treatment for his knee including all of the physical therapy, the two surgeries, and any subsequent visits with Dr. Cohn or treatment in the future, are unrelated to this accident. In my opinion, there was no knee injury sustained.

The hallmark of an anterior cniciate ligament tear acutely is a bloody effusion (swollen knee joint). There was absolutely no mention in Dr. Cohn's records of this being extant three days after the accident. These effusions frequently last as long as two weeks. In that this was not observed, it is my opinion that the accident in question was not the source of his anterior cruciate ligament tear. It is only by the history that the patient describes that the knee got worse. However, when one carefully reads the

medical records, it is clear that the symptoms had persisted for many years prior to this accident. The cruciate ligament was noted to be stretched and partially torn, as far back as 1986, by arthroscopy. As noted above, in early January of 1993 he discussed his knee problems with Dr. Geyer. He discussed also that a knee ligament reconstruction was considered prior to this accident.

In my opinion, his low back symptoms have resolved. There are no objective findings to support his ongoing subjective complaints. As stated above, all the care and treatment rendered to his left knee was not related to this accident. The prognosis is favorable.

Sincerely,

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

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