SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

Index No.: 524177/2018

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MATEUSZ DZIEDZIC and JULITA DZIEDZIC,

PLAINTIFF'S EXPERT EXCHANGE PURSUANT TO C.P.L.R. 3101(d)

Plaintiffs,

-against-

34-22 ASTORIA PARTNERS, LLC,

Defendant.

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34-22 ASTORIA PARTNERS, LLC,

Third-Party Plaintiff,

-against-

LEDOS CONSTRUCTION, INC and OM CONSTRUCTION, INC.,

Third-Party Defendants.

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Plaintiffs, **MATEUSZ DZIEDZIC and JULITA DZIEDZIC**, by their attorneys, **BLOCK O'TOOLE & MURPHY, LLP**, as and for their Notice of Expert Witness Pursuant to C.P.L.R. 3101(d) respectfully submits as follows:

Plaintiffs **MATEUSZ DZIEDZIC and JULITA DZIEDZIC,** expect to call Matthew Grimm, M.D., a Board Certified Physical Medicine & Rehabilitation Pain Management of NY Ortho, Sports Medicine & Trauma, P.C. with offices located at 160 East 56th Street, New York, NY 10022 as an expert witness at the time of trial. A copy of Dr. Grimm's Curriculum Vitae is annexed hereto as **Exhibit "1".**

It is expected that Dr. Grimm will give testimony concerning the future medical costs,

treatment and testing anticipated for the Plaintiff **MATEUSZ DZIEDZIC** as indicated in his narrative report dated December 13, 2021 with addendum dated May 24, 2022, annexed hereto as **Exhibit "2".** It is further expected that Dr. Grimm will testify with regard to the various diagnostic studies performed including MRI and X-ray studies.

It is further expected that Dr. Grimm will testify with regard to his examination of the Plaintiff **MATEUSZ DZIEDZIC** and his review of the medical records and diagnostic studies related to the Plaintiff's treatment. It is expected that Dr. Grimm will opine as to the etiology, treatment, diagnosis and permanency of Plaintiff's injuries, including, but not limited to, any physician visits and findings, test results, therapy, injections, any pre-accident treatment, injuries and findings, as well as any surgeries Plaintiff had.

It is further expected that Dr. Grimm will testify that Plaintiff, **MATEUSZ DZIEDZIC**, sustained the injuries enumerated in Plaintiff's Verified Bill of Particulars dated November 13, 2019 and Plaintiff's Amended Verified Bill of Particulars dated July 30, 2020 as a direct and proximate result of this accident. It is further expected that Dr. Grimm will opine that Plaintiff's injuries are severe and permanent in nature.

It is further anticipated that Dr. Grimm will offer testimony about any adverse medical testimony or expert report(s) and any items that are in evidence at the time of trial. He will opine as to the etiology, treatment, diagnosis and permanency of Plaintiff's injuries that Plaintiff's injuries are severe and permanent in nature.

It is further anticipated that Dr. Grimm will testify that the Plaintiff **MATEUSZ DZIEDZIC**, will have ongoing lifelong medical needs as a result of the within accident, due to the permanency of his injuries and the progression of same over time.

PLAINTIFF RESERVES THE RIGHT TO SUPPLEMENT THIS EXPERT WITNESS EXCHANGE UP UNTIL THE TIME OF TRIAL AS SAID EXPERT WILL TESTIFY AS TO HIS EXPERTISE ON THE SUBJECT MATTER OF THIS CASE AND RESERVES THE RIGHT TO SUPPLEMENT HIS OPINION BASED ON THE PROOF, MEDICAL OR OTHERWISE, THAT MAY BE ADDUCED AT THE TIME OF TRIAL.

Dated: New York, New York
September 1, 2022

Yours, etc.,

FREDERICK C. ARANKI, ESQ.
BLOCK O'TOOLE & MURPHY, LLP
Attorney for Plaintiffs
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Our File No. 5141
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TO:

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497 Main Street
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EXHIBIT “1”

NY ORTHO, SPORTS MEDICINE & TRAUMA, P.C.
160 EAST 56TH STREET, NEW YORK, NY 10022
PHONE: 212-371-4060 FAX: 212-371-4642

JEFFREY S. KAPLAN, M.D.
BOARD CERTIFIED ORTHOPAEDIC SURGERY
FELLOW OF THE AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

MATTHEW P. GRIMM, M.D.
BOARD CERTIFIED PHYSICAL
MEDICINE & REHABILITATION
PAIN MANAGEMENT

CURRICULUM VITAE

MATTHEW P. GRIMM, M.D.

