

Narrative summary

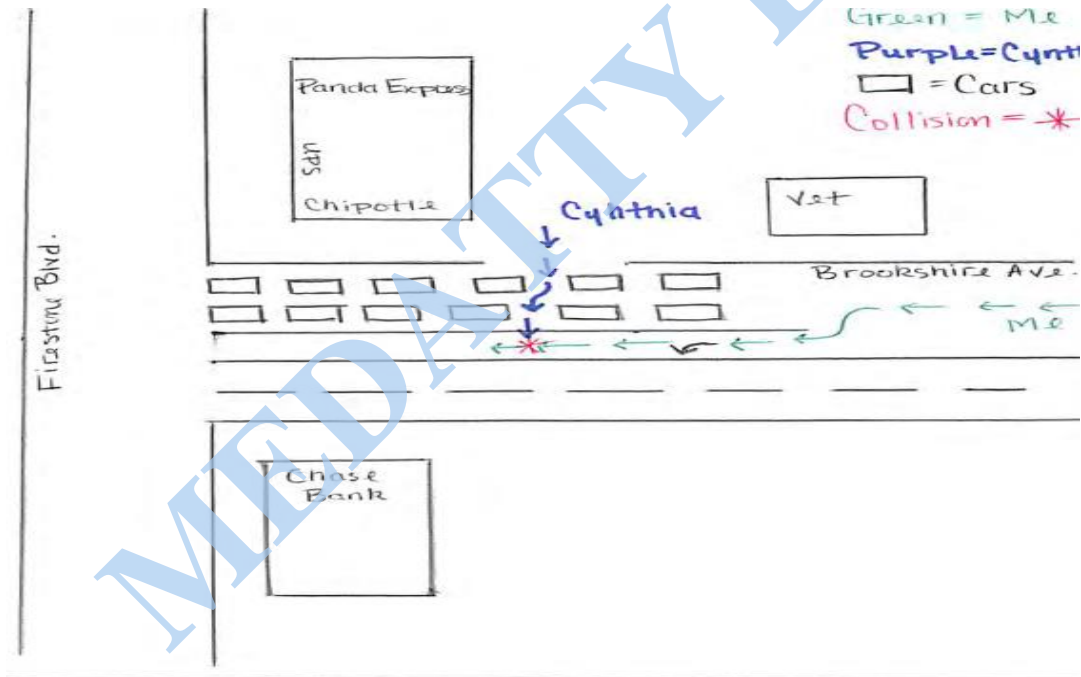
(Motor Vehicle Collision on April 18, YYYY)

Ms. XXXX a 35-year-old, intelligent, resilient, and motivated woman was involved in the collision. She was in good health prior to this collision.

Mechanism of Injury:

On April 18, YYYY, approximately at 05:30 p.m., XXXX, the seatbelt restrained driver of a YYYY Lexus IS 250 was traveling along Brookshire Avenue in the city of XXX, CA. She was merging to intersection to turn left on Firestone Boulevard, when her car was suddenly struck to the right side by the defendant driving a Toyota Rav 4 who was making an illegal left turn. As a result of this hard impact collision, Ms. XXXX sustained injuries to her neck worst on left side, bilateral shoulders worst on left side, mid back, lower back pain worst on left side and left knee.

Below is the accident diagram for better understanding:



PROPERTY DAMAGE

On April 18, YYYY, the YYYY Lexus iS 200t which Ms. XXXX was driving sustained significant damage to its right side. The adjusted vehicle value was \$25,460.00.

Patient Name

DOB: MM/DD/YYYY

PHOTOGRAPHS OF XXXX' DAMAGED VEHICLE



INJURIES AND MEDICAL CARE TO XXXX'

Following the motor vehicle collision, Ms. XXXX' sought medical treatment and the sequence is as described below:

