10-5-98

Cleveland Orthopaedic Associates, Inc
9700 Garfield Blvd.
Garfield Heights, Ohio 44125
Telephone: (216) 441-3223
Fax: (216) 441-3268

CYRIL E. MARSHALL, M.D RALPH J. KOVACH, M.D.

September 12, 1998

Mr. Joseph R. Tira
800 Leader Building
526 Superior Avenue, East
Cleveland, Ohio 44114-1460

RE: IRIS HARRIS
Cuyahoga County Case No. 344133

Dear Mr. Tira:

Iris Harris was examined by me at your request, and was seen in my office on September 10, 1998. She was accompanied by a female legal representative who was present throughout the history and physical examination. Iris Harris is now 54 years of age and states that she was injured when she sustained a fall on March 13, 1997.

She said that on that date she fell into a ditch and did not see it, this was present in a street, but on close questioning she said that the depression was several inches deep and she fell in a forward direction, turning slightly toward the left side, landing on her outstretched palms and both knees. She said that immediately she had pain in her left ankle and in both knees. Both palms were bruised and had abrading of the skin. She also had some abrading over the right knee. She did go home, cleansed these areas, and bandaged them. She did see a physician approximately two days later. At that time she was complaining of pain in her left ankle and her right knee was, according to her, significantly bruised. She was advised to use ice, elevate the area, along with elastic bandages, and was prescribed anti-inflammatory medication.

She said that x-rays were taken but no fractures were found. Eventually her hands healed and she has had no problems with them, She said that her right knee did improve and then subsequently she continued to have problems with her left knee. She had been going for therapy to the left knee even before this incident and had had treatments. she relates this left knee pain during a long drive to Florida and upon returning she was treated by Dr. Leb, who is an orthopedic surgeon. Eventually her problems did subside and according to her she was doing quite well. and was not having any pain when the above incident occurred*

Eventually she developed what she described as a significant clicking in the left knee and the knee felt as if it were out of place. By using various manual maneuvers she would be able to get the knee to click again and she felt immediate relief. Because this was a repetitive situation she consented to having arthroscopic surgery to the left knee and she did have surgery in June 1997. She said that she was told that she had a torn meniscus and arthritic changes of the knee joint. She said that the torn meniscus was removed but surgery was also performed to the arthritic areas within the knee, that is, these areas were shaved. Following the surgical procedure she again had the physical therapy treatments, which again were primarily exercises to maintain knee strength.

At the present time her complaints consist in the left ankle that she has pain in her left ankle and she points to the area near the medial malleolus. She states that occasionally she has some pain in her back. She then did admit that she did not have any treatment for this and indeed on reviewing all the submitted records, there is no mention of having had any treatment, or having had any complaints to her back. She then stated that this back problem has only arisen in the last few months.

Her complaints regarding the left knee are that the knee still hurts, she states that it "still goes out of the joint." She states that she still ices and elevates the knee. She again states that she experiences clicking with external rotation and she again maneuvers the knee in order to replace what she describes as a displacement within the knee.

She has moved to Florida in June of 1998, and she skates that she is planning on finding a physician in Florida to continue her treatment. Medications that were taken consist of an nonsteroidal anti-inflammatory medication and occasionally analgesics for pain. At this point time she is taking three Advil tablets daily.

As regards previous medical history she states again that she had a problem with her left knee in 1996 following a long driving episode by car to Florida, where she experienced severe knee pain and that has been described above. She at one time stated that her doctor told her that he could find nothing within the knee and it was advised to use nonsteroidal anti-inflammatory medications and exercises. She said that her knee did improve. She then did admit that her knee was swollen, that it was necessary to aspirate the knee but she stated that she was not experiencing any clicking within the knee, such as that which occurred following the fall.

My examination revealed a well-developed, significantly overweight, short, white female. She was not in acute distress. Her gait and stance showed that she had significant pes planus deformity of the left foot on walking, with a valgus position to the left heel. There was no swelling about her ankle. There was no limp. She had a full range of movement to her neck and to her back. Her posture showed that she had lumbar lordosis. Careful palpation over the entire back and neck revealed no muscle spasm, no areas of trigger point tenderness. When I performed the skin rolling test over the back, the skin was found to be supple and not bound down at any point and no pain was produced. The fascial planes were carefully examined and they were found to be normal. She did state then that upon moving she experienced some pain in her left quadratus lumborum area. My palpation of this area was within normal limits. She was able to stand on the left and alternately the right leg without any drooping of the opposite pelvis. She did have a significant genu valgus deformity with six-finger spread between the ankles when her knees were touching.

