Highland
Musculo-Skeletal
Associates, Inc.

Robert C. Corn, M.D., FACS
Timothy L. Gordon, M.D.
Orthopaedic Surgeons

July 10, 1997

Joseph H. Wantz
Attorney at Law
The Superior Building, 21st Floor
815 Superior Avenue, N.E.
Cleveland, OH 44114-2701

RE: David Selick
Case No. 320140 (Cuyahoga County)
File No. 1700-15034

Dear Mr. Wantz:

I evaluated the above plaintiff, David Selick, in my office on July 9, 1997. This evaluation was for the purpose of an Independent Medical Evaluation in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on January 5, 1995.

MEDICAL HISTORY: The plaintiff recalls that he was the driver of a C10 empty pickup truck with a large metal frame on the back of the vehicle. His wife was a front seat passenger. The accident occurred near the Cleveland Zoo, heading on Fulton near the intersection with Memphis. He was stationary in traffic. There was "snow and slush" on the ground. A rear end collision occurred. He was in line with traffic and he "bumped" the car in front of him. There was no damage to the front of his vehicle.

At the moment of impact he felt a ''jerk". He was wearing a seat belt. His right hand went forward and struck part of the interior of the car. There was no head injury and no loss of consciousness. The truck was drivable, the steel bumper being bent

Later that day he was evaluated at the Deaconess Hospital Emergency Room. X-rays of the cervical spine and lumbar spine were essentially normal. He was discharged with the diagnosis of cervical and lumbar strain. No medications were provided, and he was essentially treated and released.

His attorney referred him to Dr. James Lundeen and the Lundeen Therapy organization. Dr. Lundeen started him on a variety of modalities, including electrical stimulation, cervical traction, heat and ultrasound. There was some transient improvement but there was no long term help. Because of his ongoing neck problems, he was evaluated at the Open MRI facility on February 16, 1995. X-rays of his neck showed some mild spondylosis (degenerative disc disease and arthritis) at the C5-6 and C6-7 levels. This included disc desiccation but no disc herniation.

He, being dissatisfied with his overall improvement, was referred to Dr. Edward Gabelman of Beachwood Orthopaedics. This initial evaluation was on May 25, 1995, almost six months after the motor vehicular accident in question. He reviewed the history and the fact that he underwent about 25 to 30 physical therapy sessions without any significant improvement. His neck and back pain were unchanged. He had intermittent numbness and tingling to the left hand, and occasionally his right hand. His low back pain was also unchanged, being intermittent. Pain was worse with lifting, sneezing or standing in one place. These clinical impressions were strain or sprain of the neck and low back. He was started with a variety of formal physical therapy sessions which included not only modalities but exercises. Throughout the entire treatment plan with Dr. Lundeen, no exercises were started in any way, shape or form. Near the end of July 1995, an MRI scan was performed at Beachwood Orthopaedics of his low back and this was normal. He was last seen in late 1995, prior to his move to Michigan where he currently resides, He did state that he had some spinal injections which were not noted in the Beachwood Orthopaedic records. These were done by Dr. Morris.

PHYSICAL EXAMINATION revealed a pleasant, 5' 11", approximately 295 to 300 pound male who appeared in no acute distress. His gait pattern was normal. He was able to heel and toe walk without difficulty. Arising from a sitting position was done without difficulty, as was ascending and descending the examining table.

Examination of his cervical spine revealed no objective findings in the form of spasm, dysmetria, muscular guarding or increased muscle tone. There was unrestricted range of motion of the cervical spine in forward flexion, extension, side bending and rotation. Protraction, retraction, and elevation of the scapulae were performed without limitation. There was good muscular development of the neck, upper back and periscapular muscles. A full range of motion of both shoulders was noted in forward flexion, extension, abduction, internal and external rotation. The elbows, wrists and small joints of the hand examined normally as well. A detailed neurological examination including sensory, motor and reflex testing of both upper extremities was normal. The circumferential measurements of both upper extremities at the axillary, midarm, forearm and wrist level were equal and symmetrical bilaterally.

Examination of his lumbar spine also did not reveal any signs of spasm, dysmetria, muscular guarding or increased muscle tone. There was minor restriction of motion at the extreme of forward flexion which was limited somewhat by his physical size. This was not associated with any objective muscular irritation or contracture.. Hyperextension, lateral bending and rotation were performed normally. His straight leg raising in both the sitting and supine positions were performed to 90 degrees bilaterally. There was a full range of motion of both hips and knees. Neurologic examination of both lower extremities was normal.

IMPRESSION: Subjective residuals of a soft tissue strain or sprain of the neck and low back.

DISCUSSION: I have had the opportunity to review a number of medical records associated with his care and treatment. These include records from the Deaconess

Hospital, Dr. Lundeen and his therapy sessions, as well as Beachwood Orthopaedics including the therapy. Results of the two MRI scans of his neck and low back were reviewed. The actual scans were not 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.

On the basis of this evaluation, at worst, in my opinion, he sustained a strain or sprain of the neck and low back. The care and treatment in the emergency room was appropriate and a thorough diagnostic workup did not reveal any traumatic abnormalities. The referral to Dr. Lundeen, in my opinion, served little long term purpose. A great deal of physical therapy sessions were done solely with modalities. It is clear that this type of treatment, at best, is only appropriate for the first two to four weeks after a soft tissue strain or sprain. I have no explanation why 25 to 30 treatments were indicated. They certainly did not provide any subjective long term relief.

The MRI scan of his cervical spine was probably appropriate on the basis of his ongoing clinical complaints. Fortunately, this showed only degenerative changes and no disc herniation

The referral to Dr. Gabelman was, in my opinion, appropriate in that there was no improvement with the physical therapy modalities. A better exercise program did improve his overall function. I am not sure of the clinical indication for the MRI of his lumbar spine in that there was no true radicular complaints nor were there any objective neurological findings in his lower extremities. This test was essentially normal.

The plaintiff has not had any care or treatment for about a year and one-half. He claims to have ongoing symptoms in his neck and intermittent symptoms in his low

back. He has not had any care or treatment whatsoever for any complaints involving his skeletal system since shortly after his move to Michigan. On the basis of this evaluation, no further care or treatment is necessary or appropriate.

In *summary,* in my medical opinion, at worst, he sustained a soft tissue strain or sprain of the neck and low back. There was no indication for the significant number of modality type treatments. The MRI of the cervical was, in my opinion, probably necessary but the lumbar spinal MRI was not indicated on the basis of his complaints registered in the medical records. He has objectively recovered from any soft tissue injury sustained. I agree with Dr. Gabelman's suggestion that he consider maintenance exercises and losing weight. This is ideal for any deconditioned individual with subjective complaints of back pain. The long term prognosis, in my opinion, is favorable. He has recovered.

Sincerely,

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

RCC/bn

cc: File