INTERVENTIONAL PAIN MANAGEMENT

BOARD CERTIFICATIONS

Board Certified in Physical Medicine and Rehabilitation, June 2010

EDUCATION AND TRAINING

FELLOWSHIP:

Interventional Pain
Non-Surgical Orthopaedics/Georgia Institute for Clinical Research
Marietta, GA October 2009 - October 2010

Procedures:

Cervical and lumbar epidural steroid injections, facet injections, medial branch blocks, radiofrequency lesioning, spinal cord stimulator trial, lumbar discogram, sacro-iliac joint injection, piriformis injection, lumbar sympathetic blocks, percutaneous disc decompression, cervical and lumbar stellate ganglion blocks.

INTERNSHIP & RESIDENCY:

William Beaumont Medical Center - Royal Oak, MI
Physical Medicine and Rehabilitation
Chief Resident, 2007 - 2009

University of California - Irvine Medical Center - Irvine, CA
Physical Medicine and Rehabilitation
Residency, 2006 - 2007

Drexel School of Medicine/Graduate Hospital - Philadelphia, PA
Traditional Rotating Internship
Internship, 2005 - 2006

MEDICAL:

Jefferson Medical College - Philadelphia, PA 2001-2005
Doctor of Medicine

UNDERGRADUATE:

Pennsylvania State University
Bachelor of Science, Electrical Engineering, 2001

LICENSURE

New York

Georgia

Pennsylvania

PUBLICATIONS

Laban, MM & Grimm, MP: "Handicapped Parking: A Privilege or a Right?", PM&R Purple Journal

PROFESSIONAL ASSOCIATIONS AND MEMBERSHIPS

American Medical Association

RESEARCH EXPERIENCE

Protocol ZX002-0802 - Phase 3 - A Long-Term Open-Label Safety Study of Hydrocodone Bitartrate Controlled-Release Capsules with Flexible Dosing to Treat Subjects with Moderate to Severe Chronic Pain. (Zogenix) 7/2010

Protocol 42160443-PAI-2006 - Phase 2b - A Randomized, Double-Blind, Placebo and Active-Controlled Study to Evaluate the Efficacy, Safety and Tolerability of JNJ-42160443 as Monotherapy in Subjects with Moderate to Severe, Chronic Knee Pain from Osteoarthritis (Johnson & Johnson PR&D) 06/2010

Protocol ZX002-0801 - A Randomized Double -Blind, Placebo-Controlled Trial to Evaluate the Efficacy, Tolerability and Safety of Hydrocodone Bitartrate Controlled-Release Capsules in Opioid-experienced Subjects with Moderate to Severe Chronic Low Back Pain (Zogenix) 4/2010

RESEARCH EXPERIENCE

Protocol R331333PAII3027 - Phase 3 - A Randomized-Withdrawal, Placebo-Controlled, Study Evaluating the Efficacy, Safety, and Tolerability of Tapentadol Extended-Release (ER) in Subjects With Chronic, Painful Diabetic Peripheral Neuropathy (DPN) (Johnson & Johnson PR&D) 11/2009

Protocol 44CL240 - Phase 2a - A Randomized, Double-Blind, Placebo and Active Controlled, Parallel group, Multicenter Study Evaluating the Analgesic Efficacy and Safety of ADL 5859 and ADL5747 in Subjects With Moderate to Severe Pain Due to Osteoarthritis of the Knee (Adolor Corporation) 10/2009

Protocol 2009-03 EXXTEND Trial - A 26-Week, Double-Blind, Randomized Placebo-Controlled Study of the Efficacy and Safety of the Single Intra-Articular Injection 1.2% Sodium Hyaluronate for Treatment of Painful Osteoarthritis of the Knee, With Optional 26-Week Open-Label Extension. (Ferring Pharmaceuticals) 8/2009

EXHIBIT “2”

NY ORTHO, SPORTS MEDICINE & TRAUMA, P.C.
160 EAST 56TH STREET, NEW YORK, NY 10022
PHONE: 212-371-4060 FAX: 212-371-4642

JEFFREY S. KAPLAN, M.D.
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MATTHEW P. GRIMM, M.D.
BOARD CERTIFIED PHYSICAL
MEDICINE & REHABILITATION
PAIN MANAGEMENT

May 24, 2022

Re: DZIEDZIC, MATEUSZ
DOB: 10/30/1987
DOL: 10/12/2018
NARRATIVE REPORT

To Whom It May Concern:

Mr. Mateusz Dziedzic has been a patient under my care since April 14, 2022. At that time, this patient was a 34-year-old male, who presented to my office for initial pain management evaluation. This patient sustained injuries in a work-related accident while working construction on October 12, 2018, in a fall from a ladder approximately 4 feet down. The patient sustained injuries to his head, neck, shoulders, ankle, and back. He had loss of consciousness. He had severe pain and dizziness. He was evaluated in the emergency room and received treatment. He also sustained injuries to bilateral knees and ankles.

