

# \$250,000 Award for a Motor Vehicle Accident

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Denville, NJ

Christopher L. Musmanno, Esq., Chair of the Personal Injury Department and Certified Civil Trial Attorney with the law firm of Einhorn, Barbarito, Frost & Botwinick, PC in Denville, NJ, announces a \$250,000 settlement for a motor vehicle accident.

In August 2016, Plaintiff was operating a motor vehicle when struck by the Defendant pulling out his parking spot.

Initially, Plaintiff did not present to the hospital as he was under the mistaken impression that he was merely suffering from some minor soreness and that his injuries would quickly resolve. The day following the accident, Plaintiff presented to the hospital where he complained of severe neck and right shoulder pain. A physical examination demonstrated right paracervical tenderness as well as tenderness and spasms to the right trapezius muscle. Plaintiff underwent x-ray testing of his cervical spine and right shoulder, the results of which were negative for fractures and/or dislocation and was diagnosed with a cervical and muscle strain. He thereafter consulted with a chiropractor and immediately commenced a course of conservative treatment consisting of chiropractic care, therapeutic massages, manipulations, electric muscle simulations and modalities. He then underwent MRI testing of his cervical spine and right shoulder. The MRI report of his cervical spine demonstrated a central disc herniation at C5-6 with flattening of the ventral margin of the spinal cord; and central disc herniation at C6-7 with indentation of the thecal sac. As to the right shoulder, his MRI report revealed a full-thickness tear of the supraspinatus tendon involving posterior fibers, as well as the infraspinatus tendon involving the anterior fibers, accompanied by subacromial/subdeltoid bursitis and a roughly 5 mm fluid gap; and an extensive tear of the superior labrum anterior and posterior (SLAP tear). Plaintiff commenced physical therapy of his shoulder and a few weeks later, his treating orthopedic specialist administered a cortisone injection.

When Plaintiff's symptoms and shoulder pain did not improve, he was indicated for surgical intervention and underwent an arthroscopic rotator cuff repair; biceps tenodesis; anterior laberal repair; SLAP repair; subacromial decompression and acromioplasty; lysis of adhesion and manipulation under anesthesia; distal clavical resection; and major debridement.

With regard to his neck injuries, when the course of conservative treatment failed to alleviate his symptoms, Plaintiff ultimately underwent C5-C6 interbody arthrodesis and discectomy with decompression of spinal cord and nerve roots; C6-C7 interbody arthrodesis and discectomy with decompression of spinal cord and nerve roots; C5-C6-C7 anterior instrumentation; Placement of C5-C6 intervertebral polyetheretherketone cage; Placement of C6-C7 intervertebral polyetheretherketone cage; Bone marrow harvesting for transplantation; Reconstruction of ilium; Harvesting of right morselized anterior iliac crest autograft; Harvesting of right structural anterior iliac crest autograft; Harvesting of local bone autograft; Placement of Actifuse.