SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

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INOCENCIO MARTINEZ,

Plaintiff,

-against-

YESHIVA KEHILATH YAKOV, INC., YESHIVA HEADSTART, AND NY DIMENSION BUILDERS INC

Defendants.

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YESHIVA KEHILATH YAKOV, INC., and YESHIVA HEADSTART,

Third- Party Plaintiff

-against-

NY DIMENSION BUILDERS INC.,

Third Party Defendant

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NOTICE OF EXPERT WITNESS

Index No.: 21590/2018

C O U N S E L O R S:

PLEASE TAKE NOTICE that plaintiff, **INOCENCIO MARTINEZ** by his attorney **GORAYEB & ASSOCIATES, P.C.**, as and for his notice designating an expert states:

1. Plaintiff, **INOCENCIO MARTINEZ** designates **MATTHEW GRIMM, M.D.**, as an expert, who may be called upon to testify at the time of trial of this action. Dr. Grimm is a duly licensed physician authorized to practice medicine within the State of New York. Dr. Grimm is a board certified anesthesiologist with a specialization in pain management.

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2. The expert will testify that Mr. Martinez has been a patient under his care since September 12, 2018. The expert will testify that at that time Mr. Martinez was a 38-year old male who presented to his office for an initial pain management evaluation. The expert will testify that Mr. Martinez presented with complains of back pain. The expert will testify that Mr. Martinez was referred by Dr. Jeffrey Kaplan, Orthopedic Surgery, for pain management evaluation. The expert will testify that Mr. Martinez sustained injuries in a work related accident on September 6, 2016. The expert will testify that as a result of the accident, Mr. Martinez injured his left knee, low back, mid back, and right hand. The expert will testify that treatment following the injury was for his lumbar spine, which had been with physical therapy, lumbar epidural steroid injections, and medications. The expert will testify that at his initial pain management in the expert's office, Mr. Martinez noted that the pain was radiating to the left lower extremity and would radiate all the way to his foot.
3. The expert will testify that past medical history is none.
4. The expert will testify that past surgical history is none.
5. The expert will testify that there are no known allergies for Mr. Martinez.
6. The expert will testify that the physical examination at Mr. Martinez's initial consultation on September 12, 2018, revealed the following:
    - In regards to the lumbar spine, he had antalgic gait. He had tenderness over the lower lumbar processes. Range of motion of the lumbar spine revealed extension 5 degrees, pain at the end of the range (normal 25 degrees); flexion 30 degrees, pain at the end of the

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range (normal 85 to 90 degrees); left lateral flexion 10 degrees, pain at the end of the range (normal 25 degrees); right lateral flexion 15 degrees, pain at the end of the range (normal 25 degrees). Reflexes 2/4 at the knee and the ankle. Sensation depressed left posterolateral thigh/calf/foot. Straight leg raise is present to the left. Upon muscle testing, he had full power of hip flexion (T12, L1, L2, L3 region) 5/5 bilaterally. Knee extension (L2, L3, L4 region). Pain on testing strength of left knee extension, ankle dorsiflexion (L4, L5 region) left sided weakness in comparison to the right. Plantarflexion (S1 region) left sided weakness in comparison to the right. EHL extension (L5 region) left sided weakness in comparison to the right. Positive muscle spasm in the lower lumbar musculature.

7. The expert will testify that his initial assessment was lumbar radicular pain, lumbago and left knee pain. The expert will testify that in regards to the lumbar radicular pain, Mr. Martinez had complaints of lumbar radicular pain. The expert will testify that Mr. Martinez's MRI of the lumbar spine showed herniations at L4-L5 and L5-S1. The expert will testify that Mr. Martinez was recommended left-sided L5-S1 trasnforaminal epidural steroid injection as he was describing left sided complaints in that dermatomal distribution. The expert will testify that he recommended EMG/NCS of the lower extremities to evaluate for muscular degeneration from the disc protrusions as well as the severity and acuteness. The expert will testify Mr. Martinez reported difficulty

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with sitting and extended period of time and would have difficulty with sedentary positions.

8. The expert will testify that in regards to the left knee pain, Mr. Martinez had a meniscal tear on MRI. The expert will testify Mr. Martinez was to continue to follow with orthopedics to discuss possible surgery.

9. The expert will testify to having reviewed the following records:

   - 09/06/2016- Emergency department records from North Central Bronx Hospital ED triage note notes chief complaint was injury to right hand. Objective was swelling noted to whole right hand and fingers with limited range of motion noted, tenderness noted.
   - 09/06/2016- Report of x-rays of the right hand. Impression: No definite evidence of active acute fracture or dislocation within the right hand. It did note soft tissue swelling over the dorsum of the hand.
   - 09/06/2016- The patient was discharged to follow up with the Hand Clinic at Jacobi Medical Center, is to take Motrin as needed for pain, rest, ice compression, elevation for pain and swelling, and follow up in the hand clinic.
   - 01/25/2018- Report of an MRI of the lumbar spine. Performed at Lenox Hill Radiology. Impression: 1. Evidence for muscle spasm after injury with straightening of the normal lumbar lordosis. 2. No focal disc herniation or significant spinal stenosis. 3. L4-L5 and L5-S1 facet arthrosis. 4. No acute or healed fracture deformity by MRI. Recommend

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CT lumbar spine radiograph series to assess for bony abnormality if clinically warranted.

- 08/16/2018- 08/23/2018- Office visits with Dr. Jeffrey Kaplan, Orthopedic surgeon, evaluating this patient for his orthopedic injuries.
- 08/16/2018- Initial consultation with Dr. Kaplan noting that the patient was involved in a work related accident on September 6, 2016. He injured his left knee, low back, mid back and right hand. No history of prior trauma. Dr. Kaplan's initial assessment was post-traumatic lumbar pain with symptoms of lumbar radiculopathy, internal derangement of left knee suspect meniscal tear, contusion right hand with persistent pain. Mr. Martinez was also to begin physical therapy for the knee and the back. Mr. Martinez was sent for an MRI of the left knee as well as the lower back to rule out disc herniation. He was to see pain management.
- 08/27/2018- Report of an MRI of the left knee. Performed at Kolb Radiology. Impression: "There is a flap tear of the inferior articular surface of the posterior horn of medial meniscus with posterior capsular disruption subcapsular fluid accumulation and a 1.8cm thin popliteal cyst, partial tear of the anterior cruciate ligament, joint effusion.
- 08/27/2018- Report of an MRI of the lumbar spine. Performed at Kolb Radiology. Impression: Disc bulges at L4-L5 and L5-S1 impinging upon the anterior epidural fat and abutting the bilateral extra-thecal L5 nerve roots at the L4-L5 level.

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- 10/16/2018- Injection of Celestone into the left knee under ultrasound guidance in the office by Dr. Kaplan.
- 12/26/2018- 07/12/2023- Consultations with Dr. Joseph Weinstein, Comprehensive Orthopedic & Spine Care.
- 12/26/2018- Initial consultation with Dr. Joseph Weinstein, Comprehensive Orthopedic & Spine care. Diagnosis of lumbar radiculopathy. Recommendation was to bring the MRI CD and begin a course of physical therapy. Recommended a lumbar discogram L3 to S1.
- 02/06/2019- Follow up consultation with Dr. Joseph Weinstein, who recommended an updated and new MRI of the lumbar spine.
- 02/20/2019- Operative report. Surgeon: Dr. Jeffrey Kaplan. Performed at Manhattan Surgery Center. Preoperative Diagnosis: Internal derangement of left knee. Postoperative diagnoses: 1. Tear of medial meniscus, Left knee. 2. Synovitis multiple compartments, left knee. Procedures performed: 1. Left knee arthroscopy with partial medial meniscectomy. 2. Synovectomy in multiple compartments left knee.
- 03/18/2019- Report of an MRI of the lumbar spine. Performed at Lenox Hill Radiology. Impression: 1. Posterior disc bulges noted at L3-L4 and L5-S1. 2. Straightening of the lumbar lordosis.
- 04/03/2019- Follow up consultation with Dr. Joseph Weinstein. The patient had the MRI which was reviewed. He recommended a lumbar discogram L3 to S1.