At his initial consultation in my office, it was noted that the patient had left leg weakness. He sustained injuries to his left ankle and underwent two surgeries to the left ankle. He had an initial ankle surgery, and then had continued pain. He underwent a second ankle surgery due to continued pain and had removal of painful hardware and cysts removed. He had continued pain in the ankle since that time, and the ankle is very stiff. He continued to treat for the ankle with Dr. Seidman who was recommending an ankle fusion as he felt the patient was too young for an ankle replacement. Dr. Seidman was planning on proceeding to the surgery once his lumbar spine surgical revision is completed.

The patient consulted with Dr. Katz and underwent surgery to the lumbar spine performed by Dr. Katz in 2019. Following the surgery, he had continued pain, and difficulty with bending. He had a second opinion with Dr. Merola, who sent him for updated imaging studies. Dr. Merola recommended additional surgery to the adjacent level. He underwent one postsurgical lumbar epidural injection following the fusion, which he reported did not provide any extended relief.

The patient also sustained injury to the neck and was currently treating with Dr. Merola, who recommended surgical intervention to the neck.

Mr. Dziedzic sustained injuries to bilateral knees and underwent arthroscopies to both knees. He stated that following the surgeries, he noted improvement in pain with the left knee, but the right knee had severe pain, especially with steps. He performed extensive physical therapy. He was currently under the treatment of Dr. Merola, Dr. Seidman and pain management. The patient was utilizing tramadol for pain, gabapentin for neuropathic pain, Advil as adjunctive treatment for pain. He utilized the tramadol only for severe pain due to concerns regarding opiate

medication. The patient was also treating with Psychiatry who prescribed medication. He treated once monthly and a psychologist once monthly as well.

At initial consultation in my office, he noted that his neck pain radiated to the left upper extremity with numbness associated in the same distribution. Lower back pain radiated to the left lower extremity with numbness in the same distribution. He stated he had difficulty with functioning due to his pain and stiffness. He could not sit for longer than 30 minutes and could not walk for more than two blocks. His wife would help him at home with ADLs including dressing, personal hygiene, and his wife would help him go to the bathroom as well as take a shower on certain days when the pain was severe. He ambulated with a cane as he has a fall risk. Past medical history as he noted a left ankle arthroscopy when he was 17 from a soccer injury. He had no issues with the ankle since that surgery. He reported he was back playing soccer at full strength a few weeks after that.

PMHX: Left ankle injury from soccer at age 17.

SURGHX: Left ankle arthroscopy at age 17 from a soccer injury, no issues with the ankle since that surgery. 2 left ankle surgeries by Dr. Seidman.

ALLERGIES: NKDA.

PHYSICAL EXAMINATION: Physical examination, at his initial consultation on May 12, 2022 revealed the following; in regards to the cervical exam, he was in moderate distress. He had tenderness over the cervical spinous processes. Cervical range of motion revealed extension 35 degrees, pain at the end of the range (normal 60 degrees); flexion 40 degrees, pain at the end of the range (normal 50 to 80 degrees); left lateral flexion 30 degrees, pain at the end of the range (normal 45 degrees); right lateral flexion 35 degrees with pain at the end of the range (Normal 45) left rotation 45 degrees, pain at the end of the range (normal 80 degrees), right rotation 55 degrees, pain at the end of the range (normal 80 degrees). Biceps, deltoid and triceps showed left-sided weakness. Wrist extension and intrinsic musculature intact 5/5. Sensation depressed left-sided in a C5, C6 dermatomal distribution. Reflexes intact. Hoffmann sign negative. Spurling sign positive left-sided. Muscle spasm in the cervical paraspinals.

In regards to the lumbar exam, he had an antalgic gait ambulating with a single point cane. He had tenderness over the lower lumbar processes. Range of motion of the lumbar spine revealed extension 10 degrees, pain at the end of the range (normal 25 degrees); flexion 45 degrees, pain at the end of the range (normal 85 to 90 degrees); left lateral flexion 5 degrees, pain at the end of the range (normal 25 degrees) right lateral flexion 10 degrees pain at the end of the range (Normal 25 degrees). Reflexes 2/4. Sensation depressed to the left in an L4, L5 dermatomal distribution. Straight leg raise, positive to the left. Muscle strength was intact of hip flexion (T12, L1, L2, L3 region) 5/5 bilateral, and knee extension (L2, L3 or L4 region) 5/5 bilateral. Ankle dorsiflexion (L4 or L5 region): left sided weakness appreciated. Plantar flexion (S1 region) 5/5 bilateral. EHL extension (L5 region) left-sided weakness appreciated. Positive muscle spasm in the lower lumbar musculature. Multiple trigger points palpated.

