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RALPH J KOVACH, M D
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November 11, 1993

Brian D. Kerns, L.P.A.
7029 Pearl Road
Suite #310
Middleburg Heights, Ohio 44130

Re: Aranka Berencsi
Your File No. 68-A-103
D.A: 07-10-91

Dear Mr. Kerns:

I examined Aranka Berencsi at your request in my office on November 11, 1993. This thirty-four year old real estate sales representative stated that she was injured on July 10, 1991. On that date, while driving an automobile at approximately thirty-five miles per hour and while wearing a seatbelt, her automobile was struck on the left front wheel area by another vehicle. This caused her automobile to spin in a clockwise direction and, as a result, her automobile struck the other vehicle from side to side.

Ms. Berencsi stated that she struck her head on the windshield, hit the steering wheel, and struck the driver's door probably with her shoulder. She stated that her knees were also scratched and there was a questionable loss of consciousness. She was taken by ambulance to St. John West Shore Hospital where she was examined, x-rayed, and advised to remain, but did not do so. At that time, she was having left shoulder pain, headaches, nausea, and left lateral hip area pain.

She then saw various physicians, including general surgeons, general practioners, internists, and orthopaedic surgeons, and had various forms of treatment. She was treated with various medications, none of which were stated to be of any significant help to her. She also had various forms of physical therapy treatments on an intensive basis with eventual MRI studies made of various body parts. She stated that she was finally advised that she had a tear of the rotator cuff; this was supposedly diagnosed by the MRI study. No surgery was advised.

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To: Brian D. Kerns, L.P.A.
Re: Aranka Berencsi
From: Ralph J. Kovach, M.D.

Ms. Berencsi is not taking any particular form of medication at this time. The anti-inflammatories which she had taken were very upsetting to her digestive system and she is therefore only taking medication as needed for pain and is not on any specific drugs as such.

The left shoulder was stated to be painful with various degrees of movement and the shoulder is not painful when it is at rest. She also has frequent pain in the left shoulder which was stated to periodically radiate down into the left hand. She sometimes has tingling in various fingers of the left hand. She also stated that her neck is painful when looking upward for more than sixty seconds and turning her head from side to side was stated to produce pain.

Previous medical history was non-contributory in that she never had any pain in the areas of which she complained. She denied any previous accidents.

Examination revealed a well developed, well nourished, slim, white female who did not appear to be in distress and who was cooperative with the examination. Neurological examination was normal in that normal biceps, triceps, brachioradialis, patellar, and Achilles reflexes were present. No sensory discrepancy and no motor weakness were present. No atrophy was present in the upper or lower extremities.

Examination of the neck revealed a good range of motion. No particular diminished movement was present in the neck area. No areas of tenderness or muscle spasm were present in the neck. No crepitation was present in the neck upon movement.

Examination of the back revealed no muscle spasm and no areas of trigger point tenderness. Skin rolling was within normal limits with no binding down of the skin at any point. Manipulation of the apophyseal joints was not productive of pain.

Straight leg raising test, in both the seated and recumbent position, was negative. Examination of the knees was negative in that no swelling or instability were present. McMurray test was negative.

My examination of Aranka Berencsi was a normal physical examination which showed no objective findings to substantiate her complaints.

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The only finding was that she subjectively stated that she had pain upon full abduction and internal/external rotation of the left shoulder, but no areas of point tenderness were present.

The MRI study of the left shoulder taken at Westside Imaging on July 16, 1992 was stated to show a possible strain or partial tear of the supraspinatus tendon. This is not borne out by physical examination. It is also well known that the MRI examination for torn rotator cuff is not a very accurate study as there are frequent false positive reports.

The MRI study of the cervical spine taken on February 10, 1992 was reported to be normal.

There is also notation that she had a normal CT scan of the lumbar spine.

In summation, therefore, Ms. Berencsi has no physical findings to substantiate her complaints. It is my opinion that her prognosis should be considered as good.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Ralph J. Kovach".

Ralph J. Kovach, M.D.

RJK/adm