**Stuart Hershon, M.D.**

| *FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS*  *DIPLOMATE AMERICAN BOARD OF ORTHOPAEDIC SURGERY* |
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April 15, 2024

Re: Kevin Brown

Claim #: 239338374.02

Case #: 22186355

Date of Accident: 10-13-23

Specialty: Orthopedics

To Whom It May Concern:

As you requested, I performed an orthopedic evaluation regarding the above-named individual on April 5, 2024 in my Queens office. Photo identification was presented prior to examination. Nardia, a staff member, was present at the time of this examination.

**HISTORY:**

Mr. Brown states that on 10-13-23, he was the seat-belted driver of a car involved in a motor vehicle accident. He reports he was not rendered unconscious. He reports he did not sustain any lacerations. He did not go to the hospital following the accident.

He did not provide any information regarding his complaints. Mr. Brown started a course of physical therapy, chiropractic treatment and massage at a frequency of three times a week. He states additional tests were performed, which he states included MRIs of the back and ankle. He states that treatments have not been beneficial, and he is continuing the recommended treatments three times a week. A lumbar spine discectomy was performed on 12/13/2023.

**CURRENT COMPLAINTS:**

At the time of this examination, Mr. Brown states he has complaints of low back pain that radiates to the legs. He also has complaints of pain in the mid back, right hand and right ankle. No other complaints are reported at the time of this examination.

**PAST MEDICAL/SURGICAL HISTORY:**

Mr. Brown reports he has been involved in a prior motor vehicle accident on 7-11-20 with no injuries. He has not been involved in a prior work-related accident.

He states he has no serious illnesses. He states there is no history of prior surgery. He reports he is not allergic to medication. He reports he does take Pregabalin twice a day.

**WORK/SOCIAL HISTORY:**

He reports he was employed for Instacart at the time of the accident. He reports he was out of work for one to two months. He reports he is currently working part time at the same job on light duty with restrictions.

