5. Narrative summary on the plaintiff from Dr. Arnold Goldman dated 9/18/23. He opined that the plaintiff sustained multiple injuries in a motor vehicle accident of 11/23/20 in which he was a passenger struck on the driver's side by an 18-wheeler/tractor-trailer including fracture of the left clavicle, multiple left rib fractures, pneumothorax which required chest tube, neck, back and bilateral knee injuries. It was his opinion within a reasonable degree of medical certainty that "this patient will most likely require a total knee replacement in the future." He said, "I am aware that the range of motion of both shoulders has improved, but it is also my opinion he will most likely require arthroscopic intervention of both shoulders in the future starting with the most symptomatic left shoulder.
6. Report from Lenox Hill Radiology dated 9/6/23. A CAT scan of the cervical spine showed anterior cervical discectomy and fusion at C5-6 with loosening of the screws at both levels, 5 greater than 6, multilevel spondylosis with facet arthropathy resulting in varying degrees of neuroforaminal narrowing, most significant at C6-7.
7. Report from Lenox Hill Radiology x-rays of the cervical spine dated 9/6/23showed anterior cervical discectomy and fusion at C5-6, disc space narrowing, and ossific ridging at C6-7.

History

The details of this incident are noted that on the above date, this individual was a rear seat passenger in a vehicle that was involved in an accident with another vehicle.

This gentleman does not speak English. Cecilia is here in my office. She is bilingual. Therefore, we had no problem in communicating with him.

He is back here today because he has now had another surgery on his lumbar spine in June of 2023. He was operated on for a pinched nerve in his lumbar spine. He said Dr. Gerling operated on his lumbar spine at Hudson Hospital.

Current Complaints

He says he walks better now, and this is the most important thing.

Physical Examination

Examination revealed a 69 year-old male. He is going to be 70 years old tomorrow. He walked without the use of any cane, crutches or aids. He could walk on his toes and his heels. He had a small, punctate scarification on the right lateral flank.

Lumbar spinal examination revealed he was able to forward flex 70 degrees. He had full extension, lateral bending and rotation. Knee jerks and ankle jerks were +1/+4. Manual motor testing was +5/+5. No sensory deprivation was noted of the lower extremities.

Medical Opinion

Please send me the operative note as it relates to the 6/20/23 surgery that this gentleman has now had on his lumbar spine.

I have previously reviewed the MRI of the lumbar spine from Community Medical Center dated 3/14/22, but it merely showed a slight bulge at L4-5. The MRI of the lumbar spine done on 2/10/21 showed no evidence of any discal herniation, spondylolysis, or spondylolisthesis nor was there a surgical indication.

I would like to see the operative report on this case. Please provide this to me for my review. Once I receive the operative report from Dr. Gerling as it relates to his lumbar spine, I will issue a supplemental report to you with my definitive medical opinion. At this point in time I remains my medical opinion that there was not a surgical indication for lumbar spine surgery.

Upon review of the requested documents, I will issue a supplemental report to you with my definitive medical opinion. I reserve the right to amend this report following my review of any films and or records.

All history was obtained from the above-named individual and from any medical records made available for my review. All complaints expressed by the examinee as they relate to the above-noted history were documented. The orthopaedic examination was complete and accurate relating to the above-noted incident. At the conclusion of the examination, the examinee left in the same condition as that noted upon arrival. No dissatisfaction was voiced.

I declare 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.

As is customary, I am being paid for my time examining the claimant and reviewing the medical records when provided to me in preparation of this report, as well as for any future services which may be required such as review of additional records and/or future legal services referable to the above case.

The above are my opinions expressed within a reasonable degree of medical certainty.

The examinee's ID was requested and if available was checked prior to the examination. I did not engage in any doctor-patient relationship with the examinee, and the examinee was aware of this fact.

If I can be of further assistance to you regarding this matter, please feel free to contact me.