ASSESSMENT/PLAN: My assessment was lumbar radiculopathy. The patient was status post lumbar fusion surgery with Dr. Katz and adjacent level surgery recommended by Dr. Merola. Would benefit from palliative treatment with epidural injections. Once surgical intervention is finished, patient likely would be a good candidate for a spinal cord stimulator trial. Recommended physical therapy. Would benefit from adjunctive treatment with acupuncture and cupping therapy. Continue Tramadol for pain, Gabapentin for neuropathic pain and Advil as adjunctive treatment for pain as directed by pain management.

The patient had arthroscopies to both knees. Recommend Euflexxa injection treatment every six months for palliative care. As his traumatic arthritis progresses, he will likely require a total knee arthroplasty in the future. Recommend physical therapy. Recommend orthopedic follow up with imaging.

In regards to the left ankle traumatic arthritis, he had two left ankle surgeries. He had ankle pain post surgically. Ankle replacement surgery has been recommended and he will likely proceed as his condition progresses. Recommended physical therapy.

The patient had cervical radiculopathy and symptoms consistent with traumatic cervical radiculopathy. He is following with Dr. Merola who recommended cervical fusion surgery. He would benefit from palliative cervical epidural injections. Recommended physical therapy.

REVIEW OF RECORDS:
3/26/2019- Report of the x-rays of the lumbar spine performed at NYU Winthrop Hospital. Impression: "No demonstrated fracture or subluxation. Mild degenerative disc disease at L5-S1." The body of the report notes: "There is mild intervertebral disc space narrowing at L5-S1 with subchondral endplate sclerosis and small disc level osteophytes."

3/26/2019- Report of an MRI of the lumbar spine without contrast. Performed at NYU Winthrop Hospital due to left leg numbness, weakness, low back pain, and fall. Impression: "1. No compression deformity or subluxation. 2. Disc bulge and small disc herniations are noted at several levels as described. 3. Moderate diffuse high signal intensity in the lumbar deep subcutaneous fat tissue, likely edema or inflammation."

3/26/2019- Report of an MRI of the thoracic spine without contrast. Performed at NYU Winthrop Hospital. Impression: "1. Small syrinx is noted involving several fragments of thoracic spinal cord at T6-T7 vertebral body level from mid T8 to lower T9 vertebral level and also at the level of T10. The thoracic spinal cord is otherwise normal in size and signal. 2. A right paracentral disc osteophyte complex at T7-8 with mild indentation of adjacent ventral thecal sac with mild central spinal canal stenosis. 3. A small right and left paracentral disc herniation at T9-10 with mild indentation of adjacent ventral thecal sac with mild central spinal canal stenosis. 4. Otherwise normal study."

3/26/2019- Report of an MRI of the cervical spine without contrast. Performed at NYU Winthrop Hospital. Impression: "1. No disc herniation or spinal stenosis or intracranial spinal pathology. 2. Relative extensive abnormal signal is noted in the posterior paraspinal soft tissue and adjacent musculature, most prominent in the midline at level C2-3 along the nuchal ligament with likely injury of nuchal ligament adjacent soft tissue and musculature."

3/27/2019- Report of an MRI of the brain without contrast. Performed at NYU Winthrop Hospital. Impression: "Normal MRI of the brain."

4/7/2021- Report of x-rays of the left ankle. Performed at Orthopedic Institute at 64 Street, 4th Floor. Impression: "Postsurgical changes of the left ankle."

5/5/2021- Report of x-rays of the left calcaneus and left ankle. Performed at Northwell Health Imaging at Greenwich Village. Impression: "Frontal lateral and oblique views of the left ankle and additional frontal and lateral views of the left calcaneus are compared to April 7, 2021, and demonstrates subcortical cyst formation along the medial aspect of the talus, calcification at expected position of the medial ligamentous structures, osteopenia, soft tissue swelling, osteophytosis of the anterior tibia and talar head neck junction, which may contribute to impingement, prominent posterior process of the talus."

5/5/2021-Report of x-rays of the left ankle. Performed at Orthopedic Institute at 64th Street, 4th Floor. Impression: "Frontal lateral and oblique views of the left ankle and additional frontal and lateral views of the left calcaneus are compared to April 7, 2021, and demonstrates subcortical cyst formation along the medial aspect of the talus, calcification at expected position of the medial ligamentous structures, osteopenia, soft tissue swelling, osteophytosis of the anterior tibia and talar head neck junction, which may contribute to impingement, prominent posterior process of the talus."