**REVIEW OF RECORDS**:

* NF-2 form dated 10/16/2023 indicating injuries to neck, back, right ankle and leg pain.
* NF-2 form dated 11/18/2023 indicating severe pain in neck, back, lower back, right leg, right calf muscle; shooting pain in right leg; Other multiple injuries.
* Ultrasound report of the bilateral carotid artery dated 10/19/2024 by Omar Ahmed, MD – Impression: No evidence of hemodynamically significant stenosis in the bilateral carotid bifurcation vessels.
* TCD examination report dated 10/19/2023 by Omar Ahmed, MD. – Impression: This study confirms the patency of the major basal intracranial arteries in the Circle of Willis. Vasomotor reactivity testing showed normal vasodilator reactivity in the R MCA. Blood flow in R MCA showed decreased blood flow veracity. Blood flow in L MCA, BL ACA, BL PCA1 BL VA, BA, BL OA within normal range. No evidence of emboli detection throughout the monitoring period. TCD is not sensitive for tumors, aneurysms, and small AVMs.
* Electrodiagnostic history and physical evaluation report dated 01/19/2024 by Omar Ahmed, MD.
* EMG/NCV upper extremities report dated 01/19/2024 by Omar Ahmed, MD. – Impression: The above electrodiagnostic study reveals evidence of right C5 - C6 and left C3 - C4 radiculopathies. Also, the electrodiagnostic study reveals evidence of a bilateral sensory median nerve neuropathy at the wrist. This is consistent with the clinical diagnosis of Carpal Tunnel Syndrome. In addition, the electrodiagnostic study reveals evidence sensory peripheral neuropathy affecting the upper extremities.
* Initial evaluation report dated 10/16/2023 by Jean-Pierre Georges Barakat, MD.
* Medical equipment prescription note dated 10/16/2023 by Jean-Pierre Georges Barakat, MD.
* Medical referral note dated 10/16/2023 by Jean-Pierre Georges Barakat, MD.
* Physician prescription note dated 10/16/2023 by Jean-Pierre Georges Barakat, MD.
* Evaluation report dated 10/17/2023 by Jean-Pierre Georges Barakat, MD,
* Medical equipment prescription note dated 10/17/2023 by Jean-Pierre Georges Barakat, MD.
* Outcome assessment testing summary report dated 10/17/2023 by Jean-Pierre Georges Barakat, MD.
* Pharmacy prescription note dated 10/18/2023 by Jean-Pierre Georges Barakat, MD.
* Musculoskeletal referral script dated 10/19/2023 by Jean-Pierre Georges Barakat, MD.
* Follow-up evaluation reports dated 11/14/2023 through 02/06/2024 by Jean-Pierre Georges Barakat, MD.
* Physician prescription note dated 11/14/2023 by Jean-Pierre Georges Barakat, MD.
* Medical equipment prescription note dated 11/14/2023 by Jean-Pierre Georges Barakat, MD.
* Follow-up outcome assessment testing summary reports dated 11/14/2023 through 02/06/2024 by Jean-Pierre Georges Barakat, MD.
* Pharmacy prescription note dated 11/15/2023 by Jean-Pierre Georges Barakat, MD.
* Pharmacy prescription note dated 11/15/2023 by Jean-Pierre Georges Barakat, MD.
* Medical equipment prescription note dated 12/12/2023 by Jean-Pierre Georges Barakat, MD.
* Physician prescription note dated 12/13/2023 from Dong Seo Pharmacy LLC.
* Pharmacy prescription note dated 12/13/2023 by Jean-Pierre Georges Barakat, MD.
* MRI report of the cervical spine dated 11/02/2023 by Ralph Dauito, MD. – Impression: Malignant as above. At C2-C3, partial congenital fusion is appreciated. At C3-C4, spondylotic disc bulging is present with superimposed spondylotic left disc herniation complex effacing the anterior thecal sac impingement upon the left nerve roots. At C5-C7, spondylotic disc bulging narrows the neural foramina bilaterally. At C7/T1 disc bulging impinges upon the anterior thecal sac and mildly narrows the neural foramina bilaterally.
* MRI report of the lumbar spine dated 11/02/2023 by Ralph Dauito, MD. - Impression: Malalignment as above. At L4-L5, right disc herniation with annular tear effaces the anterior thecal sac impinging upon the nerve roots within the spinal canal. Disc bulging mildly narrows the neural foramina bilaterally. At L5-S1, disc space narrowing is present. Central disc herniation with annular tear is identified. Disc bulging narrows the neural foramina bilaterally.
