

GRANT J. SKOLNICK, Esq.  
P: 561-536-3529  
F: 561-420-0123  
E: Lawyer@GrantSkolnick.com  
W: GRANTSKOLNICK.com



2728 SW 23rd Cranbrook Dr. Boynton Beach, FL 33436

November 24, 2020

Best Auto Insurance  
Attn: Jane Adjustor  
PO Box 1234  
London, KY 40742  
(800) 456-7898 Ext. 1234 (phone)  
(877) 555-1234 (fax)  
[Jane.Adjustor@bestauto.com](mailto:Jane.Adjustor@bestauto.com) (email)

Re:	Our Client:	Isabell Injured
	Your Insured:	Frank Fault
	Claim Number:	AB000-0123456789
	Policy Number:	AOS-23456789
	Date of Accident:	May 15, 2019

Dear Ms. Adjustor,

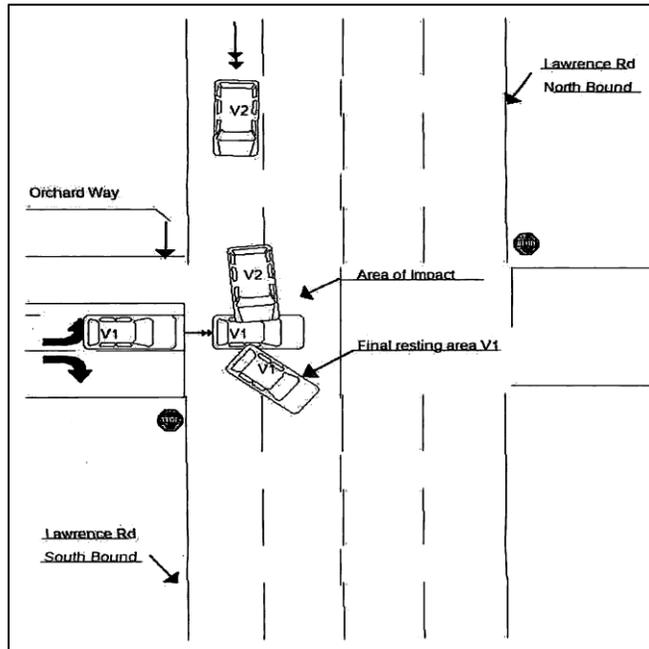
This summary and settlement proposal is submitted to assist in your evaluation of my client's injuries and to achieve an early and amicable resolution.

### **THE INCIDENT**

On Sunday, May 15, 2019, at approximately 4:30 p.m., our client, Isabell Injured 31, was driving her 2013 Dodge Journey southbound on Lawrence Road in Boynton Beach, Florida. Ms. Injured was on her way to a friend's house. Your insured's permissive driver, Amy Fault, **19**, was driving a 2008 Toyota Prius and coming off of Orchard Way from a stop sign facing east. She was preparing to head north by attempting to make a left turn. Your insured's permissive driver failed to pay attention and failed to drive as a reasonably prudent driver would. As a result, she failed to yield the right of way and pulled out directly in front of Ms. Injured's vehicle. Ms. Injured was unable to take evasive action or stop in time and the front of her vehicle crashed into the driver side of your insured's vehicle in a "T-Bone" fashion. Ms. Injured's **airbags deployed and the eyeglasses she was wearing were snapped in half by the force of the deployment.**

Ms. Injured immediately called 911. A **witness named Steve Saw witnessed the entire sequence of events** and rushed over to see if anyone needed help. He then waited at the scene of the accident so he could explain to the police what he saw happen. Your insured's permissive driver exited her vehicle, came running over to Ms. Injured's vehicle and **began apologizing profusely**. She **told Ms. Injured that she was not paying attention** and asked her to not call 911 because "she had no money." (Based on Florida Statute §90.803, your insured's permissive driver's statements are admissible because they are a "Spontaneous Statement," an "Excited Utterance," and indicative of her "Then-Existing Mental and Emotional State.")

Ms. Injured informed your insured's permissive driver that she had already called 911 and was in a great deal of pain. Boynton Beach Police Department arrived on the scene of the accident. After examining the vehicles, speaking to our client and your insured's permissive driver, and questioning the independent witness, a **citation was issued to your insured's permissive driver for "Failure to Yield – Approaching/ Entering Intersection"** pursuant to Florida Statute §316.121.



