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August 3, 2016

Lawrie, Cozier and Vivencio
200 Valley Road, Suite 100
Mount Arlington, NJ 07856

Re: [REDACTED]
CP: 2015-14159
DOL: January 3, 2013

To Whom It May Concern:

[REDACTED] was examined in orthopedic consultation on August 1, 2016 in my New Brunswick, New Jersey office for an independent medical evaluation. The claimant presented a New Jersey Auto Driver License (with photograph) for identification and I have enclosed a copy of same with this report. She also provided the following history.

HISTORY

This 58-year-old female stated that she injured her right knee at work on January 3, 2013 when she tripped on the leg of a desk. She did not sustain any lacerations or lose consciousness. She was not evaluated at an emergency facility on the day of the accident.

This claimant was initially evaluated at St. Luke's Family Practice on January 8, 2013. She was subsequently treated by Dr. Chang and Dr. Friedman. She received physical therapy to the right knee for approximately two years. She also had two cortisone injections and one gel injection. Diagnostic testing included x-rays and MRI of the right knee. She was prescribed anti-inflammatory medication. On the day of this examination, she took Advil. There were reportedly no gaps in treatment.

This claimant had right knee arthroscopy and right partial knee replacement surgery. No additional surgery is currently being planned.

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This claimant did not require any hired transportation or hired household help as a result of her injuries.

ADDITIONAL INJURIES

Since the time of this accident, this claimant has not had any additional accidents or injuries.

EMPLOYMENT HISTORY

At the time of this accident, this claimant was employed full time as a teacher for the Warren Hills Regional School District for two years. She did not miss any work due to her injuries. She is currently on summer vacation from this job.

PAST MEDICAL HISTORY

This claimant denies any history of serious illnesses. Her orthopedic surgical history is left foot surgery and right carpal tunnel surgery.

This claimant reported a motor vehicle accident in 1979 with upper back injuries. She stated that these injuries were resolved prior to the accident of record.

CURRENT COMPLAINTS

This claimant presented to my office with a complaint of pain in the right knee and foot in addition to constant numbness in the right knee. She reported having difficulty walking, bending, kneeling and lifting. She also had difficulty moving her right knee. She described her overall condition since the time of the accident as somewhat better.

ORTHOPAEDIC EXAMINATION

Physical examination on August 1, 2016 revealed a right-side dominant female with blue eyes and brown hair. She was 5'4" tall with a weight of 210 lb.

On observation, she was able to walk on her heels and toes without difficulty. She was able to get on and off the examining table unassisted. She walked with a limp to the right.

The range of motion of the right hip was as follows: forward flexion 100 degrees (normal is 100); extension 30 degrees (normal is 30); abduction 40 degrees (normal is 40); adduction 20 degrees (normal is 20); internal rotation 40 degrees (normal is 40); external rotation 50 degrees (normal is 50).

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The range of motion of the left hip was as follows: forward flexion 100 degrees (normal is 100); extension 30 degrees (normal is 30); abduction 40 degrees (normal is 40); adduction 20 degrees (normal is 20); internal rotation 40 degrees (normal is 40); external rotation 50 degrees (normal is 50).

Examination of the right knee revealed a range of motion from 0 to 105 degrees (normal is 0 to 150). There was no tenderness on palpation. There was no effusion. The Lachman sign was negative. The McMurray test was negative. Abduction and adduction stress tests were negative. The anterior and posterior drawer signs were negative. There was pain with motion. A scar was noted.

Examination of the left knee revealed a range of motion from 0 to 125 degrees (normal is 0 to 150). There was no tenderness on palpation. There was no effusion. The Lachman sign was negative. The McMurray test was negative. Abduction and adduction stress tests were negative. The anterior and posterior drawer signs were negative.

Examination of the right ankle/foot revealed the following range of motion: flexion 40 degrees (normal is 40); extension 20 (normal is 20); inversion 30 degrees (normal is 30); eversion 20 degrees (normal is 20).

Examination of the left ankle/foot revealed the following range of motion: flexion 40 degrees (normal is 40); extension 20 degrees (normal is 20); inversion 30 degrees (normal is 30); eversion 20 degrees (normal is 20).

Motor strength was normal in the lower extremities at the quadriceps, hamstrings, calf, and extensor hallucis longus muscles, bilaterally.

No thigh or leg atrophy was noted.

Sensation was decreased in the right knee area.

A goniometer was utilized when necessary.

The claimant left the examination room with no complaints or signs of dissatisfaction related to this examination.

The normal extremity ranges of motion are based on the AMA-Guides to the Evaluation of Permanent Impairment, Sixth Edition.

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MEDICAL RECORDS REVIEW

The medical records provided for review include the following:

- Medical records from St. Luke's dated 1/8/13 through 2/5/13
- X-ray report of the right knee from Bridgewater Imaging Center dated 1/26/13
- MRI reports of the right knee from Bridgewater Imaging Center dated 12/30/10, 2/16/13, 2/27/15
- MRI report of the thoracic spine from Bridgewater Imaging Center dated 10/4/11
- X-ray report of the left shoulder from Bridgewater Imaging Center dated 10/4/11
- MRI report of the left shoulder from Hillsborough Radiology Associates dated 1/17/12
- Left shoulder arthrography report from Hillsborough Radiology Associates dated 1/17/12
- Medical records from Thomas Nordstrom, M.D. dated 3/5/13 through 4/9/13
- Medical records from Stephen Hunt, M.D. dated 4/7/15
- Medical records from Richard Chang, M.D. dated 4/30/13 through 3/31/15
- Medical records from Robert Friedman, M.D. dated 5/2/15 through 3/16/16
- Operative report of the right knee from Richard Chang, M.D. dated 6/25/14
- Medical records from Robert Boretz, M.D. dated 11/22/10 through 1/24/12
- Legal documentation
- Case manager note

DIAGNOSES

1. Status-post right knee surgery 7/2014
2. Status-post right partial knee replacement 7/2015
3. Degenerative disease of the right knee

CONCLUSION

Based upon careful review of the medical records provided, the history as provided by the claimant, and the findings on physical examination, the following conclusion is provided within a reasonable degree of medical probability.

There is a permanent partial disability of 15% of the right leg. One-third of this disability is apportioned to the pre-existing degenerative condition and two-thirds to the accident of record.

I would welcome the opportunity to review any additional medical documentation that may become available.

This is to note that I, David Rubinfeld, M.D., am a doctor licensed to practice orthopaedics in the State of New Jersey. I certify and affirm that the foregoing report is true to the best of my knowledge under penalty of perjury.

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Thank you very kindly for referring this claimant to my office.

Very truly yours,



David Rubinfeld, M.D.

DR:dc

Please be advised that due to space constraints, records sent for independent medical exams and addendums will be kept for 2 years from the date of the initial IME and discarded thereafter. Reports and addendums produced by this office will be retained indefinitely.

NEW JERSEY

ATV DRIVER LICENSE

DOB 09-20-1967
 EXP 11-27-2016
 EXP 01-31-2017
 ZAMORA
 LOISE J
 1631 MARK DR
 BRIDGEWATER, NJ 08807-3000
 NONE
 NONE
 SEX F HGT 5'00" WGT 120 LBS HAIR BRN EYES BRN