* MRI report of the right ankle dated 11/16/2023 by Ralph Dauito, MD. – Impression: 2 mm osteochondral lesion is seen involving the medial talar dome with joint effusion. Sprain injury is present at the anterior tibial tendon. Sprain injury is seen at posterior talofibular ligament.
* Initial consultation report dated 11/14/2023 by Solomon Halioua, MD.
* Procedure report for L4-L5 lumbar epidural steroid injection under fluoroscopic guidance with epidurogram dated 11/25/2023 by Solomon Halioua, MD.
* Follow-up evaluation reports dated 12/12/2023 through 03/12/2024 by Solomon Halioua, MD.
* Physician prescription note dated 12/12/2023 by Solomon Halioua, MD.
* Operative report for lumbar spine dated 12/13/2023 by Solomon Halioua, MD. – Procedure: Endoscopically assisted right transforaminal discectomy at the L4-5 and L5-S1 2-levels. Annuloplasty using bipolar probe at the L4-5 and L5-S1 2-levels. Lumbar Discography L4-5 and L5-S1 2-levels. Right L4 and L5 transforaminal epidural injection. 2-levels.
* Medical equipment prescription note dated 12/24/2023 by Solomon Halioua, MD.
* Procedure report for L5-S1 lumbar epidural steroid injection under fluoroscopic guidance with epidurogram dated 03/15/2024 by Solomon Halioua, MD.
* Ultrasound report of the left elbow dated 10/19/2023 by Alam Hamid, MD. – Impression: Unremarkable ultrasound study of the left elbow.
* Ultrasound report of the left knee dated 10/19/2023 by Alam Hamid, MD. – Impression: Unremarkable ultrasound study of the left knee.
* Ultrasound report of the left shoulder dated 10/19/2023 by Alam Hamid, MD. – Impression: Unremarkable ultrasound study of the left shoulder.
* Ultrasound report of the right knee dated 10/19/2023 by Alam Hamid, MD. – Impression: Unremarkable ultrasound study of the right knee.
* Ultrasound report of the right shoulder dated 10/19/2023 by Alam Hamid, MD. – Impression: Unremarkable ultrasound study of the right shoulder.
* Ultrasound report of the paraspinal muscles of the lumbar spine dated 10/19/2023 by Alam Hamid, MD. – Impression: Limited study by technique. However there is subtle abnormal echogenicity of the paraspinal muscles bilaterally which may be due to muscle spasms. No gross muscle tear is identified. Follow-up ultrasound is suggested if clinically indicated.
* Surgical pathology report dated 12/13/2023 from Pathline.
* Neurological initial consultation report dated 12/14/2023 by Sherrie Ann Rawlins, MD.
* EMG/NCV lower extremities report dated 12/14/2023 by Sherrie Ann Rawlins, MD. – Impression: The above electrodiagnostic study reveals evidence of the right L4-L5 lumbar radiculopathy.
* Initial consultation report dated 12/06/2023 by Peter Tomasello, DO.
* Physical therapy re-evaluation report dated 01/19/2024 from Way to Rehab PT PC.
* Diagnostic sonogram report dated 11/06/2023 by Diana Vavikova, DC.
* Ultrasound report of the spine dated 11/06/2023 by Diana Vavikova, DC. – Impression: Abnormal echogenicity of the bilateral paraspinal muscles of the cervical, thoracic, lumbar spine, which may be due to muscle spasms, inflammation, trauma, strain, facet subluxation, spinal misalignment or developing of fibrotic changes as well as muscle guarding/chronic muscle spasm. No cystic lesions nor muscle tears were noted.
* Diagnostic sonogram report dated 02/06/2023 by Diana Vavikova, DC.
* Ultrasound report of the spine dated 02/06/2023 by Diana Vavikova, DC. – Impression: There is an abnormal echogenicity of the bilateral paraspinal muscles of the lumbar, cervical, thoracic spine, and left paraspinal muscles of sacroiliac spine, which may be due to muscle spasms, inflammation, trauma, strain, facet subluxation, spinal misalignment or developing of fibrotic changes as well as muscle guarding/chronic muscle spasm. No cystic lesions nor muscle tears were noted. Mild improvement was demonstrated at the lumbar and sacroiliac spine, with slightly decreased level of inflammation and partially diminished area of muscle spasm. Fibrous tissue noted. Same level of inflammation was demonstrated at the cervical and thoracic spine, with remaining abnormal echogenicity of paraspinal muscles.
* Physical therapy SOAP progress note dated 12/01/2023 through 03/22/2024 from Way to Rehab PT PC.
* Initial chiropractic evaluation report dated 10/16/2023 –illegible signature.
* Chiropractic SOAP progress notes dated 10/16/2023 through 02/12/2024 –illegible signature.