(See Exhibit 1 – Police Report)

(See Exhibit 2 – Photos of Vehicles, Bruising and Damages)

Ms. Injured's **vehicle was declared a total loss**, indicative of the nature and extent of the force of impact involved in the crash.

## THE INJURIES

Fire Rescue arrived on the scene of the accident at 4:59 p.m. The paramedic records reported as follows:

### *INJURY DATA:*

Causes: Car Occupant (Driver) Injured in Unspecified Traffic Accident.  
Location in Vehicle: Front Seat-Left Side.  
Safety: Shoulder and lap Belt Used.  
Airbag Deployment: Airbag Deployed Front.  
Impact Location: 12 (o'clock)  
Primary Impression: Injury of Lower Back.

*COMPLAINTS:*

Type: Chief (Primary) Complaint: Back Pain.  
Duration: 10 Minutes.

*SYMPTOMS:*

Back Pain.

Ms. Injured was placed on a back-board with C-Collar, put on a stretcher and then transported by ambulance to *JFK Medical Center Emergency Department*.

*(See Exhibit 3 – Paramedic Report)*

Ms. Injured arrived at *ABC Medical Center Emergency Department* at 5:03 p.m. The hospital records reported as follows:

*PRINCIPAL ADMITTING DIAGNOSIS:*

Back Pain. Motor Vehicle Accident.

*REASON FOR VISIT:*

- **Low Back Pain.**
- **Other Chest Pain.**
- **Abrasion, Right Thigh.**

*PRIMARY CODE SET:*

- **Strain of Muscle, Fascia and Tendon of Lower Back.**
- **Abrasion, Left Thigh.**
- **Abrasion, Right Thigh.**
- **Abrasion of Lip.**
- **Car Driver Injured in Collision With Car in Traffic.**

*PRESENTATION:*

Chief Complaint:	Back Pain.
History Obtained From:	Patient, Paramedic.
Onset Occurred:	Sudden, Just Prior to Arrival.
Symptom Duration:	Since Onset, Constant.
Progression Since Onset:	Unchanged, Constant.
Context: Type of MVC:	Car or Truck Collision.
Context: Collision Details:	Speed Moderate (35 mph), Multi Car.
Context: Safety Measures:	Airbag Deployed. Seatbelt Worn.
Context: Position in Vehicle:	Driver.
Context: Site-Nature of Impact:	Head-On

Location: Back (lower), Chest (chest wall in seatbelt area), Lower Extremity Right (thigh abrasions airbag), Lower Extremity Left (thigh abrasions airbag).  
Quality: Aching, Cramping, Dull, Painful.  
Severity: Onset: Moderate.  
Severity: Current: Moderate.  
Associated With: Reports Pain on Walking.  
Exacerbated By: Movement, Palpation, Position, Walking.  
Cardiovascular: Reports: Chest Pain (anterior chest wall seatbelt).  
Ears/Nose/Throat: Reports: Mouth Pain (airbag contusion).  
Musculoskeletal: Reports: Back Pain.  
Skin: Reports: Abrasion (thigh, lips), Contusion (chest wall).

*BASIC PHYSICAL EXAM:*

Mouth: Swelling Present (mild abrasions).

Chest Wall/ Ribs: Chest tender upper left (seatbelt area), Chest tender lower right (seatbelt area).

Back – Muscle Spasm/ROM: Lumbar area spasm, range of motion decrease – moderate.

Right and Left Thigh: Tenderness Present (abrasions).

Rash/ Lesion Notes: Bilateral thighs and lip abrasions, tender.

*PRIMARY IMPRESSION:*

**Lumbar Strain.**

*SECONDARY IMPRESSION:*

**Low Back Pain.**

X-Rays were taken, medications were prescribed and Ms. Injured was told to follow-up with a physician.  
*(See Exhibit 4 – Hospital Records)*

On May 18, 2019, Ms. Injured presented to Dr. Nathan Chiro DC of *Another Level Health*. Dr. Chiro reported as follows:

*SUBJECTIVE:*

Ms. Injured entered the office today for complaints resulting from an automobile vs. automobile incident having completed the patient intake questionnaire. The questionnaire was reviewed and annotated by the examining provider as needed. The completed questionnaire is in the patient's permanent digital file and available for review. She signed consent for evaluation and possible treatment of injuries sustained as the result of the accident that occurred on or about 5/15/2019.

