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RE: Terry Scott Thompson
File No. 52328
DOI: 3/1/94

~~Dear~~ Ms. Letts:

I am writing to you in reference to the above plaintiff and the medical records that were reviewed. This was in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on March 1, 1994.

The medical records reviewed were those from the Wadsworth-Rittman Hospital, Dr. Philip Gilcrest, Wadsworth Family PT, Dr. Sanghwan Lew, Barberton City Hospitals, Northeast Ohio Orthopaedic Inc. (Dr. Steven Lippitt), and the Wadsworth-Rittman Physical Therapy records.

Review of the medical records indicate a motor vehicular accident that occurred near Wadsworth, Ohio. When he was initially brought to the emergency room the primary complaints were neck and right shoulder. There was no denying of loss of consciousness. There was no immediate complaint of low **back** pain. Some medications were given in the form of pain and muscle relaxants. X-rays were performed of the cervical spine and these were normal.

He subsequently returned to his family physician, Dr. Philip Gilcrest, who had treated the patient intermittently, according to the records, since August of 1980. Review of his records clearly indicate episodic low back pain, primarily on the left side which was treated in 1983, 1988, 1993, and mentioned after the motor vehicular accident of March 1, 1994. The bulk of the pain; however, was in the neck associated with some stiffness between the shoulder blades. Physical therapy was prescribed at the Wadsworth-Rittman Hospital, primarily for cervical and upper back pain. Headaches were also associated with this. The low back pain was not a prominent part of this initial clinical picture. The soft tissue complaints gradually improved and the working diagnosis was cervical and dorsal sprain. There were numerous references in Dr. Gilcrest's records to the "back" being symptomatic, but careful reading shows this to be in the dorsal spine.

In *summary* of the initial care and treatment, this was entirely appropriate for a soft tissue strain of the neck and upper back. Physical therapy was rendered from April 27, 1994 to June 1, 1994. There was a good initial result.

Review of the Family Practice records from mid-1994 through early 1995 did not mention any significant worsening of his condition. As you are aware, in late January of 1995, he again returned to Wadsworth Physical Therapy with recurrence of periscapular pain. There was also pain in the left shoulder as well. Because of his ongoing symptoms in late February of 1995, he consulted with Dr. Lew who prescribed a series of four paracervical blocks. In August of 1995, he was evaluated by Dr. Lippitt, an orthopaedic surgeon, who felt that his symptoms were compatible with "chronic cervical and scapular strain, left shoulder region." A bone scan and diagnostic workup at that time was essentially normal.

DISCUSSION: After careful review of the medical records, I have come to some conclusions concerning his treatment.

It is my opinion, within a reasonable degree of medical certainty, that the initial emergency room visit, treatments with Dr. Gilcrest and the initial physical therapy, was probably directly and causally related to the motor vehicular accident in question.

In my opinion, these symptoms entirely resolved and he received essentially no treatments for approximately seven months, from mid-1994 to early 1995.

In 1995 he again had a slow development of neck, upper back and shoulder pain. No new injury was reported in the records. He had the second round of physical therapy, the paracervical blocks and the orthopaedic consultation, as well as the bone scan, all showing, at worst, a soft tissue strain or sprain. It should be mentioned that the claimant causally relates this subsequent care and treatment to the motor vehicular accident as he did to his physicians.

In my medical opinion, within a reasonable degree of medical certainty, the redevelopment of the neck and upper back pain is unusual after a complete healing of any injury. This soft tissue injury usually takes anywhere from six to eight weeks to heal, and eight to twelve weeks to resolve. This was the appropriate time frame as noted in the medical records. Although there is no additional trauma noted, it is highly unusual for the pain to reoccur at a greater intensity seven months afterwards without some antecedent trauma that has never been reported in the medical records. A time frame for disability would have been approximately three months from the March 1, 1994 accident. On the basis of this review, there is no reasonable orthopaedic explanation for the reoccurrence of his pain without an additional trauma with essentially no care or treatment for a seven month period of time.

Diagnostic workup, at worst, showed a soft tissue strain or sprain. There was no significant objective findings noted in the early 1995 workup. Despite the lack of objective findings, his physicians started a series of spinal injections. There was some good pain relief noted but incomplete resolution of his symptoms.

In *summary*, it is my medical opinion, within a reasonable degree of medical certainty, that the care and treatment rendered during the initial three months was the sole period of time that was related to the motor vehicular accident in question. It is doubtful that the care and treatment rendered in early 1995 was related to the accident although

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reviewing the medical record, no clear second **injury** did occur. The long-term prognosis is usually favorable for this type of trauma. It is doubtful that any surgical intervention will ever be necessary related to the motor vehicular accident in question.

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