John Doe – Medical Opinion

DOB: MM/DD/1969
DOI: MM/DD/2018

Case overview:

Mr. John Doe was then a YY year old gentleman was involved in a work place injury on MM/DD/2018. He was operating a forklift inside a truck and that the brakes had not been set on the truck and as he was backing out of the truck the truck jerked and his forklift ended up falling off the truck. He had a harness belt on which prevented him from falling out of the truck but as a result he was twisted. He presented for complaints of back pain. *The corresponding Emergency Room records are unavailable for review.*

Past medical history: Hypertension

Past surgical history: No prior surgeries

X-ray thoracic spine done on MM/DD/2018 demonstrated low grade spondylolisthesis inferior thoracic spine. There was no fracture or malignancy.

CT scan of thoracic and lumbar spine done on MM/DD/2018 demonstrated no evidence of fracture or subluxation of thoracic or lumbar spine.

On MM/DD/2018, Mr. Doe consulted Sean XX, M.D. (XX Surgery, S.C.) for constant pain in the low back and bilateral knee (8/10) He described that he was operating a forklift inside a truck and that the brakes had not been set on the truck and as he was backing out of the truck the truck jerked and his forklift ended up falling off the truck. He had a harness belt on which prevented him from falling out of the truck but as a result he was twisted. Since that time he had pain in the right scapular region, the low back, the bilateral knees and the bilateral feet. He stated that he was taken to the emergency room where he was treated and released; however, he went back to the emergency room a day or so later because of ongoing pain and he had what sounds like a CT and discharged home with a script for pain medication.

He was advised to begin physical therapy for lumbar spine. He was additionally prescribed a Medrol Dosepak 4 mg and Mobic 7.5 mg to be taken after completing the steroid pack.

On MM/DD/2018, Mr. Doe consulted Christos XX, M.D. (XX Medicine) for bilateral leg pain. He stated that his pain improved but was still having some spasm in his leg. He was assessed with bilateral leg strain. It was planned to continue physical therapy.

On MM/DD/2018, he had physical therapy initial evaluation for back pain and bilateral knee pain. From MM/DD/2018 – MM/DD/2018, he had 4 physical therapy visits for bilateral knee pain. On 04/19/2018, he was discharged from physical therapy.

On MM/DD/2018, Mr. Doe reviewed with Dr. XX (XX Medicine) for bilateral leg pain. He complained of some stabbing pain in his feet. It was planned to continue with range of motion exercises.

From MM/DD/2018 - MM/DD/2018, he had 10 physical therapy visits for back pain. On MM/DD/2018, he was discharged from physical therapy.

On MM/DD/2018, Mr. Doe reviewed with Dr. XX (XX Medicine) for persistent knee pain. He underwent Depomedrol injection both knees.

On MM/DD/2018, he reviewed with Dr. XX (XX Medicine) for bilateral knee pain. He stated that Cortisone injections did help him but he was still feeling some soreness in his legs. He also complained of some weakness. It was planned to continue physical therapy.

On MM/DD/2018, Mr. Doe had initial evaluation for bilateral knee pain. From MM/DD/2018 – MM/DD/2018, he had 10 physical therapy visits for bilateral knee pain. On MM/DD/2018, he was discharged.

On MM/DD/2018, he reviewed with Dr. XX (XX Medicine) for bilateral leg pain. He stated that he does not have any significant pain. He had occasional aches and pains with going up and down stairs. He was advised to continue regular work duties on MM/DD/2018.

On MM/DD/2018, Mr. Doe reviewed with Dr. XX (XX Surgery, S.C) for low back pain. He noted only a very low grade ache in the back at times. He was encouraged to continue to perform his home exercises on a daily basis. He had been released to return to work on MM/DD/2018 with no restrictions.

On MM/DD/2018, he consulted Thomas XX, M.D (XXX) for neck pain (8/10).He was assessed with painful and chronic neck pain. He was prescribed Cyclobenzaprine 7.5 mg, Meloxicam 7.5 mg; Tramadol 50 mg .He was advised physical therapy and was ordered cervical MRI.

On MM/DD/2018, Mr. Doe reviewed with Dr. XX (XX XXX, SC) for neck pain (8/10). He was scheduled for diagnostic C3-C6 right sided medial nerve branch block paravertebral facet (zygapophyseal) joint injection with imaging guidance.

On MM/DD/2018, he reviewed with Dr. XX (XX XXX, SC) for neck pain mostly on the right side of neck (8/10).MD felt that injuries reported in that visit were due to the MM/DD/2018 accident and not due to a pre-existing condition. He was recommended, for diagnostic C3-C6 right sided medial nerve branch block, paravertebral facet (zygapophyseal) joint injection with imaging guidance.

MRI cervical spine done on MM/DD/2018 demonstrated moderate central spinal stenosis, bilateral neural foraminal narrowing at level of C5-6, causing mild to moderate deformity of the thecal sac. There was no spinal cord compression. There was mild to moderate encroachment of bilateral exiting nerve roots mild to moderate central spinal stenosis and the neural foramina narrowing at level of C4-5, C6-7.

MRI lumbar spine done on MM/DD/2018 demonstrated moderate broad-based posterior disc osteophyte complex at the level of L5-S1, superimposed by 6 mm x 15 mm x 7 mm central disc protrusion, along with moderate bilateral facet arthropathy, thickened ligamentum flavum, causing moderate deformity of the thecal sac and effacement of the bilateral traversing nerve roots. There was mild to moderate bilateral neural foraminal narrowing, causing mild encroachment of the bilateral exiting nerve roots.

