$684,000 Total Award for a Motor Vehicle Accident (2 Plaintiffs)

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 $684,000 settlement for a motor vehicle accident.

In June 2015 Plaintiff 1 was operating a motor vehicle with Plaintiff 2 riding as a restrained passenger in the vehicle when Defendant attempted a left turn into a parking lot, entered Plaintiffs' lane of travel and struck Plaintiffs' vehicle at an excessive rate of speed without warning. According to the police report, defendant admitted to seeing Plaintiffs' vehicle approaching in the opposite lane of travel prior to attempting his left turn. The officer attributed this accident to defendant, for driver inattention and for failing to recognize the distance between his vehicle and Plaintiffs' vehicle before making his left turn.

Plaintiff 1 was taken via ambulance to Chilton Hospital where she complained of severe pain to her head, neck, lower back, and abdomen. She was then discharged the same day under the instructions to follow up with an orthopedic specialist. Several days later, she presented to an orthopedic specialist, commenced conservative course of treatment and diagnostic tests were recommended which revealed broad-based midline disc herniaton in midline annular tear at C5-6 with effacement with the ventral thecal sac and mild bilateral recess narrowing and a focal midline disc herniation and annular tear at C6-7 with mild effacement of the ventral thecal sac without significant spinal stenosis or neural foraminal narrowing. Her left shoulder MRI demonstrated a superior labral tear along with AC joint arthropathy and bicep tenosynovitis. Her upper extremity EMG/NCV revealed abnormal findings consistent with left C6 radiculopathy and carpal tunnel syndrome.

Due to the chronic nature of Plaintiff's pain and the failure to respond to the course of conservative treatment consisting of physical therapy and pain management, Plaintiff 1 ultimately underwent two-level interbody arthrodesis discectomy and fusion surgery at C5-6 and C6-7 with decompression of the spinal cord and nerve roots at each level along with placement instrumentation and intervertebral Peek Cage from C5 to C7 accompanied by bone marrow harvesting for transplantation; reconstruction of the ilium; harvesting of the right morselized anterior iliac crest autograft; right structural anterior autograft; placement of OsteoMatrix; harvesting of local bone autograft; and placement of right anterior iliac crest On-Q local anesthetic catheter. This surgery required a 4cm incision.

When physical therapy failed to relieve her shoulder pain, Plaintiff underwent left shoulder operative arthroscopy with extensive debridement, decompressive acromioplasty, excision lateral aspect coracoacromial ligament, anterior and anterior inferior acromionectomy, arthroscopic Mumford procedure and bursectomy.

Defense doctor confirmed limited cervical range of motion. Plaintiff 1, stopped working in March 2016; a lost wage claim was asserted.

Plaintiff 2 was taken via ambulance to St. Joseph's Regional Medical Center where she complained of severe pain to her chest, abdomen, neck and lower back. She also complained of defuse bruising and contusions throughout her upper and lower extremities. She was admitted as an inpatient where she remained for three days until discharged and was then instructed to follow up with an orthopedic specialist. Several days later, she presented to an orthopedic specialist, commenced conservative course of treatment and diagnostic tests were recommended which revealed (1) partial articular-sided and interstitial tearing of the supraspinatus with partial tear and intratendinous ganglion on the infraspinatus; (2) partial tear of the distal subscapularis tendon with partial tear and degeneration of the biceps which is subluxed onto the lesser tuberosity; and (3) chronic post-traumatic appearance to the anterior inferior glenoid with chronic tear of the labrum on her right shoulder.

Her left knee MRI report demonstrated grade iv chondromalacia of the patella and lateral trochlea with joint effusion as well as spurring of the superior patella pole. A lumbar spine MRI revealed abnormal signal suggestive of edema within the L5-S1 right pars interarticularis. A lower extremity EMG/NCV

test revealed abnormal findings consistent with right-sided S1 radiculopathy. A left shoulder MRI revealed (1) full-thickness tear of the supraspinatus tendon at the muscular tendinous junction with a large fluid gap, measuring 9×15 mm; (2) diffuse signal abnormality throughout supraspinatus tendon with interstitial tearing more distally involving both the supraspinatus and infraspinatus tendon; (3) associated large subacrominal/subdeltoid bursitis with glenohumeral joint effusion; (4) longitudinal intrasubstance tear of the biceps tendon within its groove with extension into the rotator cuff interval involving the long head of the biceps tendon in association with a partial intrasubstance tear of the subscapularis tendon at the lesser tuberosity insertion; and (5) anterior-superior labrum tear.

After this accident Plaintiff 2 was unable to bear any weight on her left knee and was suffering from persistent pain throughout her body. When physical therapy failed to relieve her knee pain she underwent left knee arthroscopy of the posterior horn of the medial lateral meniscus with meniscectomy and chondroplasty in the medidal femoral condyle. Following her left knee surgery, she underwent a difficult post-operative course with severe pain and swelling in her left knee. Her left knee required two (2) separate procedures during which fluid was aspirated from her knee.

Due to the chronic nature of Plaintiff's shoulder pain and the failure to respond to the course of conservative management consisting of physical therapy and pain management, Plaintiff 2 underwent left shoulder arthroscopic surgery with mini arthrotomy and rotator cuff repair with significant scarring. With regard to her back pain, she underwent a course of pain management which consisted of epidural injections.

Plaintiff 2 was out of work for five months. A lost wage claim was asserted.

The case settled prior to the scheduling of a trial at a Settlement Conference for the total amount of $684,000.00 ($500,000.00 awarded to Plaintiff 1 and $184,000.00 was awarded to Plaintiff 2).