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- 07/17/2019- Follow up with Dr. Joseph Weinstein. Reviewed the lumbar discogram that was positive at L5-S1. Recommended a decompression and fusion at L5-S1. Dr. Weinstein recommended a preoperative CT scan.
- 07/18/2019- Report of a CT scan of the lumbar spine performed at Lenox Hill Radiology. Impression: 1. Posterior disc bulge at L5-S1, larger to the right of midline, impinging the right S1 nerve root with the lateral recess. 2. Posterior disc bulge at L3-L4. 3. Multilevel ventral spondylosis. 4. Straightening of the lumbar lordosis.
- 03/16/2020- Operative report. Surgeon: Dr. Salvatore Lenzo. Performed at NYU Langone Health Systems. Preoperative diagnoses: 1. Compression of multiple nerves, right hand and forearm. 2. Tear of triangular fibrocartilage complex, right wrist with synovitis. 3. Adhesions of tendons. Postoperative diagnosis: The same. Procedures performed: 1. Arthroscopy of right wrist with synovectomy of right wrist joint, debridement of torn peripheral tear triangular fibrocartilage complex and partial tear of scapholunate interosseous ligament with synovectomy. 2. Tenosynovectomy of the following tendons: Extensor pollicis longus tendon, extensor digitorum communis tendon, extensor digit quinti and extensor carpi ulnaris tendons, right wrist and forearm. 3. Internal neurolysis under microscopic loupe control of dorsal ulnar nerve of right hand and forearm, volar and ulnar nerve right hand and forearm, median nerve right hand and forearm, radial nerve right hand and

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forearm. 4 Tenolysis of multiple tendons, flexor digitorum profundus tendons (four tendons), right forearm, hand and respective fingers, flexor digitorum sublimis tendons (four tendons), right forearm, hand and respective fingers flexor pollicis longus tendon, right forearm, hand and thumb palmaris longus tendon, right forearm and hand flexor carpi radialis tendon, right forearm and hand flexor carpi ulnaris tendon, right forearm and hand, and tenolysis of the lumbrical muscles (four tendons) right distal hand. The findings were gross findings tear of triangular fibrocartilage complex of right wrist with synovitis of right wrist, tenosynovitis of multiple tendons and compressions of nerves.

- 08/12/2020- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: 1. Ventral Lumbar spondylosis. 2. Slight lower lumbar dextroscoliosis and straightening of the upper lumbar lordosis.
- 08/12/2020- Report of an MRI of the lumbar spine. Performed at Lenox Hill Radiology. Impression: 1. Posterior disc bulges at L3-L4 and L5-S1. 2. Straightening of the lumbar lordosis.
- 09/08/2020- Operative report. Surgeon: Dr. Joseph Weinstein. Performed at Lenox Hill Hospital. Preoperative diagnoses: 1. Lumbar Radiculopathy. 2. Positive discogram L5-S1. Postoperative diagnosis: The same. Procedures performed: 1. Posterior lumbar microsurgical decompressive laminectomy of L5-S1. 2. Bilateral fusion of L5-S1. 3. Placement of segmental spinal instrumentation, L5-S1 utilizing titanium

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pedicular instrumentation system. 4. Local bone graft, allograft and bone morphogenetic protein placement. 5. Intraoperative fluoroscopy.

- 10/1/2020- Report of x-ray of the lumbar spine. Performed at Lenox Hill Radiology. Impression: There has been interval surgery at L5-S1 including laminectomies and posterior fusion with bilateral pedicle screw and rod instrumentation hardware stabilizing the L5-S1 segments. The fusion appears in anatomic alignment. The hardware appears intact without signs of screw loosening. The remaining features of the examination appear unchanged.
- 10/27/2020- Report of x-rays of lumbar spine. Performed at Lenox Hill Radiology. Impression: Postsurgical changes again noted at L5-S1 including laminectomies and posterior fusion with bilateral pedicle screw and rod instrumentation hardware stabilizing L5-S1 segments. The fusion appears unchanged in anatomic alignment. The hardware appears intact without signs of screw loosening. The remaining features of the examination appear unchanged.
- 11/19/2020- Follow up with Dr. Kaplan. Dr. Kaplan performed x-rays of lumbar spine showing a posterior lumbar fusion at L5-S1 with posterior instrumentation.
- 02/04/2021- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: At L5-S1, there is again no need of postsurgical changes including laminectomies and instrumented posterior fusion. The fusion appears unchanged in anatomic alignment.

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The hardware appears intact without evidence of screw loosening. The remaining features of the examination appear unchanged.

- 02/26/2021- Report of x-rays of lumbar spine performed at Lenox Hill Radiology. Impression: Postsurgical changes are again noted at L5-S1 including laminectomies and posterior fusion with bilateral pedicle screw and rod instrumentation hardware. The hardware appears intact without signs of screw loosening. The fusion appears unchanged in anatomic alignment. The remaining features of the examination appear unchanged.
- 05/28/2021- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: At L5-S1, there are postsurgical changes again noted including laminectomies and instrumented posterior fusion. The fusion appears unchanged in anatomic alignment. The hardware appears intact and there are no definite signs of screw loosening. The remaining features of the examination appear unchanged.
- 07/09/2021- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: Postsurgical changes are again noted at L5-S1 including laminectomies and instrumented posterior fusion. The fusion remains stable in anatomic alignment. The hardware remains intact and there are no definite signs of screw loosening. The remaining features of the examination appear unchanged.
- 09/16/2021- Report of an MRI of the left knee. Performed at Kolb Radiology. Impression: Findings consistent with a retear of the inferior

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articular surface if the posterior horn of the medial meniscus versus surgical changes. Clinical correlation is in order. Partial tear of the posterolateral bundle of the anterior cruciate ligament. There is partial thickness chondral defect at the anterior aspect of the medial femoral condyles, joint effusion.

- 12/13/2021- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: At L5-S1, there is again note made of postsurgical changes including laminectomies and posterior fusion with bilateral pedicle screw and rod instrumentation hardware, stabilizing the L5-S1 segments. The fusion appears unchanged in anatomic alignment. The hardware appears intact and there are no definite signs of screw loosening. The remaining features of the examination appear unchanged.
- 01/27/2022- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: Postsurgical changes are again noted at L5-S1 including laminectomies and instrumented posterior fusion. The fusion appears maintained in anatomic alignment. The hardware appears intact and there is no evidence of screw loosening. The remaining features of the examination appear unchanged.
- 02/16/2022- Operative report. Surgeon: Dr. Jeffrey Kaplan. Performed at Manhattan Surgery Center. Preoperative diagnosis: Recurrent tear medial meniscus, left knee. Postoperative diagnosis: Recurrent tear, medial meniscus, left knee and partial tear lateral meniscus, left knee,

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articular surface injury medial femoral condyle, left knee, and synovitis left knee. Procedures performed: 1. Left knee partial medial and lateral meniscectomy. 2. Chondroplasty of medial femoral condyle. 3. Major synovecotmy of multiple compartments, left knee.

- 02/24/2022- First postoperative visit with Dr. Kaplan following his secondary left knee surgery. Sutures were removed. The patient was to wean from the cane and begin physical therapy.
- 03/30/2022- Report of x-ray of the lumbar spine. Performed at Lenox Hill Radiology. Impression: At L5-S1, there are postsurgical changes including laminectomies and posterior fusion with bone graft and bilateral pedicle screw and rod instrumentation hardware again noted. The fusion appears unchanged in anatomic alignment. The pedicle screw and rod hardware remains intact and are no signs of screw loosening. The remaining features of the examination appear unchanged.
- 10/04/2022- Report of x-rays of lumbar spine. Performed at Lenox Hill Radiology. Impression: Stable postsurgical changes are noted, including laminectomies and posterior fusion with bone graft and pedicle screw and rod instrumentation hardware at L5-S1. The fusion appears unchanged in anatomic alignment. The hardware appears intact and there are no definite signs of screw loosening. The remaining features of examination appear unchanged.

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- 02/01/2023- Euflexxa injection #1 was given in the left knee under ultrasound guidance by Dr. Kaplan.
- 02/08/2023- Euflexxa injection #2 given under ultrasound guidance in the office by Dr. Kaplan.
- 02/23/2023- Euflexxa injection #3 given under ultrasound guidance in the office by Dr. Kaplan.
- 03/28/2023- Report of x-ray of the lumbar spine. Performed at Lenox Hill Radiology. Impression: Intact L5-S1 posterior instrumentation. No lucency around the screws. Normal AP alignment and disc spaces above the fusion. 6mm right pelvic inferior tilt and 6 degrees left convexity lumbar scoliosis present in 2022. Otherwise, normal spine, intact vertebra, AP alignment, sacrum, disc spaces, lordosis, and grossly intact S1 joints, intact medial hip joint spaces.
- 07/05/2023- Narrative report by Dr. Salvatore Lenzo noting that the patient sustained an injury to the right hand and wrist after sustaining a work related injury. Mr. Martinez developed a ligament tear within the right wrist, which required arthroscopic intervention and also caused compression and swelling around the median nerve, which also required decompression and neurolysis of the nerve. Dr. Lenzo noted that Mr. Martinez had a moderate degree of disability with regard to the right wrist. Mr. Martinez had a guarded prognosis in the light of the chronicity of symptoms and his symptoms were causally related. Dr. Lenzo noted that Mr. Martinez had therapy following this surgery and

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some complaints of pain. Mr. Martinez developed swelling on the dorsal aspect of the right wrist. Dr. Lenzo felt Mr. Martinez had subsequent extensor tenosynovitis of the right wrist, and at his prior visit on June 14, 2023, he had a dorsal ganglion as well from the scapholunate and he aspirated the mass.