A. ABC Pain Institute:

April 20, YYYY- May 2, YYYY

April 20, YYYY

Due to worsened pain, Ms. XXXX presented to Dr. AAAA via video visit for initial pain management consultation regarding the injuries sustained as a result of April 18, YYYY MVC. She complained of pain in left neck, bilateral shoulders worst on left side, lower back pain worst on left side, and left knee because of the collision. She ranked her worst pain level as 8/10 on a numeric scale. Dr. AAAA recommended her to begin chiropractic treatment at a frequency of twice a week for the followed four weeks, as well as a home exercise program to alleviate symptoms. Further, they recommended her to obtain MRIs of cervical spine, left shoulder, lumbar spine, and left knee for further evaluation of her injuries. Dr. AAAA prescribed her analgesic creams for pain and discomfort. Also, they recommended her to follow up after MRI. Dr. AAAA, based on the medical evidence made available at that time, opined that Ms. XXXX' symptomatology and disability were causally related to the motor vehicle accident of April 18, YYYY. Further, Dr. AAAA stated that apportionment determination was not appropriate at that time.

April 28, YYYY

Over the followed weeks of motor vehicle collision, Ms. XXXX' pain in her lower back, left knee, left shoulder and back continued to worsen and was showing no signs of improvement despite rest, over the counter medications and activity modifications. Consequently, Ms. XXXX returned to Dr. AAAA for follow up of her injuries sustained on April 18, YYYY MVC. She complained of having continued pain to the lower back radiating down to left knee. She reported having difficulty with going up and coming down the stairs. Further, she complained of having headaches and neck pain going down left shoulder more than right. She stated that the activities of daily living were difficult due to pain. The MRI of left shoulder, left knee, and cervical and lumbar spine obtained on April 22, YYYY at PQR Radiology were reviewed and visualized. On examination, Ms XXXX was noted to have palpable tenderness in left shoulder over right, a positive straight leg raising of the left lower extremity at 45 degrees. Her differential diagnoses were as follows: cervical spine disc protrusion, cervical spine contusion, left shoulder post-traumatic contusion, right shoulder post-traumatic contusion, right shoulder sprain and strain, left shoulder sprain and strain, thoracic spine sprain and strain, lumbar spine disc protrusion, lumbar spine post-traumatic contusion, left knee post-traumatic contusion, left knee sprain and strain, left knee posterior horn of the medial meniscus tear, and left shoulder possible rotator cuff tear. Dr. AAAA recommended her to begin chiropractic treatment, twice a week for the followed four weeks, as well as home exercise program to alleviate symptoms. In addition, they recommended to receive trigger point injections to lumbar spine and left knee, platelet rich plasma injection to lumbar spine and left knee, and trigger point injections to left shoulder.

Further, Dr. AAAA recommended her to continue physical therapy two times a week for four weeks to neck, back, knees, and shoulders. Also, Dr. AAAA, under sterile conditions, gently injected a mixture of 5 ml of 1% Lidocaine with 5 mg of Dexamethasone in left knee and left sacroiliac joint. Ms. XXXX was advised to follow up in four weeks.

May 30, YYYY

Ms. XXXX returned to Dr. AAAA for follow up evaluation after receiving trigger point injection. She reported that the injection helped for a few days and pain returned. She complained of having lower back pain that radiated down to left knee. She had difficulty with climbing stairs. She also complained of having headaches and neck pain going down left shoulder more than right. She also reported difficulties getting in and out of her vehicle. Physical examination revealed palpable tenderness in left shoulder, pain with internal rotation, and positive straight leg raising test. Dr. AAAA recommended her to continue chiropractic treatment and physical therapy, and receive lumbar platelet rich plasma injection with lumbar epidural, left knee platelet rich plasma injection, left shoulder trigger point injections. Ms. XXXX was advised to follow up in four weeks.

July 11, YYYY

Ms. XXXX presented to Dr. AAAA for the complaint of having pain to her lower back radiating down to left knee. She also complained of having excruciating pain in her left knee and she felt popping and clicking sound to the left knee. Further, she complained of having extreme difficulty with climbing stairs and getting in and out of her vehicle. On examination, she had palpable tenderness in left shoulder and pain with internal rotation. Further, orthopedic straight leg raising test was positive on the left. Dr. AAAA recommended her to continue receiving chiropractic care, physical therapy, and to undergo platelet rich plasma and trigger point injections as advised before.

