

Fellow of the Royal College of Surgeons of Canada

Fellow, American Academy of Orthopaedic Surgeons

Instructor in Orthopaedics
Boston University School of Medicine

Mordechai Kamel, JD, MD

Diplomate, American Board of Orthopaedic Surgeons

Diplomate and Senior Disability Analyst, American Board of Disability Analysts

By E-mail and First Class Mail

[REDACTED]

[REDACTED]

Re: [REDACTED] & [REDACTED]

Dear Attorney [REDACTED],

I have completed my review of the copies of medical records and x-ray films which you provided me regarding the above named children.

[REDACTED] was born at [REDACTED] on [REDACTED], one of twins. During the late spring of [REDACTED], she was noted by her primary care physician (PCP) to have plagiocephaly, a flattening of one side of the skull and appropriately referred for neurosurgical assessment. This was felt to be benign and positional, and treatment with a helmet which was offered, to promote reshaping of the skull was refused by parents. In the early summer of [REDACTED], PCP noted enlargement of the head and referred [REDACTED] for assessment of possible intracranial fluid. Ultrasound of the head was performed at [REDACTED] on [REDACTED] which strongly suggested subdural fluid collections. Attempt at MRI was made at [REDACTED] on [REDACTED] but this failed and the MRI was not performed. On [REDACTED], [REDACTED] was admitted to [REDACTED] with a burn on the right hand. This was diagnosed as a second degree burn, with blistering, and was felt by the physicians to be an immersion burn which could not have been accidental. While at [REDACTED], child underwent skeletal survey and CT scan of the head. Skeletal survey showed no evidence of new or old fractures in the upper or lower extremities and CT of the head confirmed bilateral subdural fluid collection consistent with bilateral chronic subdural hematomas and loss of brain substance consistent with atrophy. The right hand was dressed, and the child was transferred to [REDACTED] where she was admitted. Following transfer to [REDACTED], child was reexamined and possible bite injury was noted on the right shoulder, multiple abrasions were noted on the chest and chest x-ray showed healing fractures of posterior aspects of the 8th, 9th and 10th ribs. (My review of these x-rays would estimate the age of these fractures in a child of this age to be between 1 and 2 weeks old at the time the x-rays were taken.) On [REDACTED], child was taken to the operating room, burr holes were performed and bilateral subdural hematomas were evacuated. Follow up CT scans showed successful evacuation and no reaccumulation of the subdural hematomas. In [REDACTED] of [REDACTED], [REDACTED] was again admitted to [REDACTED] with urinary tract infection which was appropriately investigated and treated. Follow up by neurosurgeon as an outpatient showed that Imani was recovering well,

RE: [REDACTED] & [REDACTED]
[REDACTED]

Page 2 of 3

and in the fall of [REDACTED] was prescribed a helmet to assist in the treatment of her plagiocephaly which was successful and was discontinued in the early part of [REDACTED].

Based only on the records and x-rays personally reviewed it is possible to say with reasonable medical certainty that [REDACTED] had diagnoses of:

1. positional plagiocephaly noted during the late spring of [REDACTED];
2. chronic bilateral subdural hematomas, which occurred during the late spring or early summer of [REDACTED];
3. multiple chest abrasions which occurred on or in the week preceding [REDACTED];
4. fractures of the posterior 8th, 9th, and 10th ribs which occurred during the first or second week of [REDACTED];
5. 2nd degree immersion burn right hand which occurred on [REDACTED]; and
6. Urinary tract infection, possible pyelonephritis during [REDACTED].

I am able to conclude with reasonable medical certainty that the diagnoses of plagiocephaly and pyelonephritis (urinary tract infection) occurred naturally without outside cause. I am, likewise, able to determine with a reasonable degree of medical certainty that the 2nd degree burn of the right hand, the multiple abrasions on the chest, and the fractures of the ribs suffered by [REDACTED] were intentional injuries inflicted on this child. Although I am unable to conclude with reasonable medical certainty the cause of the subdural hematomas, taken together with the other inflicted injuries, and the unlikelihood of a spontaneous cause, it is my professional opinion that there was head trauma inflicted on [REDACTED] as the cause of this diagnosis.

There is no evidence in the medical records as to who inflicted the intentional injuries previously noted on [REDACTED].

[REDACTED] was born at [REDACTED] on [REDACTED], one of twins. During the late spring of [REDACTED], he was noted by his primary care physician (PCP) to have plagiocephaly, and appropriately referred for neurosurgical assessment. This was felt to be benign and positional, and no treatment was felt to be indicated. On [REDACTED], after his sister [REDACTED] was admitted to [REDACTED], he too was admitted and investigated for intentional injury. He underwent skeletal survey which showed evidence of healing corner fractures of both sides of the distal femoral metaphyses of both legs and a possible buckle fracture of the right proximal tibia. Consultation was obtained from orthopaedic surgeon, Dr. [REDACTED], who felt that injuries were stable and required no active treatment. (On review of the films, I concurred with Dr. [REDACTED] conclusion that the fractures were several weeks old and showed early healing.) Follow up by Dr. [REDACTED] as an outpatient showed that [REDACTED] was recovering well, and required no further orthopaedic treatment.

Based only on the records and x-rays reviewed it is possible to say with reasonable medical certainty that [REDACTED] had diagnoses of:

1. positional plagiocephaly noted during the late spring of [REDACTED];
2. corner fractures of both sides of the distal femurs of both legs which occurred during the first or second week of [REDACTED]; and

RE: [REDACTED] & [REDACTED]
[REDACTED]

Page 3 of 3

3. possible buckle fracture of the right proximal tibia, age indeterminate.

I am able to conclude with reasonable medical certainty that the diagnosis of plagiocephaly occurred naturally without outside cause. I am, likewise, able to determine with a reasonable degree of medical certainty that the fractures of the distal femurs were intentional injuries inflicted on this child. This type of injury can only be inflicted by angling the legs from side to side at the knees, perpendicular to the natural motion of those joints. I am unable to make any conclusion regarding the possible buckle fracture of the proximal tibia as that diagnosis is not absolutely certain.

There is no evidence in the medical records as to who inflicted the intentional injuries noted in the previous paragraph on [REDACTED].

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

Sincerely,

MK/msw