Highland
Musculo-Skeletal
Associates, Inc.

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Joseph G. Ritzler
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330 Hanna Building
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Cleveland, OH **44** 115-1901

RE: Mark J. Nestor
Case No. 279537
File No. 13130-SF

Dear Mr. Ritzler:

I evaluated the above plaintiff in my office on September 17, 1996, in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on October 29, 1992. Throughout the history and physical he was accompanied by Ms. Elizabeth Greczek, a third year law student working as a law clerk for the plaintiff's firm.

He was the driver of a late model Mercury Cougar with his wife as a front seat passenger. She is a co-plaintiff in this action. They were in the vicinity of State Road heading south-bound near Brookpark, heading toward Parma. They were just south of the I-480 overpass, He stated that their vehicle was stationary in the line of traffic waiting for traffic to move. He was wearing a seat belt. **A** rear end collision occurred. The force of the impact did not force his car into the car in front of him and there was only rear end damage. He was holding on to the steering wheel with his right hand and had his left hand on his left thigh. He states he was thrown forward and backwards. He described this a "very strong impact."

The vehicle; however, was drivable. There was a police vehicle near the vicinity and told them to go to the police station to make the report. I have not had the opportunity to see the Ohio Traffic Crash Report. He did not seek medical attention that day. He did not report his injury to any health care provider.

He did complaint of neck, upper and lower back pain, as well as left sided pain overnight. He was evaluated the following day at the Deaconess Hospital Emergency Room with multiple complaints. There was some discrepancy between what he told the triage nurse taking the injury data and the physician. He basically complained of entire left ann pain, pain in the left thigh, across the low back, pain in the back of the neck, posterior left shoulder and tingling in the left arm. To the doctor; however, he complained of increasing stiffness in his neck with some paresthesia which did not follow any particular pattern in the left arm. There was no major complaints of low back pain to the physician. A number of x-rays were performed only of the cervical spine. There was absolutely no objective findings noted 24 hours after the injury with good range of motion and minimal tenderness. No neurological abnormalities were noted.

The next health care provider he came in contract with was Dr. John H. Wilber, an orthopaedic surgeon affiliated with University Hospitals. This was, in fact, a previously scheduled appointment for his prior left knee problem. He apparently had a remote tom meniscus in his left knee and surgery was recommended. He never had this surgery performed. He consulted with Dr. Wilber on November 3, 1992, a few days after the accident, complaining of neck, left shoulder and left knee pain. There was no significant complaints of low back discomfort at that time. He was seen by Dr. Wilber OR December 1, 1992 and again on January 5, 1993, complaining primarily of neck pain. There was still no complaints of low back pain up to two months after the accident. He felt he had "mild cervical strain" with some radicular symptoms although no neurological objective abnormalities were noted. He was tried on a variety of medications, There was a number of monthly visits in early February and early March, and late March of 1993. At that point in time again no complaints were made of his

pain or problems in his low back, and he was only complaining of a very mild aching discomfort.

He did not return to Dr. Wilber for approximately six months when he was evaluated on September 21, 1993. In the interim, he had neurological and PMR evaluation. EMG and nerve conduction studies were performed and reported as normal, other than a mild carpal tunnel syndrome. This was not felt to be related to the motor vehicular accident. The last visit with Dr. Wilber, according to the medical records, was on September 13,1994, although he states he may have seen him since that time.

Physical therapy was carried out at the MetroHealth Medical Center intermittently during the winter months, December through March of 1993. No records were available to confirm exactly what the therapy consisted of or, in fact, how many treatments he did have, There was no documented medical care from mid-September of 1994 and only two visits in 1995 under the care of Dr. Wilber. No further documentation was noted.

On February 24, 1995, he was evaluated by Dr. James Rex, a chiropractor affiliated with the Brecksville Chiropractic Center. An 'examination and series of treatments were performed. He does not have ongoing chiropractic care according to the records of the patient's history.

