# THE LAW OFFICE OF GRANT SKOLNICK

*Mailing Address:*
2728 SW 23rd Cranbrook Drive,
Boynton Beach, FL 33436
(561) 602-1776 (Tel)
Lawyer@GrantSkolnick.com

*Office Address:*
2300 NW Corporate Blvd., Suite 244
Boca Raton, FL 33431
(561) 420-0123 (Fax)
www.GrantSkolnick.com

*June 27, 2012*

Southeast Claims
The
Attn:
PO Box

1-800-
(866) (Fax)

Re: Our Client(s):
Your Insured:
Policy Number:
Claim Number:
Date of Accident:

Dear Ms.

This summary and settlement proposal is submitted to assist in your evaluation of my client's injuries and to achieve an early and amicable resolution.

**<u>THE INCIDENT</u>**

On , 2011, at approximately 11:49 AM, our client, Mr. , was the seat-belted driver of a 2004 driving westbound on Hypoluxo Road in Boynton Beach, Florida. When he stopped for a red traffic light, your insured, Ms. driving a 2003 slammed into the back of his vehicle. His body was thrust backward and forward which caused immediate injuries. After the impact, your insured exited her vehicle and began running naked through traffic. The Boynton Beach Police Department was called to the scene of the accident and they determined that your insured needed to be Baker Acted.

***(See Exhibit 1 – Police Report)***

Palm Beach Fire Rescue arrived on the scene of the accident and found Mr. in distress and suffering from neck pain. Paramedics immobilized Mr. and placed him on a backboard. They then transported Mr. to JFK Hospital.

***(See Exhibit 2 – Palm Beach Fire Rescue Report)***

Mr. 's vehicle had to be towed from the scene of the accident.

***(See Exhibit 3 – Beck's Towing & Recovery)***

Additionally, Mr. s 2004 required $2,613.85 in repairs.

*(See Exhibit 4 – Repair Estimate)*

## THE INJURIES

Upon arrival at JFK Medical Center, Mr. was suffering from neck pain, low back pain and parasthesias. Pain intensity was a 6 on a scale of 10. He was treated in the emergency room where he underwent a full examination, a CT scan of his head and neck, was prescribed Norflex, 600 mg Ibuprofen, and instructed to follow up with an orthopedist.

*(See Exhibit 5 – Hospital)*

On September 27, 2011, presented to Dr. of the Chiropractic Center. Mr. informed Dr. that he was suffering from neck pain radiating down to his shoulders, headaches, mid back pain and low back pain. The pain was constant and described as sharp with a burning sensation. Additionally, Mr. rated his pain as a 7-8 out of a scale of 10.

Physical examination revealed palpable tenderness along the base of the occiput bilaterally. There was superficial and deep tenderness of the interspinalis, rotator and paravertebral musculature of the upper, mid and lower cervical spine bilaterally, in the thoracic spine, and in the lower lumbar spine. Range of motion tests elicited pain with flexion, extension, and rotation of the cervical and lumbar spines.

Orthopedic and neurological testing revealed positive Foramina Compression on the left and right, positive Shoulder Depression on the left and right, positive Kemps on the left and right and positive Yeoman's on the left and right.

Dr. s diagnosis was:

- **Cervical Sprain/ Strain;**
- **Radiculitis;**
- **Thoracic Sprain/ Strain; and**
- **Lumbar Sprain/ Strain.**

Dr. advised Mr. that post traumatic management in this case was to be directed toward conservative chiropractic care consisting of gentle manipulations combined with physiotherapy in the forms of electrical stimulation, cryotherapy, heat, ultrasound, traction, flexion distraction, soft tissue percussive massage and massage therapy.

*(See Exhibit 6 – Dr. #1)*

continued treating with Dr. at the Chiropractic Center for the next six months for a total of 48 visits. Moist heat was applied to the cervical and thoracic spinal regions in order to promote soft tissue healing by dilating the arteries, which in turn, increased the blood flow to the superficial musculature and connective tissues. This increased blood flow carried oxygen and nutrients to the damaged tissue while removing toxins and dead cells from the area. At times, ice was applied to the cervical and lumbosacral regions in order to decrease myospasm, pain and inflammation to both the bone and soft tissue.

Myofascial release was used to remove the fibrotic adhesions, which developed within connective tissues and musculature during the body's natural healing process. Manual cervical traction was performed to stretch and mobilize the spine, thereby alleviating the neck region of mechanical compression and intervertebral foramen/ nerve root impingement.

Physiotherapy modalities were performed to decrease pain, swelling and myospasm. Therapeutic exercises were employed to stabilize and strengthen the cervical spinal region through the use of active and passive stretching, isometrics and postural rehabilitation positions.

