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MICHAEL S. HAUSER, D.M.D., M.D.
Chief, Division of Dentistry
and
Oral and Maxillofacial Surgery

March 3, 1993

Mr. Lynn A. Lazzaro
Meyers, Hentemann, Schneider and Rea Co.
Attorneys at Law
The Superior Bldg., 21st floor
815 Superior Ave., N.E.
Cleveland, Ohio 44114-2701

Re: Joseph Vetrano and State Farm Insurance Co. Uninsured Motorist
Arbitration, your file #1700-10778.

Dear Mr. Lazzaro:

I have had the opportunity to evaluate your case Joseph Vetrano and State Farm Insurance Co. Preparation of this report includes the following information:

1. Review of the records of MetroHealth Medical Center relevant to this claim.
2. Review of the office and surgical records of Dr. Jon Bradrick,
3. Review of the records of Dr. Charles Shin.
4. Review of the records of Dr. Alfredo Austria.
5. Review of the records of Dr. Elmer Raus.
6. Review of the records of Dr. James Schraib.
7. Review of the records of Southwest General Hospital.
8. Review of the records of Parma Community Hospital
9. Summary of the deposition of Joseph Vetrano.
10. X-rays from MetroHealth Medical Center, from Dr. James Schram, from Dr. Jon Bradrick, from Southwest General Hospital.
11. My own independent examination of Joseph Vetrano.

THE MT. SINAI MEDICAL CENTER

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Affiliated with Case Western Reserve University School of Medicine and the Jewish Community Federation

Mr. Vetrano was in a motor vehicle accident on January 16, 1991. He was treated at MetroHealth Medical Center for soft tissue injuries of his head, neck and back. He apparently lost consciousness. X-rays and CT scans were negative for injury. He was treated and released, Mr. Vetrano returned to MetroHealth Medical Center on January 21, 1991. He complained of continued neck and back pain and also that he had difficulty remembering things some times. He also complained of popping in his jaw. With respect to the jaw, a panorex and mandibular series were taken which indicated no mandibular fractures. Temporomandibular joint (TMJ) views were obtained which showed normal excursion of the joints and normal appearance of the mandibular condyle. Mr. Vetrano was then referred to the MetroHealth Oral Surgery Clinic for further evaluation.

Mr. Vetrano was also followed by his family physician, Dr. Austria. On a visit of January 28, 1991 the patient reported cracking sensation in the jaws when he chews. His physician recommended a referral to Dr. Thomas, an oral surgeon.

Mr. Vetrano was seen in the Oral Surgery Clinic at MetroHealth Medical Center on March 5, 1991. His chief complaint was of pain and popping in the left TMJ. The patient gave no history of previous jaw problems; His examination by Dr. Bradrick revealed that he was able to open only 30mm with popping of the left joint on wide opening and deviation to the right side. The right joint was normal on that exam. He was provided a diagnosis of acute closed lock of the left TMJ secondary to an internal derangement within the joint. Arthroscopic surgery was scheduled for March 14, 1991. During the arthroscopic surgery a loud pop was heard as the joint was distended with fluid. Other than that finding, no other significant findings were found. The patient returned one week later still complaining of clicking and popping, however, this finding was not confirmed by Dr. Bradrick. The patient was able to open 35mm which is low normal. There was still tenderness of the muscles of the left side of the face. On July 18, 1991 the patient returned to Dr. Bradrick having only a 30mm opening. However, the jaw could be forced open after a loud pop was heard from the left side. He was given a diagnosis of recurrent internal derangement of the left TMJ. Mr. Vetrano was given the option of repeat arthroscopic surgery or open TMJ surgery to reposition the apparent dislocated meniscus of the joint.

Mr. Vetrano does have a prior history of trauma to the face. On Noember 17, 1985 he sustained a fracture of the right zygomatic complex of the face (cheek bone area). He underwent open reduction of these fractures on November 21, 1985 by Dr. Elmer Raus. I find no evidence that the left TMJ region was traumatized during the assault which caused the fracture of the right cheek bone.

Mr. Vetrano was examined by me on February 26, 1993. The history he provided was consistent with written documented history previously discussed. His chief complaint was loud popping of the left jaw joint when he opened wide. He also complained that chewing hard food or gum caused pain in the left TMJ. Because of this, he limits his diet to softer foods and does not open his mouth wide in order to prevent the popping. He reports that he intermittently hears a "gravel-like" sound. The right side of the jaw is reported to be o.k. No other TMJ treatment had been provided to him since Dr. Bradrick treated him in 1991.

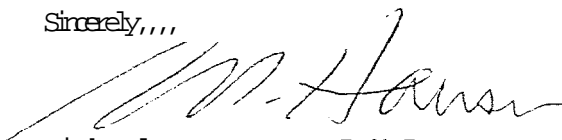
On my examination I found that he was essentially free of pain. There was loud clicking of the left side of the jaw when he opened to 32mm. After the pop he was able to open to a maximum of 40mm. As he closed there was a second pop at 3mm from the fully closed position. During the pop his jaw would shift to the left. There was also very significant popping of the left jaw as he shifted his jaw toward the right side. The jaw range of excursions to the right, left and forward were normal. His bite was Class I (normal). The soft tissues of the head and neck were, otherwise, normal.

My assessment of my evaluation on February 26, 1993 is that Mr. Vetrano does have a displaced meniscus of the left TMJ with audible and symptomatic popping secondary to the displaced disk. I recommended that he consider open TMJ surgery to reposition the displaced meniscus and restore the anatomy. The alternative to surgery would be to live with the current symptoms and limitations.

Based on all of the information provided to me as well as my own examination of Mr. Vetrano, I conclude that Mr. Vetrano did sustain an injury to his left TMJ as a result of the motor vehicle accident of January 16, 1991. I believe he has suffered a permanent injury which is partly correctable by surgery. Surgery is generally successful in repositioning a displaced meniscus. However, there is often some degree of limitation of jaw opening following the surgery. The injured ligaments which were stretched as a result of the accident can be improved with surgery but will never achieve their pre-traumatic state. It is likely that Mr. Vetrano will require future treatment, and probably surgery, on the TMJ. Should surgery be elected by Mr. Vetrano, the surgeon's fee for this operation is currently \$3,200. The estimated hospital, operating room and anesthesia bill for an operation of this type is approximately \$6,000. Post-operative physical therapy and bite splint therapy is generally required at a cost of approximately \$1,200. It is impossible to determine if additional treatment beyond what I have already mentioned will be required. Fortunately, Mr. Vetrano is relatively free of pain and has elected, up to this point, not to pursue surgical correction of his problem.

Thank you for allowing me to provide an opinion for your regarding this case. Please do not hesitate to contact me if further opinion is required.

Sincerely,...

A handwritten signature in dark ink, appearing to read "M. Hauser", written over a horizontal line.

Michael S. Hauser, D.M.D., M.D.
Chief, Division of Dentistry and
Oral and Maxillofacial Surgery

MSH/ems