6/30/2021- Report of x-rays the left calcaneus. Performed at Orthopedic Institute of 64 Street, 4th floor. Impression: "Degenerative changes of the ankle."

10/13/2021- Report of x-rays the left ankle. Performed at Orthopedic Institute at 64 Street, 4th Floor. Impression: "Degenerative changes of the ankle."

1/17/2022- Report of x-rays of the left foot and ankle. Performed at Lenox Hill Radiology. Impression: "Postsurgical changes of the posterior subtalar joint arthrodesis are noted with removal of fixation screw. Bony lucency involving the medial talar dome is noted consistent with an osteochondral lesion. Osteophytic spurring at the tibiotalar joint margins is noted compatible with post-traumatic arthrosis. An os intermetatarseum is noted. No acute fractures or destructive osseous lesions are demonstrated. There is a small posterior calcaneal enthesophytes at the Achilles tendon insertion. A thickened Achilles tendon shadow is noted compatible with Achilles tendinosis. Small calcific densities within the posterior subcutaneous fat behind the calcaneal tuberosity are noted related to subtalar arthrodesis."

3/11/2022- Report of an MRI of the cervical spine without contrast. Performed at Lenox Hill Radiology. Impression: "1. At C4-C5, there is a left posterolateral disc osteophyte complex resulting in left lateral recess stenosis. 2. At C3-C4 and C5-C6, there are small left posterior lateral disc osteophyte complexes encroaching upon the left lateral recesses."

3/26/2019-3/28/2019- Inpatient hospital records from NYU Winthrop Hospital.

3/26/2019- Emergency Department records. Triage HPI notes that the patient was sent for urinary complaints. Dr. Katz sent him for urinary incontinence. "Pt s/p fall from standing 30 days ago. Pt has had urinary incontinence since "a couple days after" the fall. Denies any bowel incontinence." Has left arm numbness and tingling and left leg numbness and tingling since a 3-foot fall off a ladder in October. He was sent by the MD to rule out cord compression. ED provider notes. Chief complaint, urinary incontinence, LBP x1 month. HPI: "Patient is a 31 yo male with no PMH, presents with c/o left arm numbness, weakness, urinary incontinence x1 month s/p slip and fall." The patient notes in October 2018, he fell off a ladder at work noted since his injury, numbness/tingling in lower back pain. Following with Dr. Katz, MRI of the lumbar spine showing three herniated discs, has been doing physical therapy three times a week. Notes now since slip and fall one month ago, new numbness left arm and urinary incontinence only at night. Has not taken anything for the pain. Epidural November 2018 notes spinal surgeries referred by Dr. Katz. Epidural November 2018, notes spinal surgeries referred by Dr. Katz. The patient was admitted to inpatient. Urology noted the patient would follow up for urodynamic testing to further evaluate bladder function and possible cystoscopy.

9/9/2019- Operative report. Surgeon: Victor Katz, M.D. at All City Family Healthcare Center. Preoperative diagnoses: 1. Left knee contusion. 2. Lateral meniscus tear. 3. Synovitis. 4. Bursitis. Postoperative Diagnoses: 1. Left knee contusion. 2. Lateral meniscus tear. 3. Synovitis. 4. Bursitis. Procedures: 1. Left knee arthroscopy. 2. Partial lateral meniscectomy. 3. Synovectomy for removal of loose fragments. 5. Pre and postoperative injection of lidocaine and Marcaine combination.

10/16/2019- Operative report. Surgeon: Dr. Victor Katz. Preoperative diagnoses: Herniated disc, L4-5, L5-S1 with lumbar radiculopathy, L4-5, L5-S1 on the right side, instability L5-S1, pars fracture L5-S1 on the right and lumbago. Procedure: Lumbar laminectomy decompression L4, L5, S1 with instrumented fusion L4-L5, L5-S1 interbody fusion.

1/27/2020- Operative report. Surgeon: Victor Katz, M.D. performed at All City Family Healthcare Center. Preoperative diagnoses: 1. Right knee contusion. 2. Chondromalacia of the lateral femoral condyle. 3. Lateral meniscus tear. 4. Synovitis. 5. Bursitis. Postoperative diagnoses: Right knee contusion. 2. Chondromalacia of the lateral femoral condyle. 3. Lateral meniscus tear. 4. Synovitis. 5. Bursitis. Procedures: 1. Right knee arthroscopy. 2. Abrasion chondroplasty of lateral femoral condyle. 3. Removal of loose fragments 4. Partial lateral meniscectomy. 5. Synovectomy. 6. Removal of loose fragments. 7. Pre and postoperative injection of lidocaine and Marcaine combination.

