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RE: Rose Peters
Case No. 94 CIV 1309 (Medina Co.)
File No. 1185113564-A

Dear Mr. Johnson:

I evaluated the above plaintiff in my office on October 21, 1996, in reference to alleged residuals of injury which are now only intermittent in nature, related to a January 21, 1991 motor vehicular accident.

As you are aware, her medical history is somewhat complex involving a previous work related accident for which she received many years of treatment to the neck and upper back. As you may or may not know, there was a subsequent motor vehicular accident in 1994 which injured her low back and lower extremities. She was evaluated at the Cleveland Metro Hospital for this injury. These records were not available for review.

On January 21, 1991, she was the driver and sole occupant of, she believes, a Chevrolet Monte Carlo vehicle in snowy weather near her home in Brunswick, Ohio. She was on Hancock Road moving slowly, making a left hand turn onto Minor Drive where she resides. She was moving slowly when she was rear ended. The force of the impact allegedly spun her car around to the opposite direction. She made a police report and then went home.

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Within a week or so, she began having stiffness and returned back to Dr. Mulcahy, who was her previous treating chiropractor for her 1981 injury. **Some** x-rays were performed and chiropractic treatments were initiated. She could not recall the exact dates of treatment, as this was quite a few years ago. She did have an MRI scan performed at the Westside Imaging and Oncology Center on September 8, 1991. This showed some degenerative disc disease and bulging at the C6-7 level.

She subsequently came under the care of Dr. Gary Domanick, a second chiropractic physician, in Richfield, Ohio. His initial evaluation was on October 1, 1991. She presented ~~with~~ the history to this physician, and subsequent physicians, that she had no previous problems ~~with~~ her **neck**. She failed to mention her years of previous chiropractic treatment. She was evaluated by a number of physicians since that time, all ~~within~~ a period of two to three years into early 1993. These included an evaluation by Dr. Edward Gabelman of Beachwood Orthopaedics in February of 1992. She **was** treated for a sprain of the cervical spine, cervical "radiculitis" and traumatic headaches. She **was** seen only on three occasions, the date of the initial evaluation, March 27, 1992, and July 18, 1992. A referral was made to Dr. Harold Mars, who did a series of neurological testing, including EMG and nerve conduction studies, ~~as~~ well as an electroencephalogram, both of which were within normal limits.

She was also seen by physicians at the Crystal Clinic in Akron, Ohio. Dr. Domanick referred her to Dr. Zouhair Yassine. The history again was presented that she had no previous problems ~~with~~ her neck. He recounted her history of being tried on a variety of medications, but still having intermittent episodes of pain in the left side of her neck and upper back. A repeat MRI scan was performed at the St. Thomas Hospital in Akron, Ohio, on January 16, 1993. This was reported as normal or unchanged With degenerative bulging at the C6-7 level. Her care and treatment seemed to conclude in 1993. There **was** not a great deal other **than** the conclusion of some diagnostic testing that **was** done which confirmed no operable abnormality. Earlier that year there **was** a one-time consult ~~with~~ Dr. Richard Zahn, a neurosurgeon, who also agreed that no surgery **was** indicated or appropriate.

Motor vehicular accident - 1994: According to the patient, she was involved in a front end motor vehicular accident which was a work-related accident in 1994. This occurred on Chagrin Boulevard and Lander Road Circle. She was operating a company truck described as a "24 footer straight." She reinjured her neck and had complaints in her low back, left **arm**, and cervical spinal region. Her care and treatment has been rendered by Dr. Michael Harris at Cleveland MetroHealth Medical Center. She went through some physical therapy at the Crystal Clinic and was out of work for about seven months. **An** MRI scan was done at the Crystal Clinic and she was seen by Dr. Barry Greenberg. This failed to reveal any operable lesions and, in fact, the MRI of both lower extremities was normal.

EMPLOYMENT HISTORY: At the time of the 1981 accident, she was employed by Purolator/Emery Freight as a truck driver. She had ongoing chiropractic treatment **up** to the time of the **January** 1991 accident. She was out of work for a few months, and then on a permanent layoff. It was during the rest of 1991 and 1992 that she had the diagnostic workup as discussed above. She was hired by Nabisco as a **truck** driver. She has now worked about four and one-half years, starting in **April** of 1992.

CURRENT MEDICATIONS include Flexeril, Lodine, and Ultram.

CURRENT SYMPTOMS: At the time of this evaluation she had ongoing complaints **of** low back **pain** related to the 1994 accident. She still had some intermittent aching pain and stiffness in the left side neck, upper back, and trapezius area. This was essentially intermittent in nature. It occurred mostly **with** repetitive use of the left lower extremity over her head. After the 1994 motor vehicular accident the **pain** flared-up for about a month and then "quieted down" to its present level, just intermittent **pain** and aching. There are no true radicular symptoms. This radiating discomfort occurs only **with** repetitive overhead use of her upper extremities.

PHYSICAL EXAMINATION revealed a pleasant 42 year old female who appeared in no acute distress. Her gait pattern was **normal**. She was able to arise from **a** sitting

position without difficulty. Ascending and descending ~~the~~ examining table **was** performed in **a** normal fashion.

Examination of her cervical spine revealed no signs of muscular atrophy, **spasm**, dysmetria or muscular guarding, or increased muscular tone. There was, in fact, a full range of motion of her cervical spine actively in forward flexion, extension, lateral bending and rotation. Protraction, retraction, and elevation of the scapulae were performed normally. No tenderness was noted in the Sternocleidomastoid, scalene, or posterior musculature.

Examination of both shoulders revealed a full range of motion in forward flexion, extension, abduction, internal and external rotation. The elbows, wrists, and small joints of the hand examined normally. **A** detailed neurological examination including sensory, motor, and reflex testing of both upper extremities was normal.

IMPRESSION: Resolved and recurrent cervical strain or sprain. MRI evidence of early degenerative disc disease at the C6-7 level.

DISCUSSION: I have had the opportunity to review **a** great volume of medical records. These include extensive records from her various employers, Bureau of Workers' Compensation, The Ohio Traffic Accident Report, and a number of physicians. These included records from Drs. Mulcahy, Domanick, Yassine, Gabelman, Mars, and Zahn. Records were also reviewed from the MRI scans including the actual films.

Mer 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 her ongoing level of physical impairment.

On the basis of this evaluation, she has objectively recovered from any soft tissue injury sustained. Clearly, there was a very **well** defined prior medical history which seemed to be unknown to her subsequent treating physicians. The two MRI scans

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revealed only degenerative disc disease. In my opinion, these were unrelated to ~~the~~ motor vehicular accidents in question. There ~~was~~ clearly signs of osteophyte formation. These literally take years to develop. In my opinion, the changes noted in September of 1991, were essentially unchanged in 1993 and represent a mild, slowly progressive degenerative abnormality.

There is no question that her neck symptoms were transiently aggravated by the 1994 accident. These seemed to have resolved back to a pre-injury level which is "tolerable."

On the basis of this evaluation she has objectively recovered from any soft tissue injuries sustained. There was a normal physical examination and she demonstrated no objective abnormalities related to injury. On the basis of this exam, no further care or treatment is necessary or appropriate for her neck complaints. The MRI findings **were** unrelated to trauma,

If further records become available related to the 1994 accident, I will be glad to review these. The long-term prognosis is favorable. She has objectively recovered.

Sincerely,

A handwritten signature in black ink, appearing to read 'RCC', followed by a stylized flourish.

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

RCC/bn

cc: File