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By E-mail and First Class Mail

Re:

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Dear Attorney [REDACTED],

I have completed my review of the copies of medical records which you provided me regarding the above named.

[REDACTED] was admitted to [REDACTED] on [REDACTED] with pain and swelling of the right hand. He stated that he was wrestling with a friend and struck his right hand on a stair. He was noted to be tender and swollen over the dorsum of the right hand and wrist with diffuse tenderness over the swollen area. X-rays were taken but apparently misread and his condition was diagnosed as a bruise of the right hand. There was no x-ray report in the record. He returned to [REDACTED] on [REDACTED] after receiving call-back letter from hospital. When the hand x-ray was read by a radiologist, a fractured carpal bone was noted. There was no x-ray report in the record. Examination revealed diffuse tenderness over the right hand & wrist with edema and warmth. The right hand was splinted and he was referred to the hand clinic at [REDACTED]. On [REDACTED] he was seen in the hand clinic at [REDACTED] and diagnosed with fracture subluxations right of the right 4th and 5th carpo-metacarpal joints. He was taken to the operating room on [REDACTED] where he underwent closed reduction and percutaneous pinning of the fracture subluxations. Portable imagery in the operating room demonstrated 2 pins through the proximal metacarpal of the small, ring and middle fingers. These fragments are in near anatomic alignment and fracture lines not clearly identified. Post operatively he did well, mobilizing his hand and he was followed in the hand clinic. Pins were cut below the skin on [REDACTED] and removed on [REDACTED]. He was advised to return to the clinic in 4 – 6 weeks later, but there is no record that he ever returned.

Based only on the records personally reviewed it is possible to say with reasonable medical certainty that [REDACTED] had diagnosis of fracture subluxations right of the right 4th and 5th carpo-metacarpal joints.

I am unable to conclude with reasonable medical certainty that the diagnosis of fracture subluxations right of the right 4th and 5th carpo-metacarpal joints in the [REDACTED] would have prevented [REDACTED] from striking a blow with his right fist of sufficient

RE: [REDACTED]
Page 2 of 2

force to fracture a human mandible in the [REDACTED]. A history of ongoing symptoms with respect to his right wrist or of persistent tenderness in the right wrist may have made such a blow less likely, but there is no evidence in the records reviewed that these conditions existed.

[REDACTED] was admitted to [REDACTED] on [REDACTED]. The recorded history was that "[s]he was punched in the left side of her face by a male. . . . [S]he was trying to break up a fight." Physical examination revealed swelling of the jaw, and she was unable to open her mouth. X-rays revealed "left mandible fracture on the body. There is some displacement." She was given symptomatic treatment and transferred to [REDACTED]. At [REDACTED] history and physical examination were essentially the same, and Panorex x-ray was taken which revealed that "[t]here is a left-sided transverse fracture through the body of the mandible involving the tooth number 18 with 6 mm of inferior displacement and approximately 7mm of distraction of the distal fragment. Tooth number 16 is fractured. No other fractures are seen." CT scan of the facial bones with reconstruction showed that "[t]here is an acute transverse fracture of the left mandibular angle with 6 mm diastasis of the fracture fragments." Consultation was obtained with Ear Nose and Throat specialist who referred her to the ENT clinic, and no further records are available to assess either the treatment or the outcome of treatment.

Based only on the records reviewed it is possible to say with reasonable medical certainty that [REDACTED] had a diagnosis of transverse fracture of the left mandibular angle. I am able to conclude with reasonable medical certainty that in order to sustain a diagnosis of transverse fracture of the left mandibular angle that a direct blow to the left side of the mandible would be necessary, and that this fracture could not be caused by a blow to the front of the face.

Please do not hesitate to contact me if you feel that I can be of any further assistance in this matter.

Sincerely,

MK/msw