November 5, 2008

RE:
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DOE: 11/05/2008
SSN:
CL#: UNKNOWN
ACCT#: 86318
OFFICE: CORONA

ORTHOPEDIC SURGURY & PERMANENT IMPAIRMENT REPORT

The patient was seen for surgical evaluation on November 5, 2008.

At your request, I am pleased to evaluate Mr. in my office today in Corona concerning an orthopedic opinion about his status of his cervical spine. I performed an initial history and physical examination on Mr. and feel qualified to express the requested opinions.

CHIEF COMPLAINT:

The patient presents with chief complaints of clunk sound with neck movements, neck, upper back, lower back, and bilateral shoulder pain. Although treatment has helped these condition, he is still suffering from them since the January 30, 2006, accident.

The patient also reports that he has been experiencing impatience, frustration, loss of concentration, sleepiness, confusion, headaches, dizziness, grogginess, reading problems, and is re-reading things to understand it. These symptoms started immediately after the accident January 30, 2006, but no doctor has yet inquired about these symptoms.

HISTORY OF PRESENT ILLNESS: (As related by the patient.)

Mr. is a 34-year-old gentleman who was riding his motorcycle on January 30, 2006, at approximately 9:00 p.m., in San Marcos California.

He was stopped at an intersection with a vehicle behind him and a truck in front of him. The vehicle behind him was struck violently by a car driving at high speed. This drove the jeep behind him into him and then knocked him into the truck in front of him. He

was thrown an unknown distance because he momentarily lost consciousness. His motorcycle was totalled. Weather conditions and road conditions were clear. At the time of the impact, his neck moved side to side and forwards and backwards.

He had immediate awareness when he regained consciousness of severe neck pain and knee pain as well as pain in his lower back. After recovering consciousness, he was able to stand up and walk. He went home following the accident without going to the hospital. He subsequently came under the chiropractic care for his neck injuries. The chiropractor also ordered x-rays and CT scan.

He continues to suffer the effects of this accident. He is unable to ride his motorcycle off road. He experiences a "bad neck" everyday of his life. The fingers particularly in his left hand go intermittently numb. He is unable to stand any strain on his neck, which limits his ability for lifting particularly on the right side. He is unable to maintain a bent-over position for a longer than a few seconds due to dizziness and vertigo. He has been significantly affected by the fact that he had plans of becoming a pilot. Unfortunately, he is unable to fly anymore because of his physical disabilities and the risk that he would represent to his passengers by becoming dizzy and experiencing vertigo with the movements of the aircraft. He is unable to pass a flight physical required to be a pilot. He, therefore, currently is employed as an aircraft mechanic, although he admits that he has significant disability in trying to perform efforts with torquing or lifting or pushing or pulling.

He is bothered by headaches on a daily basis particularly by the end of the day. He suffers lightheadedness and dizziness particularly when he extends his neck.

He is now here for an evaluation and treatment.

JOB TITLE:

The patient states that he is employed as an aircraft mechanic by RW Martin. The job reportedly involves rebuilding aircraft. He has been working in this capacity for 1 month. He is presently working for the same employer. He had missed few days from work due to this accident.

PRESENT COMPLAINTS:

The patient presents today with the following complaints:

1. Frequent, dull, pulsating headaches graded as 8/10 bilaterally.

2. Constant, dull, sharp, achy, burning neck pain, graded as 10/10 bilaterally, with numbness and tingling in the neck. The pain feels better with rest and worse with anything at work.

3. Occasional right shoulder pain graded as 6/10. The pain is located on top of the shoulder.

4. Intermittent, dull hand pain, graded as 4/10 bilaterally. The pain is better with rest and worse with continuous work.

5. Constant, dull upper back pain, graded as 5/10, bilaterally. The pain is better with rest and worse with bending and lifting.

6. Constant, sharp, burning mid-back pain, graded as 8/10, bilaterally. The pain feels better with rest and worse with bending and lifting.

7. Constant, dull low back pain graded as 5/10, bilaterally with numbness and tingling in mid back. The pain feels better with rest and worse with bending and lifting.

In addition, he complains of night pain, rest pain, stiffness, weakness in the neck and rest pain, stiffness, and weakness in the back.

The patient has to put his hands on something to get up.

PAST MEDICAL HISTORY:

Previous injuries: The patient states that he had sustained a Lisfranc fracture to his ankle or foot.

Illnesses: None reported.

Surgeries/: Hospitalizations None

Medications: Allegra daily.

Allergies: No known drug allergies or sensitivities.

PERSONAL/SOCIAL HISTORY:

Alcohol: None reported.

