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Orthopaedic Surgeons

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RE: Juan Mendoza
Case No. 325218 (Cuyahoga County)

Dear Mr. Schmidlin:

I evaluated Juan Mendoza in my office on July 14, 1997, in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on September 18, 1996. He recalls being the driver and solo occupant of a motor vehicle at the intersection of Carnegie and Ontario in Downtown Cleveland. He was operating a late model Mustang. He described a severe front end impact when a car turned left suddenly in front of him. He stated he was thrown forward and backwards, but he could not recall striking any **part** of the interior of the car. He claimed to have some "dizziness" but could not recall a direct head impact. He was, at that time, coming from a part-time job working in the security police force at Tower City in Downtown Cleveland. He was taken back to Tower City and his brother picked him up.

Later that day he was seen at the Metro Hospital Emergency Room. He had a thorough trauma evaluation including x-rays. No traumatic abnormalities were noted. He was given some muscle relaxants and anti-dammatory medications, and discharged.

He subsequently came under the of Dr. Jeffrey Fierra and his Buckeye Therapy Center. This Center specializes in "passive therapy". He went through quite a number of treatments. According to the medical records, he was followed for months with a total of approximately 38 passive physical therapy sessions. A number of consultations were obtained after an MRI scan. This showed some very minor disc abnormalities at the L4-5 and C5-6 level. The films were interpreted as 1-2 mm disc herniation at these two levels. No other abnormalities were rioted. He was seen in consultation by Dr. Lee, a neurosurgeon at the Cleveland Clinic, and Dr. Faissal Zahrawi, an osteoarthritis. Neither of these physicians recommended any surgery and recommended only physical therapy. He concluded his treatments with Dr. Fierra in late February of 1997 after completing 47 passive physical therapy treatments without improvement.

Subsequently he was evaluated at Beachwood Orthopaedics by Dr. Edward Gabelman. The initial evaluation was approximately one month later on March 21, 1997. Clinically, Dr. Gabelman felt "he does not have a herniated disc". He claims not to have been able to regular work, but continues to do office work, working on light duty for the Cleveland Police Department. Physical therapy at the Atrium Center seemed to help him. The low back got better on its own. The therapeutic exercises seemed to have helped. The last visit with Dr. Gabelman was on or about June 12, 1997.

CURRENT MEDICATIONS include Ibuprofen 800 mg, 1 to 2 per day. He has muscle relaxants but he does not use them.

EMPLOYMENT HISTORY: His primary employment is as a police office for the Fourth District in the City of Cleveland. He has been doing this for about three years. He is also workmg in the Security Police for Tower City. He claimed to have been unable to work for about one to two months, and has been on a light duty status since that time, This is due primarily to his subjective stiffness of his neck, as well as a claim that he feels he has no strength and endurance to participate in any combat situations.

CURRENT SYMPTOMS: At the time of this evaluation he complains of only neck **pain**. He never had any significant radicular symptoms. There was some left arm numbness for one day since the time of the accident. It has never returned. The back pain is primarily deep and aching in nature in the midline and goes slightly to the right mid and upper scapular region. It sometimes feels like a "pinching pain". Any time there is any significant increase in activity such as running or any attempt at lifting, the **pain** seems to worsen. He claims to have diffuse stiffness. Swimming and getting into the water seems to help his symptoms, but there is some subjective stiffness afterwards. As stated above, there is never any neurological complaints that were documented. No further studies were performed.

PHYSICAL EXAMINATION revealed a pleasant 26 year old male who had somewhat of a stocky appearance. He was noted to sit, stand, and move around the exam room normally. His gait pattern was normal being able to walk without a limp. He was able to heel and toe walk without difficulty.

Examination of his cervical spine revealed the claim of tenderness in the right paraspinal muscles. There was; however, no objective spasm, dysmetria, muscular guarding or increased muscle tone noted. There was unrestricted range of motion in forward flexion, extension, side bending, and rotation. No objective "stiffness" was noted. Protraction, retraction, and elevation of the scapulae were performed normally. There was a full range of motion of both shoulders in forward flexion, extension, abduction, internal and external rotation. The elbows, wrists and small joints of the hand examined normally. A detailed neurological exam including sensory, motor and reflex testing of both upper extremities was normal. Circumferential measurements of both upper extremities at the axillary, midarm, forearm and wrist level were equal and symmetrical bilaterally.

Other than a claim of tenderness in the right trapezius muscle area, there was no abnormalities noted at the time of the physical exam.

IMPRESSION: Subjective residuals of a cervical strain or sprain. MRI evidence of very minor disc "herniation". This, in my opinion, is note related to trauma.

DISCUSSION: I have had the opportunity to review a significant number of medical records associated with his care and treatment. These included records from the MetroHealth Medical Center, Regional Diagnostic Imaging, the Cleveland Police Department, Dr. Zahrawi, Dr. Gabelman and Beachwood Orthopaedics, and Dr. Jeffrey Fierra.

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, in my opinion, at worst, he sustained a strain or sprain of the cervical, thoracic and lumbosacral spine. He had approximately 48 treatments, primarily modalities, during the initial four or five months. This did not improve his symptoms to any substantial degree. He was not started on any appropriate spinal x-rays until he started with Dr. Gabelman in March of 1997. This, in my opinion, was the appropriate treatment for a soft tissue injury. Despite the fact there was a slightly abnormal MRI scan it was felt by two orthopaedic surgeons and one neurosurgeon, prior to my evaluation, that these were of no clinical significance. The etiology of these disc "herniations" remains obscure. By his description, in my opinion, these are clinically **insignificant**. I agree with all of the physicians that these do not necessitate any care or treatment. In my opinion, these are not the source of his ongoing discomfort and not related to the motor vehicular accident. There was never any substantial neurological complaints. His symptoms are typical of that of a chronic cervical strain or sprain.

On the basis of this evaluation and review of medical records, I have no explanation of why this individual has not returned to full duty as a police officer. There is no objective restriction of motion or any abnormality noted at the time of the examination.