The next medical contact was with Dr. John Davis, an associate of Dr. Wilber's, who saw him initially on July 20, 1995, almost three years after the accident. The history presented to Dr. Davis was entirely different than provided to Dr. Wilber. He did complain of neck and left shoulder pain, but also complained of low back pain which was never well documented in the early treatment phase with Dr. Wilber, at least for the first two years. Diagnostic studies were performed, including an MRI scan which showed significant degenerative disc disease at two levels, C5-6 and C6-7. There was neck surgery recommended by Dr. Davis. The MRI scan was performed in late July of 1995. He subsequently had an MR of the lumbar spine, also done in late July of 1995. This showed multiple level degenerative disc disease with disc bulges.

He consulted with Dr. Edward Gabelman, a third orthopaedic surgeon, for a one time visit on December 1, 1995. This was three years and two months after the motor vehicular accident. Dr. Gabelman felt his primary complaints were soft tissue in nature and related them by history to the accident in question. Dr. Gabelman felt that there was no true neurological deficits and the primary source of complaints was "soft tissue in nature."

The last doctor he saw was earlier in 1996. The date could not be recalled but this was with Dr. John Davis. He has had no medical care since that time.

EMPLOYMENT HISTORY: He is employed as an usher and ticket taker for Hall Entertainment. This company runs the Nautica, Public Hall Convocation Center in Cleveland, and a number of other facilities. He also runs and manages some rental property. He did claim to lose some time after the accident although there was no specific job loss description. He states he continues to work.

PAST MEDICAL HISTORY revealed no previous or subsequent injuries to his neck or back. When the patient was getting undressed for the physical examination, I briefly paged through his medical records and there was a mention of a second motor vehicular accident which was not discussed which occurred in December of 1992. It did not appear that Dr. Wilber was aware of this. He described this as a front end impact and his car was "totaled." He would reveal no further information concerning this.

CURRENT SYMPTOMS: At the time of the evaluation he complained of rather extensive areas involved with pain concerning his neck, upper and lower back, as well as both upper extremities and anterior and posterior aspect of his left leg.

Specifically, he complains of upper neck and upper back pain, left greater than right, which he described as a constant stabbing and aching pain, He describes the pain at times reaching a level "10." Even after explaining that a level "10" meant that no human on earth can stand the pain for five seconds, he still felt that the pain was that

severe. The pain seems to worsen related to activity, especially overhead work and with damp and cold weather.

There is diffuse aching pain in the left periscapular region and left *flank* region, described as an aching and stabbing type of pain. He also complains of a referred pain in his right upper extremity and the dorsal aspect of his hand and fingers. This is vaguely in the median nerve distribution and he has to shake his hand on occasions, This has worsened over the years. This is probably related to his carpal tunnel syndrome and not related to this accident. In reference to his left ann, he basically complains of numbness and pain radiating from his back down to the left arm. It seemed to be in a circumferential pattern and did not follow any particular neuro-dermatomal pattern. The pain seems to lessen with exercise and stretching, and "I have to shake it off." He sometimes has to stop what he is doing in order to gain pain relief.

In reference to his lumbar spine, he complains of pain primarily on the left side. This is centered just below the iliac crest level on the left side. It can radiate to the right side. It seems to be related to increased activity and repetitive bending and lifting.

In reference to his lower extremity, he has a left anterior thigh pain which does not seem to be "tied in with the left leg pain." This occurs primarily when he over does it. This vaguely follows a circumferential pattern in the left upper *thigh.*

He develops the left posterior leg pain when the back is at its worst. In other words, he does not have the left lower leg pain posteriorly without his back "acting up."

PHYSICAL EXAMINATION revealed a pleasant, somewhat subdued, 47 year old male who appeared in no acute distress. He was noted to walk in and out of the examining room without a limp of without any discernible discomfort. He was able to heel and toe walk without difficulty. During the history portion of the exam he was noted to sit comfortable and did not shift or change his position to any great extent.

He was able to arise from a sitting position without difficulty. Ascending and descending the examining table was performed normally.