August 23, YYYY

Ms. XXXX presented to Dr. AAAA for follow up of lower back, left knee, left shoulder, and neck. She had undergone a left knee arthrogram under fluoroscopy with platelet rich plasma injection that gave her only 50% improvement. She reported she felt left knee a bit swollen and weakness. On examination, she demonstrated palpable tenderness and painful range of motion in left shoulder. Straight leg raising test on the left side remained positive for pain. Dr. AAAA recommended her to continue with physical therapy twice a week for the followed four weeks for the neck, shoulders, mid back, lower back, and left knee as well as home exercises. In addition, they recommended her to undergo a lumbar platelet rich plasma injection with lumbar epidural for post operative pain. Further, they recommended a second injection to the left knee with PRP to help with the healing process to the meniscus tear. Furthermore, they recommended trigger point injections to left shoulder. Ms. XXXX voiced understanding about the follow up appointment in four weeks.

October 26, YYYY

Ms. XXXX presented to Dr. AAAA for follow up of lower back, left knee, left shoulder and neck. Physical examination revealed palpable tenderness and painful range of motion of left shoulder. Dr. AAAA recommended her to continue with her medications as directed. Also, home exercise program was explained to her. Further, Dr. AAAA opined that Ms. XXXX might require pain management reevaluation with a possible short course of physical therapy together with analgesics creams and anti-inflammatories if her symptoms flared up. Furthermore, they recommended her to obtain MRIs of lumbar and cervical spine, left knee and left shoulder for further evaluation of her injuries. In addition, Dr. AAAA recommended her to receive cervical and lumbar platelet rich plasma injection as well as cervical and lumbar epidural steroid injections. Further recommendations included a left knee platelet rich plasma and trigger point injections to left shoulder.

April 27, YYYY

Ms. XXXX returned to Dr. AAAA for the left knee pain which was aching and sharp. She reported having swelling, weakness in her left knee while walking. Subsequently, she underwent a complete physical examination following which Dr. AAAA reported the following diagnoses: Cervical spine disc protrusion, cervical spine contusion, left shoulder post-traumatic contusion, right shoulder post-traumatic contusion, right shoulder sprain and strain, left shoulder sprain and strain, thoracic spine sprain and strain, lumbar spine disc protrusion, lumbar spine post-traumatic contusion, left knee post-traumatic contusion, left knee sprain and strain, left knee posterior horn of the medial meniscus tear, and left shoulder possible rotator cuff tear. Dr. AAAA recommended her to receive platelet rich plasma injection under fluoroscopy on the lateral and medial left knee with arthrogram and PRP sub patellar joint injection. Further, Ms. XXXX received a prescription for analgesic creams for pain and discomfort. She was advised to follow up on four weeks for assessment.

May 2, YYYY

Ms. XXXX presented to Dr. AAAA for post operative evaluation following a left knee platelet rich plasma injection on April 27, YYYY. She complained of left knee pain (3/10) on a numeric scale. She reported having a stiffness sensation depending on movement with some popping and clicking. On examination, she displayed palpable tenderness and painful range of motion in left shoulder. Dr. AAAA recommended her to have a consultation with orthopedic surgeon and probable left knee arthroscopic surgery due to the severity of the injury. Dr. AAAA stated that apportionment determination was 100% attributed to the injuries that Ms. XXXX sustained as a result of April 18, YYYY MVC.

B. PQR Radiology, Inc.

April 22, YYYY

Pursuant to Dr. AAAA's recommendation, Ms. XXXX underwent MRIs of left shoulder, lumbar spine, cervical spine and left knee for further evaluation of her injuries. The results were analyzed by SSSS, M.D.

The findings of left shoulder MRI were as follows:

- Tendinosis of the supraspinatus tendon.
- No rotator cuff tear was present
- No fracture or bone bruise was present.
- There was a small amount of fluid noted in the glenohumeral joint space.

