Confidential Attorney Work Product

8/13/00

Re: *Case of M M*

Dear Mr. N

As you requested I have reviewed the available medical records for M's motorcycle accident of August 18, 0000. The available records were limited and did not include physician office notes or any other providers except for a few hospital records, radiology and injury rehab. My focus on this review was to determine all injuries sustained from his accident and any current residual problems/conditions based on both medical records and client interview.

Case overview

M was a 19 year old helmeted driver of a motorcycle who was driving home from work when he was hit in the rear by a large industrial truck. He was thrown off the cycle, had loss of consciousness and was transported by Care-Flite to Hospital. Initial injuries were C7 spinous process fracture, C7 transverse process fracture, concussion, severe road abrasions, and knee contusions. He was discharged the following day with a cervical collar in place.

Records of the following health care providers were reviewed:

1. Dr. D, Plastic Surgeon – 3 pages
2. M Injury Rehab – 98 pages
3. Hospital – 20 pages
4. Diagnostic Imaging – 2 pages
5. Radiology & Imaging – 2 pages
6. Diagnostics – 28 pages

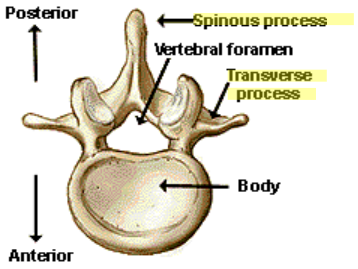
Medical/Surgical History

1. Wisdom tooth extraction. No other significant medical history

Injuries/Symptoms:

1. C7 Transverse process fracture

2. C7 Spinous process fracture



3. Partial thickness abrasions/scarring:
   Torso
   Left shoulder
   Left arm
   Knees bilaterally
   Back
   Right elbow
4. Neck pain
5. Traumatic brain injury/concussion
6. Decreased cervical range of motion
7. No sensation, center left shoulder abrasion
8. Chronic pruritis [itching] of abrasion scars
9. Displacement of cervical disc
10. Severe contusion of left knee lateral femoral condyle with trabecular microimpaction
11. Mild contusions of left knee medial femoral condyle and lateral tibial plateau
12. Monoarthritis [inflammation of a single joint] of lower leg
13. Headaches
14. Anosmia [loss of smell]
15. Short term memory loss
16. Sleep disturbance (nightmares)
17. Straightening of cervical lordotic curve
18. Alteration in self-image
19. Loss of occupational goal of fireman
20. Thoracic neuritis/radiculitis

Phone Interview with M

I spoke with M for about an hour. Tools used in addition to a regular interview were the Neck Pain Disability Index and Client Interview for Brain Injury. We discussed the accident and his symptoms, problems, psychological effect and level of function.

When asked about the accident itself, M stated he had absolutely no recollection of the accident or even anything that occurred that day, including being at work. His last memory prior was going to bed the night before. His next memory is waking up in the hospital where he envisioned his deceased grandmother. Next he remembers his uncle visiting with him. The rest he only remembers bits and pieces. He said his memory loss was worse in the beginning, however currently he has some short-term memory loss which includes forgetting what the conversation is regarding in mid-sentence.

His speech is fluent without hesitation or slurring. His affect is good and he has a positive attitude. He did express feeling self-conscious with his scarring due to "being stared at" like when he's at the pool in swim shorts. He has seen a plastic surgeon but has opted not to have any surgery at the present time. The scar on his shoulder has numbness in the center and all of them have severe itching. He denies any problems with social skills or withdrawal.

Prior to the accident he had completed paramedic training and was about to start the academy to be a firefighter. He has been rejected as a candidate because he does not meet the criteria to be a firefighter due to his serious head and neck injuries.

In regard to sleep disturbance, he does have nightmares on occasion related to having the accident and right afterward he had a lot of pain and discomfort which hindered sleep.

Currently he has neck pain when his neck is in certain positions such as bent over (flexion) or when he drives for longer than 1 hour uninterrupted. He is able to perform his job duties with minimal discomfort. Lifting heavy objects causes some pain. He states he does have intermittent headaches which are located behind his left eye. Before the accident he only had a frontal headache 2-3 times/year from sinuses.

He states he has no sense of smell [anosmia] which was demonstrated by fellow workers complaining of a strong, horrible odor from a sulphur spill. He could not smell it at all. Although it may not seem serious, it can be because it hinders the detection of serious things such as gas leaks, fire, and spoiled food as well as it impacts an individual's quality of life. He had no problems with smell prior to the accident.

In respect to self-care, he can do most things for himself with minimal pain. Gait is normal. He had some dizziness right after the accident but does not experience it now. He denies visual or auditory disturbances, anxiety, or depression.

Conclusion

M attended injury rehab from 10.21.00 to 11.30.00. He had some improvement but not complete resolution of symptoms. Dr. K, DC., assessed that M has a good prognosis but with permanent residual problems being probable. Those problems will likely include neck pain, headaches, anosmia, sleep disturbance, and alteration in self image from scars. This is not a complete list but is just a few of the more obvious ones. In

addition, his straightened cervical spine may cause increasing problems as he becomes older. The diagnoses used during injury rehab include monoarthritis of lower extremity (knee) ICD 716.66; displacement of cervical disc ICD 722; cervicobrachial syndrome ICD 723.3; and thoracic neuritis/radiculitis ICD 724.4.

This report is based on the available records. My opinion may be amended contingent on any further information that become s available, including any additional records, facts or interpretations not known at the time this report was prepared. Thank you for consulting me for this interesting case. Please do not hesitate to contact me should you need any further assistance with this case.

Linda Cain, RN, CLNC

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References

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