Highland
Musculo-Skeletal
Associates, Inc.

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

August 14, 1997

Ms. Jean Moran
Claim Service Representative
Cleveland Branch Office
Motorists Insurance Companies
28111 Lorain Road
PO Box 249
North Olmsted, OH 44070-0249

RE: Douglas Ilmon
DOI: 1/4/96
Claim No. 3-235439

Dear Ms. Moran:

I evaluated the above claimant in my office on August 12, 1997, in reference to residuals of injury sustained in a work-related motor vehicular accident which occurred on January 4, 1996. At that time the claimant was employed as a delivery person for the United Parcel Service, operating a 1990 Dodge 'Caravan motor vehicle. He was stationary at the vicinity of East Ohio Avenue near Sunset Drive, when a rear end collision occurred. This was in the Richmond-Wadsworth area in Wayne County.

A rear end collision occurred when he was stationary at an intersection. He believes there was a loss of consciousness. He was wearing a seat belt but the force of the impact broke the back of his seat. There was some difficulty extracting him from the car and EMS was called to do this. He was then conveyed to the Wadsworth Rittman Medical Center where he was examined and x-rays were performed. X-rays were performed of his spine at that time and no traumatic abnormalities were noted. He

complained primarily of anterior neck pain. There was some complaint made of numbness and tingling into both arms.

He followed up with his family physician, Dr. Alfredo Astria, who is now retired. He was sent to McCoy Physical Therapy for exercises of his neck and low back. A CT scan was performed of his lumbar spine on or about January 31, 1996. This showed some bulging of the L4-5 disc, as well as some degeneration and herniation at the L5-S1 disc. Essentially he was treated for a lumbosacral strain or sprain.

Because of failure to improve he was referred to Dr. Bhupinder Sawhny, a neurological surgeon. This initial consultation was carried out on September 3, 1996. The physical examination and history were taken. It was felt that he had a "chronic cervical and lumbar strain".

Ultimately MRI scans were performed of both his neck and his low back. These were initially done at the Open MRI of Cleveland. These were subsequently repeated in early February of 1997 (at not charge to the patient) when a new magnet was obtained. Apparently suboptimal studies were previously recorded. The initial MR of his neck was done in early 1996 and that of his low back in mid-October of 1996. These were repeated on February 13, 1997 of his lumbar spine, and February 21, 1997 of his cervical spine. These studies essentially showed degenerative disc disease with some mild bulging. No significant additional findings were noted objectively.

Ultimately a more active physical therapy program was initiated at the MetroHealth Medical Center. He felt this was a much more appropriate type of treatment in which he was forced to do a great deal more active exercises. It was many months before he had been started on any active exercises. Blocks were suggested but his condition gradually improved. He was "100%" with only mild residual muscle stiffness when he returned to work approximately three weeks ago. He was running on a treadmill regularly and doing weight training. When he had some stiffness, the heat seemed to help in the neck and low back region. He has no arm or leg pain, numbness or tingling. Apparently he had some numbness in his right big toe for many months.

After his return back to work, while lifting packages repetitively, he developed a neck stiffness. This is slightly more on the right side than the left side. He doesn't notice any strength discrepancies or significant problems. He still continues on a home program. During the last week or so that *UPS* has been on strike, he has continued with his home exercises.

EMPLOYMENT HISTORY: As you are aware, this is a work-related trauma. He did not lose any significant time from work. His primary job is a safety coordinator and he also works as a driver. It was for three months he was on restricted duty not doing any driving or repetitive lifting. He had recently returned to full duty.

PAST MEDICAL HISTORY did reveal previous neck and back injury. In 1986 he sustained a lumbosacral strain at work when he was repetitively boxes. He believes he was out of work for a few days. In 1987 he had a previous neck injury in which he was unloading boxes from a semi-trailer. These fell on top of him. He could not recall any lost time at that time. He did state that he had recovered and was very actively doing a great deal of physical exertional activities prior to the motor vehicular accident in question.

It is also apparent in the history that the initial clinical presentation and the initial care and treatment was much too passive. When he was placed on an appropriate exercise program, the bulk of his somewhat ominous neurological symptoms seemed to improve.

PHYSICAL EXAMINATION revealed a pleasant 32 year old male who appeared in no acute distress. He appeared quite robust and in objective physical condition. There was proportional development of his neck, upper back, and upper extremities. He was quite muscular and clearly has been doing a fair amount of weight training.