7/17/2020- Operative report. Surgeon. Daniel Howell, DPM. Preoperative diagnoses: Left ankle arthritis, osteochondritis, dissecans lesions x2, left subtalar joint arthritis, left ankle equinus, calcaneal bone cyst. Procedure performed was a left ankle arthroscopy with debridement, left talus OATS procedure x2 with medial malleolus osteotomy, takedown osteotomy takedown, left subtalar joint fusion, excision of left calcaneus bone cyst, left tendon Achilles lengthening, bone marrow aspiration.

2/25/2021- Operative report. Greenwich Village Ambulatory Surgery Center. Surgeon: Daniel Seidman, M.D. Preoperative diagnoses: 1. Left chronic ankle and foot pain. 2. Left painful orthopedic hardware, left foot. 3. Left painful orthopedic hardware, left ankle. 4. Bone cyst, left calcaneus. 5. Synovitis, left ankle. 6. Impingement, left ankle. 7. Osteochondral defects, left medial talar dome. 8. History of failed medial mild osteotomy and osteochondral allograft treatment with up plugs. 9. Neuritis, left lower extremity. Postoperative diagnoses: 1. Left chronic ankle and foot pain. 2. Left painful orthopedic hardware, left foot. 3. Left painful orthopedic hardware, left ankle. 4. Bone cyst, left calcaneus. 5. Synovitis, left ankle. 6. Impingement, left ankle. 7. Osteochondral defects, left medial talar dome. 8. History of failed medial mild osteotomy and osteochondral allograft treatment with up plugs. 9. Neuritis, left lower extremity. Procedures performed: 1. Removal of hardware, left foot/calcaneus. 2. Removal of hardware, left ankle medial malleolus. 3. Open treatment of calcaneal bone cyst with autograft bone harvest from left proximal tibia. 4. Left proximal tibial autograft bone harvest. 5. Left ankle arthroscopy with extensive debridement. 6. Intraoperative fluoroscopy. 7. Left distal tibia exostectomy.

2/14/2022- Follow-up consultation report by Dr. Andrew Merola. He requested a revision surgical procedure to include laminectomy and spinal arthrodesis of the L3, L4, L5 and S1 vertebral segments. He notes a CT scan showing a proximal junctional segmental spondylolisthesis appreciated L3-L4. He also recommended an updated MRI of the cervical spine.

1/4/2021- Report of CT scan of the left ankle without contrast. Performed at Pinnacle Diagnostic Radiology of Bay Parkway. Impression: "Status post ORIF for medial malleolar fracture with two headless screws. The fracture is practically healed with about 1 mm step-off at the level of extension fracture into the tibial plafond. Comminuted osteochondral fracture of the medial talar dome with 1 mm depression of the central fragment, status post placement of two cannulated screws to the posterior calcaneus and talus through the sinus tarsi. There is 75% fusion of the posterior subtalar joint, small intra-articular loose bodies in the anterior aspect of the tibiotalar joint and small ossicle fragments in the subcutaneous tissues adjacent to the lateral malleolus, non-insertional Achilles tendinopathy."

10/19/2018- Records from Maimonides Medical Center Emergency Department. Chief complaint was back pain. The patient stated he fell last Friday from a ladder and “today I was carrying some heavy bricks and started to feel pain again in my lower back.” HPI notes 30-year-old male with no PMH, c/o one week of lumbar back pain, which began after falling off of a ladder approximately 3 feet off of the ground. Landed flat on his back on the pavement, pain has

been constant but improving, worsened today after lifting containers of bricks at work. Pain is worse with truncal rotation. No radiation down the LEs. No changes in bowel/bladder. No numbness, weakness in LEs, no saddle paresthesias." Final diagnoses: Back pain, acute lumbar strain. The patient was given a note for work and medications.

10/19/2018- Report of x-rays of the lumbar spine. Impression: "Unremarkable lumbar spine radiographs with no evidence of fracture or soft tissue mass."

6/10/2020- Initial psychiatric evaluation by Dr. Vilor Shpitalnik, MD, PhD. with visits up to January 31, 2022.

5/20/2022- Follow-up consultation by Dr. Victor Katz noting that the patient is status post a PLIF L4-L5, L5-S1 on October 16, 2019, notes that this is a 34-year-old male with a work-related injury which occurred October 12, 2018, where the patient was construction worker injuring his neck and lower back. He underwent a 2 level PLIF L4-L5, L5-S1 on October 16, 2019, underwent right knee arthroscopy January 27, 2020. Sees Urology for incontinence. Diagnosis was status post L4-L5, L5-S1 PLIF on October 16, 2019. Consequential injuries to the bilateral knees, status post fall, left leg weakness and suspected meniscus injury/chondral injury, consequential cervical spine injury due to the fall and left leg weakness. Cervical HNP, C4-L5, C5-C6, status post left knee arthroscopy on September 9, 2019, left ankle OCD, early OA, status post surgical management with another physician, status post right knee arthroscopy January 27, 2020. Dr. Katz notes there was a CT scan of the lumbar spine done on May 19, 2020, revealing hardware in good position. Fusion solid L4-L5, L5-S1. EMG was done March 25, 2020 of the upper extremity show borderline right median latency at the wrist.