On MM/DD/2018, Mr. Doe consulted William XXX, P.A.-C (XX XXX, SC) for low back, neck and bilateral knee pain. It was planned for right facet joint injections to C3-C6.

MRI left knee done on MM/DD/2018 demonstrated small, slightly displaced oblique tear involving the posterior periphery of the lateral meniscus superimposed on type II signal degeneration. There was grade 1 partial tear of the medial collateral ligaments. There was small joint effusion, mild degeneration changes, and the post stress changes of the medial and lateral compartments.

MRI right knee done on MM/DD/2018 demonstrated small, slightly displaced oblique tear involving the posterior periphery of the lateral meniscus superimposed on type II signal degeneration. There was type II signal degeneration of the posterior horn of the medial

meniscus. There was grade 1 partial tear of the medial collateral ligaments and small joint effusion.

On MM/DD/2018, Mr. Doe consulted Angie XXX, P.A.-C. (XX XXX, S.C.) for neck, bilateral knee and back pain. He stated that his pain had improved but it was still bothersome. He was recommended right C4-C7 facet joint injections. He was also recommended Electromyography/Nerve Conduction Velocity of bilateral lower extremities to evaluate for radiculopathy/neuropathy.

On MM/DD/2019, he reviewed with Dr. XX (XX Surgery, S.C.) for low back pain. Since his last visit be returned to work without restrictions but started having worsening low back pain with time. He had also developed pain in the right side of the neck that radiated up to the top of the head, worse when he was turning his head while driving the forklift. He rated pain at 8/10.

He was assessed with degeneration disc disease lumbosacral spine and lumbar spondylosis. He was recommended left L5-S1 Transforaminal lumbar interbody fusion.

On MM/DD/2019, Mr. Doe reviewed with Dr. XX (XX Medicine) for bilateral knee pain. He underwent steroid knee injection.

On MM/DD/2019, he reviewed with Dr. XX (XX XXX, SC) for neck pain, low back pain and bilateral knee pain. He continued to have bilateral knee pain that was worse with walking. He was recommended right C4-C7 facet joint injection.

On MM/DD/2019, Mr. Doe reviewed with Dr. XX (XX Surgery, S.C) for back pain. He complained of significant pain in the low back which he stated most of the time was 10/10 and on a good day would only go down to a 6/10.

On MM/DD/2019, he reviewed with Dr. XX (XX Medicine) for bilateral knee pain. He stated that left was worse than right. He had history of chondromalacia in his knee.

On MM/DD/2019 and MM/DD/2019, Mr. Doe reviewed with Dr. XX (XX XXX, S.C.) for neck, low back and bilateral knee pain.

On MM/DD/2019, he underwent right C4-7 cervical facet joint injection performed by Dr. XX (XX XXX, S.C.)

On MM/DD/2019, Mr. Doe reviewed with Dr. XX (XX Medicine) for bilateral knee pain. He was assessed with right knee chondromalacia and left knee medial meniscus tear. He was recommended arthroscopy to address the meniscus tear.

On MM/DD/2019, he reviewed with Dr. XX (XX Medicine) for bilateral knee pain.

On MM/DD/2019, Mr. Doe reviewed with Dr. XX (XX Surgery, S.C) for back and left knee pain. He was diagnosed with L5-S1 disc disease with mechanical back pain. He was recommended Transforaminal Lumbar Interbody Fusion (TLIF) L5-S1 surgery.

On MM/DD/2019, he underwent left knee partial medial meniscectomy and left knee extensive synovectomy performed by Dr. XX (XX Medicine).

On MM/DD/2019, Mr. Doe reviewed with Dr. XX (XX Medicine) for left knee pain.

On MM/DD/2019, he reviewed with Dr. XX (XX Medicine) for left knee pain. He is still having some pain, especially going upstairs and downstairs. He was advised physical therapy for 4 weeks. He was advised not to return to work.

Opinion:

Mr. John Doe was then a 48 year old gentleman was involved in a work place injury on MM/DD/2018. He was operating a forklift inside a truck and that the brakes had not been set on the truck and as he was backing out of the truck the truck jerked and his forklift ended up falling off the truck. He had a harness belt on which prevented him from falling out of the truck but as a result he was twisted. He presented for complaints of back pain. *The corresponding Emergency Room records are unavailable for review.*

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Since Mr. Doe had no significant past history, it is my opinion that left shoulder, neck, back and bilateral knee pain, experienced by him from the work place injury on MM DD, 2018.

He may need review with orthopedic/neurosurgeon consultation for follow up. He may need Transforaminal Lumbar Interbody Fusion (TLIF) L5-S1 surgery.

Mr. Doe, may need pain management with narcotics, muscle relaxants, NSAIDs, steroid injections, and trigger point injections.

He may need psychological counselling for any anxiety, depression, sleep disorder that may have built up as a result of this chronic pain.

Future medical expenses:

- Pain killers
- TLIF L5-S1 surgery
- Epidural injections
- Physical therapy
- Psychological counselling

Opinion:

What injuries were caused by the 2018 injury and what treatment was related?

The following injuries were by the 2018 injury:

- Bilateral leg/knee strain
- Lumbar spondylosis without radiculopathy
- Right knee chondromalacia
- Left knee medial meniscus tear
- Chronic neck pain

The following treatments were related to the 2018 injury:

Procedures:

- MM/DD/2018: Cortisone injection to both knees
- MM/DD/2018: Cortisone injection to both knees
- MM/DD/2019: Right cervical facet joint injection at C4-7

Surgeries:

- MM/DD/2019: Left knee partial medial meniscectomy and left knee extensive synovectomy.