The findings of lumbar MRI were as follows:

- L5-S1: Disc dessication of the nucleus pulposus with a 1-5mm, posterior disc protrusion indenting the anterior portion of the lumbosacral sac
- The neural foramina appear patent
- Lateral recesses were clear
- Mild bony hypertrophy of the articular facets was present.
- Normal ligamentum flavum

The findings of cervical MRI were as follows:

- C5-C6: Disc dessication of the nucleus pulposus with a 2 mm posterior disc protrusion indenting the anterior portion of the cervical subarachnoid space. The neural foramina appear patent. Normal articular facets.
- C6-C7: Minimal disc dessication of the nucleus pulposus with a 1.5 mm posterior disc protrusion indenting the anterior portion of the cervical subarachnoid space. The neural foramina appear patent. Normal articular facets.
- There was straightening of the cervical curvature indicative of cervical myositis.

The findings of left knee MRI were as follows:

- IIIA abnormality of the posterior horn of the medial meniscus representing a tear
- Grade II signal is seen in the lateral meniscus
- There was a small suprapatellar joint effusion
- No cruciate tear is present.

C. STU Physical Therapy:

May 18, YYYY

As referred by Dr. AAAA, Ms. XXXX presented to receive physical therapy for the pain in left knee, cervical spine and lower back. On examination, she displayed decreased muscle strength in neck, left shoulder, lower back, left knee, and left hip due to pain. She was assessed to have muscle spasm in lower back and posterior cervicals, moderate left limp, and stiffness in all planes. She was recommended to receive physical therapy that included the following:

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- Infra-red therapy
- Electrical stimulation
- Paraffin
- Cold pack
- Cervical traction
- Myofascial release
- Massage
- Ultrasound
- Soft tissue mobilization
- Home program

July 13, YYYY- August 10, YYYY

Ms. XXXX continued to receive therapy from STU Physical therapy for the continued pain in neck, lower back, mid back, shoulders, and left knee. She was encouraged to continue home exercises as well.

D. XYZ Medical Center:

July 22, YYYY – April 27, YYYY

July 22, YYYY

Ms. XXXX underwent left knee joint arthrogram under fluoroscopy with platelet rich plasma injection performed by Dr. AAAA. Her pre and post operative diagnoses were the following:

- Post traumatic meniscus tear, left knee
- Post traumatic sacroiliac joint arthropathy, bilateral
- Lumbar discopathy most likely at L4-L5 and L5-S1.

Under sterile conditions, Dr. AAAA gently injected a solution containing 1 ml of Omnipaque in her lateral portion of left knee. Further, they injected 4 ml of platelet rich plasma into the left knee and 2 ml of platelet rich plasma to the lateral knee joint. Ms. XXXX was given Toradol for pain. She was recommended a knee joint injection where the adhesive capsulitis she had on that knee in the near future prior to possibly a second PRP injection if she did not show improvement. She was advised to follow up in one to two weeks in the office to assess response to therapeutic modalities.

August 26, YYYY

Ms. XXXX underwent left knee joint injection under fluoroscopy with arthrogram and platelet rich plasma injections using a bilateral lateral approach. Under sterile conditions, she received 3 ml of platelet rich plasma towards the medial portion of the knee intra-articular and 3 ml of platelet rich plasma laterally to the knee joint all under fluoroscopy. She was asked to do minimal weightbearing of that knee and rest

Patient Name

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that knee for at least two weeks and encouraged to do pool therapy, ambulation, and then only apply ice after the procedure. She was then transferred to the recovery room for further care. Further, she was recommended to undergo arthroscopic knee surgery if the procedure failed to give her adequate conservative pain relief. She was advised to follow up in two to three weeks.

April 27, YYYY

Ms. XXXX underwent procedures that included platelet rich plasma injection under fluoroscopy on the lateral and medial left knee with arthrogram and PRP subpatellar joint injection. Under sterile conditions, a solution containing 1 cc of Omnipaque was injected at each level. Ms. XXXX then had 3 cc of platelet rich plasma injection to the sub patella of the left knee. A plan was made to follow up with her in three to four weeks. She was asked not to do any land exercise and all exercise had to be done with pool therapy only or ambulation. Also, no jogging to be done or stairs climbing, had to be avoided at the gym. Ms. XXXX was then transferred to recovery room and monitored for an appropriate period. Subsequently, she was discharged from the facility.

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