*MECHANISM OF INJURY:*

Ms. Injured was positioned as driver of the vehicle, and when questioned about wearing seatbelts, she replied she was restrained. An air bag did deploy. Ms. Injured reports that she was looking ahead, but cannot be certain at the time of the impact. Ms. Injured did strike back of head/neck and left shoulder against the airbag, door, headrest and seat. Patient related she might have lost consciousness.

The patient's vehicle impact location was on the front left side and on the front center. The patient's vehicle movement was moving forward. Estimated speed of patient's vehicle was moving at an increased speed (40 and 65 MPH). The damage assessment of the patient's vehicle was heavy visible damage. The other vehicle's movement was described as moving forward with an estimated speed noted as moving at a moderate speed (between 25 and 40 MPH). Estimated damage assessment of the other vehicle was heavy visible damage. The patient's vehicle was towed from the scene.

Police did arrive at the scene and an accident report was completed. EMS was at the scene. Ms. Injured was transported to the local hospital from the scene and the following has occurred: not treated since accident.

Patient complains at the time of the accident she felt "shock like," "stiffness," throbbing," "tightness," burning and sharp at the head, neck, back of neck, right mid back, central mid back and right low back and supplemental complaints of breathing difficulty, exhaustion, headaches, irritability, low energy, muscle spasm and soreness. Ms. Injured states that since the date of the accident the overall condition and complaints have deteriorated daily functioning at work/home. She has bruises from the air bag on her chest and both legs from the air bag, and seatbelt.

Ms. Injured sought treatment today, complaining of continuous shooting, sharp, throbbing and aching discomfort in the low back. She describes that the discomfort same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as an 8 and indicated that the discomfort occurs approximately 90% of the time. She states the discomfort is same since her last visit.

Ms. Injured also complained of continuous shooting, tightness, throbbing, dull and aching discomfort in the back of the neck. She describes that the discomfort increases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as an 8 and indicated that the discomfort occurs approximately 90% of the time. She states the discomfort is same since her last visit.

Ms. Injured also complained of continuous tightness, dull, throbbing and aching discomfort in the left trapezius. She describes that the discomfort increases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 9 and indicated that the discomfort occurs approximately 90% of the time. She states the discomfort is same since her last visit.

*OBJECTIVE:*

- Ortho-Valsalva's Maneuver performed. Patient indicated moderate to severe pain on the left and right (equal) at C5/C6 and C6/C7 with radiation.
- Ortho-Distracton Test performed, patient indicated severe increase of para-spinal soft tissue pain left and right, greater on the right C6/C7 and C5/C6.

- Ortho-Straight Leg Raiser Test performed bilaterally. Patient indicated severe pain on the right lumbo-sacral joint and sacro-iliac joint at 30 degrees.
- Ortho-Bechterew's test performed bilaterally. Patient indicated severe pain on the bilateral sacro-iliac joint and sciatic notch to thigh at 30 degrees.

#### Musculoskeletal - Range of Motion - Thoracolumbar

Flexion: 40/90 degrees with pain  
Extension: 10/30 degrees with pain  
Left Lat. Flexion: 20/35 degrees with pain  
Right Lat. Flexion: 20/35 degrees with pain  
Left Rotation: 15/30 degrees with pain  
Right Rotation: 15/30 degrees with pain

#### Musculoskeletal - Range of Motion - Cervical

Flexion: 15/60 degrees with pain  
Extension: 25/55 degrees with pain  
Left Lat Flexion: 20/40 degrees with pain  
Right Lat. Flexion: 20/40 degrees with pain  
Left Rotation: 30/80 degrees with pain  
Right Rotation: 40/80 degrees with pain

#### Musculoskeletal - Range of Motion - Shoulder

Flexion: 90/180 degrees with pain  
Abduction: 80/180 degrees with pain  
Adduction: 30/50 degrees with pain  
Internal Rotation: 80/90 degrees with pain  
External Rotation: 50/90 degrees with pain performed with pain  
Shrugged: Performed with pain

#### *ASSESSMENT:*

Ms. Injured is expected to make good progress and recovery, fair health and is expected to make fair progress and recovery with few residuals.