- 07/07/2023- Report of a CT scan of the lumbar spine without contrast. Performed at Lenox Hill radiology. Impression: 1. Status post interval surgery at L5-S1 including laminectomies and instrumented posterior fusion, in anatomic alignment with intact hardware in good position and the canal and neural foramina well decompressed at the surgical level. 2. No other significant interval change appreciated.
- 07/07/2023- Report of an MRI of the lumbar spine without and with contrast performed at Lenox Hill Radiology. Impression: 1. Status post interval surgery with instrumented posterior fusion at L5-S1, in anatomic alignment, with the canal and neural foramina well decompressed at the surgical levels. 2. Disc bulging again noted at L3-L4, not significantly changed.
- 07/12/2023- Follow up with Dr. Weinstein. Diagnosis of lumbar spine status post fusion. Recommended physical therapy, MRI and CT scan of the lumbar spine. Recommended anti-inflammatories for pain. Reviewed x-ray of the lumbar spine. Recommended pain management follow-up. Noted the patient was 100% temporarily disabled.

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- 08/23/2023- Most recent follow-up with Dr. Kaplan, who noted that he would continue with home exercises. Dr. Kaplan's assessment was status post a left knee arthroscopy, post-traumatic arthritis of the left knee.

10. The expert will testify to having performed the following pain management procedures and tests:

- 09/19/2018- Report of EMG/NCV studies of the lower extremities. Impression: The above electrodiagnostic study reveals evidence of bilateral L5-S1 radiculopathy.
- 12/06/2018- Procedure note. Indications: 1. Lumbar radiculopathy. 2. Disc herniation without myelopathy. Procedure: Bilateral trasnforaminal epidural steroid injections L5 nerve root and S1 nerve root with epidurogram. Performed at Manhattan Surgery Center.
- 04/01/2019- Lumbar trigger point injections given under ultrasound guidance in the office.
- 06/17/2019- Procedure note. Indications: 1. Lumbar Radiculopathy. 2. Disc herniation without myelopathy. Procedure performed: Lumbar discogram at L3-L4, L4-L5 and L5-S1. Impression: the patient has concordant pain involving the L5-S1 disc.
- 10/09/2019- Lumbar trigger point injections given under ultrasound guidance in the office.
- 12/03/2019- Lumbar trigger point injections given under ultrasound guidance in the office.

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- 01/16/2020- Lumbar trigger point injections given under ultrasound guidance in the office.
- 06/15/2020- Lumbar trigger point injections given under ultrasound guidance in the office and an IM Toradol injection given for acute inflammatory pain.
- 07/27/2020- Lumbar trigger point injections given under ultrasound guidance in the office.
- 03/01/2021- Bilateral sacroiliac joint injections given under ultrasound guidance in the office.
- 03/18/2021- Procedure note. Indications: Lumbar radiculopathy. Procedure: Lumbar interlaminar epidural steroid injection L4-L5 with epidurogram.
- 07/21/2021- Lumbar trigger point injections given under ultrasound guidance in the office.
- 11/22/2021- Lumbar trigger point injections given under ultrasound guidance in the office.
- 05/18/2022- Lumbar trigger point injections given under ultrasound guidance in the office.
- 06/16/2022- Lumbar trigger point injections given under ultrasound guidance in the office.
- 08/22/2022- Lumbar trigger point injections given under ultrasound guidance in the office.

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- 02/15/2023- Left sided sacroiliac injection performed under ultrasound guidance in the office.
- 06/21/2023- Lumbar trigger point injections performed under ultrasound guidance in the office.
- 08/09/2023- Bilateral sacroiliac joint injections performed under ultrasound guidance in the office.
- 09/20/2023- Lumbar trigger point injections performed under ultrasound guidance in the office.

11. The expert will testify that treatment in his office has been every six to eight weeks for pain management evaluation. The expert will testify Mr. Martinez underwent extensive physical therapy for both the knee and the lumbar spine. The expert will testify Mr. Martinez had extensive prescriptions given for physical therapy. The expert will testify Mr. Martinez was given medications including oral and topical anti-inflammatory medications, anti-spasmodic medications and neuropathic medications. The expert will testify Mr. Martinez utilized a TENS unit for pain. The expert will testify Mr. Martinez underwent multiple trigger point injections, left knee injections, bilateral sacroiliac joint injections and lumbar epidural injections. The expert will testify that due to failure of conservative treatment options, Mr. Martinez underwent surgery with Dr. Joseph Weinstein on September 8, 2020, for bilateral fusion of L5-S1. The expert will testify Mr. Martinez had postoperative physical therapy and injections.

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12. The expert will testify Mr. Martinez also continued to have left knee pain despite conservative treatment. The expert will testify Mr. Martinez had surgery with Dr. Jeffrey Kaplan on February 20, 2019, for a left knee arthroscopy with partial medial meniscectomy and synovectomy in multiple compartments of the left knee with a postoperative diagnosis of tear medial of meniscus, left knee and synovitis of multiple compartments left knee. The expert will testify Mr. Martinez has postoperative physical therapy, and he had a subsequent re-tear of the medial meniscus and had surgery on February 16, 2022, with Dr. Kaplan for left knee partial medial and lateral meniscectomy, chondroplasty of medial femoral condyle, and major synovectomy of multiple compartments of the left knee with a postoperative diagnosis recurrent tear of medial meniscus, left knee and partial tear lateral meniscus of left knee, articular surface injury of medial femoral condyle of left knee, and synovitis of left knee. The expert will testify Mr. Martinez underwent postoperative physical therapy as well as medications and Euflexxa injections. The expert will testify Mr. Martinez continued to consult with Dr. Kaplan every four to six weeks as well as for orthopedic evaluations.

13. The expert will testify that Mr. Martinez had surgery with Dr. Salvatore Lenzo as he developed a ligament tear within the right wrist, which required arthroscopic intervention and also caused compression and swelling around the median nerve, which also required decompression and neurolysis of the nerve. The expert will testify Mr. Martinez also underwent surgery with Dr.

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Lenzo for his thumb and index finger. The expert will testify Mr. Martinez was status post carpal tunnel release with contracture of the index and thumb.

14. The expert will testify that Mr. Martinez's most recent pain management visit in his office was on September 20, 2023. The expert will testify Mr. Martinez was now a 43 year old male who presented for a follow-up. The expert will testify Mr. Martinez was status post surgery with Dr. Weinstein on September 8, 2020. The expert will testify Mr. Martinez was complaining of increased pain and numbness to the left greater than right lower extremity. The expert will testify Mr. Martinez denied any interval injuries. The expert will testify Mr. Martinez was status post a lumbar epidural injection and noted improvement in his radiating lower extremity pain by roughly 50% to 60%. The expert will testify Mr. Martinez stated that the pain was tolerable and would like to reassess the need for another injection at his next visit. The expert will testify SI joint injections given in February 2023, helped, but the symptoms returned, lateral pain worse with sitting. The expert will testify that his wife assisted with activities of daily living including helping with shoes, socks, pants when his pain increased, shopping and home care. The expert will testify Mr. Martinez lived on the fifth floor walk up apartment making it difficult for him to leave the home due to pain. The expert will testify Mr. Martinez was attending physical therapy. The expert will testify that as mentioned, he underwent surgery of the right hand with Dr. Lenzo in March 2020. The expert will testify that additional physical therapy and stretching was recommended by Dr. Lenzo. The expert will testify Mr. Martinez stated that he was experiencing continued numbness

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to his hand as well as difficulty lifting things up and using his hand for buttons and zippers. The expert will testify that TENS unit, helped a great deal with his lumbar pain, which he used regularly. The expert will testify that status post left knee arthroscopy with Dr. Kaplan in February 2022. The expert will testify Mr. Martinez reported that he could sit for about 30 minutes at a stretch and then he would need to offload his back and stretch.