*(See Exhibit 7 – Dr. #2)*

On November 15, 2011, presented to for MRIs of his Cervical and Lumbosacral Spines. Impressions were:

- **L5-S1: Broad-based posterior disk bulge with tearing of the annulus**, which is contributing to stenosis of the central canal and the neural foramina bilaterally;
- **C3-C4: Broad-based posterior bulging disk** with stenosis of the central canal;
- **C4-C5: Broad-based posterior disk bulge with superimposed right paracentral/ right foraminal disk herniation** with stenosis of the central canal and the right neural foramen;
- **C5-C6: Left paracentral disk herniation** with stenosis of the left side of the central canal and **compression of the left side of the cord**. There is stenosis of the neural foramina bilaterally, this is greater to the left;
- **C6-C7: Broad-based posterior disk herniation** with stenosis of the central canal and compression of the ventral aspect of the cord. There is stenosis of the neural foramina bilaterally, greatest on the left; and
- **Straightening and loss of the normal cervical lordotic curvature, which may be seen in a sprain or strain injury.**

*(See Exhibit 8 – MRIs)*

On November 23, 2011, presented to Dr. , M.D., a Board Certified Neurologist, suffering from headaches, ringing in his ears, aching in his neck radiating up both sides of his head, neck pain, low back pain and numb hands. Physical examination revealed limited side-to side movement and range of motion secondary to pain in his cervical spine and lumbar spine. Straight leg raising was positive bilaterally at 70 degrees. Dr. impression was:

- Posttraumatic headaches;
- Posttraumatic neck and low back pain; and
- Paresthesias of the hands.

Dr. 's plan was:

1. MRI of the brain and EEG;
2. Labs including a sed rate and CRP;
3. Ophthalmology evaluation;
4. Electrodiagnostic study of both arms; and
5. Start Mr. on Elavil 10mg.
6. Return in three weeks for a follow-up.

*(See Exhibit 9 – Dr. #1)*

Due to blurry vision, light sensitivity, pressure in the occipital and headaches, on November 28, 2011, presented to Dr. M.D., a Board Certified Ophthalmologist. Dr. conducted a full workup, however, could find nothing wrong with his eyes that would cause him to suffer from these symptoms. As such, Mr. was instructed to continue treating with his other physicians to alleviate the symptoms he was suffering from.

***(See Exhibit 10 – Dr.***

On November 29, 2011, Mr. presented to for a full blood work-up.

***(See Exhibit 11 –***

On December 6, 2011, Mr. presented to for an MRI of the brain without and with contrast. Clinical indications included concussion.

***(See Exhibit 12 –Brain MRI)***

Later that same day, Mr. returned to Dr. 's office for a Motor Nerve Conduction Study, Sensory Nerve Conduction Study, EEG and Electromyography.

***(See Exhibit 13 – Dr. #2)***

On December 20, 2011, Mr. again presented to Dr. suffering from:

- Constant ringing of his ears;
- An electric feeling in his neck which goes to both upper trapezius muscle regions;
- Headaches which come on later in the afternoon and last though the evening; and
- Mild short term memory loss.

Additionally, Mr. informed Dr. that the Elavil had not helped. Neurological examination revealed cervical muscle spasm. At this point, Dr. impression was:

1. **Cervical sprain with cervical HNPs;**
2. **Posttraumatic headaches; and**
3. **Tinnitus.**

Dr. 's plan included an ENT evaluation, instructions to continue with the Elavil, begin taking Depakote 500 mg and to follow-up.

***(See Exhibit 14 – Dr. #3)***

On January 17, 2012, Mr. returned for his final visit with Dr. . Dr. stated that, "his headaches are the same. Overall he is unchanged." Dr. instructed Mr. to stop taking the Depakote and to stop taking the Elavil in three days. Moreover, Dr. instructed Mr. to see a pain specialist, a spine specialist and to follow-up with his other treating physicians.

***(See Exhibit 15 – Dr. #4)***

On January 26, 2012, presented to Dr. M.D., of the Ear, Nose & Throat . Mr. informed Dr. that he was suffering from ear noises on the left side of the head and headaches. Dr. 's impression was:

- Cerumen Impaction;
- Tinnitus; and
- Headaches.

**Dr. stated that he believed the symptoms were post-concussive and would improve with time.**

*(See Exhibit 16 – Dr.*

On March 12, 2012, underwent a final examination with Dr. to determine his current medical status. Mr. identified he had discomfort in his neck and lower back, with the neck pain being a shooting pain. Palpation of the cervical spine presented trigger points. Dr. 's final diagnosis was:

- **Chronic Cervical Sprain/ Strain; and**
- **Moderate Lumbar Sprain/ Strain.**

Dr. stated that the prognosis for complete recovery was unclear as evidenced by the residuals still present at the time of discharge. "Mr. 's symptomatology, concomitant with the results garnered from chiropractic examinations are to be medically probable and directly related to the motor vehicle accident on September 22, 2011." Dr. went on to say that the injuries sustained by Mr. were consistent with disturbances to the musculoskeletal and neurological systems when related to the mechanism of trauma, as often occurs in a motor vehicle accident. As with any traumatic insult of this nature, the healing process involves tearing, scarring and shortening of the connective tissues involved. The new adhesions, which develop, are less elastic than their undamaged counterparts and render the patient's cervical and lumbar spinal regions more susceptible to stresses, which prior to this injury would not be significant enough to provoke pain, limitation or discomfort.

