

# \$250,000 Settlement for Fall at Work

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In January 2017 Plaintiff was in the course of her employment while walking on a dark sidewalk to her vehicle, carrying work-related paperwork and a laptop computer in her right hand. She was wearing lace-up dress shoes with a short heel. While walking towards the parking lot at its junction with the sidewalk, Plaintiff tripped and fell after her foot became caught in a hazardous depression, measuring 8 inches wide by 8 inches deep by several feet in length. Plaintiff's left knee impacted the ground first. Thereafter, she came down with her entire body weight on her right side and outstretched right hand sustaining severe injury to her right upper extremity.

Initially, Plaintiff was under the mistaken impression that she was merely suffering from some minor soreness to her right shoulder and right wrist. She anticipated that the soreness would go away. However, it soon became evident, however, that she would require medical assistance because her pain was increasing both in intensity and frequency. Two weeks after the incident, Plaintiff presented to an orthopedist complaining of severe pain throughout her right upper extremity. She was then prescribed a course of physical therapy which she commenced at the end of January 2017. After four weeks of physical therapy, she returned to her orthopedic doctor and advised him that her pain had gotten progressively worse, particularly as to her right shoulder. Given her continued complaints Plaintiff was referred for a series of diagnostic testing in order to better ascertain the nature and extent of her injuries.

In March 2017, she underwent an upper extremity nerve test, which revealed bilateral carpal tunnel syndrome. And a right shoulder MRI test which revealed a near complete full thickness tear of the supraspinatus tendon involving the anterior mid fibers with 4.5 cm retraction to the level of the glenoid and a diffusely thickened and edematous infraspinatus tendon with irregular fraying and attenuation of the superior, posterior glenoid labrum demonstrated at the 10-11 o'clock position, compatible with a SLAP tear.

Plaintiff was recommended for additional physical therapy for her right upper extremity and right shoulder, which she underwent. Unfortunately, the physical therapy resulted in no improvement to her

condition. Given her failure to respond to conservative care, she was indicated for and ultimately underwent right shoulder surgery. Her pre-operative diagnosis was right shoulder rotator cuff tear with incomplete biceps tendon tear. Her surgery consisted of the following: right shoulder arthroscopy aborted mid-surgery due to the rotator cuff tear being much greater than anticipated based upon pre-operative workup and thus too difficult to repair arthroscopically at which point a decision was made to remove arthroscopy equipment and proceed with open rotator cuff repair via a 4 cm incision and two (2) BioComposite corkscrew anchors followed by acromioplasty, bursectomy, and biceps tenotomy re-approximated with a combination of 0 Vicryl, 2-0 Vicryl, and 4-0 Monocryl sutures. In addition to the foregoing, it was recommended that Plaintiff undergo right carpal tunnel release surgery in the near future and was referred to a hand specialist. In June 2018, she underwent a right carpal canal with coaratisone and ordered a right wrist splint. Her right wrist symptoms improved following the injection, but she still experienced episodes of pain. Plaintiff elected to hold off on the surgery but will follow up with a hand surgeon if her symptoms worsen.

The case settled for a total amount of \$250,000.00 on October 11, 2018, prior to the scheduling of a trial. No defenses with respect to liability or damages.

## **\$125,000 Settlement for Motor Vehicle Accident**