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February 4, 2014

Bruff, Harris and Sukoneck  
570 W. Mt. Pleasant Avenue, Suite 200  
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ATTN: Daniel A. Lynn, Esq.

Re: Alvaro Jimenez vs. Shiseido America  
Our File#: JIMAL002  
Your File#: 768.30255  
CP#: 2007-23585  
Claim#: WC0000045926  
D/O/A: 5/30/06

**ACCIDENT HISTORY:**

Alvaro Jimenez is a 63-year-old male who claims that he injured his left shoulder in May of 2006 while lifting.

Mr. Jimenez claims that he underwent a total of (3) arthroscopic surgeries by (2) different physicians between 2006 and 2008. Mr. Jimenez claims that he has seen other physicians since, although he denies receiving any additional medical treatment. Mr. Jimenez also claims that he received treatment at that time to the cervical spine.

Mr. Jimenez's case is significantly complicated by a subsequent motor vehicle accident for which he received treatment to the cervical spine, although primarily to the right shoulder. Mr. Jimenez claims that he underwent (3) surgeries to the right shoulder consisting of open procedures due to rotator cuff tears. Mr. Jimenez denies injuring his left shoulder in the subsequent motor vehicle accident

**CURRENT COMPLAINTS:**

Mr. Jimenez claims that he is limited in performing all activities. He has difficulty lifting either shoulder. He claims that he has difficulty at times dressing himself. He denies performing any activities. He states that he cannot work and never returned to work, and he presents for evaluation.

**PAST MEDICAL HISTORY:**

Mr. Jimenez denies prior injuries to the left shoulder or surgery spine. The patient's family doctor is Dr. Flores.

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**SOCIAL HISTORY:**

Mr. Jimenez never returned to work following the work injury of May 30, 2006.

**PHYSICAL EXAMINATION:**

The patient is 5'11" tall, weighing 175 pounds.

**CERVICAL SPINE** - The patient also had tenderness to the trapezius and the whole of the cervical spine. Spurling's Test was negative. Reflexes were normal for the biceps, triceps and brachio-radialis. He had no dermatomal loss of sensation or atrophy in any muscle group.

**LEFT SHOULDER** - The patient has multiple arthroscopy scar about the left shoulder. He was asked to perform a range of motion at which time he flexes and abducts to approximately 60 degrees. He internally rotates to his buttock. He externally rotates to neutral position. Passively motion was considerably better. He allowed flexion and abduction to 110 degrees claiming that it is painful at that point. External rotation is full. On internal rotation he can place his hand on his abdomen at his side. When placed at 90 degrees he can maintain abduction against gravity. However, he cannot maintain abduction against any resistance, which he claims causes him pain. He has circumferential tenderness about the shoulder. There is no significant deltoid atrophy. He complains of pain with both Impingement and Apprehension's maneuver.

**DISCUSSION:**

I have little in the way of any medical data for review on Ms. Jimenez. However, I am in possession of a report from Dr. Epstein who examined him in 2012 who documented that he supposedly had a right herniated disc in the cervical spine that he received injections for. Mr. Jimenez was noted to be operated on by Dr. Hirsch on what appears to be (2) occasions. It appears that the third procedure may have actually been performed by Dr. Andrew Weiss who manipulated him under anesthesia.

Dr. Epstein felt that he had adhesive capsulitis more commonly known as frozen shoulder. However in order to have frozen shoulder syndrome one would need to have equal loss of motion passively and actively, which clinically he does not have. I am sure that the patient does have some adhesions secondary to these procedures. However, I would concur completely with Dr. Epstein that the patient is not a candidate for any further invasive treatment.

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Today I did wish to assess whether he had any significant arthritic changes in his shoulder. I therefore x-rayed him in the office. Radiographically the patient is noted to have three anchors in the humerus, which would be indicative of a rotator cuff repair. The humerus is riding fairly well within the glenoid. It may be slightly elevated, although it is certainly not anywhere near the acromion. There are no gleno-humeral arthritic changes.

Incidentally the patient did have scarring from open surgery done to the opposite right shoulder secondary to his un-related motor vehicle accident in which he also injured his cervical spine. However, in the cervical spine itself there is not much in the way of objective findings clinically. Mr. Jimenez's findings are almost solely limited to the left shoulder.

I would like the benefit of reviewing the operative reports pertaining to the left shoulder to know exactly what was done surgically. However, it appears that Dr. Weiss performed a manipulation and a lysis of adhesions. I am aware that Dr. Hirsch performed at least one rotator cuff repair. However, Dr. Hirsch may have performed two repairs, although this is not definitive without review of the operative reports.

I will assume that these are the diagnoses, although I will author an addendum to this report once I am furnished with the operative reports.

There is no further orthopedic treatment regarding the work injury in question. Mr. Jimenez certainly has clinical and radiographic findings in the left shoulder, although I do feel that there is some degree of embellishment of his symptoms.

I am aware of the large settlement that Mr. Jimenez received that certainly more than compensates him for his loss. It is my opinion from an orthopedic standpoint that he can perform some type of work that does not require lifting to or above shoulder height.

As stated, I will assume that Mr. Jimenez underwent (2) rotator cuff repairs in addition to the lysis of adhesions for which my disability rating would have been 15% of total.

Respectfully submitted,

  
Arthur T. Canario, M.D., P.A.

ATC/klm

cc: Candy Torres/Tokio Marine and Fire Insurance Co.