12/28/2020- Initial consultation at Northwell Health for his left ankle, seen by Daniel L. Seidman, M.D. He notes that the patient had left ankle pain. He worked as a carpenter and while at work, he tripped and fell off a ladder about 4 to 5 feet and landed on his back. He states that he injured his back and left ankle. He continued working for a few days after he notified his supervisor and went to the ER. He has a history of left ankle surgery and presents weightbearing in short Cam boot. Visits were up to October 13, 2021,

In summary, Mr. Mateusz Dziedzic has been a patient under my care since April 14, 2022. At that time, he was a 34-year-old male, who presented to my office for initial pain management evaluation. This patient sustained multiple injuries, including to his neck and lower back, in a work-related accident on October 12, 2018. The patient had a fall from a ladder. He came under the care of Dr. Katz, Dr. Merola, and Dr. Seidman. The patient underwent two left ankle surgeries, a lumbar spine surgery and two knee surgeries.

DIAGNOSES:
1. Lumbago.
2. Post-traumatic lumbar myofascial pain.
3. Post-traumatic lumbar radiculopathy.

4. Disc bulge and small central disc herniation at L3-L4, bulging annulus and small central disc herniation L4-L5, bulging annulus and mild bilateral neural canal stenosis at L5-S1 per MRI of the lumbar spine done on March 26, 2019.
5. Status post a lumbar fusion surgery by Dr. Victor Katz on October 16, 2019, for a lumbar laminectomy decompression, L4-L5, L5-S1 with instrumented fusion L4-L5, L5-S1 and interbody fusion.
6. Antalgic gait.
7. Cervicalgia.
8. Post-traumatic cervical myofascial pain.
9. MRI of the cervical spine performed on March 11, 2022, revealing evidence of C4-C5 C3-C4, and C5-C6 disc herniations with posterior lateral disc osteophyte complexes.
10. Internal derangement of the left ankle, status post two surgeries.
11. Surgery May 20, 2021 by Dr. Seidman for left ankle chronic pain and foot pain with the removal of hardware from the left foot calcaneus and medial malleolus. Open treatment of calcaneal bone cyst with autograft bone harvest from left proximal tibia, left proximal tibia, autograft bone harvest, left ankle arthroscopy with extensive debridement, left distal tibia exostectomy, and intraoperative fluoroscopy.
12. Post-traumatic arthritis of the left ankle.
13. Bilateral traumatic knee arthritis.
14. Internal derangement of the right knee with surgery performed January 27, 2020, for right knee arthroscopy, abrasion chondroplasty of lateral femoral condyle, removal of loose fragments, partial lateral meniscectomy, synovectomy, removal of loose fragments by Dr. Victor Katz.
15. Left knee surgery on September 9, 2019 by Dr. Victor Katz for left knee arthroscopy, partial lateral meniscectomy, synovectomy, removal of loose fragments.

The above diagnoses represent permanent injuries. The accident of October 12, 2018 is the competent producing cause of the above-mentioned diagnoses as well as the need for the extensive treatment outlined above. The patient continues to require ongoing follow-up with his orthopedic surgeon, Dr. Victor Katz as he is status post bilateral knee surgeries and a lumbar fusion surgery. The patient also requires ongoing follow-up with Dr. Merola who is recommending cervical fusion surgery and additional lumbar surgery. He requires ongoing follow-up with his orthopedic surgeon in regards to his left ankle injuries. His post-traumatic arthritis is not only progressive, but will continue to worsen over time. He may require a left ankle fusion surgery in the future. He continues to require pain management as he would be a candidate for cervical and lumbar trigger point injections, cervical and lumbar epidural injections. He is a candidate for a lumbar spinal cord stimulator in the future. He requires serial imaging and updated MRIs as well as EMG studies. He is a candidate for medications including anti-inflammatories, topical and oral, as well as antispasmodics and neuropathic medications. The patient's prognosis is poor.

Due to his injuries sustained in this accident, it is with a reasonable degree of medical certainty that they have rendered Mr. Dziedzic permanently disabled from his work in construction.

