



Executive Summary

Medical Chronology

L.M.

L.M. is a 58-year-old male involved in a car versus motorcycle accident on 4/28/17. Mr. M. was the driver of a motorcycle hit by a car making a left turn at an intersection. Mr. M. claims the light was green and he was proceeding through the intersection when the driver of the motor vehicle struck the right side of his body. Mr. M. is currently unemployed and has claimed an inability to work since the initial accident, a period of one and one-half years, due to his claims of pain and reduced function in his lower back, right knee, and right leg.

Summary of Mr. M.'s Experience

Mr. M's pain in his lower back, right knee, and right leg appear to subside after multiple physical therapy visits ending in 07/09/17. However, one month later, he seeks medical attention for worsening pain, which he claims severely limits his ability to perform daily activities. An MRI is performed on the right knee on 09/14/2017, which demonstrates a possible meniscal tear, but an otherwise normal right knee. Mr. M's back pain persists, however, and he undergoes several procedures including a laminectomy and fusion of the lumbar spine on 4/1/2018. Mr. M. continues to report back, right knee and leg pain which interferes with his ability to perform his daily activities and to engage in meaningful work.

Areas for Further Discovery

1. Mr. M. has denied a past medical history, and none is present in the reviewed medical records. It would be prudent to review medical records from any and all primary care physician visits to rule out complaints of back, right sided knee or leg pain in his past.
2. Since there is a lack of a radiologist report of the 04/28/17 X-ray and Cat Scan, a review by a radiologist would be helpful. The emergency room physician's commentary on these tests describe possible compartment syndrome in the right leg, however, the remaining medical records do not elaborate on this very serious condition. Moreover, the remainder of the emergency room physician's commentary does not elaborate on the severity of the "back injury" diagnosis. A more definitive read of these tests by a radiologist could shed light on the severity of the injuries.
3. As a result of missing records from the hospitalization, operative record, and discharge summary in particular, we do not have a complete picture of the treatment rendered for the right-hand fracture or the right tibial subluxation.
4. Also missing are medical records from 05/25/17 through 06/14/2017. Multiple procedures were performed during this period; however, these procedures are only referred to in later documentation from physical therapy. Review of medical records during this time period would be instructive.
5. The office visit to Dr. XXXX on 06/15/17, is unavailable for review, only the order for physical therapy from Dr. XXXX is present. Records should be obtained from Dr. XXXX.

Conclusion

The focus of the medical chronology was to determine the degree of physical damage suffered by Mr. M., as a result of his injury occurring on 04/28/17. Given the number of missing medical records, and reports by physical therapists which suggest that Mr. M. has a positive chance of reaching physical therapy goals, i.e., of increasing muscle strength and returning to a higher degree of function, there contradictory and missing pieces as to the complete picture of Mr. M's condition. On the other hand, there are Mr. M.'s subjective complaints of pain and worsening condition coupled with later surgical intervention to relieve back pain that are supportive of Mr. M.'s pain and suffering claims. If Mr. M.'s complaints and the course of therapy and treatment are sufficient to support a legal claim, then this case is worth further discovery on the aforementioned missing documentation.