Sincerely yours,

/S/ EDWARD M. DECTER, M.D., FACS

EMD:pkh/vp

Edward M. Decter, M.D., FACS

4 Becker Farm Road, First Floor
Roseland, New Jersey 07068
973-669-9767
Fax 973-669-2968

February 5, 2024

Paul Daly, Esq.
Hardin, Kundla, McKeon & Poletto
673 Morris Avenue
PO Box 730
Springfield, NJ 07081

Re: Juan Gando Amat
Claim No.: AB220-300528
Date of Loss: 11/23/20
Case No.: 22224123

Dear Mr. Daly:

This is an orthopaedic addendum report regarding the above individual. Please refer to my prior correspondence dated 2/27/23, 5/23/23, 6/30/23, 9/9/23, 10/31/23, and 1/15/24.

Review of Records

At the time of preparation of this report, I was provided with the following medical records and imaging study.

1. Operative report done at Hudson Regional Hospital of New Jersey by Dr. Michael Gerling; co-surgeon was Matthew Miller, a physician's assistant. This was done on 7/27/22. The pre-operative diagnosis was mid-cervical region herniated discs cervical level C5-6. The plaintiff had an anterior cervical discectomy and fusion with biomechanical device.
2. Records from Dr. Gerling from 5/12/22 to 3/14/23. He felt that the plaintiff had myelopathy and radiculopathy.
3. Records from Jerome Prosper, a nurse practitioner, from the Center for Musculoskeletal & Neurological Care dated 8/11/22 to 1/13/23
4. MRI of the lumbar spine on 3/14/22 from Community Medical Imaging reports a herniation at the proximal foramen at L3-4, annular tear is seen at L3-4, L4-5, bulging at L1-2 through L5-S1. Protrusions are seen in the proximal foramen at L2-3 level bilaterally.
5. MRI of the cervical spine on 3/14/22 from Community Medical Imaging reports straightening, midline herniation at C7-T1, a left paramedian herniation at C3-4, protrusions are seen at C4-5, multilevel foraminal narrowing is seen which is more focal at C5-6, C6-7. C5-6 was the level where the

plaintiff had surgery. When you read the body of the report, this was just a diffuse bulge with prominent foraminal narrowing noted bilaterally. There is also a bulge at C6-7 and C7-T1. A bulge at C3-4 with a midline left paramedian herniation. The level that was operated on merely reported a bulge.

Please note that in the journal, Spine, 2001, referable to disc bulging or disc contour, it indicates "Symmetrical presence (or apparent presence) of disc tissue 'circumferentially'(50-100%) beyond the edges of the ring apophyses may be described as a 'bulging disc' or 'bulging appearance' and is not considered a form of herniation. Furthermore, 'bulging' is a descriptive term for the shape of the disc contour and not a diagnostic category."

Review of Imaging Studies

I personally reviewed the cervical MRI of 2/10/21. I do not believe that the findings seen on this study are acute in nature. There is evidence of bulging at C5-6 with moderate degenerative disease and osteophytic disc complexes compressing on the thecal sac and impinging on the right and left neuroforamen at C5-6 and C6-7.

Medical Opinion

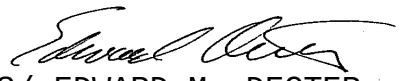
These are findings on the cervical MRI are not post-traumatic findings. They are not acute findings. Yes the plaintiff may have sustained a cervical sprain and strain superimposed upon these degenerative findings and a bulging disc. If Dr. Gerling chose to operate on this plaintiff's cervical spine, it would be my medical opinion that this was elective surgery and not due to any post-traumatic findings seen on this plaintiff's MRI of the cervical spine.

I do not believe the condition to the cervical spine that Dr. Gerling was addressing through his surgical intervention was causally related to the accident in question.

I, Edward M. Decter, being a doctor duly licensed to practice medicine in the State of New Jersey, hereby affirm under the penalties of perjury that the statements contained herein are true and accurate. I declare 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. As is customary, I am being paid for my time reviewing the medical records provided to me in preparation of this report, as well as for any future services which may be required such as review of additional records and/or future legal services referable to the above case.

The above opinions are expressed within a reasonable degree of medical certainty.

Sincerely yours,



/S/ EDWARD M. DECTER, M.D., FACS

EMD:lmm/vp

Case
Amat v Hand to Hand
03-24-25

Exhibit Gerling-4

CENTER for MUSCULOSKELETAL and NEUROLOGICAL CARE
GERLING INSTITUTE

Coney Island Ave.