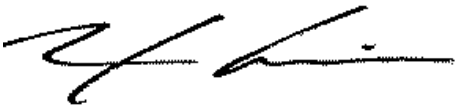
The future following medical costs can be expected to be incurred for lifetime duration for the left knee, right knee, left ankle, cervical spine, and lumbar spine.

1. All medications including anti-inflammatories, muscle relaxants, neuropathic pain medications, and topical medications at the approximate cost of $60 per month for lifetime duration.
2. Pain management office visits at cost of $250 per visit, once per 3 months for lifetime duration.
3. Orthopaedic Surgeon office visits at a cost of $300 per visit, four times per year for lifetime duration.
4. Orthopaedic spinal surgeon office visits at a cost of $500 per visit, once a year for lifetime duration.
5. Lumbar steroid injections at a cost of $1200 per injection plus $2000 facility cost for fluoroscopic guidance per injection three injections every 2 years for lifetime duration.
6. Cervical steroid injections at a cost of $1200 per injection plus $2000 facility cost for fluoroscopic guidance per injection three injections every 2 years for lifetime duration.
7. Trigger point injections at a cost of $300 per set of injections, up to one set of injections per 3 months for lifetime duration for the cervical and lumbar spine.
8. Ultrasound Guided Joint lubrication injections of Euflexxa at a cost of $3830 per series of three injections for the right knee very six months for lifetime duration.
9. Ultrasound Guided Joint lubrication injections of Euflexxa at a cost of $3830 per series of three injections for the left knee very six months for lifetime duration.
10. Physical therapy at a cost of $100 to $150 per visit twice per month to maintain strength range of motion and pain management for lifetime duration.
11. Candidate for left ankle fusion surgery at a cost of $15134 surgeon cost and $20336 for facility cost, anesthesia and equipment cost once in the next 5-10 years.
12. Candidate for left total knee replacement including facility cost, anesthesia, and equipment cost once in the next 10-15 years at a cost of $26,108.
13. Candidate for right total knee replacement including facility cost, anesthesia, and equipment cost once in the next 10-15 years at a cost of $26,108.
14. Candidate for lumbar fusion surgery at a cost of $100,000 including facility cost, anesthesia, and equipment cost within the next 10-15 years.
15. Candidate for cervical fusion surgery at a cost of $125,000 including facility cost, anesthesia, and equipment cost within the next 10-15 years.
16. Candidate for spinal cord stimulator trial to the lumbar spine pending the patient's outcome to further procedures at cost of $25000 including facility and equipment costs within the next 10-15 years.
17. Candidate for permanent implantation of the spinal cord stimulator pending response to trial at a cost of $50000 including facility and equipment cost within the next 10-15 years.
18. Candidate for battery replacement of permanent spinal cord stimulator at a cost of $30000 for the replacement battery, $5000 for physician fees and $2000 for facility fees, once every 3-7 years depending on battery use within the next 10-15 years.
19. MRI of the lumbar spine at the cost of $1300 once every five years for lifetime duration.
20. MRI of the cervical spine at the cost of $1300 once every five years for lifetime duration.

21. MRI of the right knee at the cost of $1300 once every five years for lifetime duration.
22. MRI of the left knee at the cost of $1300 once every five years for lifetime duration.
23. MRI of the left ankle at the cost of $1300 once every five years for lifetime duration.
24. X-ray films of the lumbar spine once every 6 months at a cost of $400 for lifetime duration.
25. X-ray films of the cervical spine once every 6 months at a cost of $400 for lifetime duration.
26. X-ray films of the right knee once every 6 months at a cost of $400 for lifetime duration.
27. X-ray films of the left knee once every 6 months at a cost of $400 for lifetime duration.
28. X-ray films of the left ankle once every 6 months at a cost of $400 for lifetime duration.
29. EMG/NCV studies of the upper extremities at the approximate cost of $2000 once every five years for lifetime duration.
30. EMG/NCV studies of the lower extremities at the approximate cost of $2000 once every five years for lifetime duration.

If you have any questions or concerns, please do not hesitate to contact my office any time.

Sincerely,



Matthew Grimm, M.D.

MG:cbs/MMD

AFFIDAVIT OF SERVICE

STATE OF NEW YORK
} ss.:
COUNTY OF NEW YORK

GABRIELA PULLA being duly sworn, deposes and says:

I am over 18 years of age, I am not a party to the action, and I reside in Queens County in the State of New York.

On September 1, 2022, I served a true copy of the annexed **PLAINTIFF'S EXPERT EXCHANGE PURSUANT TO C.P.L.R. 3101(d)** by mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressee as indicated below:

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Gabriela Pulla

Sworn to before me September 1, 2022

Notary Public

ELAINE D. CASTILLO
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in BRONX County
01CA6234357
MY COMMISSION EXPIRES 1/18/2023

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