#### *DIAGNOSIS:*

Upon consideration of the information available I have diagnosed Ms. Injured with:

- **Sprain of Ligaments of Cervical Spine;**
- **Sprain of Other Parts of Lumbar Spine and pelvis;**
- **Sprain of Ligaments of Thoracic Spine;**
- **Contracture of Muscle; and**
- **Other Sprain of Left Shoulder Joint.**

Causal Relationship to incident: The patient's report and reviewed history in my opinion is consistent and appears causally related to the accident in question.

*TREATMENT PLAN:*

Ms. Injured's treatment plan for this episode began on 5/18/2019 and is projected to be completed by 8/18/2019.

- Home/Self Care: Ms. Injured was instructed in home care recommendations that included: home cold pack. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours.
- Chief Complaint: lumbar, right sacroiliac, mid thoracic and posterior cervical (neck).
- Functional Deficit: Ms. Injured reports homemaking, lifting, personal care (washing, dressing, etc.) and sleeping has become difficult due to some or all of the following: caring for family, exercising and performing household chores when she does this more than 5 minutes.
- Short Term Treatment Goal: To increase her ability to perform the above to 60 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- Long Term Goal: Attain pre-condition/pre-injury status.
- Primary Treatment: Diversified and Activator- Chiropractic Manipulative Therapy (CMT) (approximately 18 to 24 visits) to the lumbosacral spinal region, cervical spinal region, thoracic spinal region and left shoulder at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.
- Cold Pack; dry cold pack applied to bilateral cervico-thoracic and lumbo-sacral region(s) to decrease pain during relief phase of treatment. For 15 minutes at a frequency 3 visits per week for next 4 weeks.
- EMS Unattended: low volt EMS applied to left and right (equal) cervico-thoracic and lumbo-sacral region(s) to decrease spasm during relief phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 4 weeks.
- Manual Therapy: myofascial release performed on the following muscle: left trapezius, posterior cervical (neck), upper thoracic, mid thoracic, right posterior trapezius, lower thoracic, sacral, lumbar, left posterior pelvis/hip and right posterior pelvis/hip bilateral to decrease myofascial adhesions during relief phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 4 weeks.

*(See Exhibit 5 – Dr. Chiro Initial)*

Ms. Injured continued treating with Dr. Chiro on a consistent and continuous basis through August 2019.

*(See Exhibit 6 – Dr. Chiro Notes)*

On June 21, 2019, Ms. Injured presented to the Imaging Centers for MRIs of her Cervical Spine and Lumbar Spine. Findings included:

- **C5/6 Posterior Herniation of the Disk Encroaching on the Anterior Subarachnoid Space (Well-Hydrated Disk);**

- **C6/7 Posterior Herniation of the Disk Encroaching on the Anterior Subarachnoid Space (Well-Hydrated Disk); and**
- **L5/S1 Posterior Herniation of the Disk with Bilateral Foraminal Encroachment and Anterior Vertebral Spurring.**

*(See Exhibit 7 – Cervical and Lumbar MRIs)*

On June 10, 2019, Ms. Injured underwent a “Re-Examination” with Dr. Chiro. At this point, Ms. Injured was still experiencing pain rated as a 5 in her neck, 5 in her lower back and a 5 in her right thigh.

*(See Exhibit 8 – Dr. Chiro Re-Examination)*

July 15, 2019, Ms. Injured presented to Dr. Richard M. Hurtz MD of *Florida Spine Specialists*. Dr. Hurtz reported as follows:

This 31 year old female has ongoing neck, shoulder and arm complaints, as well as back and right-sided leg complaints after being involved in an accident on May 15, 2019. Her car was T -boned by another vehicle. Her car was totaled with all airbags deployed.

#### *HISTORY OF PRESENT ILLNESS:*

##### **1. Neck pain**

She has developed a number of complaints regarding her neck. Mostly in the upper cervical and mid cervical area with muscle tenderness and then across into the shoulders into the scapular regions. Her symptom radiating into the right hand involves predominantly the thumb, index and long finger, but she has no wrist complaints. She denies any problems before the accident. She had never undertaken any studies of her neck because she simply didn't have any pain or problems in that area. Now she has developed complaints of paresthesia that worsen with activity and the symptoms of tingling and numbness are present with the pain rated somewhere between 4 up to 6 and even 7 on a scale of 1-10 depending on her activity level. She notes a lot of pain when she picks up her young child and she has noted all types of limitations of her routine activities of daily living, finding difficulties with carrying a laundry basket, pushing and pulling and even with vacuuming, cooking and all the things of the domestic chores she has as a stay-at-home mother.