Examination of his cervical spine revealed, at worst, 10% restriction of motion in rotation only. Flexion and extension was performed normally with subjective stiffness at the ends of range of motion. Protraction, retraction and elevation of the scapulae

were performed without limitations. There was a full range of motion of both shoulders, elbows, wrists and small joints of the hand. A detailed neurological examination, including sensory, motor and reflex testing of both upper extremities was normal. Absolutely no neurological deficit was detected. No atrophy was noted on circumferential measurements of his upper extremities at the axillary, midarm, forearm or wrist level.

A similar examination was performed of his lumbar spine. There was no restriction of motion noted in forward flexion, extension, side bending, and rotation. 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 exam of both lower extremities was normal.

IMPRESSION: Resolved cervical and lumbosacral strain or sprain. Probable transient aggravation of pre-existing mild degenerative disc disease 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 Wadsworth-Rittman Hospital, Ohio Traffic Crash Report, some records from Dr. Astria, Dr. Sawhny and the MRI scan results from Open MRI.

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.

I do believe that he, by history, sustained a strain or sprain of the neck and low back. This, by his history and the physical description, may have transiently aggravated some pre-existing disc disease. There was no clear indication of any permanent aggravation or acceleration of these conditions. With the appropriate physical therapy he had completely resolved **all** of his subjective symptoms.

He has never been through a formal work conditioning program. I do believe this can be performed through his Workers' Compensation claim to not only work on general condition, but to build up certain muscles that he repetitively uses in the course of his daily employment.

I do believe that the long term prognosis is favorable. With a well designed work conditioning program, I do not believe he will have any significant residuals of injury. He feels very comfortable at the MetroHealth Medical Center. I do believe that this can be pursued at that institution.

If I could be of any further assistance to you in this matter, please do not hesitate to contact me. I do not believe any surgical treatment, in the form of block injections or open surgical procedures will be necessary directly related to this motor vehicular accident.

Sincerely,

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

RCC/bn

cc: File

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August 14, 1997

Jeffrey L. Bramley
Attorney at Law
105 West Liberty Street
PO Box 394
Medina, OH 44258

RE: Timothy Von Duyke
DOI: 7/2/94

Dear Mr. Bramley:

I evaluated Timothy Von Duyke in my office for the purpose of an Independent Medical Evaluation on August 8, 1997, in'reference to the July 2, 1994 motor vehicular accident. Ms. Janice DeAngelis, a paralegal from the plaintiff's law firm, was present throughout the history and physical.

The above plaintiff was a front seat passenger in a motor vehicle involved in a fiont-end collision, as discussed in the report on his wife, Judith. At the moment of impact he was a restrained front seat passenger, leaning forward to pick up his pipe that apparently fell on the floor. At the moment of Impact, he was thrown forward and struck the anterior front hairline region of his forehead on **part** of the window **frame.** He did not strike the window nor was he thrown through the window. He believes he was "semi conscious". This laceration **was** apparently bleeding somewhat profusely. This bleeding was the source of his wife's emotional "trauma" at the time of the accident.

He was conveyed to the Lodi Community Hospital where he was evaluated for his head injury. There was some discomfort in his neck, primarily at the C7 region. His forehead laceration was cleansed and appropriately sutured. X-rays were taken of his cervical spine which did not reveal any traumatic abnormalities. There was some complaints of pain in his low back as well. According to the ER sheet there was a "history of arthritis per patient". Ultimately he was discharged with a diagnosis of frontal laceration, cervical strain, and strain of both shoulders. He was subsequently treated and released from the emergency room. Review of the x-ray studies that were performed including x-rays of the skull which were normal and x-rays of the cervical spine which showed some disc space narrowing and anterior and posterior spurring at the C6-7 level, These were determined to be minor degenerative changes.

Follow-up care was primarily from Dr. Neil Grabenstetter. His treatment started on July 5, 1994, when he was initially evaluated at the same time as his wife. He was also treated by Dr. Albert Musca, referred from his initial attorney. Some treatments were given in the form of heat treatments from July 12, 1994 to August 4, 1994. He "didn't like" Dr. Musca, and felt these treatments were doing him absolutely no good. He returned and remained under the care of Dr. Grabenstetter.

He was sent, again with his wife, the Ferrell Whited Physical Therapy Services. He has had a number of sessions of physical therapy, primarily for electrical stimulation, ultrasound, heat and cold. The physical therapy did help. He was also given a series of traction treatments and a home traction unit. Unfortunately this was the over-the-door type which he had difficulty using as a truck driver. I did discuss the pneumatic device which may be of more judicial benefit for him.