15. The expert will testify that physical examination, at Mr. Martinez's most recent consultation on September 20, 2023, revealed the following: In regards to the lumbar exam, he had antalgic gait. Mr. Martinez had tenderness over the lumbar processes, tenderness left sided SI joint. Range of motion of the lumbar spine revealed extension 20 degrees, pain at the end of the range (normal 25 degrees); flexion 65 degrees, pain at the end of the range (normal 85 to 90 degrees) left and right lateral flexion 15 degrees, pain at the end of the range (normal 25 degrees). Reflexes 2/4 at the knee and the ankle. Sensation depressed left posterolateral thigh, calf and foot. The expert will testify that straight leg raise was present bilaterally left greater than right. Upon muscle testing, there was full power of hip flexion (T12, L1, L2, L3 region) 5/5 bilaterally. Knee extension (L2, L3, L4 region) pain on testing strength of left knee extension. Ankle dorsiflexion (L4, L5 region) left-sided weakness in comparison to the right. Plantarflexion (S1 region) left sided weakness in comparison to the right. EHL extension (L5 region) left sided weakness in comparison to the right. Positive muscle spasm in the lower lumbar

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musculature. Left sided muscular trigger points presents. Positive Tinel's of the right wrist. Some depressed sensation noted in the thumb and index region.

16. The expert will testify that his assessment was lumbar radicular pain, lumbago, sacroiliitis, left knee pain and right hand pain. The expert will testify that in regards to the lumbar radicular pain, Mr. Martinez had complaints of lumbar post-surgical radicular pain complaints status post surgery with Dr. Weinstein September 8, 2020. The expert will testify Mr. Martinez was complaining of pain and numbness to the left greater than right lower extremity at his visit. The expert will testify Mr. Martinez denied any interval injuries. The expert will testify that the plan was to discuss lumbar epidural injection at Mr. Martinez's next visit. The expert will testify that Gabapentin for neuropathic pain and cyclobenzaprine for night spasms was give. The expert will testify Mr. Martinez was also given Celebrex for anti-inflammatory medication. The expert will testify lumbar trigger point injections were performed under ultrasound guidance in the office.

17. The expert will testify Mr. Martinez also had bilateral sacroiilitis. The expert will testify Mr. Martinez developed sacroiilitis post-surgically. The expert will testify the sacroiliac joint often developed as a source of persistent or new pain after lumbar/lumbosacral fusion. The expert will testify that the underlying pathophysiology of SI joint pain was due to increased mechanical load resulting from the lower lumbar fusion. The expert will testify bilateral sacroiliac joint injections were given at the last visit. The expert will testify that the plan was to repeat as needed.

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18. The expert will testify that in regards to the left knee pain, Mr. Martinez was post surgery with Dr. Kaplan February 20, 2019 and a secondary surgery in February 2022. The expert will testify Mr. Martinez was to continue to follow with Dr. Kaplan in regards to the knee pain.

19. The expert will testify that Mr. Martinez was to continue to follow up with Dr. Lenzo in regards to his right had pain. The expert will testify Mr. Martinez underwent surgery to the right hand with Dr. Lenzo in March 2020.

20. The expert will testify that Mr. Martinez was not working at the time of his last visit as a result of the work related injury. The expert will testify he discussed job restrictions with Mr. Martinez and recommended sedentary position trial only with limitations of lifting to less than 10 pounds, pushing and pulling less than 10 pounds, able to break for stretching every 30 minutes from sedentary position. The expert will testify that no climbing, no stooping, no crawling recommended.

21. The expert will testify that Mr. Inocencio Martinez has been a patient under his care since September 12, 2018. The expert will testify that at that time, Mr. Martinez was a 38 year old male who presented to his office for initial pain management evaluation. The expert will testify that Mr. Martinez sustained injuries in a work related accident on September 6, 2016. The expert will testify Mr. Martinez was seen at North Central Bronx for injuries to his hand where x-rays were done and imaging and he was treated and released. The expert will testify that Mr. Martinez injured his left knee, low back, mid back and right hand. The expert will testify Mr. Martinez came under the care of orthopedics.

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22. The expert will testify that Mr. Inocencio Martinez's diagnoses were as follows:

1. Contusion, right hand.

2. Lumbago.

3. Post-traumatic lumbar myofascial pain.

4. Post-traumatic lumbar radiculopathy with EMG/NCV studies of the lower extremities performed on September 19, 2018, revealing evidence of bilateral L5-S1 radiculopathy.

5. MRI of the lumbar spine performed on August 27, 2018, revealing evidence of disc bulges at L4-L5 and L5-S1 impinging upon the anterior epidural fat and abutting the bilateral extrathecal L5 nerve roots at the L4-L5 level.

6. Lumbar discogram performed revealing concordant back pain at the L5-S1 disc space.

7. Antalgic gait.

8. Bilateral sacroiliitis.

9. Status post a bilateral lumbar fusion with instrumentation of L5-S1 by Dr. Joseph Weinstein on September 8, 2020.

10. Internal derangement of left knee.

11. MRI of the left knee performed on August 27, 2018, revealing evidence of a flap tear of the inferior articular surface of the posterior horn of the medial meniscus with posterior capsular disruption subcapsular fluid accumulation and a 1.8 cm thin popliteal cyst.

12. Status post a left knee surgery February 20, 2019, with procedure of a left knee arthroscopy with partial medial meniscectomy and synovectomy in

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multiple compartments of the left knee with postoperative diagnosis of tear of medial meniscus of left knee, and synovitis of multiple compartments of the left knee.

13. MRI of the left knee performed on September 16, 2021, revealing evidence of a re-tear of the inferior articular surface of the posterior horn of the medial meniscus, partial tear of the posterolateral bundle of the anterior cruciate ligament and partial thickness chondral defect of the anterior aspect of the medial femoral condyles with joint effusion.

14. Status post a second knee surgery performed February 16, 2022, with a procedure of a left knee partial medial and lateral meniscectomy, chondroplasty of medial femoral condyle, major synovectomy of multiple compartments of the left knee with postoperative diagnoses of recurrent tear of medial meniscus of left knee and partial tear of lateral meniscus of left knee, articular surface injury of medial femoral condyle of left knee and synovitis of left knee.

15. Internal derangement of the right hand status post hand surgery with Dr. Lenzo in March 2020.

23. The expert will testify that he defer discussion of his hand injuries to the appropriate specialist, Dr. Lenzo.

24. The expert will testify that the above diagnosis represent permanent injuries. The expert will testify that the accident of September 6, 2016, is the competent producing cause of the above mentioned diagnoses as well as need for the extensive treatment outlined above. The expert will testify Mr. Martinez

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continues to require ongoing follow-up with his hand surgeon. The expert will testify Mr. Martinez continues to require imaging and follow up. The expert will testify Mr. Martinez continues to require follow-up with his orthopedic surgeon in regards to his left knee as he continues to benefit from imaging as well as Euflexxa injections. The expert will testify he could be a candidate for an additional left knee surgery in the future. The expert will testify Mr. Martinez continues to require ongoing follow-up with his orthopedic spinal specialist status post a lumbar fusion surgery and continues to require serial imaging. The expert will testify Mr. Martinez continues to be a candidate for pain management including lumbar trigger point injections, lumbar epidural injections, bilateral sacroiliac joint injections, and physical therapy. The expert will testify Mr. Martinez continues to benefit from medications including anti-inflammatory medications both oral and topical, anti-spasmodics, oral and neuropathic pain medications. The expert will testify Mr. Martinez's prognosis is poor. The expert will testify Mr. Martinez's condition is considered permanent.

25. The expert will testify that the following medical costs can be expected to be incurred for lifetime duration for the lumbar spine, left knee, and right hand.

    1. All medications including anti-inflammatories, muscle relaxants, neuropathic pain medications, and topical medications at the approximate cost of $1215 per month for lifetime duration; including, TENS unit and supplies, Celebrex, Cyclobenzaprine, Gabapenting, Amitriptyline, and Lidoderm 5% patches.

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2. Pain management office visits at a 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 f or lifetime duration.

4. Orthopaedic spinal surgeon office visits at a cost of $500 per visit, once a year for lifetime duration.

5. Orthopaedic hand surgeon office visits at a cost of $500 per visit, once a year for lifetime duration.

6. 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.

7. Trigger point injections at a cost $300 per set of injections, up to one set of injections per 3 months for lifetime duration for the lumbar spine.