**PHYSICAL EXAMINATION:**

He is a 36-year-old male who ambulates with a normal gait. He is 6 feet tall, weight is 175 pounds, and has brown hair and blue eyes.

He is in no acute distress and was able to understand and cooperate during the examination.

Normal ranges of motion are as per the A.M.A “Guides To The Evaluation Of Permanent Impairment”, fifth edition, and are performed with the assistance of a goniometer.

###### ORTHOPEDIC EXAMINATION

**Cervical Spine:** There is no tenderness to palpation of the cervical paraspinal musculature. There is no tenderness to palpation of the trapezii. No muscle spasm is noted. Range of motion of the cervical spine reveals flexion 50 degrees (50 degrees being normal), extension 60 degrees (60 degrees being normal), right rotation 80 degrees (80 degrees being normal), left rotation 80 degrees (80 degrees being normal), right lateral flexion 45 degrees (45 degrees being normal), and left lateral flexion 45 degrees (45 degrees being normal).

On neurological examination, there are no sensory deficits in the upper extremities. Deep tendon reflexes of the biceps and triceps are present and equal bilaterally. Muscle strength in each range is 5/5. Cervical compression is negative with no radiation of pain to the back on axial bending.

**Thoracic Spine:** There is no spasm. There is no tenderness to palpation over the paraspinal musculature. Range of motion of the thoracic spine reveals right lateral bending 45 degrees (45 degrees being normal), left lateral bending 45 degrees (45 degrees being normal), right rotation 30 degrees (30 degrees being normal) and left rotation 30 degrees (30 degrees being normal).

**Lumbar Spine:** There is no spasm. There is no tenderness noted over the paraspinal musculature on palpation. Range of motion of the lumbar spine reveals flexion 60 degrees (60 degrees being normal), extension 25 degrees (25 degrees being normal), and right and left lateral bending 25 degrees (25 degrees being normal).

Neurological examination reveals patellar and Achilles reflexes to be 2+. Muscle strength of the lower extremities is graded at 5/5 bilaterally. Sensory examination of the lower extremities including the medial and lateral thighs, calves and feet are normal. Straight leg raising is negative. The claimant is able to tiptoe and heel walk.

**Right Shoulder:** There is no tenderness on palpation of the shoulder. There is no crepitus at the joints. Range of motion of the right shoulder reveals abduction 180 degrees (180 degrees being normal), forward flexion 180 degrees (180 degrees being normal), internal rotation 80 degrees (80 degrees being normal) and external rotation 90 degrees (90 degrees being normal). Impingement sign is negative. Neer’s sign is negative. O’Brien’s, Yergason, Speed’s, Hawkins and Drop Arm tests are all negative.

**Left Shoulder:** There is no tenderness on palpation of the shoulder. There is no crepitus at the joints. Range of motion of the left shoulder reveals abduction 180 degrees (180 degrees being normal), forward flexion 180 degrees (180 degrees being normal), internal rotation 80 degrees (80 degrees being normal) and external rotation 90 degrees (90 degrees being normal). Impingement sign is negative. Neer’s sign is negative. O’Brien’s, Yergason, Speed’s, Hawkins and Drop Arm tests are all negative.

**Right Elbow:** There is no tenderness on palpation of the elbow. Range of motion of the elbow reveals flexion 150 degrees (150 degrees being normal). Extension is 0 degrees (0 degrees being normal).

**Left Elbow:** There is no tenderness on palpation of the elbow. Range of motion of the elbow reveals flexion 150 degrees (150 degrees being normal). Extension is 0 degrees (0 degrees being normal).

**Right Wrist/Hand:** Range of motion of the wrist/hand reveals pronation 80 degrees (80 degrees being normal), supination 80 degrees (80 degrees being normal), dorsiflexion 60 degrees (60 degrees being normal), volar flexion 60 degrees (60 degrees being normal), radial deviation 20 degrees (20 degrees being normal) and ulnar deviation 30 degrees (30 degrees being normal). Tinel’s sign is negative. Motion of the digits of the hand is full.

**Left Wrist/Hand:** Range of motion of the wrist/hand reveals pronation 80 degrees (80 degrees being normal), supination 80 degrees (80 degrees being normal), dorsiflexion 60 degrees (60 degrees being normal), volar flexion 60 degrees (60 degrees being normal), radial deviation 20 degrees (20 degrees being normal) and ulnar deviation 30 degrees (30 degrees being normal). Tinel’s sign is negative. Motion of the digits of the hand is full.

**Right Hip:** There is no tenderness on palpation of the hip. Range of motion reveals forward flexion 100 degrees (100 degrees being normal), extension 30 degrees (30 degrees being normal), abduction 40 degrees (40 degrees being normal), adduction 20 degrees (20 degrees being normal), external rotation to 50 degrees (50 degrees being normal) and internal rotation 40 degrees (40 degrees being normal).