There were three sessions of therapy, from August 1, 1994 to January 24, 1995; from June 13, 1996 to September 12,1996, and some treatments in March of 1997. He was also provided with a TENS unit which he uses. He claims that the traction seemed to have helped the most. He currently uses no bracing and is on no medication. He has had no follow-up care with any neurological or musculoskeletal specialists." The last therapy he had was in early 1997.

EMPLOYMENT HISTORY: He is self-employed as a distance truck driver. He was out of work for about 2 weeks after the accident. He tries to do "shorter runs"

and continues to be employed on a MI-time basis. His major problems limiting work is loss of mobility of his cervical spine, specifically in rotational movement. The neck seems to bother him for longer drives. This is somewhat relieved with the traction unit, the TENS unit, as well as his home stretching exercises. He has been a truck driver for about 28 years.

PAST MEDICAL **HISTORY** failed to reveal any previous motor vehicular accidents that created an injury. He was in an accident in Detroit, Michigan with his truck, but no injury occurred. The exact date could not be recalled.

CURRENT **SYMPTOMS: At** the time of this evaluation he has primarily pain in his neck and low back region. The neck is the **primary** source of pain and seems to be the "foundation" of his ongoing residual symptoms. Essentially he has good days and bad days. In the morning he has stiff, dull and aching pain with little mobility. After he showers and does some stretching exercises, this gradually improves. At least 80% of his ongoing discomfort is in the neck region.

As discussed above, longer truck routes seem to vary his level of pain. He has tried a variety of seat supports. His job involves primarily steel hauling. He has to help load and unload the product, as well as climb up and tarp and chain down his loads.. He sometimes feels there was some "floating" in his neck. He is right handed.

Intermittently he complains of some aching pain in his **right arm.** This occurs and may be associated with a "shocking pain" with certain positional movements. He does not have this on a regular basis.

In reference to his **lumbar spine,** this is described as an aching pain. It Usually occurs when his neck starts to stiffen **up.** When his neck is at its worse, the low back'seems to start bothering him.

PHYSICAL EXAMINATION revealed a pleasant 55 year old male who appeared in no acute distress. His gait pattern was normal. He was noted to sit, stand and move about the exam room normally. Arising from a sitting position was done normally, as was ascending and descending the **exam** table:

Examination of his cervical spine revealed no spasm, dysmetria, muscular guarding or increased muscle tone. There was no **objective** evidence of any ongoing muscular inflammation or soft tissue injury. He did; however, claim to be sore in the trapezius muscle, mostly on the right side. There was some restriction of motion but there was at least 90% of his predicted flexion, extension, side bending and rotation. Protraction, retraction, and elevation of the scapulae were performed normally. There was a full range of motion of both shoulders in forward flexion, extension, side bending, and rotation. The musculature in his neck, upper back, and periscapular area was normal, equal and symmetrical.

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

Examination of his lumbar spine failed to show any signs of acute or chronic soft tissue injury. There was minimal restriction of motion in forward flexion, extension, side bending, and rotation with over 90% of his predicted range of motion present. His straight leg raising both in the sitting and supine positions was 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 cervical and lumbosacral strain or sprain. Mild degenerative disc disease noted on the initial x-rays at the Lodi Emergency Room.

DISCUSSION: I have had the opportunity to review medical records associated with his care and treatment, These include records from the Lodi Community 'General Hospital, Dr. Grabenstetter, Dr. Musca, and the Ferrell Whited Physical Therapy pup.

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.

It is my medical opinion, at worst, he sustained a soft tissue injury to his neck and upper back. The laceration has healed and causes no residuals of injury. There was never any complaints related to a closed head trauma. There was no history of memory loss even with this head injury. The care and treatment provided was somewhat repetitive in nature but did seem to given him good subjective relief. He only lost a short period of time out of work and has been able to resume his regular routine duties as an over road truck driver. The cervical traction seemed to have helped him the most, Perhaps obtained a pneumatic home traction unit will provide him longer periods of "complete relief'.

On the basis of this evaluation, he has objectively recovered from any soft tissue injury sustained. There is no objective evidence of any permanent aggravation or acceleration of his degenerative cervical disc disease. I have no orthopaedic explanation for the continuing of his symptoms as these injuries typically heal in a much shorter period of time. He has objectively recovered from any soft tissue injuries sustained and only has minor subjective complaints of stiffness. On the basis of this evaluation he has objectively recovered.

The long term prognosis is favorable. On the basis of this evaluation, no further care or treatment is necessary or appropriate. In my opinion, no permanent injuries were sustained. The prognosis is favorable.

Sincerely,

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

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