8. Ultrasound guided joint lubrication injections of Euflexxa at a cost of $3830 per series of three injections for the left knee every six months for lifetime duration.

9. Bilateral sacroiliac joint injections at a cost of $1000 per injection up to six injections per year for lifetime duration pending the patient's response.

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 a left knee arthroscopy at a cost of $26,307 including facility cost, anesthesia, and equipment cost.

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12. Candidate for revision or extension of lumbar fusion surgery at a cost of $100,000.00 including facility cost, anesthesia, and equipment cost in the next 10-15 years.

13. MRI of the lumbar spine at the cost of $1300 once every five years for lifetime duration.

14. MRI of the left knee at the cost of $1300 once every five years for lifetime duration.

15. MRI of the right hand at the cost of $1300 once every five years for lifetime duration.

16. X-rays films of the lumbar spine once every 6 months at a cost of $400 for lifetime duration.

17. X-ray films of the left knee once every 6 months at a cost of $400 for lifetime duration.

18. X-ray films of the right hand once every 6 months at a cost of $400 lifetime duration.

19. EMG/NCV studies of the lower extremities at the approximate cost of $2000 once every five years for lifetime duration.

26. The experts' curriculum vita are attached herein and made a part hereof along with the report dated November 1, 2023. It is expected that the expert will testify in accordance with the foregoing, the annexed reports and those to be served.

Plaintiff reserves the right to supplement the foregoing up to and including the time of trial.

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DATED: New York, New York
November 8, 2023

Yours, etc.

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ACTION DISCONTINUED AGAINST DEFENDANT/ THIRD PARTY DEFENDANT
NY DIMENSION BUILDERS INC.
(Per Stipulation dated 12-15-21)

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MATTHEW P. GRIMM, M.D.
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PAIN MANAGEMENT

November 1, 2023

RE: MARTINEZ, INOCENCIO
DOB: 02/14/1980
DOL: 09/06/2016
NARRATIVE REPORT

To Whom It May Concern:

Mr. Inocencio Martinez has been a patient under my care since September 12, 2018. At that time, this patient was a 38-year-old male who presented for initial pain management evaluation. Mr. Martinez presented with complaints of back pain. He was seen with a translator. He was referred by Dr. Jeffrey Kaplan, Orthopedic Surgery, for pain management evaluation. This patient sustained injuries in a work-related accident on September 6, 2016, while working construction, standing on a scaffolding, working at a height when he was struck by metal following a fall. The metal struck his right hand. He injured his left knee, low back, mid back, and right hand. Treatment following the injury was for his lumbar spine, which had been with physical therapy, lumbar epidural steroid injections, and medications. At his initial pain management evaluation in my office, he noted that the pain was radiating to the left lower extremity and would radiate all the way to his foot. He had been treating with another pain management physician prior to his initial consultation.

PMHX: None.

SURGHX: None.

ALLERGIES: NKDA.

PHYSICAL EXAMINATION: Physical examination, at his initial consultation on September 12, 2018, revealed the following: In regards to the lumbar exam, he had antalgic gait. He had tenderness over the lower lumbar processes. Range of motion of the lumbar spine revealed extension 5 degrees, pain at the end of the range (normal 25 degrees); flexion 30 degrees, pain at the end of the range (normal 85 to 90 degrees); left lateral flexion 10 degrees, pain at the end of the range (normal 25 degrees); right lateral flexion 15 degrees, pain at the end of the range (normal 25 degrees). Reflexes 2/4 at the knee and the ankle. Sensation depressed left posterolateral thigh/calf/foot. Straight leg raise is present to the left. Upon muscle testing, he had full power of hip flexion (T12, L1, L2, L3 region) 5/5 bilaterally. Knee extension (L2, L3, L4 region). Pain on testing strength of left knee extension, ankle dorsiflexion (L4, L5 region) left-sided weakness in comparison to the right. Plantarflexion (S1 region) left-sided weakness in

comparison to the right. EHL extension (L5 region) left-sided weakness in comparison to the right. Positive muscle spasm in the lower lumbar musculature.

My initial assessment was lumbar radicular pain, lumbago, and left knee pain. In regards to the lumbar radicular pain, he had complaints of lumbar radicular pain complaints. His MRI of the lumbar spine showed herniations at L4-L5 and L5-S1. Recommended left-sided L5-S1 transforaminal epidural steroid injection as he was describing left-sided complaints in that dermatomal distribution. I recommended EMG/NCS of the lower extremities to evaluate for muscular degeneration from the disc protrusions as well as the severity and acuteness. He was to continue with physical therapy. He was 100% disabled from his prior occupation. He reported difficulty with sitting an extended period of time and would have difficulty with sedentary positions.

In regards to the left knee pain, he had a meniscal tear on MRI. He was to continue to follow with orthopedics to discuss possible surgery.

REVIEW OF RECORDS:
9/6/2016- Emergency department records from North Central Bronx Hospital ED triage note notes chief complaint was injury to right hand. Objective was swelling noted to whole right hand and fingers, limited range of motion noted, tenderness noted.

9/6/2016- Report of x-rays of the right hand. Impression: "No definite evidence of active acute fracture or dislocation within the right hand." It did note soft tissue swelling over the dorsum of the hand.

9/6/2016- The patient was discharged to follow up with the Hand Clinic at Jacobi Medical Center, is to take Motrin as needed for pain, rest, ice compression, elevation for pain and swelling, and follow up in the hand clinic.

1/25/2018- Report of an MRI of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "1. Evidence for muscle spasm after injury with straightening of the normal lumbar lordosis. 2. No focal disc herniation or significant spinal stenosis. 3. Mild L4-L5 and L5-S1 facet arthrosis, which may be due to prior injury. 4. No acute or healed fracture deformity by MRI. Recommend CT lumbar spine radiograph series to assess for bony abnormality if clinically warranted."

8/16/2018-8/23/2023- Office visits with Dr. Jeffrey Kaplan, Orthopedic surgeon, evaluating this patient for his orthopedic injuries.

8/16/2018- Initial consultation with Dr. Kaplan noting that the patient was involved in a work-related accident on September 6, 2016, working on a height when he was struck by metal following a fall. The metal struck his right hand. He injured his left knee, low back, mid back, and right hand. No history of prior trauma. X-rays were performed in the office of the hand showing: "No acute bony changes. X-rays of the knee showed no acute bony changes." Dr.

Kaplan's initial assessment was post-traumatic lumbar pain with symptoms of lumbar radiculopathy, internal derangement of left knee suspect meniscal tear, contusion right hand with persistent pain. He was to begin physical therapy for the knee and the back. He was sent for an MRI of the left knee as well as the lower back to rule out a disc herniation. He was to see Pain Management.

8/27/2018- Report of an MRI of the left knee. Performed at Kolb Radiology. Impression: "There is a flap tear of the inferior articular surface of the posterior horn of medial meniscus with posterior capsular disruption subcapsular fluid accumulation and a 1.8 cm thin popliteal cyst, partial tear of the anterior cruciate ligament, joint effusion."

8/27/2018- Report of an MRI of the lumbar spine. Performed at Kolb Radiology. Impression: "Disc bulges at L4-L5 and L5-S1 impinging upon the anterior epidural fat and abutting the bilateral extrathecal L5 nerve roots at the L4-L5 level."

10/16/2018- Injection of Celestone into the left knee under ultrasound guidance in the office by Dr. Kaplan.

12/26/2018-7/12/2023- Consultations with Dr. Joseph Weinstein, Comprehensive Orthopedic & Spine Care.

12/26/2018- Initial consultation by Dr. Joseph Weinstein, Comprehensive Orthopedic & Spine Care. Diagnosis of lumbar radiculopathy. Recommendation was to bring the MRI CD and begin a course of physical therapy. Recommended a lumbar discogram L3 to S1.

2/6/2019- Follow-up consultation with Dr. Joseph Weinstein, who recommended an updated and new MRI of the lumbar spine.

2/20/2019- Operative report. Surgeon: Dr. Jeffrey Kaplan. Performed at Manhattan Surgery Center. Preoperative diagnosis: Internal derangement of left knee. Postoperative diagnoses: 1. Tear of medial meniscus, left knee. 2. Synovitis multiple compartments, left knee. Procedures performed: 1. Left knee arthroscopy with partial medial meniscectomy. 2. Synovectomy in multiple compartments left knee.

2/28/2019- Report of an ultrasound of the left leg venous duplex Doppler. Performed at Lenox Hill Radiology. Impression: "No current Doppler evidence of left lower extremity DVT."