**Left Hip:** There is no tenderness on palpation of the hip. Range of motion reveals forward flexion 100 degrees (100 degrees being normal), extension 30 degrees (30 degrees being normal), abduction 40 degrees (40 degrees being normal), adduction 20 degrees (20 degrees being normal), external rotation to 50 degrees (50 degrees being normal) and internal rotation 40 degrees (40 degrees being normal).

**Right Knee:** There is no tenderness noted. Range of motion is to 150 degrees’ flexion (150 degrees being normal). Extension is to 0 degrees (0 degrees being normal). McMurray Test, Lachman, anterior drawer, pivot shift and posterior drawer tests are all negative. There is no evidence of patello-femoral crepitus. The knee is stable on valgus and varus stressing.

**Left Knee:** There is no tenderness noted. Range of motion is to 150 degrees’ flexion (150 degrees being normal). Extension is to 0 degrees (0 degrees being normal). McMurray Test, Lachman, anterior drawer, pivot shift and posterior drawer tests are all negative. There is no evidence of patello-femoral crepitus. The knee is stable on valgus and varus stressing.

**Right Ankle & Foot:** There is no soft tissue swelling. There is no tenderness on palpation of the ankle and foot. Range of motion shows dorsiflexion 20 degrees (20 degrees being normal), plantar flexion 40 degrees (40 degrees being normal), inversion 30 degrees (30 degrees being normal) and eversion 20 degrees (20 degrees being normal). There is no sensory loss to light touch or pinprick.

**Left Ankle & Foot:** There is no soft tissue swelling. There is no tenderness on palpation of the ankle and foot. Range of motion shows dorsiflexion 20 degrees (20 degrees being normal), plantar flexion 40 degrees (40 degrees being normal), inversion 30 degrees (30 degrees being normal) and eversion 20 degrees (20 degrees being normal). There is no sensory loss to light touch or pinprick.

**DIAGNOSIS:**

* Thoracic spine sprain/strain, resolved.
* Lumbar spine discectomy, resolved.
* Right wrist/hand sprain/strain, resolved.
* Right ankle sprain/strain, resolved.
* All other areas examined were within normal limits.

**DISABILITY:**

Based on my examination and lack of objective findings, there is no evidence of an orthopedic disability. He can perform all activities of daily living and work without restrictions or limitations.

**TREATMENT:**

Based on my examination, lack of positive objective findings and clinical experience, orthopedic treatment is not medically necessary from an orthopedic viewpoint to any of the examined areas. His subjective complaints were not correlated by objective findings. There is no medical necessity for physical therapy, prescription medication, extracorporeal shockwave therapy, office visits, surgery or injections to any of the examined areas. It is my opinion that there is no medical necessity for massage therapy, diagnostic testing, household help, durable medical equipment or special medical transportation to any of the examined areas. The reported MRI findings were not correlated by any positive objective clinical findings on today’s examination.

I, Stuart Hershon, M.D., duly licensed to practice medicine in the State Of New York, pursuant to Civil Practice Law and Rules Sec 2106, hereby affirm under penalties of perjury, that the statements contained herein are true and accurate.

I affirm to the best of my knowledge that I am unaware of a conflict of interest between me, the “examiner,” the claimant “examinee” or the claimant’s healthcare provider (s). It is understood that no doctor/patient relationship exists or is implied by this examination. The claimant was examined with specific complaints emanating from the original injury. Any other medical conditions, which are either unreported or felt to be unrelated to the original injury are considered to be beyond the scope of this examination.

I attest to having the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue in this case. I have current, relevant, knowledge and experience to render an opinion for this case, and my opinions and conclusions are based solely upon the review of the records submitted as well as the results of my examination, if applicable. There is no conflict of interest known to me regarding this specific case. I have received no financial incentive or compensation that is dependent in any way on the opinion I have rendered. No delegation of this examination and/or review was rendered.

I further certify that the signature appearing in this report is my electronic signature, as that term is defined by New York State Technology Law § 302(3), and that the electronic signature on this report and on any facsimiles and copies of this report shall be deemed originals.

Sincerely yours,



Stuart Hershon, M.D.

