MEDICAL RECORDS REVIEW — CHRONOLOGICAL NARRATIVE SUMMARY

Patient's Name	Sarah L. Thompson
Date of Birth	08/24/1982
Date of Injury	11/03/2022
Body Parts Claimed/Injured	Cervical Spine, Right Shoulder, Head
Type of Appointment	Personal Injury – Motor Vehicle Accident
Date of Evaluation	05/21/2026
Pages Reviewed	487 pages (excluding duplicates)
Prepared by	Hannah Mendoza, Medical-Legal Records Specialist
Date Prepared	04/28/2026

KEY PROVIDER INDEX & TIMELINE OVERVIEW

- **11/03/2022 – Mercy Regional Medical Center (ED):** Initial Treatment & CT/X-Ray Imaging
- **11/18/2022 – Pacific Neuroscience Associates (Neurology):** Brain/C-Spine MRI & EMG/NCS
- **01/09/2023 – Deposition of Sarah L. Thompson:** Background & Accident Testimony
- **02/14/2023 – Summit Orthopedic Group (Orthopedic Surgery):** Rotator Cuff Diagnosis

CASE METRICS & REVIEWER OBSERVATIONS (PER RECORDS REVIEWED)

- **Total Treatment Span:** November 3, 2022 – February 14, 2023 (Active specialist phase)
- **Treatment Intervals:** 15 days between the ED visit (11/03/2022) and neurology intake (11/18/2022). Six weeks of physical therapy are reported in the 02/14/2023 orthopedic history; no physical therapy records are included in this file.
- **Pre-Existing Conditions / Prior Trauma:** Right shoulder arthroscopy in 06/2014 for a labral tear (full recovery per claimant). Per deposition: right wrist fracture at age nine (healed) and a minor rear-end motor vehicle accident as a passenger at age 14 (neck soreness, resolved within two weeks). The 02/14/2023 orthopedic report refers to aggravation of a pre-existing condition, while claimant reports being pain-free and fully functional before the accident.

CHRONOLOGICAL MEDICAL RECORD ENTRIES

11/03/2022 – Emergency Department Report, Mercy Regional Medical Center by James T. Okafor, MD, Emergency Medicine

Date of Injury: 11/03/2022

History of Present Illness/Injury: Patient is a 40-year-old female who presented to the emergency department via ambulance following a motor vehicle accident in which she was the restrained driver of a vehicle that was struck from behind at a traffic signal. She reported immediate onset of neck pain, right shoulder pain, and headache at the scene. She denied loss of consciousness. She was ambulatory at the scene but was placed on a cervical collar by EMS as

a precaution. She reported no airbag deployment. Impact was described as moderate to severe based on vehicle damage reported by EMS.

Subjective Complaints: Severe neck pain rated 8/10 with radiation into the right upper extremity. Right shoulder pain rated 7/10. Headache rated 6/10, described as diffuse and pressure-like. Patient reported dizziness and mild nausea upon arrival. She denied visual changes, loss of consciousness, or memory gaps surrounding the incident.

Objective Findings: Cervical spine: Tenderness to palpation over C4-C6 paraspinal musculature and bilateral trapezius. Range of motion severely restricted in all planes secondary to pain and guarding. Spurling's test equivocal. Right shoulder: Tenderness over the anterior shoulder and acromioclavicular joint. Range of motion limited by pain — forward flexion to 90 degrees, abduction to 80 degrees. Neurovascular status intact distally. Neurological: Alert and oriented x4. Cranial nerves II-XII grossly intact. No focal deficits identified.

Diagnostic Tests: CT Cervical Spine without contrast (11/03/2022): No acute fracture or dislocation. Straightening of the normal cervical lordosis consistent with muscle spasm. Mild disc space narrowing at C5-C6. X-Ray Right Shoulder (11/03/2022): No acute osseous abnormality identified. No dislocation. Mild acromioclavicular joint narrowing noted. CT Head without contrast (11/03/2022): No acute intracranial hemorrhage, mass effect, or midline shift. No acute bony abnormality.

Diagnoses: 1. Acute cervical sprain/strain with right upper extremity radiculopathy. 2. Right shoulder sprain/contusion, rule out rotator cuff injury. 3. Post-traumatic headache. 4. Motor vehicle accident.

Treatment Plan/Recommendations: Patient prescribed NSAIDs, muscle relaxants, and a short course of oral steroids. Cervical collar provided for comfort use only. Referred to orthopedic surgery for right shoulder evaluation and neurology for post-traumatic headache workup. Ice application and rest advised. Follow-up with primary care physician within five days.

Work Status: Off work for 72 hours pending specialist evaluation.