##### **2. Leg Pain**

Again she denies any problems with any previous back pain or right leg pain which is now radiating from her back into her knee even occasionally into the foot region. She did not have problems with her back by her account even at the time she was pregnant or any of the other issues. **This is a relatively young lady who was functioning at a high level by her account and now since her accident, including her neck, her back and her right leg complaints, she is having difficulties with routine activities and all forms** as she described to me in detail in the office today. She affirmed to me that she is having significant sleep disturbance and her symptoms are not well relieved with any of the anti-inflammatory medications although she has tried Motrin, ibuprofen on several occasions.

Again, she had not previously by her account undertaken any x-rays, CAT scans, MRI or any tests of the low back because she simply did not have any complaints or symptoms of the back or legs until being involved in her May accident. Since that time she has noted not only the persistence but slight worsening of pain.

*PROBLEM LIST:*

- **Neck pain**
- **Low back pain**

*PHYSICAL EXAM:*

She has diminished range of cervical motion. The pain is the diminishing component as she can lift her arms easily and has good motion of her shoulders, elbows, wrists and fingers even though she feels paresthesia with certain maneuvers that radiate into the right thumb index and long finger.

With regards to the low back she is markedly diminished and has a positive straight leg raising test in the right sided just 30°. She can stand, but she shows a mild right-sided antalgic in gait.

Radiologic review - MRI identifies central C5-6 disc herniation. Annular tear and disc herniation is noted also at the C6-7 level seen both in the sagittal and axial views. These findings correlate well with her ongoing neck, shoulder and right arm symptoms.

In the lumbar spine MRI, there is evidence for decreased signal in the L5-S1 disc but only a minimal change in the height of about 10% as compared to the superior adjacent segments. There is disc herniation at L5-S1 and this causes more lateral recess compression on the right to a fairly marked degree with nerve entrapment of the exiting L5 nerve and irritation to the passing right S1 nerve.

*ASSESSMENT:*

- Other cervical disc displacement, mid-cervical region (M50.22). Her cervical disc herniations should undergo continued conservative treatments and add to her program a potent nonsteroidal anti-inflammatory agent. We have prescribed Relafen, 750 mg by mouth twice a day. Today's instructions/ counseling include(s) Instructions given in great detail, Patient expresses complete understanding and Education given regarding patient's condition.
- Cervicalgia (M54.2).
- Low back pain (M54.5). The disc herniation present is clearly causing nerve root irritation. The same medication that we prescribed for helping her neck problem should manage some of her right leg complaints. **Unfortunately, there are significant nerve irritations due to the compression and I advised her that if the anti-inflammatory program was not successful in resolving her complaints then epidural steroid injections are commonly utilized to help both diagnose and treat the nerve irritation. If she does not make significant progress within 2 weeks of initiating the anti-inflammatory drug, I asked her to consider doing the epidural steroid injection at the L5-S1 location. I also advised her that if all of these treatments are unsuccessful in resolving her symptoms, she may have to consider a surgical intervention to decompress the nerves and remove the disc herniation seen on MRI.**

**In my opinion given the patient's history as well as the ongoing clinical symptoms combined with the imaging studies, she has suffered disc herniations in both the neck and the back from the severe accident which she was involved May 15 of this year.** She asked multiple questions which we answered to her satisfaction and she will keep in close contact with our practice to keep us advised as to her progress.

*PATIENT PLAN:*

1. If she develops any sudden new symptoms or worsening of her condition she is advised to contact us immediately.
2. Advised against bedrest. Discussed advisable activities.
3. Current medication list reviewed.
4. The Florida Prescription Drug Monitoring Program (E-Force) was accessed for this patient and reviewed in detail. Information from the evaluation of this report was used in the medical decision making process for treating this patient.

