

\$300,000 Total Settlement for Motor Vehicle Accident

March 2019, Denville, NJ

In January 2016 Plaintiff was operating a motor vehicle and was fully stopped for traffic. At that time and place the Defendant was traveling directly behind Plaintiff in the right lane when she failed to maintain a reasonably safe following distance, and/or otherwise failed to take evasive action, causing her to strike the rear of Plaintiff's vehicle suddenly and without warning. Defendant admitted to the responding Police Officer that she "could not stop in time before hitting" Plaintiff's vehicle.

Plaintiff was immediately transported from the scene of the accident to the hospital where she complained of left shoulder pain radiating to her neck. At the time of the accident plaintiff was recovering from a previous left shoulder fracture and she was concerned that she had reinjured it. A physical examination by the emergency room staff demonstrated tenderness in her neck and a decreased range of motion in her left shoulder. She was indicated to undergo x-ray testing of these affected areas. With respect to her left shoulder, the radiograph revealed a healing left proximal fracture. Plaintiff was diagnosed with cervical and left shoulder strains, secondary to a motor vehicle accident. She was thereafter discharged with instructions to follow-up with a doctor.

Following her discharge, she presented to an orthopedist and complained of severe pain to her neck radiating down her left arm into her hand. She was recommended for a course of physical therapy which she began immediately. Her treating orthopedist conducted a physical examination of Plaintiff's left shoulder in which he noted a limited range of motion and tenderness of the AC joint. At that time, he referred her for further diagnostic testing in order to better ascertain the nature and extent of my injuries.

In March 2016, she underwent MRI tests to her left shoulder and cervical spine. Her left shoulder MRI revealed a nondisplaced fracture of the greater tuberosity as well as supraspinatus and infraspinatus tendinosis. As to her cervical spine revealed (1) disc bulge at C5-C6 with impression on the anterior

aspect of the thecal sac, mild central stenosis and foraminal encroachment; and (2) disc bulge at C6-C7 with impression on the anterior aspect of the thecal sac, central canal stenosis, and significant foraminal encroachment.

During this time, Plaintiff also consulted with a neurologist. She advised the neurologist that she was experiencing neck pain radiating into the back of her head and shooting down to her left wrist with associated numbness. Plaintiff further reported mood changes such as increased anxiety and short temperedness as well as headaches which were accompanied by blurred vision and phonophobia. Her neurologist thereafter concluded that Plaintiff was suffering from post-concussive syndrome with cognitive slowing, headaches, mood changes, and cervicalgia. She continued her treatment until July 2017.

In September 2017, Plaintiff underwent an EMG test which confirmed C6 cervical radiculopathy with evidence of left confirmed sensory neuropathy and possible large fiber sensory neuropathy as well. She underwent another MRIs in October 2017 which confirmed C5-6 disc herniation. In December 2017 she underwent five weeks of acupuncture therapy, which did not improve her pain. When her physical therapy failed to resolve her pain, in January 2018, she underwent an epidural injection at C5-C6. Following her injection, she consulted with a neurosurgeon who ordered repeated MRI study in May 2018 which confirmed progressive C4-5 central to left sided disc herniation as well as C5-6-disc herniation.

Following failure of conservative care for almost three (3) years, in January 2019, Plaintiff ultimately underwent anterior cervical discectomy/fusion C4-C5, C5-C6 with Orthofix Construx titanium/peek spacers; application Zavation 2-level cervical plate; application Proteios allograft sponges; and Interpretation of intraoperative radiographs.

Plaintiff is currently being seen post-operatively. As of her last visit, cervical X-Rays confirmed satisfactory hardware position. Additional treatment was not recommended.

The case settled in February 2019 for \$300,000.00, prior to the scheduling of a trial.