ALEXIOS APAZIDIS, M.D.

Diplomate American Board of Orthopedic Surgery

808 Allerton Avenue, Bronx, NY 10467

November 21, 2013

Liberty Mutual Insurance Company - BI 50 Charles Lindbergh Boulevard Uniondale, NY 11553 ATTN: Mr. Christos Nomikos

RE:

Claim #:

D/A:

MMS Claimant ID #:

Request Type:

December 9, 2009

Liability IME

To Whom It May Concern:

As per your request, I performed an independent orthopedic examination on the above-claimant on November 21, 2013 in my Bronx, New York office. The claimant did not present her valid photo identification (as per her lawyer's instructions). David with the IME Watchdog Advocate accompanied during today's examination appointment.

My findings of the examination are as follows:

HISTORY:

did not discuss any details with regard to the accident that occurred on December 9, 2009. According to treatment notes from Dr. Hecht dated 2/15/10 the examinee was a front seat passenger of an automobile that sustained a front-end impact, resulting in bilateral knee injuries.

The medical records document that the claimant was treated with physical therapy.

PAST MEDICAL / SURGICAL HISTORY:

Past medical and surgical history were not reported by the claimant. She did not report whether or not she has been involved in any prior accidents or if she has any pre-existing conditions.

MEDICATIONS:

The claimant did not discuss whether or not she is taking any medication at this time.

EMPLOYMENT:

Re:

Examination Date:

November 21, 2013

did not disclose her employment history or current working status.

REVIEW OF MEDICAL RECORDS:

- X-ray report of the left tibia and fibula from Montefiore Medical Center dated 12/10/09.
- X-ray report of the left knee from Montefiore Medical Center dated 12/25/09.
- X-ray report of the right knee from Montefiore Medical Center dated 12/25/09.
- NCV/EMG studies report from New York Spine & sport Rehabilitation Medicine, P.C. dated 2/8/10.
- Vascular evaluation report from Montefiore Medical Center dated 3/23/10.
- Verified Bill of Particulars dated 5/22/12. (Index No.: 311467/11).
- Emergency room treatment notes from Montefiore Medical Center dated 12/9/09 to 12/25/09.
- PM&R evaluation report from Island Musculoskeletal Care, M.D., P.C. dated 1/7/10 to 7/8/10.
- Progress notes dated 1/16/10 to 4/10/10.
- Physical therapy report from Island Musculoskeletal Care, M.D., P.C. dated 4/24/10 to 8/3/10.
- Orthopedic evaluation report from The Center for Orthopedic Specialties at Monteliore dated 1/14/10.
- Progress notes from Sircen Gopal, M.D. dated 2/5/10.

PHYSICAL EXAMINATION:

The claimant is a 52-year-old female (based upon the medical records, which report her DOB to be 6/30/61).

The examining room door was left ajar during the examination. The claimant was requested to inform me as to any pain and/or tenderness throughout the examination. No limp or antalgic gait was observed. The examince had a normal appearance and posture.

Range of motion was assessed with the aid of a goniometer. The normal range of motion values are based on the AMA guidelines.

EXAMINATION OF THE CERVICAL SPINE: Examination of the cervical spine revealed no spasms. There was no paraspinal tenderness to palpation. There was no trapezii tenderness to palpation. Neurological examination of the upper extremities demonstrated muscle testing (54/5) throughout; there was no giveaway weakness observed. Sensory responses were intact throughout the upper extremities. Deep tendon reflexes of the biceps, triceps and brachioradialis were +2 and equal bilaterally. Atrophy of the intrinsic muscles was absent. Spurling's test was negative.

CERVICAL SPINE

Re:

Examination Date:

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RANGE OF MOTION	NORMAL	CLAIMANT
FLEXION	50°	50°
EXTENSION	60°	60°
ROTATION TO RIGHT	80°	80°
ROTATION TO LEFT	80°	80°
LATERAL FLEXION - RIGHT	45°	45°
LATERAL FLEXION - LEFT	45°	45°

EXAMINATION OF THE LUMBAR SPINE: Examination of the lumbar spine revealed no paraspinal spasms. There was no paraspinal tenderness upon palpation. Neurological examination of the lower extremities demonstrated muscle testing to be (+5/5) throughout; there was no giveaway weakness observed. Sensory responses were intact throughout the lower extremities. Patellar and Achilles reflexes were +2 and equal bilaterally. Atrophy of the intrinsic muscles was absent. Straight leg raising test was negative. The claimant was able to walk on heels and toes with good balance.

LUMBAR SPINE

RANGE OF MOTION	NORMAL	CLAIMANT
FLEXION	60°	60°
EXTENSION	25°	25°
LATERAL BENDING - RIGHT	25°	25°
LATERAL BENDING - LEFT	25°	25°

EXAMINATION OF THE RIGHT KNEE: Examination of the right knee revealed anterior and lateral tenderness to palpation. Effusion was negative. There was no atrophy of the quadriceps. McMurray's test was negative. Lachman's test was negative. Anterior drawer sign was negative. Posterior drawer sign was negative. Patello-femoral crepitus was not present. Valgus & Varus stress test was stable. Sage test was negative.

RIGHT KNEE

RANGE OF MOTION	NORMAL	CLAIMANT
FLEXION	150°	150°
EXTENSION	00	00

EXAMINATION OF THE LEFT KNEE: Examination of the left knee revealed anterior and lateral tenderness to palpation. Effusion was negative. There was no atrophy of the quadriceps. McMurray's test was negative. Lachman's test was negative. Anterior drawer sign was negative. Posterior drawer sign was negative. Patello-femoral crepitus was not present. Valgus & Varus stress test was stable. Sage test was negative.

LEFT KNEE

Re:

Examination Date:

November 21, 2013

RANGE OF MOTION	NORMAL	CLAIMANT
FLEXION	150°	150°
EXTENSION	00	0°

DIAGNOSES:

- 1. Cervical spine sprain, resolved.
- 2. Lumbar spine sprain, resolved.
- 3. Right knee sprain, resolved.
- 4. Left knee sprain, resolved.

CAUSAL RELATIONSHIP:

Based on my review of the medical records as well as the findings of today's physical examination it is my opinion the diagnoses above are causally related to the accident on December 9, 2009.

DISABILITY:

With respect to the injuries sustained on December 9, 2009 I found no objective evidence of any orthopedic disability.

I, Alexios Apazidis, being a Diplomate of the American Board of Orthopaedic Surgery, am duly licensed to practice medicine in the State of New York. I affirm, under the penaltics of perjury, that the information contained within this document was prepared and is the work product of the undersigned, and is true to the best of my knowledge and information.

Sincerely,

Alexios Apazidis, M.D., MBA

Orthopaedic and Spine Surgeon Diplomate of the American Board of

Orthopaedic Surgery

Olivior Aprezados

License # 247904-1

AA/lw