2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223

Tel: 212 882-1110, Fax: 212 882-1120

Progress Report

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Juan	GANDO AMAT	01-26-1954	Male
Attending Provider:	**Referring Provider:**	**Visit Date:**	**Chart No.:**
Michael Gerling, M.D.	Direct Professional	05-12-2022	SCL13601
Appointment Location:	**Appointment Location Address:**		
Coney Island Ave.	2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223		

Mechanism of Injury/Nature of Illness:
MVA NJ DOA 11-23-2020
Patient was the passenger in the back. Rear ended impact by tractor trailer. Denies LOC.
Sustained injuries to neck, back, right leg, left sided of the body, left clavicle fracture, left-sided rib cage fracture with left sided pneumothorax, hepatic and splenic trauma.
Neck pain radiating to B/L UE
Back pain radiating to B/L LE

Main findings:
Cervical disc herniation with myelopathy and radiculopathy
MRI 3/14/2022: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis.
- Myelopathic and radiculopathy findings.
- Lumbar disc herniation with radiculopathy
MRI 3/14/2022: L4-5 herniation with rigth-sided annular tear.
- Right knee derangement
S/P arthroscopy.

Surgical History (If applicable):
Arthroscopy of Right Knee : 02-16-2022
Cholecystectomy : 1990

History of Present Illness:
Initial Patient Visit - New

Mr. Juan GANDO AMAT is a 68 year year old male who presents today with neck, low back, left shoulder, left elbow, left wrist, left hand, right knee, right ankle, left hip, left knee, left ankle and left foot complaints, with the pain in the neck being the most severe. The symptoms began after the patient sustained an accident. The symptoms have been present for 6 months The symptoms have been present for 1 years and are becoming progressively worse.
Since the onset, he has not been able to work. At the time of the accident, he was working as a manual laborer Mr.

GANDO AMAT requires assistance with activities of daily living including chores and lifting and similar tasks for which he now relies on his family for help. The symptoms have impaired his ability to sleep normally.

Neck Specific Findings:
The patient's neck pain is rated 8/10.
The patient has radiating pain to the right shoulder, right arm, left shoulder and left arm.
The patient's radicular pain is rated 8/10.
The patient reports numbness/paraesthesias in the right arm, right elbow, right forearm, right wrist, right hand, right fingers, left arm, left elbow, left forearm, left wrist, left hand and left fingers.
The patient is experiencing occipital headaches. Including instances of tripping/stumbling.

Back Specific Findings:
The patient's back pain is rated 8/10.
The patient has radiating pain to the left glute, left lateral thigh, left posterior thigh, anterior left thigh, left shin, left calf, dorsal aspect of the left foot and ventral aspect of the left foot.
The patient's radicular pain is rated 8/10.
The patient also reports numbness/paraesthesias in the left glute, left lateral thigh, left posterior thigh, anterior left thigh, left shin, left calf, dorsal aspect of the left foot and ventral aspect of the left foot.
The patient cannot walk more than 1-2 block(s) without pain.
The patient cannot stand more than 5 minute(s) without pain.
Laying down helps to relieve the patient's pain.
Lifting and bending exacerbates the patient's pain.

Conservative management:
The patient requires the use of a cane.
Physical therapy:
Physical therapy has been attempted for the neck and
Physical therapy has been attempted for the back.
Neck-specific physical therapy sessions frequency: 2 day(s) per week. For 1 year(s).
Back-specific physical therapy sessions frequency: 2 day(s) per week. For 1 years(s).

Medications include:
Ibuprofen.

Accident details:
The patient was involved in a motor vehicle accident while in a car/driving. After the accident, they went to the emergency room by ambulance for care

Prior Neck and Back History:
The patient was asymptomatic in the neck prior to the accident
The patient was asymptomatic in the back prior to the accident

Motor Vehicle Accident Details:
The patient was in a car at the time of the accident and was a passenger in the back left of the vehicle, when they were struck by a tractor trailer.

Outside Medical Care & Conservative Management History as of 05-12-2022:
PT > 1 year completed. Ongoing 2x/week
NSAIDs
Recommended injections but not attempted.