3/18/2019- Report of an MRI of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "1. Posterior disc bulges noted at L3-L4 and L5-S1. 2. Straightening of the lumbar lordosis."

4/3/2019- Follow-up consultation with Dr. Joseph Weinstein. The patient had the MRI which was reviewed. He recommended a lumbar discogram L3 to S1.

7/17/2019- Follow-up with Dr. Joseph Weinstein. Reviewed the lumbar discogram that was positive at L5-S1. Recommended a decompression and fusion at L5-S1. Dr. Weinstein recommended a preoperative CT scan.

7/18/2019- Report of a CT scan of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "1. Posterior disc bulge at L5-S1, larger to the right of midline, impinging the right S1 nerve root within the lateral recess. 2. Posterior disc bulge at L3-L4. 3. Multilevel ventral spondylosis. 4. Straightening of the lumbar lordosis."

3/16/2020- Operative report. Surgeon: Dr. Salvatore Lenzo. Performed at NYU Langone Health Systems. Preoperative diagnoses: 1. Compression of multiple nerves, right hand and forearm. 2. Tear of triangular fibrocartilage complex, right wrist with synovitis. 3. Adhesions of tendons. Postoperative diagnosis: The same. Operations: 1. Arthroscopy of right wrist with synovectomy of right wrist joint, debridement of torn peripheral tear triangular fibrocartilage complex and partial tear of scapholunate interosseous ligament with synovectomy. 2. Tenosynovectomy of the following tendons: Extensor pollicis longus tendon, extensor digitorum communis tendon, extensor digiti quinti and extensor carpi ulnaris tendons, right wrist and forearm. 3. Internal neurolysis under microscopic loupe control of dorsal ulnar nerve of right hand and forearm, volar and ulnar nerve right hand and forearm, median nerve right hand and forearm, radial nerve right hand and forearm. 4. Tenolysis of multiple tendons, flexor digitorum profundus tendons (four tendons), right forearm, hand and respective fingers, flexor digitorum sublimis tendons (four tendons), right forearm, hand and respective fingers flexor pollicis longus tendon, right forearm, hand and thumb palmaris longus tendon, right forearm and hand flexor carpi radialis tendon, right forearm and hand flexor carpi ulnaris tendon, right forearm and hand, and tenolysis of the lumbrical muscles (four tendons) right distal hand. The findings were gross findings tear of triangular fibrocartilage complex of right wrist with synovitis of right wrist, tenosynovitis of multiple tendons and compressions of nerves.

8/12/2020- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "1. Mild ventral lumbar spondylosis. 2. Slight lower lumbar dextroscoliosis and straightening of the upper lumbar lordosis."

8/12/2020- Report of an MRI of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "1. Posterior disc bulges at L3-L4 and L5-S1. 2. Straightening of the lumbar lordosis."

9/8/2020- Operative report. Surgeon: Dr. Joseph Weinstein. Performed at Lenox Hill Hospital. Preoperative diagnoses: 1. Lumbar radiculopathy. 2. Positive discogram L5-S1. Postoperative diagnosis: The same. Operations: 1. Posterior lumbar microsurgical decompressive laminectomy of L5-S1. 2. Bilateral fusion of L5-S1. 3. Placement of segmental spinal instrumentation, L5-S1 utilizing titanium pedicular instrumentation system. 4. Local bone graft, allograft and bone morphogenetic protein placement. 5. Intraoperative fluoroscopy.

10/1/2020- Report of x-ray of the lumbar spine. Performed at Lenox Hill Radiology: Impression: "There has been interval surgery at L5-S1 including laminectomies and posterior fusion with bilateral pedicle screw and rod instrumentation hardware stabilizing the L5-S1 segments. The fusion appears in anatomic alignment. The hardware appears intact without signs of screw loosening. The remaining features of the examination appear unchanged."

10/27/2020- Report of x-rays of lumbar spine. Performed at Lenox Hill Radiology. Impression: "Postsurgical changes again noted at L5-S1 including laminectomies and posterior fusion with bilateral pedicle screw and rod instrumentation hardware stabilizing L5-S1 segments. The fusion appears unchanged in anatomic alignment. The hardware appears intact without signs of screw loosening. The remaining features of the examination appear unchanged."

11/19/2020- Follow-up with Dr. Kaplan. Dr. Kaplan performed x-rays of lumbar spine showing a posterior lumbar fusion at L5-S1 with posterior instrumentation.

2/4/2021- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "At L5-S1, there is again no need of postsurgical changes including laminectomies and instrumented posterior fusion. The fusion appears unchanged in anatomic alignment. The hardware appears intact without evidence of screw loosening. The remaining features of the examination appear unchanged."

2/26/2021- Report of x-rays of lumbar spine performed at Lenox Hill Radiology. Impression: "Postsurgical changes are again noted at L5-S1 including laminectomies and posterior fusion with bilateral pedicle screw and rod instrumentation hardware. The hardware appears intact without signs of screw loosening. The fusion appears unchanged in anatomic alignment. The remaining features of the examination appear unchanged."

5/28/2021- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "At L5-S1, there are postsurgical changes again noted including laminectomies and instrumented posterior fusion. The fusion appears unchanged in anatomic alignment. The hardware appears intact and there are no definite signs of screw loosening. The remaining features of the examination appear unchanged."

7/9/2021- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "Postsurgical changes are again noted at L5-S1 including laminectomies and instrumented posterior fusion. The fusion remains stable in anatomic alignment. The hardware remains intact and there are no definite signs of screw loosening. The remaining features of the examination appear unchanged."

9/16/2021- Report of an MRI of the left knee. Performed at Kolb Radiology. Impression: "Findings consistent with a retear of the inferior articular surface of the posterior horn of the medial meniscus versus surgical changes. Clinical correlation is in order. Partial tear of the posterolateral bundle of the anterior cruciate ligament. There is a partial thickness chondral defect at the anterior aspect of the medial femoral condyles, joint effusion."

12/13/2021- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "At L5-S1, there is again note made of postsurgical changes including laminectomies and posterior fusion with bilateral pedicle screw and rod instrumentation hardware, stabilizing the L5-S1 segments. The fusion appears unchanged in anatomic alignment. The hardware appears intact and there are no definite signs of screw loosening. The remaining features of the examination appear unchanged."

1/7/2022- Report of an ultrasound of the left leg venous duplex Doppler. Performed at Lenox Hill Radiology. Impression: Negative for deep venous thrombosis of the left lower extremity as before."

1/27/2022- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "Postsurgical changes are again noted at L5-S1 including laminectomies and instrumented posterior fusion. The fusion appears maintained in anatomic alignment. The hardware appears intact and there is no evidence of screw loosening. The remaining features of the examination appear unchanged."

2/16/2022- Operative report. Surgeon: Dr. Jeffrey Kaplan. Performed at Manhattan Surgery Center. Preoperative diagnosis: Recurrent tear medial meniscus, left knee. Postoperative diagnosis: Recurrent tear, medial meniscus, left knee and partial tear lateral meniscus, left knee, articular surface injury medial femoral condyle, left knee, and synovitis left knee. Procedures performed: 1. Left knee partial medial and lateral meniscectomy. 2. Chondroplasty of medial femoral condyle. 3. Major synovectomy of multiple compartments, left knee.

2/24/2022- First postoperative visit with Dr. Kaplan following his second surgery. Sutures were removed. The patient was to wean from the cane and begin physical therapy.

3/30/2022- Report of x-ray of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "At L5-S1, there are postsurgical changes including laminectomies and posterior fusion with bone graft and bilateral pedicle screw and rod instrumentation hardware again noted. The fusion appears unchanged in anatomic alignment. The pedicle screw and rod hardware remains intact and are no signs of screw loosening. The remaining features of the examination appear unchanged."

10/4/2022- Report of x-rays of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "Stable postsurgical changes are noted, including laminectomies and posterior fusion with bone graft and pedicle screw and rod instrumentation hardware at L5-S1. The fusion appears unchanged in anatomic alignment. The hardware appears intact and there are no definite signs of screw loosening. The remaining features of examination appear unchanged."

2/1/2023- Euflexxa injection #1 was given in the left knee under ultrasound guidance by Dr. Kaplan.

2/8/2023- Euflexxa injection #2 given under ultrasound guidance in the office by Dr. Kaplan.

2/23/2023- Euflexxa injection #3 given under ultrasound guidance in the office by Dr. Kaplan.