Cigarette use: None reported.

Hobbies: Drag racing.

Marital Status: Married.

Regular exercise or Sports participation: None reported.

PHYSICAL EXAMINATION:

General:

The patient presents as a very pleasant, healthy appearing, middle-aged, right-hand dominant 34-year-old male. He is 6 feet tall and weighs 235 pounds. He lacks notably spontaneous head and neck movements and prefers to turn his whole body when changing direction. He states that he is experiencing neck pain primarily on the right side and posteriorly at the time of this evaluation which he would rate as 4/10 at the least and 7/10 at the time of this examination. He is experiencing numbness in the tips of his left fingers.

He is able to stand erect. His blood pressure is 115/72 and his pulse is 76.

HEAD:

Eyes, ears, nose, and throat are clear. There is crepitus over the right TM joint and notable asymmetry of cranial mandibular position on opening his jaw.

CERVICAL SPINE:

There is no obvious swelling, discoloration, or deformity to inspection. Palpation shows significant increased muscle tension on the right lateral strap muscles and tenderness over the posterior aspect of the spine.

Extension was limited to 50 degrees and associated with a complaint of dizziness. Forward flexion was 50 degrees with described pain and slight dizziness. Right tilt was limited to 45 degrees and was also 45 degrees on the left. However, the right tilt was uncomfortable. There was significant weakness to resisted right tilt manually. Rotation was 65 degrees to the right and 70 degrees to the left. Axial compression was significantly tender while distraction was nontender.

He was very weak with forward flexion against resistance.

He had a 3/5 weakness in abducting his right shoulder unless his neck is supported.

GRIP STRENGTH:

Right	Left
180/145/145	160/140/140

X-RAYS/SPECIAL DIAGNOSTIC STUDIES:

X-rays of the cervical spine, 7 views, performed on October 22, 2008, demonstrates the following:

- Anterior translation of C3 and C4 during flexion indicates posterior ligamentous laxity at those levels.
- Posterior translation of C3 and C5 during extension indicates anterior ligamentous laxity at those levels.
- Total translation of 5.0 mm at C3 surpasses the radiographically defined criteria for instability in the cervical spine (translation > 3.5 mm) and qualifies the patient for a Diagnosis Related Estimates (DRE) category IV, with resultant 25-28% whole person impairment, as per AMA Guidelines, 5th edition, p. 392.
- Lateral translation of C1 upon C2 during right lateral bending indicates laxity of the left alar ligament.
- Aberrant kinematics, intersegmental hypomobility as described above indicates suboccipital muscle spasm with articular dysfunction at those levels.
- Hypolordosis, most likely due to myospasm.

X-rays of the lumbar spine, 2 views, performed on October 22, 2008, demonstrates the following:

- Pelvic unleveling, low on the right, with evidence of an attempt towards proper biomechanical compensation of the lumbar spine.

A report of videofluoroscopy shows multilevel ligament instability most notably 7 mm to the left and right with lateral translation at C1-C2. In my opinion this would explain dizziness with neck movements.

Opinion:

Multilevel ligamentous instability particularly at C1-C2 and C3-C4. Cervical spine consistent with previous trauma and alar ligament damage. The C1-C2 translation instability and ligament laxity are the source of the patient's dizziness and vertigo to a reasonable medical certainty. This injury compromises the vertebral artery with neck movements, which cause a momentary loss of blood flow to the brain.

The C3-4 and C4-5 ligament injuries and translation instability are the cause of the patient's intermittent hand and finger numbness, tingling, and weakness to a reasonable medical certainty.

The patient suffered a brain concussion with temporary loss of consciousness after the accident, including anterograde amnesia. He still is suffering the late effects of this brain concussion, commonly called Post-Concussion Syndrome.

DIAGNOSES

1.	Concussion	850.0
2.	Mild Traumatic Brain Injury	854.0
3.	Late Effects of Brain Injury	907.0
4.	Cervical Ligament Laxity	728.4
5.	Cervical Hypermobility	728.5
6.	Cervical Myalgia	729.1
7.	Acquired Cervical Deformity	738.2
8.	Sensation Disturbance	782.0
9.	Headache	784.0
10.	Anxiety	308.0
11.	Depression	300.4
12.	Lumbar Nerve Injury	953.2
13.	Lumbar Neuritis	724.4
14.	Lumbago	724.2

DISCUSSION AND OPINION:

Based on the historical facts provided to me, it appears that Mr. sustained a significant trauma to his cervical spine on January 31, 2006, in a car versus motorcycle accident. He continues to suffer disability and symptoms as to result of that trauma in my opinion. Objectively, he shows significant cervical spine weakness and instability on videofluoroscopy and on flexion x-rays.