Past Medical History
No Known Past Medical History

Current Medication
ibuprofen

Allergy
No Known Drug Allergies.

Review of Systems:
Constitutional Symptoms: Negative except for details in HPI .
Ears/Nose/Mouth/Throat: Negative for ears/nose/mouth/throat complaints other than those listed under past medical history, history of present illness and/or assessments.
Respiratory: Negative for respiratory complaints other than those listed under past medical history.
Cardiovascular: Negative for cardiovascular complaints other than those listed under past medical history.
Gastrointestinal: Negative for gastrointestinal complaints other than those listed under past medical history.
Genitourinary: Negative for genitourinary complaints other than those listed under past medical history.
Musculoskeletal: Negative except for details in HPI
Neurological: Negative except for details in HPI
Psychiatric: Negative for psychiatric complaints other than those listed under past medical history, history of present illness and/or assessments.
Endocrine: Negative for endocrinology complaints other than those listed under past medical history.
Hematologic/Lymphatic: Negative for hematologic/lymphatic complaints other than those listed under past medical history.
Skin: Negative for dermatological complaints other than those listed under past medical history, history of present illness and/or assessments.

Social History:
Family:
Use of Drugs / Alcohol / Tobacco: Patient states that he drinks alcohol rarely. Smoking Status (MU) former smoker Quit 2017. He has never used any illicit drugs.
Work History: He is on disability. The patient states that they are right hand dominant.

Vitals:
Weight: 180 lbs. **Height:** 63 inches. ***BMI: 31.89.***

Physical Examination:

General: Patient is alert and oriented. They present sagittally balanced.
He is in no acute distress.

Cervical Spine Exam: ***The cervical spine has limited range of motion due to pain with tenderness to palpation and spasm noted midline.***
Spurling's sign: Positive on the left.
Lhermitte's: Positive
- ROM Flexion: 30 degrees (Normal: 60 degrees) with firm endpoint palpable.
- ROM Extension: 35 degrees (Normal: 75 degrees) with firm endpoint palpable.
- ROM Left lateral rotation: 50 degrees (Normal: 80 degrees) with firm endpoint palpable.
- ROM Right lateral rotation: 65 degrees (Normal: 80 degrees) with firm endpoint palpable.
All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

Examination of the Thoracolumbar Spine: ***The thoracolumbar spine has limited range of motion due to pain***

with tenderness to palpation and spasm noted midline lumbar spine.
- ROM Forward Flexion: 40 degrees (Normal: 110 degrees) with firm endpoint palpable.
- ROM Extension: 10 degrees (Normal: 25 degrees) with firm endpoint palpable.
All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

Gait/Balance: The patient displays a grossly stable gait. The patient is able to heel and toe walk.
Romberg: Positive.

Musculoskeletal exam: Both upper extremities were examined. There was no gross mal-alignment or deformity.
There is pain with left shoulder abduction There is impingement of the left shoulder. There is atrophy of the hands bilaterally Tinel's positive at the right elbow and Tinel's positive at the right wrist Phalen's positive at theright wrist
Both lower extremities were examined. Right knee reduced ROM

SI Joint Provocative Tests:
- FABER: Positive on the left
- Compression: Positive on the left

Neurology - Deep Tendon Reflexes:
Upper Extremities:
- Right biceps: 1+. Left biceps: 0.
- Right triceps: 1+. Left triceps: 0.
- Right brachioradialis 3+. Left brachioradialis: 3+.

Lower Extremities:
- Right patella: 1+. Left patella: 1+.
- Right Achilles: 1+. Left Achilles: absent.