*MEDICATIONS ORDERED FOR THIS ENCOUNTER:*

NABUMETONE 750 mg take 1 tablet by oral route 2 times

*(See Exhibit 9 – Dr. Hurtz)*

Because Ms. Injured continued to suffer pain in her right knee, on July 19, 2019, she again presented to the *Imaging Centers* for an MRI. Findings included:

- **Patellofemoral Joint Effusion;**
- **Edema of the Medial Retinacular Complex Just off the Patella with Prepatellar and Pretibial Edema;**
- **Deep Infrapatellar Bursitis;**
- **Synovitis; and**
- **Lax ACL Relating to Ligament Sprain.**

*(See Exhibit 10 – Knee MRI)*

On July 28, 2019, Ms. Injured was cooking dinner for her family. While she was cutting vegetables, her lower back went into acute spasms. Ms. Injured was not prepared for the pain and ended up cutting her finger with the knife. Once again she was forced to seek immediate medical attention.

*(See Exhibit 11 – Photos of Hand)*

On August 12, 2019, Ms. Injured presented to Dr. Chiro of *Another Level Health* for an Impairment Exam and Evaluation. Dr. Chiro reported as follows:

Ms. Injured sought treatment today, complaining of frequent dull, aching, shooting and tightness discomfort in the back of the neck. She describes that the discomfort decreases with movement.

On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is same since her last visit.

Ms. Injured also complained of continuous dull, aching, shooting, tightness and throbbing discomfort in the low back. She describes that the discomfort increases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 80% of the time. She states the discomfort is same since her last visit.

Ms. Injured also complained of occasional numbing discomfort in the right thigh. She describes that the discomfort decreases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is same since her last visit.

Ms. Injured also complained of continuous aching discomfort in the front of the right knee. She describes that the discomfort increases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as an 8 and indicated that the discomfort occurs approximately 80% of the time. She states the discomfort is worse since her last visit.

#### *OBJECTIVE:*

- Ortho-Valsalva's Maneuver performed. Patient indicated moderate pain on the left and right (equal) at C5/C6 and C6/C7 with radiation.
- Ortho-Distracton Test performed, patient indicated relief of segmental level pain left and right, greater on the right C6/C7 and C5/C6.
- Ortho-Straight Leg Raiser Test performed bilaterally. Patient indicated moderate pain on the right lumbo-sacral joint and sacro-iliac joint at 60 degrees.
- Ortho-Bechterew's test performed bilaterally. Patient indicated moderate on the bilateral sacro-iliac joint and sciatic notch to thigh at 60 degrees.
- Ortho-Iliac Compression Test performed bilaterally. Patient indicated increased S.I. joint pain that was moderate on the right.
- Ortho-Yeoman's test performed bilaterally. Patient indicated increased pain in the S.I. joint that was moderate on the right.
- Ortho-Patella Grind test performed. Patient indicated increased pain in the knee joint that was 7 out of 10 (10 being most severe) on the left indicative of chondromalacia patellae.
- Ortho-Knee flexion stress test performed. Patient indicated increased pain in the knee joint that was 7 out of 10 (10 being most severe) on the left.

#### *ASSESSMENT:*

Ms. Injured is of has reached MMI for this condition and has made fair progress and recovery with some residuals. She has positive MRI findings and positive radiographic findings and no noted contraindications to chiropractic care.

#### *DIAGNOSIS:*

Upon consideration of the information available I have diagnosed Ms. Injured with:

- **Sprain of Ligaments of Cervical Spine;**
- **Sprain of Lumbar Spine and Pelvis;**
- **Sprain of Ligaments of Thoracic Spine;**
- **Contracture of Muscle, Multiple Sites;**
- **Sprain of Left Shoulder Joint;**
- **Cervical Disc Displacement;**
- **Intervertebral Disc Displacement, Lumbar Region; and**
- **Sprain of Right Knee.**

According to the master AMA Guides Fifth edition on page 33; and impairment is defined as "a loss, loss of use, or derangement of any body parts, organ system or body function." It further states; "nearly all states and the District of Columbia allow medical impairment ratings to be performed by medical doctors, osteopathic physicians, chiropractic physicians, dentists, psychologists and podiatrist." It further defines a disability as "an alteration of an individual's capacity to meet personal, social or occupational demands because of an impairment." The guidelines state that "impairment should only be evaluated when the condition has stabilized after completion of all medical, surgical and rehabilitative treatment."

**Upon examination it was determined that Ms. Injured had a 8% cervical spine impairment and an 8% lumbar spine impairment and was listed as DRE Category II, for a whole person impairment of 16%.** Her knee impairment will be deferred to her treating orthopedic physician. Clinical history and examination are compatible with the patient's specific injury. Findings include muscle guarding and spasm and radicular complaints. These are defined as complaints with objective findings for alteration of the structural integrity.