11/18/2022 – Neurology Consultation, Pacific Neuroscience Associates by Linda R. Vasquez, MD, Neurology

Date of Injury: 11/03/2022

History of Present Illness/Injury: Patient is a 40-year-old female referred for neurological evaluation following motor vehicle accident of 11/03/2022. She presents with persistent post-traumatic headaches, cervicogenic dizziness, and right upper extremity paresthesias since the date of injury. She reports the headaches occur daily, are located primarily in the occipital and right temporal regions, and are associated with photophobia and phonophobia. She denies frank syncope but reports episodic lightheadedness with positional changes. She has not yet commenced physical therapy. She reports difficulty concentrating and short-term memory lapses since the accident, which she had not experienced prior to the injury.

Subjective Complaints: Daily headaches rated 6-7/10, worse with physical activity, screen exposure, and stress. Right-sided neck pain with radiation into the right arm and hand, associated with numbness and tingling in the right index and middle fingers. Dizziness rated 4/10, described as a sensation of imbalance rather than true vertigo. Cognitive difficulties including difficulty with word retrieval and sustained attention. Sleep disturbance secondary to pain and headaches.

Objective Findings: Mental status: Alert and oriented x4. Speech fluent. Mild difficulty with three-item recall at five minutes. Cranial nerves: II-XII intact. Motor: Strength 5/5 throughout bilateral upper and lower extremities except right hand intrinsics 4+/5. Sensation: Diminished light touch sensation right index and middle fingers in C6-C7 dermatomal distribution. Reflexes: Biceps 2+ bilaterally, brachioradialis 2+ bilaterally, triceps 1+ on the right compared to 2+ on the left. Coordination: Intact. Gait: Mildly antalgic, favoring right side.

Diagnostic Tests: MRI Brain without contrast (11/16/2022): No acute intracranial pathology. No evidence of traumatic axonal injury. Mild periventricular white matter changes, likely age-related incidental finding. MRI Cervical Spine without contrast (11/16/2022): Disc herniation at C5-C6 with right-sided foraminal stenosis and impingement of the right C6 nerve root. Disc bulge at C6-C7 without significant stenosis. Prevertebral soft tissue swelling consistent with acute injury. EMG/NCS Right Upper Extremity (11/16/2022): Electrodiagnostic evidence of right C6 radiculopathy. No evidence of peripheral entrapment neuropathy.

Diagnoses: 1. Post-traumatic headache, chronic, secondary to motor vehicle accident of 11/03/2022. 2. C5-C6 disc herniation with right C6 radiculopathy, causally related to motor vehicle accident of 11/03/2022. 3. Cervicogenic dizziness. 4. Mild neurocognitive dysfunction, post-traumatic.

Treatment Plan/Recommendations: Initiated Topamax 25mg daily for headache prophylaxis with planned titration. Referred for vestibular rehabilitation therapy for cervicogenic dizziness. Cervical epidural steroid injection at C5-C6 recommended for radiculopathy management. Neuropsychological testing ordered for further evaluation of cognitive complaints. Neurosurgical consultation recommended if conservative measures fail within three months.

Work Status: Modified duty. Avoid prolonged computer use beyond 30 minutes without breaks. No driving until dizziness resolves.

01/09/2023 – Deposition of Sarah L. Thompson (142 pages)

Summary of Testimony: The claimant spent approximately two hours with her attorney in preparation for the deposition. Regarding her personal and medical background, claimant testified that she was born and raised in Sacramento, California, and completed her education through a bachelor's degree in graphic design. She reported that as a child she sustained a right wrist fracture at age nine from a fall off a bicycle, which healed without surgical intervention and left no lasting impairment. At age fourteen she was involved in a minor rear-end motor vehicle accident as a passenger and was evaluated at an urgent care clinic for neck soreness, which resolved within two weeks with no further treatment. She denied any other injuries during childhood or adolescence.

With respect to her past medical history, claimant testified that she was diagnosed with seasonal allergic rhinitis in her early twenties, managed with over-the-counter antihistamines. She reported a diagnosis of mild anxiety disorder in 2017 for which she received approximately one year of cognitive behavioral therapy and was prescribed Lexapro 10mg daily, which she discontinued in 2019 after achieving remission. She denied any history of hypertension, diabetes, cardiac disease, neurological disorders, or chronic pain conditions prior to the subject accident.

Regarding her surgical and hospitalization history, claimant testified that she underwent right shoulder arthroscopy in June 2014 following a labral tear sustained during a recreational softball game. She stated the procedure was performed by Dr. Alan Richards at Summit Orthopedic Group and that she completed a full course of post-surgical physical therapy, achieving complete recovery with full range of motion and no residual pain or functional limitations by December 2014. She denied any other surgeries or hospitalizations aside from a tonsillectomy performed at age seven. She confirmed she had never been hospitalized for any medical illness.