Examination of his cervical spine revealed no spasm, dysmetria or muscular guarding. Although he complained of a great deal of tenderness virtually everywhere that was palpated, there was no objective confirmation in the form of increased muscle tightness or guarding. Despite all of his symptoms, there was a very minimal decreased range of motion in forward flexion, extension, side bending and rotation of his cervical spine. He had over 90 percent of his preserved range of motion. Protraction, retraction, and elevation of the scapulae were performed normally with complaints of pain. There was no signs of muscle abnormality in the neck, upper back or periscapular muscles. No atrophy and a proportional muscle development was noted in all these anatomic areas.

Examination of both shoulders revealed no gross muscular abnormality. There was a full active range of motion in forward flexion, extension, abduction, internal and external rotation, although he did complain of pain with the extremes of motion. No objective signs of muscle irritation were noted. The elbows, wrists, and small joints of the hand examined normally. A detailed neurological examination revealed proportional hypoactive reflexes with no focal 'localizing neurological signs. There was no visible muscle developmental abnormality. Circumferential measurements of both upper extremities at the axillary, midarm, forearm, and wrist level were equal and symmetrical indicating no muscular atrophy and normal use. Despite his subjective complaints of numbness there was no abnormal neurological finding in either upper extremity.

Examination of his lumbar spine revealed a decreased range of motion in flexion. in the standing position to just above his knee level. In the sitting position; however, he could reach and touch below the mid shin level, His straight leg raising in the sitting position was performed to 90 degrees. However, in the supine position I could barely lift his legs past 45 degrees. There was a full range of motion of both hips and knees. A neurological examination including sensory, motor and reflex testing of both lower extremities was normal. No muscular atrophy was noted on circumferential

measurements of the upper and lower thigh, or upper and lower calf level. Both lower extremities objectively were normal.

IMPRESSION: Subjective residuals of a cervical strain or sprain related to this accident. Chronic low back pain and degenerative disc disease with bulging of the lumbar spine - unrelated to this claim, Carpal tunnel syndrome, unrelated to the claim, degenerative disc disease with arthritis in his cervical spine, unrelated to this motor vehicular accident.

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, Drs. Wilber, Davis, Gabelman, and Rex. Records were also reviewed concerning the MRI scans.

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.

The only documented area of injury was his cervical spine, although there was some low back complaints made to the nurse in the emergency room. He did not voice these lower back or lower leg complaints to the emergency room doctor, nor did he express these to Dr. Wilber initially. The bulk of his care and treatment was only for his neck. In my opinion, this was the area that was injured. He subsequently began having low back pain and when he was evaluated almost three years after the accident, had diagnostic MRI scans of his lumbar spine. This revealed some disc disease. This, in my opinion, was unrelated to the accident in question.

There was a great deal of subjective complaints without physical findings. This was similar to the examinations that were noted in the medical records as well. Although there is documented degenerative disc disease with a disc osteophyte formation (indicating long-standing degenerative changes), in my opinion, on the basis of this examination, no surgical procedure is or will be necessary directly related to the motor

vehicular accident, This condition was not documented for about three years. It was not suspected that he had any significant neurological abnormality. Even after the diagnostic testing was done, it was only Dr. Davis that felt that his degenerative condition could be helped with surgery. He never went through with this surgery and does not Contemplate having this in the future.

On the basis of this evaluation, he has objectively recovered from any soft tissue neck injury. As stated above, there is a paucity of objective findings to go along with his rather voluminous subjective complaints. On the basis of this evaluation, he has objectively recovered from any injuries sustained. The degenerative disc disease and/or degenerative herniation, in my opinion, is unrelated to this claim . Any care or treatment rendered to the low back, including the MRI scans, were unrelated to this claim. On the basis of this examination, the long-term prognosis is generally favorable. There is documented degenerative disease which will undoubtedly worsen as he ages. It is; however, my opinion, that there is no permanent aggravation or acceleration of these conditions. On the basis of his lack of objective findings, no further orthopaedic care or treatment is necessary or appropriate.

Sincerely,

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

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