Neurologic examination was normal and all reflexes were present in the upper as well as the lower extremities. I found no motor weakness in the upper or in the lower extremities. Examination revealed negative straight leg raising test bilaterally. She had significant bilateral patellofemoral crepitation with flexion and extension of the knees. There was complete flexion and extension of both knees with no difference from side to side. There was no joint effusion. She did have patellofemoral crepitation upon movement of the patella against the underlying femur. There was no ligamentous instability in either knee and she had negative McMurray test bilaterally. Joint effusion was carefully searched for and none was found. She did have nonpainful arthroscopy incisions which had healed well on the left knee.

Review of the extensive records was done and also review of x-rays which had been performed, was also carried out. The x-rays showed that she had mild degenerative osteoarthritis of both knees. An x-ray of the neck in the past showed no unusual findings. Examination of the ankle x-ray did not reveal any fractures. There was what might have been a remote avulsion from the tip of the lateral malleolus sometime in the past but no fractures were noted.

Physical examination of the ankle did reveal that she had a complete range of motion, there was no area of tenderness other than that over the sprained ligament. The medial side of the foot below the medial malleolus and in my opinion this is interpreted as an area of chronic tenderness secondary to her marked obesity, which aggravates the pes planus deformity. In other words, this is a chronic strain in the foot totally unrelated to the incident in question.

Review of the records, primarily from Dr. Leb, showed that she had problems before the fall and actually surgery was even scheduled but was cancelled because she had improved. It was his impression that she had chondromalacia along with degenerative tears of the medial meniscus.

Subsequent to the fall she did experience a clicking sensation which she had to manually manipulate in order to obtain relief. This particular complaint was not noted in the records prior to the fall of March 1997.

The operative report indicates that she has advanced Grade IV chondromalacia involving the femoral condyles and Grade I over the tibial condyles. She also had a tear of the lateral meniscus which was operated and resected. She had some resection of the chondromalacic areas over the femoral condyles.

To put everything into perspective, this lady had pre-existing advanced osteoarthritis of both knees, the left being so significantly involved before March of 1997 that surgery was contemplated and was indeed scheduled but was cancelled because of temporary improvement. The treating surgeon's opinion at that time was that she had osteoarthritis with a degenerative tear of the meniscus.

Subsequent to the fall a new symptom of clicking, which felt as if the knee were displaced and had to manually be manipulated by the claimant in order to obtain relief when she had the second click, which apparently replaced a displaced torn meniscus. The operative findings substantiate that she had a lateral meniscal tear, which indeed corresponds to the subsequent history. But, because of the significant problems that she had pre-injury which she relates to the fall, it is indeed likely that she at that time had some increase in the degree of tearing of that meniscus which was already present. This therefore could likely be an aggravation of a pre-existing degenerative tear of the meniscus. The severe chondromalacia which she had before the fall was not increased in severity because of the fall. This has remained unchanged.

Her present complaints are, in my opinion, all related to the severe degree of chondromalacia which she had and still has problems with.

In my opinion, she is not really having any problems with the meniscus as my examination did not find clinical findings consistent with tearing of the meniscus in the left knee.

Yours very truly,

Ralph J. Kovach, M.D.

RJK:004

10-5-98

CLEVELAND ORTHOPAEDIC ASSOCIATES, INC TELEPHONE 441-3223
GARFIELD HEIGHTS MEDICAL CENTER
9700 GARFIELD BOULEVARD
CLEVELAND, OHIO 44125

RALPH J. KOVACH, M.D. CYRIL E. MARSHALL, M.D.

CHARGES OR PAYMENTS MADE AFTER LAST DATE SHOWN WILL APPEAR ON YOUR NEXT STATEMENT

1

Mr. Joseph R. Tira
800 Leader Building
526 Superior Avenue, East
Cleveland, OH 44114-1460
RE: Iris Harris

BALANCE FORWARD

	DATE ENTERED	DETAIL	ADJ	CHARGES	PAYMENTS	BALANCE
9-10-98		Exam & Report		$450 00		$450 00
9-10-98		Review of 109 pages of med. records over 90 pages @ $1/page		$109 00		$559 00

PLEASE PAY LAST AMOUNT IN BALANCE COLUMN

IOV - Initial Office Visit
OV - Office Visit
ERT - Emergency Room Treatment
IHV - Initial Hospital Visit
HC - Hospital Care
CON - Consultation
SU - Surgery
FC - Fracture Care
ROC - Removal of Cast
DR - Dressing
INJ - Injection
NC - No Charge
MR - Medical Report
MLL - Medical Legal Letter
CNR - Consultation and Report
CM - Cast Materials