In my opinion as an orthopedic surgeon, his prognosis is guarded with a reasonable medical probability of future need for surgery. The cost of the surgery needed to stabilize his cervical spine and stop the dizziness, vertigo, hand numbness, hand tingling, and hand weakness is $80,000 to $100,000. The patient chooses to try to continue to cope with these disabilities and impairments because he worries that 9 to 12 months off work following surgery will be a severe hardship to he and his family. Non-surgical symptomatic supportive care for his injuries include NSAID medications and pain management treatments by a doctor. The patient is 34 years old and has a life expectancy of 72 years. The cost of non-surgical treatments for the expected 38 years of his life are calculated as follows:

NSAID medication, $325 per year x 38 years = $12,350.
Pain Management in-office treatments, $1,200 per year x 38 years = $45,600
Total non-surgical medical management reasonably certain (absent surgery) = $57,950

The patient's choices for future medical treatment range between $57,950 for non-surgical medical management for his life expectancy and $80,000 to $100,000 for neck surgery (plus 9 to 12 months of disability from work and the inability to support himself and his family.) Absent surgery, my opinion is that he will need nonsurgical continued care in the future for the rest of his life, to a reasonable medical certainty.

MAXIMUM MEDICAL IMPROVEMENT:

The patient would benefit from neck surgery at this time. Therefore, he is not maximally medically improved. It is my recommendation that he undergo surgical fusion surgery at this time.

CAUSATION:

The cause of this impairment is a specific trauma as described and is not apportionable to other factors. The accident on January 30, 2006, is the cause of the injuries described herein to a reasonable medical certainty.

WORK STATUS:

The patient will never become a pilot because of the injuries sustained in the January 30, 2006, accident. He has forever lost the employment opportunity for which he was training before this accident. He is currently employed as an aircraft mechanic, and can perform those job duties so long as he continues to maintain a medical course of NSAID medication, chiropractic adjustments, and physical therapy on regular basis.

IMPAIRMENT RATING:

In accordance with the AMA Guides to the Evaluation of Permanent Impairment, fifth edition, I have consulted table 15-5, page 392 for the basis for my opinions concerning his permanent impairment. Due to alteration of motion segmental integrity and symptoms of multilevel radiculopathy, and based on flexion and extension radiographs demonstrating greater than 3.5 mm of translation, I would place him in DRE cervical category IV. This has 28% impairment of the whole person for his cervical spine.

The AMA Guides, fifth edition, pages 319-321 is the basis for my opinion of his permanent brain impairment for cognition. His clinical picture is of a 34 year old married male who wants to be alone, has difficulty concentrating for long periods of time, mood swings, sadness and tearfulness, appetite change (he has gained forty pounds since this crash), his right pupil is larger than his left, he has occasional balance problems, can be easily distracted, has difficulty remembering numbers and reading, continues to experience a change in sexual functioning (loss of libido), is more impatient that before the accident, and has feelings of frustration frequently. This describes a level of pre-impairment in which he can still perform all his activities of daily living, including his mechanic job. This clinical picture is consistent with a Class 1 Cognition Impairment, which I rate as 6% whole person.

FUTURE MEDICAL CARE:

I have had a long discussion tonight with Mr. concerning his options for treatment. In my opinion, the cost of neck surgery, which will be required to surgically fuse and repair the translation instability of his neck would be in the neighborhood of $80,000 to $100,000. This would most likely require a minimum of 9 months to 12 months of absence from employment and additional costs for rehabilitation.

The cost of nonsurgical treatment is calculated on the basis that Mr. is currently 34 years old with a life expectancy of 72 years. This means that he would require 38 more years of non-surgical treatment. The ligament laxity in his neck is a permanent injury that would never heal without surgery. Nonsurgical pain management would cost him $100 per treatment, 12 treatments per year for 38 years. This calculates to $45,600 for nonsurgical treatment which at best would only be palliative and would not improve his current disability status. In addition, he will need NSAID medications for 38 years at a cost of $325 per year, totaling $12,350.

Should the patient choose to proceed with recommended surgery, I will be available to schedule and perform the needed surgery.

APPORTIONMENT

In my opinion, there is no apportionment indicated in this case. There is no evidence of any preexisting condition or pathology that would lead to apportionment.

Sincerely,

John L. Beck, M.D.
Board Certified Orthopaedic Surgeon, QME
State of California

JLB: dnd/cps