Motor:
Upper Extremities:
- Right deltoids: 5/5 Left deltoids: 5/5
- Right biceps: 5/5 Left biceps: 5/5
- Right wrist extension: 5/5 Left wrist extension: 5/5
- Right triceps: 5/5 Left triceps: 5/5
- Right grip: 5/5 Left grip: 5/5
- Right IO: 4/5 Left IO: 4/5

Lower Extremities:
- Right EHL: 5/5 Left EHL: 5/5
- Right Tibialis Anterior: 5/5 Left Tibialis Anterior: 5/5
- Right Plantar Flexion: 5/5 Left Plantar Flexion: 5/5
- Right Quadriceps: 5/5 Left Quadriceps: 5/5
- Right Hamstrings: 5/5 Left Hamstrings: 5/5
- Right Iliopsoas: 5/5 Left Iliopsoas: 5/5

Sensation:
Upper Extremities: Grossly intact to light touch in the C5-T1 dermatomes.
Lower Extremities: Numbness diffuse left LE

Diagnostic Studies Reviewed:

Order No: EXT0038542 Dated: 03-14-2022

Test	Result
Magnetic Resonance Imaging	
MRI LSP w/o Contrast	MG: L4-5 herniation with right-sided annular tear

Radiology Remarks: Community Medical Imaging
Report:
L2-3 bulge with left paramedian annular tear
L3-4 bulge protruding to B/L foramina
L4-5 bulge with right posterolateral annular tear
L5-S1 diffuse bulge

Order No: EXT0038543 Dated: 03-14-2022

Test	Result
Magnetic Resonance Imaging	
MRI CSP w/o Contrast	MG: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis

Radiology Remarks: Community Medical Imaging
Report:
C3-4 paramedian injection with right foraminal stenosis
C4-5 bulge with right and left-sided protrusions narrowing cervical canal
C5-6 bulge with B/L foraminal stenosis
C6-7 herniation with right foraminal stenosis

Order No: EXT0004635 Dated: 12-29-2021

Test	Result	Unit	Range
HL7ADHOC			
EMG - UE	***right median nerve entrapment at the wrist and right ulnar entrapment at the elbow***		

Assessment and Plan:

ICD: Cervical disc herniation (M50.20)
Assessment: Cervical disc herniation with myelopathy and radiculopathy
MRI 3/14/2022: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis
Plan: - Medical Advice:
Activity modification; Avoid prolonged bending, standing, or lifting.
Eat a low fat, high fiber diet, including fruits and vegetables.
Observation. Should patient develop any new bowel or bladder incontinence, progressive numbness or weakness, unrelenting pain into a extremity, they should call the office or on call provider, or present to the nearest emergency room for reevaluation
- The patient was counseled on the potential for worsening of their myelopathy.
Https://www.Orthoinfo.Org/en/diseases--conditions/cervical-spondylotic-myelopathy-spinal-cord-compression/
- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.
- The patient will continue to see pain management for regular follow-up appointments.
- Physical Therapy was continued today for the neck along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas.

We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.
- Surgical Indications:

Anterior Cervical Diskectomy and Fusion, with instrumentation and Allograft from cadaver bone.
Levels: C5-6

Medical Necessity:
Surgical treatment is indicated for patients diagnosed with cervical myelopathy. Physical Therapy, medications and pain management injections have not shown significant impact on outcomes and surgery demonstrates clear improvements over conservative treatment in randomized controlled trials.
Possible corpectomy required due to stenosis behind the vertebral body.

4. Rhee JM, Shamji MF, Erwin WM, et al. Nonoperative management of cervical myelopathy: a systematic review. Spine (Phila Pa 1976). 2013;38:S55-67. Systematic review of evidence regarding nonoperative treatment of cervical myelopathy. They concluded nonoperative treatment is not routinely recommended given the paucity of evidence.

5. Ghobrial GM, Harrop JS. Surgery vs conservative care for cervical spondylotic myelopathy: nonoperative operative management. Neurosurgery. 2015;62(Suppl 1):62-5. Doi: 10.1227/NEU.0000000000000816.

We discussed the risks and benefits of surgery at length today, the goals for treatment, peri-operative care, short-term and long-term prognosis. After lengthy discussion, the patient expressed understanding of the following issues: Though the primary goal of decompression is relief of neurologic symptoms, there are no guarantees of symptom relief, and no guarantees of improved neurologic function; Some patients have new or worsening neurologic symptoms after surgery that can be permanent at times; There is a high likelihood that axial symptoms will continue or worsen after the procedure; Reoccurrence of herniation or stenosis may require repeat decompression or fusion; Intra-operative findings or events sometimes prompt a change in plans with inclusion or exclusion of levels, a modification of the procedure, including possibly fusion with instrumentation, at the same or different operative levels; When discography is performed, it can accelerate degeneration and has no guarantee of accurately defining symptomatic levels; With or without surgery, the patient has abnormalities in the spine that may require future surgery or treatment at the index levels or adjacent levels; The concept of fusion versus non-fusion and the indications for use of instrumentation and possible future associated interventions; And wound or medical complications intrinsic to all types of surgery. The patient expressed understanding of these risks and wants to proceed with the procedure, understanding that the plan may change peri-operatively or interoperatively as needed.