The patient has been placed on a prn basis. She was advised to return in cases of exacerbation and/or to reduce flair ups in the future. It was also recommended she follow up with her Orthopedic Specialist and follow recommendation until released.

*(See Exhibit 12 – Dr. Chiro Final)*

On August 31, 2019, Ms. Injured presented to *Howard J. Pain, MD, PA*, due to her ongoing knee pain. Dr. Pain reported as follows:

***HISTORY OF PRESENT ILLNESS:***

The patient, Ms. Injured, is a 31-years-old female. She presented with knee pain. RIGHT. It is located on the right, posterior to the patella, inferior to the patella and medial to the patella. It is described as dull pain and stable. Episodes occur after sitting, after stair climbing and throughout the day. The symptom is gradual in onset. The symptom started DOI: 5/15/2019.

The frequency of episodes is unchanged. The complaint able to do light activities without pain and moderately limits activities. The complaint is moderate. Mechanism of injury includes motor vehicle accident and direct trauma. The symptom is alleviated by rest. The symptom is exacerbated by after sitting, after stair climbing and extension of the knee. Pertinent findings include instability, numbness and sensation of buckling.

Auto Accident Case.

New patient here today presenting with right knee pain.

DOI: 5.15.18

Was T-boned in auto collision. Sprained right knee. Patient was involved in a motor vehicle accident on 5/15/2019. Another car came out of neighborhood and she ended up in a T-bone accident where the driver's side front and hit into the other car. Airbags were deployed. Patient had a loss of consciousness. She apparently injured her right knee. She presents today with right knee pain. She apparently was diagnosed with herniated disks in her neck and back but presents now with persistent right knee pain. She did have an MRI of her knee. Additional radiographs were obtained today in the office of her right knee. She was initially taken to JFK Hospital. Patient was initially treated with chiropractic treatment and laser treatments on the chiropractor unfortunately, the patient did not have any significant relief in her knee. An MRI was therefore obtained.

Musculoskeletal: The patient complained of joint complaint (pain) and knee pain (RIGHT).

*PHYSICAL EXAM:*

Patient apparently had ecchymotic areas of burn secondary to aberrant which have resolved subsequently. Knees: hypermobile. Anterior compression/apprehension test Positive, crepitus, lateral plica tenderness, medial plica tenderness, tenderness, tenderness over lateral patellar facet and tenderness over medial patellar facet. Knee strength: flexion weakness with 4/5 strength and extension weakness with 4/5 strength.

*ASSESSMENT:*

- **Patellofemoral disorders, right knee**
- **Pain in right knee**

*PLAN:*

A return visit is indicated in 6 weeks.

Patient at this time is advised to undergo a course of physical therapy. I'll see her back in 6 weeks. I did review with the patient the radiographs and MRI findings. There is a chondral lesion on the MRI underneath the patella really on the trochlea groove. It does not appear to be large enough to require surgical intervention at this point. There is no bone bruising present. However there is a small chance that if it remains symptomatic then surgical intervention could be required. Patient will modify her activities as discussed with her and then follow-up.

*(See Exhibit 13 – Dr. Pain For Knee Pain)*

**ACTUAL OUTSTANDING MEDICAL BILLS**

Another Level Pain, Dr. Chiro:	\$4,173.79
ABC Medical Center:	\$272.44
Radiology Physician Solutions:	\$11.81
Imaging Center of West Palm Beach:	\$384.16
Florida Spine Specialists, Dr. Hurtz:	\$87.34
Dr. Pain:	\$492.00
Subrogation Lien:	\$1,000.00
Fire Rescue:	\$0.00 (paid off by PIP & Med Pay)

---

**TOTAL** **\$6,421.54**

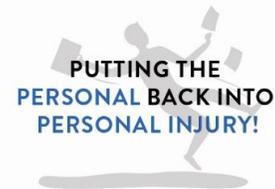
*(See Exhibit 14 – Bills & PIP Log)*

**CONCLUSION**

Liability is clear. Because your insured failed to pay attention and failed to drive her vehicle as a reasonably prudent driver would, she negligently caused a crash with our client's vehicle. As a result of your insured's negligence and the accident she caused, Ms. Injured has suffered from the following injuries:

- **C5/6 Posterior Herniation of the Disk Encroaching on the Anterior Subarachnoid Space (Well-Hydrated Disk Indicative of New Injury);**
- **C6/7 Posterior Herniation of the Disk Encroaching on the Anterior Subarachnoid Space (Well-Hydrated Disk Indicative of New Injury);**
- **L5/S1 Posterior Herniation of the Disk with Bilateral Foraminal Encroachment and Anterior Vertebral Spurring;**
- **Sprain of Left Shoulder Joint;**
- **Right Knee - Chondral Lesion Which May Require Surgery in the Future;**
- **Right Knee - Patellofemoral Joint Effusion;**
- **Right Knee - Edema of the Medial Retinacular Complex Just off the Patella with Prepatellar and Pretibial Edema;**
- **Right Knee - Deep Infrapatellar Bursitis;**
- **Right Knee - Synovitis;**
- **Right Knee - Lax ACL Relating to Ligament Sprain;**
- **Sprain of Ligaments of Cervical Spine;**
- **Sprain of Lumbar Spine and Pelvis;**
- **Sprain of Ligaments of Thoracic Spine;**
- **Contracture of Muscles;**
- **Expectation of Future Treatment at Additional Cost;**
- **Muscle Spasms;**
- **Difficulty Working, Difficulty Taking Care of Daughter, Walking, Lifting, Bending and Being Intimate;**

GRANT J. SKOLNICK, Esq.  
P: 561-536-3529  
F: 561-420-0123  
E: Lawyer@GrantSkolnick.com  
W: GRANTSKOLNICK.com



2728 SW 23rd Cranbrook Dr. Boynton Beach, FL 33436

- **Dealing With Irritability and Trouble Sleeping; and**
- **16% Permanent Impairment Rating.**

Prior to the accident, Isabell Injured was an active 31-year-old wife and mother of a 3-year-old who enjoyed being outdoors, exercising, spending time with her family and friends and traveling. However, as a result of your insured's negligence, Ms. Injured has had to undergo extensive and painful rehabilitation for the injuries she sustained. The quality of life that Ms. Injured once enjoyed has been severely diminished as a result of constant pain, and sleeplessness as well as the time and energy expended to reach some level of recovery from her injuries. She has been forced to consume medications, deal with constant pain, anticipate future flare-ups and learn to live with the fear that she may never be the same again because of her injuries. Additionally, she **still has \$6,421.54 in actual outstanding medical bills.**

**Moreover, Ms. Injured has continued to seek therapy from Dr. Chiro for her ongoing pain.**

**Based upon the foregoing, demand is hereby made for the immediate tender of the \$100,000.00 (one hundred thousand dollar) Bodily Injury Policy Limit in full and final settlement of Ms. Injured's claim.**

In your role as a fiduciary, you are required to attempt in good faith to settle claims when, under all the circumstances, you should and could do so; if you act fairly and honestly toward your insured and with due regard for their interests. We draw your attention to Boston Old Colony Ins. Co. v. Gutierrez, 386 So.2nd 783(FL 1980) and Fl. Stat. §624.155.

Failure to promptly tender will leave your insured vulnerable to an excess jury verdict and Liberty Mutual Insurance **vulnerable to a claim that it negligently failed to protect its insured.** Florida law establishes that you must provide your insured with a copy of this proposal. As a fiduciary, you must take into account the impact of a full release on your insured. Your insured should be advised that a conflict of interest may exist between Liberty Mutual Insurance and the insured. Your insured should be advised to consult with an attorney of her own choosing, to obtain advice free from this conflict.

Settlement checks should be made payable to Grant Skolnick Attorney Trust Account FBO Isabell Injured. Settlement documents may be faxed to (561) 420-0123.

Your response is expected within 30 days of receipt of this package.

GRANT J. SKOLNICK, Esq.  
P: 561-536-3529  
F: 561-420-0123  
E: Lawyer@GrantSkolnick.com  
W: GRANTSKOLNICK.com

# SKOLNICK INJURY LAW



2728 SW 23rd Cranbrook Dr. Boynton Beach, FL 33436

Respectfully,

Grant J. Skolnick, Esq.  
Florida Bar # 0028482  
Enclosures

***SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED # 7015 1520 0001 8385 3476***