3/28/2023- Report of x-ray of the lumbar spine. Performed at Lenox Hill Radiology. Impression: "Intact L5-S1 posterior instrumentation. No lucency around the screws. Normal AP alignment and disc spaces above the fusion. 6 mm right pelvic inferior tilt and 6 degrees left convexity lumbar scoliosis present in 2022. Otherwise, normal spine, intact vertebra, AP alignment, sacrum, disc spaces, lordosis, and grossly intact S1 joints, intact medial hip joint spaces."

7/5/2023- Narrative report by Dr. Salvatore Lenzo noting that the patient sustained an injury to his right hand and wrist after being struck with heavy metal. He developed a ligament tear within the right wrist, which required arthroscopic intervention and also caused compression and swelling around the median nerve, which also required decompression and neurolysis of the nerve. Dr. Lenzo noted that he had a moderate degree of disability with regard to the right wrist. He had a guarded prognosis in the light of chronicity of symptoms and his symptoms were causally related. He did note that the patient had therapy following this surgery and some complaints of pain. He developed swelling on the dorsal aspect of the right wrist. Dr. Lenzo felt he had a subsequent extensor tenosynovitis of the right wrist, and at his prior visit on June 14, 2023, he had a dorsal ganglion as well from the scapholunate and he aspirated the mass.

7/7/2023- Report of a CT scan of the lumbar spine without contrast. Performed at Lenox Hill Radiology. Impression: "1. Status post interval surgery at L5-S1 including laminectomies and instrumented posterior fusion, in anatomic alignment with intact hardware in good position and the canal and neural foramina well decompressed at the surgical level. 2. No other significant interval change appreciated".

7/7/2023- Report of an MRI of the lumbar spine without and with contrast performed at Lenox Hill Radiology. Impression: "1. Status post interval surgery with instrumented posterior fusion at L5-S1, in anatomic alignment, with the canal and neural foramina well decompressed at the surgical levels. 2. Mild disc bulging again noted at L3-L4, not significantly changed".

7/12/2023- Follow-up with Dr. Weinstein. Diagnosis of lumbar spine status post fusion. Recommended physical therapy, MRI and CT scan of the lumbar spine. Recommended anti-inflammatories for pain. Reviewed x-ray of the lumbar spine. Recommended pain management follow-up. Noted the patient was 100% temporarily disabled.

8/23/2023- Most recent follow-up with Dr. Kaplan, who noted that he would continue with home exercises. Dr. Kaplan's assessment was status post a left knee arthroscopy, post-traumatic arthritis of the left knee.

PAIN MANAGEMENT PROCEDURES AND TESTS:
9/19/2018- Report of EMG/NCV studies of the lower extremities. Impression: "The above electrodiagnostic study reveals evidence of bilateral L5-S1 radiculopathy."

12/6/2018- Procedure note. Indications: 1. Lumbar radiculopathy. 2. Disc herniation without myelopathy. Procedure: Bilateral transforaminal epidural steroid injections L5 nerve root and S1 nerve root with epidurogram. Performed at Manhattan Surgery Center.

4/1/2019- Lumbar trigger point injections given under ultrasound guidance in the office.

6/17/2019- Procedure note. Indications: 1. Lumbar radiculopathy. 2. Disc herniation without myelopathy. Procedure performed: Lumbar discogram at L3-L4, L4-L5 and L5-S1. Impression: "In summary, the patient had concordant pain involving the L5-S1 disc."

10/9/2019- Lumbar trigger point injections given under ultrasound guidance in the office.

12/3/2019- Lumbar trigger point injections given under ultrasound guidance in the office.

1/16/2020- Lumbar trigger point injections given under ultrasound guidance in the office.

6/15/2020- Lumbar trigger point injections given under ultrasound guidance in the office and an IM Toradol injection given for acute inflammatory pain.

7/27/2020- Lumbar trigger point injections given under ultrasound guidance in the office.

3/1/2021- Bilateral sacroiliac joint injections given under ultrasound guidance in the office.

3/18/2021- Procedure note. Indications: Lumbar radiculopathy. Procedure: Lumbar interlaminar epidural steroid injection L4-L5 with epidurogram.

7/21/2021- Lumbar trigger point injections given under ultrasound guidance in the office.

11/22/2021- Lumbar trigger point injections given under ultrasound guidance in the office.

5/18/2022- Lumbar trigger point injections given under ultrasound guidance in the office.

6/16/2022- Lumbar trigger point injections given under ultrasound guidance in the office.

8/22/2022- Lumbar trigger point injections given under ultrasound guidance in the office.

10/6/2022- EMG/NCV studies of the upper extremities. Impression: "The above electrodiagnostic study reveals no evidence of motor neuron disease at this time."

2/15/2023- Left-sided sacroiliac joint injection performed under ultrasound guidance in the office.

6/21/2023- Lumbar trigger point injections performed under ultrasound guidance in the office.

8/9/2023- Bilateral sacroiliac joint injections performed under ultrasound guidance in the office.

9/20/2023- Lumbar trigger point injections performed under ultrasound guidance in the office.

Treatment in my office has been every six to eight weeks for pain management evaluation. This patient underwent extensive physical therapy for both the knee and the lumbar spine. He had extensive prescriptions given for physical therapy. He was given medications including oral and topical anti-inflammatory medications, anti-spasmodic medications, and neuropathic medications. He utilized a TENS unit for pain. The patient underwent multiple lumbar trigger point injections, left knee injections, bilateral sacroiliac joint injections and lumbar epidural injections. Due to failure of conservative treatment options, the patient underwent surgery with Dr. Joseph Weinstein on September 8, 2020, for a bilateral fusion of L5-S1. He had postoperative physical therapy and injections.

The patient also continued to have left knee pain despite conservative treatments. He had surgery with Dr. Jeffrey Kaplan on February 20, 2019, for a left knee arthroscopy with partial medial meniscectomy and synovectomy in multiple compartments of the left knee with a postoperative diagnosis of tear medial of meniscus, left knee and synovitis of multiple compartments left knee. The patient had postoperative physical therapy, and he had a subsequent re-tear of the medial meniscus and had surgery on February 16, 2022, with Dr. Kaplan for left knee partial medial and lateral meniscectomy, chondroplasty of medial femoral condyle, and major synovectomy of multiple compartments of the left knee with a postoperative diagnosis of recurrent tear of medial meniscus, left knee and partial tear lateral meniscus of left knee, articular surface injury of medial femoral condyle of left knee, and synovitis of left knee. He underwent postoperative physical therapy as well as medications and Eufflexa injections. He continued to consult with Dr. Kaplan every four to six weeks as well for orthopedic evaluations. The most recent visit with Dr. Kaplan was on 8/23/2023.

The patient had surgery with Dr. Salvatore Lenzo as he developed a ligament tear within the right wrist, which required arthroscopic intervention and also caused compression and swelling around the median nerve, which also required decompression and neurolysis of the nerve. The patient also underwent surgery with Dr. Lenzo for his thumb and index finger. He was status post a carpal tunnel release with contracture of the index and thumb.

The patient's most recent pain management visit in my office was on September 20, 2023. This patient was now a 43-year-old male who presented for a follow-up. He was status post surgery with Dr. Weinstein on September 8, 2020. A translator was used for the consultation. He was complaining of increased pain and numbness to the left greater than right lower extremity. He denied any interval injuries. He was status post a lumbar epidural injection and noted improvement in his radiating lower extremity pain by roughly 50% to 60%. He stated that the pain was tolerable and would like to reassess the need for another injection at his next visit. SI joint injections given in February 2023, helped, but the symptoms returned, lateral pain worse with sitting. His wife assisted with activities of daily living including helping with shoes, socks,

pants when his pain increased, shopping and home care. The patient lived on the fifth floor walk-up apartment making it difficult for him to leave the home due to pain. He was attending physical therapy. As mentioned, he underwent surgery of the right hand with Dr. Lenzo in March 2020. Additional physical therapy and stretching was recommended by Dr. Lenzo. He stated that he was experiencing continued numbness to his hand as well as difficulty lifting things up and using his hand for buttons and zippers. TENS unit, helped a great deal with his lumbar pain, which he used regularly. Status post left knee arthroscopy with Dr. Kaplan in February 2022. He reported that he could sit for about 30 minutes at a stretch and then he would need to offload his back and stretch.

