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**PLEASE RESPOND TO PA OFFICE**

June 14, 2017

Levinson Axelrod  
2 Lincoln Highway  
PO Box 2905  
Edison, NJ 08818

RE: [REDACTED]

Claim Petition No. 2016-32081

Counselors:

Enclosed please find a copy of Respondent's expert report of Dr. Hausmann. Please forward a settlement demand.

Thank you for your attention to this matter.

Sincerely,

  
FRANCIS W. WORTHINGTON

FWW/jwg  
Enclosure

**Steven Carl Hausmann, MD**  
**Board Certified in Orthopedic Surgery**  
Cranbury, NJ

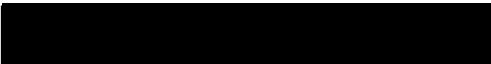
CORPORATE MAILING ADDRESS

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NEW JERSEY LOCATIONS

NORTHFIELD – ATLANTIC COUNTY  
ORADELL/PARAMUS – BERGEN COUNTY  
CHERRY HILL – CAMDEN COUNTY  
NORTH BERGEN – HUDSON COUNTY  
CRANBURY – MIDDLESEX COUNTY  
EWING/MERCERVILLE – MERCER COUNTY  
FREEHOLD – MONMOUTH COUNTY

Francis Worthington, Esquire  
Worthington & Worthington  
2370 York Rd, Bldg A2  
Jamison, PA 18929

  
**FILE NO.: 002000025734301**  
**DATE OF INJURY: 07/05/16**  
**DATE OF EVALUATION: 06/06/17**

Dear Mr. Worthington:

I had the opportunity to see Shawn Struck today for an Independent Medical Examination. Prior to the examination, I explained to Mr. Struck that this was an Independent Medical Examination and that no doctor-patient relationship was established as a result of this encounter.

**HISTORY:**

This is a 37-year-old right-hand dominant male who works as a clerk at the Stop & Shop grocery store. He had a slip and fall on a wet floor, and he was initially seen at the Robert Wood Johnson University Hospital where he had x-rays done, which showed no evidence of fracture. Subsequent to that, he saw Dr. Butler who initially saw him on 07/22/16, and followed up through 01/17/17. In that intervening time period, he attended physical therapy. He states he went for about six visits. He also saw Dr. Gatt for an examination, and was diagnosed with a right ankle sprain. As of the 01/17/17 examination of Dr. Butler, the doctor diagnosed a sprain of the right ankle, and fully healed ankle at that point in time.

**PRESENT COMPLAINTS:**

At the present time, Mr. Struck has persistent symptoms. He has some muscle tightness. He indicates the lateral aspect and the back of the ankle, and he has pain with pressure and prolonged weight-bearing, which causes him to limp.

**PAST MEDICAL HISTORY:**

Remarkable for no prior or subsequent injuries to the foot or ankle. He does have a history of hypertension.

**PAST SURGICAL HISTORY:**

Unremarkable.

**CURRENT MEDICATIONS:**

Metoprolol and citalopram.

**CURRENT ACTIVITIES:**

He states that his activity is reduced somewhat because of his complaints. He states he cannot drive and he walks much less than he used to and cannot ride a bike anymore; however, he continues to work for the above-mentioned employer, and I am not aware of any restrictions. He was released for return to work by Dr. Butler back in January 2017.

**PHYSICAL EXAMINATION:**

This is a 5 feet 9 inch male weighing 270 pounds. He is not using any assistive device to ambulate. He ambulates in the hall with a slightly externally rotated gait on the right side, and he limps.

On static examination, he has no calf atrophy based on circumferential measurements, and no edema in the ankle or foot, based on similar circumferential measurements on each side. In fact, his left ankle and foot is slightly larger than the right, so I do not think he has any residual edema. The Thompson's sign is normal. He has intact sensation and neurovascular status. The drawer test is negative. He has 25 degrees of inversion on each side and 15 degrees of eversion on each side. He has 20 degrees of dorsiflexion on the right and 40 degrees of plantar flexion, similar to the left, although he has pain with dorsiflexion on the right side. He has tenderness in the posterolateral and posteromedial aspects of the right ankle on palpation, but there is no edema. The tendon and neurovascular function is intact. There is no evidence for any peroneal subluxation. He does not have any pes planus or flat foot, and the posterior tibial tendon appears to be intact.

**CHART REVIEW:**

The following medical records were reviewed in the preparation of this report:

1. Claim Petition - 7/5/16
2. Mark S. Butler, MD - Orthopaedic Surgery - 7/22/16 - 1/17/17
3. Charles J. Gatt, Jr., MD - Orthopaedic Surgery - 8/22/16
4. Robert Wood Johnson University Hospital - Emergency Room - 7/5/16
5. X-Ray - R Ankle - 7/5/16
6. University Orthopaedic Associates - Physical Therapy - 8/25/16 - 9/23/16

**DIAGNOSIS:**

Sprain, right ankle.

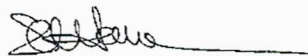
**CONCLUSIONS:**

After examining this gentleman, he was worked up and x-rays were normal. He had no advanced diagnostic studies. At this point, he has subjective complaints, but there is no evidence on exam of instability or need for additional treatment. The cause for the ongoing complaints is not clear based on the physical examination, and the medical records provided.

Given the lack of any objective findings on the exam, there would be no permanency (0% of the right foot). He can resume activities of daily living and work activities as tolerated with no formal restrictions. I would note that Mr. Struck does indicate that he is limited somewhat. Previously, he had ridden his bike to work, although he states he cannot ride a bike anymore due to the incident, but I do not think he ever drove. He states he does walk to work sometimes, but he states he pays the price afterwards with increased pain. Once again, at the present time, there is no objective evidence on the exam of any impairment or residuals based on objective criteria.

All opinions are expressed within a reasonable degree of medical certainty.

Sincerely,



Steven C. Hausmann, MD

SCH/je

(0606-012)