

03/12/2013 10:31AM (GMT-04:00)

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March 5, 2013

Premier Prizm Solutions  
10 East Stow Road  
Suite 100  
Marlton, New Jersey 08053

RE: Barbara Pieroni  
DOI: August 6, 2011  
Claim #: 0372861290101018  
Start Time: 12:37 p.m.  
End Time: 1:04 p.m.

**INDEPENDENT MEDICAL RE-EVALUATION**

To Whom It May Concern:

The above captioned claimant, Barbara Pieroni, was seen in my office for an Independent Medical Re-Evaluation on March 5, 2013. The claimant was previously in my office for an Independent Medical Evaluation on the date of November 20, 2012.

Submitted for my review were the following: My independent medical evaluation dated November 20, 2012, note of Dr. Roger Pollack dated July 26, 2012, a discogram of the lumbar spine dated January 10, 2013, notes of Dr. Quartararo dated January 23, 2013, MRI report of the right shoulder arthrogram dated September 11, 2012, MRI report of the lumbar spine dated February 11, 2013, as well as images.

**HISTORY:** The claimant is a 55-year-old female who was involved in a motor vehicle accident on August 6, 2011. At that time, she was the driver of a vehicle which was struck head on by another vehicle. The claimant had complaints of pain in the neck, lower back and right shoulder.

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She was taken to St. Joseph's Hospital in Paterson, New Jersey, where she was evaluated, given medication and injections. She was discharged with no durable medical equipment, including slings or spinal immobilization.

The claimant followed up with Dr. Perez and was then referred to an orthopedic surgeon where she was placed in a course of physical therapy three times a week for three months.

She eventually came under the care of pain management specialist, Dr. Visco, and underwent trigger point injections. She had two to three sets of trigger point injections with the last being approximately one year ago. The claimant has had no significant relief and was also treated with lumbar epidural steroid injections, the last of which was in July of 2012 which also gave no relief.

She was also under the care of Dr. Quartararo who was treating her for her lower back and obtained additional imaging including a discogram of the lumbar spine as well as a repeat MRI of the lumbar spine.

The claimant is indicated for surgery as she has failed the conservative treatment. She was also under the care of Dr. Pollack, an orthopedic surgeon, for the right shoulder. She had an MRI arthrogram done of the right shoulder. The pain has persisted and she was told she would need surgery to the right shoulder.

**PRESENT COMPLAINTS:** The claimant complains neck pain that is present constantly and radiates into her right arm and goes into the ulnar one-and-a-half digits.

She also has pain in the right shoulder, worse with sleeping. She cannot do any overhead activities or lifting and has to be cautious with her movements.

The lower back pain is present constantly and is worse with prolonged positions such as sitting, standing or walking. She has to change positions frequently and has pain that radiates to both lower extremities to the back of her thighs.

The pain has persisted, especially in her shoulder and her lower back, despite the conservative treatment. She states that surgery was recommended by Dr. Quartararo for the lower back and Dr. Pollock for the right shoulder.

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**PAST MEDICAL HISTORY:** The claimant denies any history of hypertension, diabetes, peptic ulcer disease, respiratory problems or endocrine disturbances.

**PAST SURGICAL HISTORY:** Denied.

**PREVIOUS INJURIES (to spine and extremities):** Denied.

**RECENT INJURIES (to spine and extremities):** Denied.

**SOCIAL HISTORY:** The claimant smokes approximately a half-pack of cigarettes per day and uses alcohol socially. She is single and has five children, four adults and one 17 years of age.

**WORK HISTORY:** The claimant is self-employed as an editor. She states that she has not returned to work since the accident, as she is on pain medication and has had significant pain and has a hard time concentrating.

**REVIEW OF SYSTEMS:** The claimant denies loss of consciousness. She denies bladder or bowel dysfunction. Review of systems is otherwise non-contributory.

**PHYSICAL EXAMINATION:** The claimant is a 55-year-old female. She is alert and oriented x 3. The claimant needed some assistance getting on and off of the examination table.

Height: 5 feet 4 inches  
Weight: 115 pounds

Head: Atraumatic, normocephalic.

Cervical Spine: There is minimal tenderness in the midline of the lower cervical spine. There are no spasms or step-offs. Flexion is to 50 degrees actively. Extension is to 60 degrees actively. Lateral rotation to the left and right is 80 degrees actively. Hoffmann's sign is negative. Spurling's test is negative. Lhermitte's sign is negative.

Upper Extremities: Sensation is intact to light touch; 6 mm two-point discrimination is noted in all digits. Motor examination reveals 5/5 strength bilaterally except for a minimal decrease in shoulder abduction on the right as compared to the left at 5-/5. Strength was 5/5 in shoulder forward flexion, elbow

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flexion and extension, wrist flexion and extension, intrinsic of the hand including finger flexors and extensors. Biceps, triceps and brachioradialis reflexes are 2+, equal and reactive bilaterally. No pathologic reflexes are noted. Tinel's sign and Phalen's test are negative over the median nerve at the level of the wrist bilaterally. Tinel's sign is negative over the median and ulnar nerve at the level of the proximal forearm and elbow.