Requirements for Surgery: Medical Testing satisfactory to the Pre-operative Assessment Team
Diagnostic testing: Cervical spine X-rays.
- The patient will return to our office following the procedure for an initial post-operative consultation.

Should any complications arise, they have been instructed to call our office to reschedule for an appointment as soon as possible.
.

- CAUSATION:
As the patient was asymptomatic in the cervical spine prior to their injury, it is my professional opinion, within a reasonable degree of medical certainty, that the injuries above, recommended treatments above, and resultant

disability are directly causally related to the above stated accident.
.

- The patient has 100% total temporary disability at this time. Disability status will be re-assessed at future visits.

ICD: Myelopathy of cervical spinal cord with cervical radiculopathy (G95.9)
Assessment: .
- Myelopathic and radiculopathy findings
Plan: - See plan above.

ICD: Lumbar disc herniation with radiculopathy (M51.16)
Assessment: .
- Lumbar disc herniation with radiculopathy
MRI 3/14/2022: L4-5 herniation with rigth-sided annular tear
Plan: - Medical Advice:
Activity modification; Avoid prolonged bending, standing, or lifting.
Eat a low fat, high fiber diet, including fruits and vegetables.
Observation. Should patient develop any new bowel or bladder incontinence, progressive numbness or weakness, unrelenting pain into a extremity, they should call the office or on call provider, or present to the nearest emergency room for reevaluation
- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.
- The patient will continue to see pain management for regular follow-up appointments.
- Physical Therapy was continued today for the back along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.
- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.
.

- CAUSATION:
As the patient was asymptomatic in the lumbar spine prior to their injury, it is my professional opinion, within a reasonable degree of medical certainty, that the injuries above, recommended treatments above, and resultant disability are directly causally related to the above stated accident.
.

- The patient has 100% total temporary disability at this time. Disability status will be re-assessed at future visits.

ICD: Derangement of right knee (M23.91)

Assessment: .
- Right knee derangement
S/P arthroscopy
Plan: - F/U with specialist.

New Orders & Referrals:

Diagnostic Imaging: X-Ray: Chest (PA and LAT), XR CSP - AP/Lat + Flex/Ex

Lab(s) & EMG(s): HL7ADHOC: Basic Metabolic Panel, CBC with Differential/Platelet, EKG (electrocardiogram) with at least 12 leads, GFR:African American, GFR:Non African American, Hemoglobin A1c, Prothrombin Time (PT) / INR, PTT Activated, Urinalysis, Complete

---

Education Material Given: URLs: *Home Exercises (HEPs) - Neck and Back, *Ambra Upload Instructions, *AAOS - Basic Back Info, *AAOS - Basic Herniated Disk Info, *AAOS - Low Back Pain

CPT Codes: Office Consultation (99245)

Follow Up: 2 weeks post ACDF or 3 months with advanced provider if any delay with the proposed surgery.
RZ

Please let this report represent a letter of medical necessity for our treatment plan

---

Michael Gerling, M.D.
This has been electronically signed by Michael Gerling, M.D. on 05-12-2022.

This has been electronically signed by on 05-12-2022.

CENTER for MUSCULOSKELETAL and NEUROLOGICAL CARE
GERLING INSTITUTE

Coney Island Ave.