Claimant testified that in the ten years preceding the subject accident she had no further orthopedic complaints, no treatment for musculoskeletal conditions, and no limitations in her ability to perform her occupational or recreational activities. She stated she was an active individual who practiced yoga twice weekly, cycled recreationally on weekends, and had no physical restrictions of any kind prior to November 3, 2022.

Regarding the subject accident, claimant testified that on November 3, 2022, she was stopped at a red light on Westfield Avenue when her vehicle was struck from the rear by a pickup truck traveling at an estimated speed of 40 miles per hour. She stated she had no warning prior to impact and that her head snapped backward and then forward violently upon collision. She reported immediate onset of neck pain, right shoulder pain, and headache at the scene and confirmed she was wearing her seatbelt at the time of impact. She was transported by ambulance to Mercy Regional Medical Center where she was evaluated and subsequently referred to specialists.

Regarding her current condition, claimant testified that she continues to experience daily headaches, persistent neck pain radiating into her right arm, and numbness in her right hand that interferes with her ability to type and perform fine motor tasks. She stated she has been unable to return to her pre-injury occupation as a graphic designer due to her inability to tolerate prolonged screen use. She described significant impact on her activities of daily living including difficulty with overhead reaching, lifting objects heavier than five pounds with her right arm, and disrupted sleep secondary to pain. She confirmed compliance with all recommended treatments including neurology follow-up, physical therapy, and vestibular rehabilitation. She denied any intervening accidents or injuries since the subject

incident and stated she experiences ongoing emotional distress related to her inability to work and the impact of her injuries on her quality of life. The proceeding lasted for 3 hours and 27 minutes.

02/14/2023 – Orthopedic Surgery Consultation, Summit Orthopedic Group by Kevin M. Park, MD, Orthopedic Surgery

Date of Injury: 11/03/2022

History of Present Illness/Injury: Patient is a 40-year-old female referred for orthopedic evaluation of the right shoulder following motor vehicle accident of 11/03/2022. She reports persistent right shoulder pain since the date of injury despite conservative management. She completed six weeks of physical therapy with minimal improvement. She notes significant pain with overhead activity, reaching across her body, and lifting. She reports a prior right shoulder arthroscopy in 2014 for a sports-related labral tear and states she was fully functional and pain-free prior to the subject accident.

Subjective Complaints: Right shoulder pain rated 6/10 at rest, exacerbated to 9/10 with overhead activity and internal rotation. Pain localized to the anterior shoulder and lateral deltoid region. Catching and clicking sensation with shoulder movement. Weakness with lifting and reaching. No cervical radicular symptoms attributed to the shoulder at this visit.

Objective Findings: Right shoulder: Mild atrophy of the right supraspinatus and infraspinatus compared to the left. Range of motion — forward flexion 110 degrees (pain-limited), abduction 100 degrees, external rotation 45 degrees, internal rotation to L3. Strength — supraspinatus 3+/5, infraspinatus 4/5, subscapularis 4+/5. Positive Neer impingement sign. Positive Hawkins-Kennedy test. Positive empty can test. Positive drop arm sign. Tenderness over the bicipital groove and acromioclavicular joint.

Diagnostic Tests: MRI Right Shoulder with contrast (02/10/2023): Full-thickness tear of the supraspinatus tendon measuring 1.8 cm in the anteroposterior dimension. Partial-thickness tear of the infraspinatus tendon. Moderate tendinopathy of the long head of the biceps tendon. Moderate subacromial-subdeltoid bursitis. Mild acromioclavicular joint arthrosis. No evidence of labral pathology on current study.

Diagnoses: 1. Full-thickness supraspinatus tendon tear, right shoulder – causally related to motor vehicle accident of 11/03/2022, with aggravation of pre-existing condition. 2. Partial-thickness infraspinatus tendon tear, right shoulder. 3. Biceps tendinopathy, right shoulder. 4. Subacromial bursitis, right shoulder.

Treatment Plan/Recommendations: Surgical intervention recommended — right shoulder arthroscopic rotator cuff repair with subacromial decompression and possible biceps tenodesis. Pre-surgical physical therapy for optimization of shoulder mobility and strength. Patient counseled regarding surgical risks, expected recovery timeline of four to six months, and the possibility of permanent residual limitations given the extent of the tear and chronicity since injury.

Work Status: Temporarily totally disabled pending surgical intervention and post-operative recovery.

Impairment Rating: Deferred pending surgical intervention and determination of maximum medical improvement.

— End of Medical Records Review Summary —

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