**Right Shoulder:** There is tenderness in the anterior aspect of the glenohumeral joint. There is marked guarding with testing of range of motion actively with 95 degrees of abduction and 110 degrees of forward flexion with pain at the extremes. Internal and external rotation is to 60 degrees. There is no acromioclavicular joint or sternoclavicular joint tenderness. Motor examination of the shoulder reveals 5-/5 strength in right shoulder abduction, but otherwise was 5/5 strength in forward flexion, adduction, internal and external rotation. There is some pain with resistive abduction. Impingement maneuver is negative. Drop arm test is negative. Anterior apprehension test is negative. Cross arm adduction test is negative.

**Thoracic-Lumbosacral Spine:** There is tenderness over the lower lumbar spine in the midline and paravertebral musculature in the lower lumbar spine. No spasms no step offs were noted. There is no tenderness over bilateral sciatic notches or sacroiliac joints. Forward flexion is fingertips to knees. Straight leg raise testing is negative bilaterally in the sitting and supine positions. Patrick's test is negative bilaterally.

**Lower Extremities:** Deep tendon reflexes, ankle jerk and knee jerk, are 2+, equal and reactive bilaterally. Sensation is intact to light touch bilaterally. Babinski responses are downgoing bilaterally. There is no evidence of clonus. Motor examination reveals 5/5 strength bilaterally in hip flexion, knee flexion and extension, dorsiflexion, plantarflexion, inversion, eversion and great toe extension. No pathologic reflexes are noted. Gait is unremarkable.

**DIAGNOSTIC STUDIES:** An MRI of the right shoulder arthrogram dated September 11, 2012 showed findings that suggest a chronic Hill-Sach's deformity of the humeral head with Patulus joint capsule. Correlation for laxity is suggested. There is a partial articular-side of the tear of the supraspinatus allowing for motion. The labrum is intact.

She also is noted to have a discogram of the lumbar spine which showed concordant pain at L3-L4, L4-L5 and L5-S1.

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She also was noted to have an MRI of the lumbar spine from the date February 11, 2013 that showed L5-S1 loss of disc height. There is a focal mid line disc herniation superimposed on underlying disc bulge. There is mild effacement of the ventral thecal sac without significant spinal stenosis. At L4-L5, there is a right paracentral annular tear and focal disc herniation detected. There is mild right lateral recess narrowing with no evidence of spinal stenosis. At L3-L4 there is a mid-line annular tear and focal mid-line disc herniation abutting the ventral thecal sac with no evidence of spinal stenosis or neural foraminal narrowing.

**ASSESSMENT:** The claimant is a 55-year-old female who sustained sprains to the cervical spine as well as injuries to the lumbar disc with disc herniations at multiple levels and positive discogram as well as a right shoulder sprain and a partial tear of the rotator cuff.

For the cervical spine, she has reached maximal medical improvement. For her right shoulder and lumbar spine, she has not reached maximal medical improvement.

**DISCUSSION:** As for the right shoulder, the claimant has reached maximal medical improvement from conservative care. She has had significant therapy and with the persistence of pain. Due to signs and symptoms consistent with a partial rotator cuff tear, surgery is indicated and is related to the motor vehicle accident of August 6, 2011.

The claimant also has pain in her lower back that has not responded to conservative treatment. With a positive discogram as well as positive disc herniations of the lumbar spine, surgery is indicated and is related to the motor vehicle accident of August 6, 2011.

There is no need for any further conservative treatment to the right shoulder or lower back. During this examination, the claimant asked multiple questions of me regarding findings she had at the time of my prior report. Again, I explained to the claimant several times during this examination that I cannot answer any questions, as this examination was for independent medical examination and that there is no doctor-patient relationship established and I cannot answer any of her questions.

Based upon this examination, there is no reason why she cannot perform her activities of daily living and there is no reason why she cannot work. From an

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orthopedic standpoint, there is nothing that prevents her from returning to work as a self-employed editor.

The claimant has reached maximal medical improvement in my field of specialty with respect to cervical spine injuries sustained in the motor vehicle accident. No further conservative treatment is indicated to the right shoulder or lumbar spine. Further treatment is required with respect to her right shoulder and lumbar spine including surgical intervention.

There is no reason why the claimant cannot continue to work and perform her activities of daily living.

The report submitted here is based on information supplied to me by the claimant, the findings of my examination as reported above and all medical records sent to my office. If any additional information is provided, an addendum may be required.

The claimant left the examination in the same condition as she arrived with no complaints or evidence of dissatisfaction.

I, Dr. Jeffrey F. Lakin, being a physician duly licensed to practice medicine in the State of New Jersey, pursuant to CPLR Section 2106, hereby affirm under the penalty of perjury that the statements contained herein are true and accurate.

The examination has been performed as an Independent Medical Evaluation only. No doctor/patient relationship exists or is implied.

If you have any further questions, please feel free to contact me.

Very truly yours,

Jeffrey F. Lakin, M.D.  
License MA048918

JFL/tad  
DD: 03/07/13  
DT: 03/08/13- Job # 343694