2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223

Tel: 212 882-1110, Fax: 212 882-1120

Progress Report

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Juan	GANDO AMAT	01-26-1954	Male
Attending Provider:	**Referring Provider:**	**Visit Date:**	**Chart No.:**
Prosper Jerome, NP-C	Direct Professional	08-11-2022	SCL13601
Appointment Location:	**Appointment Location Address:**		
Coney Island Ave.	2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223		

Mechanism of Injury/Nature of Illness:
MVA NJ DOA 11-23-2020
Patient was the passenger in the back. Rear ended impact by tractor trailer. Denies LOC.
Sustained injuries to neck, back, right leg, left sided of the body, left clavicle fracture, left-sided rib cage fracture with left sided pneumothorax, hepatic and splenic trauma.
Neck pain radiating to B/L UE
Back pain radiating to B/L LE

Main findings:
S/P ACDF C5-6 07-27-2022.
- Myelopathic and radiculopathy findings.
- Lumbar disc herniation with radiculopathy
MRI 3/14/2022: L4-5 herniation with rigth-sided annular tear.
- Right knee derangement
S/P arthroscopy.

Surgical History (If applicable):
ACDF C5-6: 07-27-2022 by Dr. Gerling at Hudson
Arthroscopy of Right Knee : 02-16-2022
Cholecystectomy : 1990

History of Present Illness:
Initial Patient Visit - New

Mr. Juan GANDO AMAT is a 68 year year old male who presents today with neck, low back, left shoulder, left elbow, left wrist, left hand, right knee, right ankle, left hip, left knee, left ankle and left foot complaints, with the pain in the neck being the most severe. The symptoms began after the patient sustained an accident. The symptoms have been present for 6 months The symptoms have been present for 1 years and are becoming progressively worse.
Since the onset, he has not been able to work. At the time of the accident, he was working as a manual laborer Mr.

GANDO AMAT requires assistance with activities of daily living including chores and lifting and similar tasks for which he now relies on his family for help. The symptoms have impaired his ability to sleep normally.

Neck Specific Findings:
The patient's neck pain is rated 8/10.
The patient has radiating pain to the right shoulder, right arm, left shoulder and left arm.
The patient's radicular pain is rated 8/10.
The patient reports numbness/paraesthesias in the right arm, right elbow, right forearm, right wrist, right hand, right fingers, left arm, left elbow, left forearm, left wrist, left hand and left fingers.
The patient is experiencing occipital headaches. Including instances of tripping/stumbling.

Back Specific Findings:
The patient's back pain is rated 8/10.
The patient has radiating pain to the left glute, left lateral thigh, left posterior thigh, anterior left thigh, left shin, left calf, dorsal aspect of the left foot and ventral aspect of the left foot.
The patient's radicular pain is rated 8/10.
The patient also reports numbness/paraesthesias in the left glute, left lateral thigh, left posterior thigh, anterior left thigh, left shin, left calf, dorsal aspect of the left foot and ventral aspect of the left foot.
The patient cannot walk more than 1-2 block(s) without pain.
The patient cannot stand more than 5 minute(s) without pain.
Laying down helps to relieve the patient's pain.
Lifting and bending exacerbates the patient's pain.

Conservative management:
The patient requires the use of a cane.
Physical therapy:
Physical therapy has been attempted for the neck and
Physical therapy has been attempted for the back.
Neck-specific physical therapy sessions frequency: 2 day(s) per week. For 1 year(s).
Back-specific physical therapy sessions frequency: 2 day(s) per week. For 1 years(s).

Medications include:
Ibuprofen.

Accident details:
The patient was involved in a motor vehicle accident while in a car/driving. After the accident, they went to the emergency room by ambulance for care

Prior Neck and Back History:
The patient was asymptomatic in the neck prior to the accident
The patient was asymptomatic in the back prior to the accident

Motor Vehicle Accident Details:
The patient was in a car at the time of the accident and was a passenger in the back left of the vehicle, when they were struck by a tractor trailer.

Outside Medical Care & Conservative Management History as of 08-11-2022:
PT > 1 year completed.

Past Medical History
No Known Past Medical History

Current Medication
No Known Medication

Allergy
No Known Drug Allergies.