Physical examination, at his most recent consultation on September 20, 2023, revealed the following: In regards to the lumbar exam, he had an antalgic gait. He had tenderness over the lumbar processes, tenderness left-sided SI joint. Range of motion of the lumbar spine revealed extension 20 degrees, pain at the end of the range (normal 25 degrees); flexion 65 degrees, pain at the end of the range (normal 85 to 90 degrees) left and right lateral flexion 15 degrees, pain at the end of the range (normal 25 degrees). Reflexes 2/4 at the knee and the ankle. Sensation depressed left posterolateral thigh, calf, and foot. Straight leg raise was present bilaterally left greater than right. Upon muscle testing, there was full power of hip flexion (T12, L1, L2, L3 region) 5/5 bilaterally. Knee extension (L2, L3, L4 region) pain on testing strength of left knee extension. Ankle dorsiflexion (L4, L5 region) left-sided weakness in comparison to the right. Plantarflexion (S1 region) left-sided weakness in comparison to the right. EHL extension (L5 region) left-sided weakness in comparison to the right. Positive muscle spasm in the lower lumbar musculature. Left-sided muscular trigger points present. Positive Tinel's of the right wrist. Some depressed sensation noted in the thumb and index region.

My assessment was lumbar radicular pain, lumbago, sacroiliitis, left knee pain, and right hand pain. In regards to the lumbar radicular pain, the patient had complaints of lumbar post-surgical radicular pain complaints status post surgery with Dr. Weinstein September 8, 2020. He was complaining of pain and numbness to the left greater than right lower extremity at this visit. He denied any interval injuries. The plan was to discuss lumbar epidural injection at his next visit. Gabapentin for neuropathic pain and cyclobenzaprine for night spasms. He was also given Celebrex for anti-inflammatory medication. Lumbar trigger point injections were performed under ultrasound guidance in the office.

He also had bilateral sacroiliitis. He developed sacroiliitis post-surgically. The sacroiliac joint often developed as a source of persistent or new pain after lumbar/lumbosacral fusion. The underlying pathophysiology of SI joint pain was due to increased mechanical load resulting from the lower lumbar fusion. Bilateral sacroiliac joint injections were given at the last visit. The plan was to repeat as needed.

In regards to the left knee pain, he was status post surgery with Dr. Kaplan February 20, 2019, and a second surgery in February 2022. He was to continue to follow with Dr. Kaplan in regards to the knee pain.

He was to continue to follow-up with Dr. Lenzo in regards to his right hand pain. He underwent surgery to the right hand with Dr. Lenzo in March 2020.

He was not working at the time as a result of his injury. We discussed job restrictions with the patient and recommended sedentary position trial only with limitations of lifting to less than 10 pounds, pushing and pulling less than 10 pounds, able to break for stretching every 30 minutes from sedentary position. No climbing, no stooping, no crawling.

In summary, Mr. Inocencio Martinez has been a patient under my care since September 12, 2018. At that time, this patient was a 38-year-old male who presented to my office for initial pain management evaluation. This patient sustained injuries in a work-related accident on September 6, 2016, while working at a height when he was struck by metal following a fall. The metal struck his hand. He was seen at North Central Bronx for injuries to his hand where x-rays were done and imaging and he was treated and released. He injured his left knee, low back, mid back and right hand. He came under the care of orthopedics.

DIAGNOSES:

1. Contusion, right hand.
2. Lumbago.
3. Post-traumatic lumbar myofascial pain.
4. Post-traumatic lumbar radiculopathy with EMG/NCV studies of the lower extremities performed on September 19, 2018, revealing evidence of bilateral L5-S1 radiculopathy.
5. MRI of the lumbar spine performed on August 27, 2018, revealing evidence of disc bulges at L4-L5 and L5-S1 impinging upon the anterior epidural fat and abutting the bilateral extrathecal L5 nerve roots at the L4-L5 level.
6. Lumbar discogram performed revealing concordant back pain at the L5-S1 disc space.
7. Antalgic gait.
8. Bilateral sacroiliitis.
9. Status post a bilateral lumbar fusion with instrumentation of L5-S1 by Dr. Joseph Weinstein on September 8, 2020.
10. Internal derangement of the left knee.
11. MRI of the left knee performed on August 27, 2018, revealing evidence of a flap tear of the inferior articular surface of the posterior horn of the medial meniscus with posterior capsular disruption subcapsular fluid accumulation and a 1.8 cm thin popliteal cyst.
12. Status post a left knee surgery February 20, 2019, with procedure of a left knee arthroscopy with partial medial meniscectomy and synovectomy in multiple compartments of the left knee with postoperative diagnosis of tear of medial meniscus of left knee, and synovitis of multiple compartments of the left knee.
13. MRI of the left knee performed on September 16, 2021, revealing evidence of a re-tear of the inferior articular surface of the posterior horn of the medial meniscus, partial tear of the posterolateral bundle of the anterior cruciate ligament and partial thickness chondral defect of the anterior aspect of the medial femoral condyles with joint effusion.
14. Status post a second knee surgery performed February 16, 2022, with a procedure of a left knee partial medial and lateral meniscectomy, chondroplasty of medial femoral condyle,

major synovectomy of multiple compartments of the left knee with postoperative diagnoses of recurrent tear of medial meniscus of left knee and partial tear of lateral meniscus of left knee, articular surface injury of medial femoral condyle of left knee and synovitis of left knee.

15. Internal derangement of the right hand status post right hand surgery with Dr. Lenzo in March 2020.

I defer discussion of his hand injuries to the appropriate specialist, Dr. Lenzo.

The above diagnoses represent permanent injuries. The accident of September 6, 2016, is the competent producing cause of the above-mentioned diagnoses as well as need for the extensive treatment outlined above. The patient continues to require ongoing follow-up with his hand surgeon. He continues to require imaging and follow-up. He continues to require follow-up with his orthopedic surgeon in regards to his left knee as he continues to benefit from imaging as well as Euflexxa injections. He could be a candidate for an additional left knee surgery in the future. He continues to require ongoing follow-up with his orthopedic spinal specialist status post a lumbar fusion surgery and continues to require serial imaging. He continues to be a candidate for pain management including lumbar trigger point injections, lumbar epidural injections, bilateral sacroiliac joint injections, and physical therapy. He also continues to benefit from medications including anti-inflammatory medications both oral and topical, anti-spasmodics, oral and neuropathic pain medications. His prognosis is poor. His condition is considered permanent.

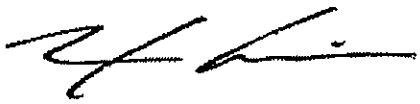
The future following medical costs can be expected to be incurred for lifetime duration for the lumbar spine, left knee, and right hand.

1. All medications including anti-inflammatories, muscle relaxants, neuropathic pain medications, and topical medications at the approximate cost of $1215 per month for lifetime duration; including, TENS unit and supplies, Celebrex, cyclobenzaprine, gabapentin, amitriptyline, and Lidoderm 5% patches.
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. Orthopaedic Hand surgeon office visits at a cost of $500 per visit, once a year for lifetime duration.
6. 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.
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 lumbar spine.
8. Ultrasound Guided Joint lubrication injections of Euflexxa at a cost of $3830 per series of three injections for the left knee every six months for lifetime duration.

9. Bilateral sacroiliac joint injections at a cost of $1000 per injection up to six injections per year for lifetime duration pending the patient's response.
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 a left knee arthroscopy at a cost of $26,307 including facility cost, anesthesia, and equipment cost.
12. Candidate for revision or extension of lumbar fusion surgery at a cost of $100,000 including facility cost, anesthesia, and equipment cost in the next 10-15 years.
13. MRI of the lumbar spine at the cost of $1300 once every five years for lifetime duration.
14. MRI of the left knee at the cost of $1300 once every five years for lifetime duration.
15. MRI of the right hand at the cost of $1300 once every five years for lifetime duration.
16. X-ray films of the lumbar spine once every 6 months at a cost of $400 for lifetime duration.
17. X-ray films of the left knee once every 6 months at a cost of $400 for lifetime duration.
18. X-ray films of the right hand once every 6 months at a cost of $400 for lifetime duration.
19. 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 at any time.

Sincerely,



Matthew Grimm, M.D.

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ORTHOPAEDIC SURGERY

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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.

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

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

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Index No. 21590/2018

INOCENCIO MARTINEZ,

Plaintiff,

-against-

YESHIVA KEHILATH YAKOV, INC., YESHIVA HEADSTART, AND NY DIMENSION BUILDERS INC

Defendants.

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YESHIVA KEHILATH YAKOV, INC., and YESHIVA HEADSTART,

Third- Party Plaintiff

-against-

NY DIMENSION BUILDERS INC.,

Third Party Defendant

----------X

NOTICE OF EXPERT WITNESS

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