Dr. stated that at times, Mr. s ongoing conditions respond favorably to the treatments. "However, occasionally the patient indicated that his pain and discomfort was still present, with only some improvement noted. Mr. still suffers from shooting pains in the neck area and still experiences nausea and dizziness from time to time. Due to the nature of the injuries sustained by Mr. and the subjective complaints that he has expressed, it is my opinion that intermittent future supportive care is indicated. The duration and nature of this course of treatment would be based upon the patient's demonstrated recovery, as well as by periodic testing and evaluation."

It was Dr. 's opinion that maximum medical improvement had been reached. Mr. was instructed in the use of home cryotherapy and hydroculation procedures as well as therapeutic exercises and stretching on a regular basis. "Based upon the objective findings on exam and functional capacity testing, is is my opinion the patient is placed in DRE Minor Impairment, which calls for a 10% whole person impairment. Cervical Impairment of 6% and Lumbar Impairment of 4%. This figure is based on the Guides to the Evaluation of Permanent Impairment, Fifth Edition."

*(See Exhibit 17 – Dr. Final Report)*

## OUTSTANDING MEDICAL BILLS

| | |
|---|---|
| Medical Center | $455.94 |
| Dr. D.C. Chiropractic | $6,621.71 |
| MRI (MRI Specialists) | $3,000.00 |
| Imaging | $3,598.00 |
| M.D., F.A.C.P. | $259.76 |
| Dr. M.D. | $40.00 |
| **TOTAL** | **$13,975.41** *(See Exhibit 18 - Bills)* |

## CONCLUSION

Liability is clear. Because your insured failed to pay attention and failed to drive her vehicle as a reasonably prudent driver would, she negligently crashed her vehicle into the back of the vehicle my client was driving. She then chose to run around traffic naked until the police could restrain her. On impact, Mr. was forcefully thrown forward and back and suffered severe injuries.

As a result of your insured's negligence and the accident she caused on September 22, 2011, has suffered from the following injuries:

- **L5-S1: Broad-based posterior disk bulge with tearing of the annulus**, which is contributing to stenosis of the central canal and the neural foramina bilaterally;
- **C3-C4: Broad-based posterior bulging disk** with stenosis of the central canal;
- **C4-C5: Broad-based posterior disk bulge with superimposed right paracentral/ right foraminal disk herniation** with stenosis of the central canal and the right neural foramen;
- **C5-C6: Left paracentral disk herniation** with stenosis of the left side of the central canal and **compression of the left side of the cord**. There is stenosis of the neural foramina bilaterally, this is greater to the left;
- **C6-C7: Broad-based posterior disk herniation** with stenosis of the central canal and **compression of the ventral aspect of the cord**. There is stenosis of the neural foramina bilaterally, greatest on the left;
- **Concussion;**
- **Straightening and loss of the normal cervical lordotic curvature, which may be seen in a sprain or strain injury;**
- **Parasthesias;**
- **Tingling in the fingertips;**
- **Ringing in the ears;**
- **Tinnitus;**
- **Blurry vision;**
- **Memory loss;**
- **Constant posttraumatic headaches; and**
- **A 10% Whole Person Permanent Impairment.**

Prior to the accident, was a very man. He enjoyed being outdoors, spending time with his family and friends, exercising, playing sports and riding his motorcycle. Moreover, as an employee of Capitol Carpet & Tile, Mr. worked extensively with his body. However, as a result of your insured's negligence, **Mr. has had to undergo extensive and painful rehabilitation for the injuries he sustained. The quality of life that Mr. once enjoyed has been severely diminished as a result of constant pain, and sleeplessness as well as the time and energy expended to reach some level of recovery from his injuries. He has been forced to consume medications, deal with constant pain, anticipate future flare-ups and learn to live with the fear that he may never be the same again because of his injuries. Additionally, Mr. still has $13,975.41 in outstanding medical bills.**

**Based on the foregoing, demand is hereby made for the immediate tender of the $125,000.00 (one hundred twenty-five thousand dollars) in full and final settlement of this claim.**

Failure to promptly tender your policy limit will leave your insured vulnerable to an excess jury verdict and [redacted] **vulnerable to a claim that it negligently failed to protect its insured.** Florida law establishes that you must provide your insured with a copy of this proposal. As a fiduciary, you must take into account the impact of a full release on your insured.

Your insured should be advised that a conflict of interest may exist between [redacted] and the insured. Your insured should be advised to consult with an attorney of his own choosing, to obtain advice free from this conflict.

Your response is expected within 21 days of receipt of this package.

Respectfully,

Grant J. Skolnick, Esq.
Florida Bar # 0028482
Enclosures

***SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED #7011 3500 0003 1999 2578***