Review of Systems:
Constitutional Symptoms: Negative except for details in HPI . **Ears/Nose/Mouth/Throat:** Negative for ears/nose/mouth/throat complaints other than those listed under past medical history, history of present illness and/or assessments. **Respiratory:** Negative for respiratory complaints other than those listed under past medical history. **Cardiovascular:** Negative for cardiovascular complaints other than those listed under past medical history. **Gastrointestinal:** Negative for gastrointestinal complaints other than those listed under past medical history. **Genitourinary:** Negative for genitourinary complaints other than those listed under past medical history. **Musculoskeletal:** Negative except for details in HPI **Neurological:** Negative except for details in HPI **Psychiatric:** Negative for psychiatric complaints other than those listed under past medical history, history of present illness and/or assessments. **Endocrine:** Negative for endocrinology complaints other than those listed under past medical history. **Hematologic/Lymphatic:** Negative for hematologic/lymphatic complaints other than those listed under past medical history. **Skin:** Negative for dermatological complaints other than those listed under past medical history, history of present illness and/or assessments.

Social History:
Family:
Use of Drugs / Alcohol / Tobacco: Patient states that he drinks alcohol rarely. Smoking Status (MU) former smoker Quit 2017. He has never used any illicit drugs.
Work History: He is on disability. The patient states that they are right hand dominant.

Vitals:
Weight: 180 lbs. **Height:** 63 inches. ***BMI: 31.89.***

Physical Examination:

General: Patient is alert and oriented. They present sagittally balanced.
He is in no acute distress.

Cervical Spine Exam: ***The cervical spine has limited range of motion due to pain with tenderness to palpation and spasm noted midline.***
- ROM Flexion: Restricted (Normal: 60 degrees) with firm endpoint palpable.
- ROM Extension: Restricted (Normal: 75 degrees) with firm endpoint palpable.
- ROM Left lateral rotation: Restricted (Normal: 80 degrees) with firm endpoint palpable.
- ROM Right lateral rotation: Restricted (Normal: 80 degrees) with firm endpoint palpable.
The patient is wearing a neck brace in the office today
Incision: Fully healed without complications

Examination of the Thoracolumbar Spine: ***The thoracolumbar spine has limited range of motion due to pain with tenderness to palpation and spasm noted midline lumbar spine.***
- ROM Forward Flexion: 40 degrees (Normal: 110 degrees) with firm endpoint palpable.

- ROM Extension: 10 degrees (Normal: 25 degrees) with firm endpoint palpable.
All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

Gait/Balance: The patient displays a grossly stable gait. The patient is able to heel and toe walk.
Romberg: Positive.

Musculoskeletal exam: Both upper extremities were examined. There was no gross mal-alignment or deformity.
There is pain with left shoulder abduction There is impingement of the left shoulder. There is atrophy of the hands bilaterally Tinel's positive at the right elbow and Tinel's positive at the right wrist Phalen's positive at theright wrist
Both lower extremities were examined. Right knee reduced ROM

SI Joint Provocative Tests:
- FABER: Positive on the left
- Compression: Positive on the left

Neurology - Deep Tendon Reflexes:
Upper Extremities:
- Right biceps: 1+. Left biceps: 0.
- Right triceps: 1+. Left triceps: 0.
- Right brachioradialis 3+. Left brachioradialis: 3+.

Lower Extremities:
- Right patella: 1+. Left patella: 1+.
- Right Achilles: 1+. Left Achilles: absent.

Motor:
Upper Extremities:
- Right deltoids: 5/5 Left deltoids: 5/5
- Right biceps: 5/5 Left biceps: 5/5
- Right wrist extension: 5/5 Left wrist extension: 5/5
- Right triceps: 5/5 Left triceps: 5/5
- Right grip: 5/5 Left grip: 5/5
- Right IO: 4/5 Left IO: 4/5

Lower Extremities:
- Right EHL: 5/5 Left EHL: 5/5
- Right Tibialis Anterior: 5/5 Left Tibialis Anterior: 5/5
- Right Plantar Flexion: 5/5 Left Plantar Flexion: 5/5
- Right Quadriceps: 5/5 Left Quadriceps: 5/5
- Right Hamstrings: 5/5 Left Hamstrings: 5/5
- Right Iliopsoas: 5/5 Left Iliopsoas: 5/5

Sensation:
Upper Extremities: Grossly intact to light touch in the C5-T1 dermatomes.
Lower Extremities: Numbness diffuse left LE

Diagnostic Studies Reviewed:

Order No: EXT0038542 Dated: 03-14-2022

Test	Result