Highland
Musculo-Skeletal
Associates, Inc.

December 17,1997

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

Ms. Mikel Ann Perkowski
Claims Representative
Westfield Insurance Companies
955 Windham Court, Suite 3
PO Box 5408
Poland, OH 44514-0408

RE: Mark Mahnen
Claim No. R-CWP-3654775-052596-A

Dear Ms. Perkowski:

I had the opportunity of reviewing the above file involving the claimant, Mark Mahnen. He was involved in a motor vehicular accident on May 25, 1996 in which he sustained an injury to his right hip. There was a question of whether he was thrown from his motor vehicle.

He was conveyed to the St. Elizabeth Hospital in Youngstown, Ohio. He was hospitalized overnight and emergency surgery was performed. This was in the form of a closed reduction of a posterior hip dislocation. A CT scan was performed which confirmed an isolated dislocation. There were no fractures associated with this injury. Review of the records from St. Elizabeth Hospital indicated a normal chest x-ray, a nasal fracture, an essentially normal cervical spine, as well as pre- and post-reduction films of the pelvis. A CT scan of the head showed no additional injuries. He was evaluated by ENT service and his nasal fracture was evaluated as well. The only other finding in the review of the records was his serum alcohol level of 0.261.

Postoperatively he was followed by the ENT physician, as well as Dr. John Mayo, a dentist. He continued to follow with his orthopaedic surgeon, Dr. Kazamias. Review

of his records indicated progressive improvement in his range of motion of his previously dislocated hip. Follow-up x-rays failed to show any signs of avascular necrosis. Review of the attending physician's report did not mention any other injuries other than the posterior hip dislocation, multiple facial lacerations, and a nasal fracture.

By November 22, 1996 he began having a new symptom. This was approximately six months after the motor vehicular accident. There were complaints of left groin pain initially after the accident but not the **pain** was mostly left buttock. Repeat x-rays of the pelvis and lumbosacral spine were normal, and the initial clinical impression was that of a sacroiliac joint inflammation. On follow-up examination in the spring of 1997, his low back discomfort persisted. This bothered him when he was driving for long periods of time. **A** bone scan and an MRI scan were subsequently recommended. The indications for the scan were that he was having back **pain** and left buttock and leg pain for the past four months. The scan revealed a left paracentral disc herniation causing compression of the thecal sac. This worsened during the latter half of March of 1997. Neurosurgical evaluation did reveal a positive straight leg raising and clinical findings compatible with a left-sided L4-5 disc herniation. He underwent a hemilaminectomy and disc excision on March 25, 1997.

After careful review of medical records, it is my medical opinion, within a reasonable degree of medical certainty, that the only injuries that were involved with this accident were the hip dislocation, the facial lacerations, and the nasal fracture. If there was, in fact, an acute herniated disc there would have been immediate severe low back pain with leg pain developing within a three to four day period of time. This is not the history presented. After his hip symptoms quieted down he was able to resume activity, including playing golf in mid-September of 1996. There was absolutely no suspicious symptoms registered in the records until late November 1996, about six months after the accident in question. He did not have any true neurological signs for a few months later. The findings on the MRI scan, in my opinion, are unrelated to the motor vehicular trauma. There was a dramatic change in his symptoms by March 21, 1997 which necessitated the surgical procedure. In my medical opinion, the care and treatment for his low back, including the MRI and the

disc surgery, were unrelated to the motor vehicular accident in question. This is due primarily to the substantial delay in the onset of his symptomatology. I do believe the care and treatment rendered for his Iumbar spinal condition was efficient and appropriate. It was, however, in my opinion, unrelated to the motor vehicular accident in question which occurred on May 25, 1996. Medical records do no indicate any intervening trauma. Had a disc herniation occurred at the time of the original trauma the symptoms would not have been significantly delayed. I do not believe there was any significant neurological impingement until the symptoms changed in the latter half of March 1997.

Sincerely,

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

RCC/bn

cc: File

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December 14, 1997

I. James Hackenberg
Attorney at Law
77 North St. Clair Street
Suite 100
Painesville, OH 44077

RE: Victoria A. Vitanza
Case No. 97 CV 000631

Dear Mr. Hackenberg:

I have had the opportunity of reviewing the actual MRI scans of the above plaintiff. The study was performed on December 22, 1995.

Review of the actual MRI films confiied my initial suspicion that essentially the abnormalities noted in the lower lumbar spine are minimal in nature. There is no question that the actual visualization of the films showed that they are not entirely radiologically normal. The extremely minor bulges, in my opinion, are developmental and not traumatic in nature. They do not push on any neurological structure nor are they in even close proximity to any structure. In my opinion, the MRI abnormalities are radiologically significant in that they are abnormal, but clinically they are irrelevant.

The patient had objectively recovered. No permanent injury was sustained. No further care or treatment is necessary or appropriate.

Sincerely,

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

RCC/bn
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