NYS License # 092576

SH/jp

A close up of a license

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| EXISTING | NEW with Page # | NEW |
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No cystic lesions nor muscle tears were noted. * Diagnostic sonogram report dated 02/06/2023 by Diana Vavikova, DC. * Ultrasound report of the spine dated 02/06/2023 by Diana Vavikova, DC. – Impression: There is an abnormal echogenicity of the bilateral paraspinal muscles of the lumbar, cervical, thoracic spine, and left paraspinal muscles of sacroiliac spine, which may be due to muscle spasms, inflammation, trauma, strain, facet subluxation, spinal misalignment or developing of fibrotic changes as well as muscle guarding/chronic muscle spasm. No cystic lesions nor muscle tears were noted. Mild improvement was demonstrated at the lumbar and sacroiliac spine, with slightly decreased level of inflammation and partially diminished area of muscle spasm. Fibrous tissue noted. Same level of inflammation was demonstrated at the cervical and thoracic spine, with remaining abnormal echogenicity of paraspinal muscles. * Physical therapy SOAP progress note dated 12/01/2023 through 03/22/2024 from Way to Rehab PT PC. * Initial chiropractic evaluation report dated 10/16/2023 –illegible signature. * Chiropractic SOAP progress notes dated 10/16/2023 through 02/12/2024 –illegible signature. | * NF-2 form, dated 11/11/2023. Progressive Casualty Insurance Co. page 3 * NF-2 form, dated 10/13/2023. Progressive Casualty Insurance Co. page 6 * Hospital notes, dated 10/19/2023, Rego Park Medical Center page 9 * Procedure: Carotid CPT Code: 93880 page 9 * TCD (93892) Report, dated 10/19/2023, Rego Park Medical Center page 10 * EMG/NCV report, dated 01/19/2024, BOULEVARD MEDICAL CARE, PC page 20 * Form C-4.2, dated 10/16/2023-10/17/2023, Farrockaway Medical l.,C. page 24 * Outcome Assessment, dated 10/17/2023, Farrockaway Medical l.,C. page 48 * Form C-4.2, dated 10/18/2023-11/14/2023, Farrockaway Medical l.,C. page 55 * Outcome Assessment, dated 11/14/2023, Farrockaway Medical l.,C. page 70 * Form C-4.2, dated 11/15/2023-12/12/2023, Farrockaway Medical l.,C. page 77 * Outcome Assessment, dated 12/12/2023, Farrockaway Medical l.,C. page 91 * Form C-4.2, dated 12/13/2023-1/9/2023, Farrockaway Medical l.,C. page 98 * Outcome Assessment, dated 01/09/2024, Farrockaway Medical l.,C. page 110 * Form C-4.2, dated 02/06/2024, Farrockaway Medical l.,C. page 117 * Form C-4.2, undated , Farrockaway Medical l.,C. page 126 * MRI of the Cervical Spine, dated 11/02/2023, ALL COUNTY, LLC page 127 * MRI of the Lumbar Spine, dated 11/02/2023, ALL COUNTY, LLC page 129 * MRI of the Right Ankle, dated 11/16/2023, ALL COUNTY, LLC page 131 * Form C-4.2, dated 11/14/2023, SOLOMON HALIOUA, M.D. page 133 * Form C-4.2, dated 11/25/2023, SOLOMON HALIOUA, M.D. page 136 * Form C-4.2, dated 12/12/2023, SOLOMON HALIOUA, M.D. page 140 * Form C-4.2, dated 12/13/2023, SOLOMON HALIOUA, M.D. page 146 * Form C-4.2, dated 12/14/2023-3/12/2024, SOLOMON HALIOUA, M.D. page 161 * Form C-4.2, dated 03/15/2024, SOLOMON HALIOUA, M.D. page 166 * Prescription, dated 10/18/2023, Health Source RX Inc. page 55 * Prescription, dated 12/12/2023-12/13/2023, Dong Seo Pharmacy LLC. page 98 * Prescription, dated 12/12/2023, 182-08 Union Turnpike Fresh Meadows, NY 11366 page 141 * Ultrasound of Left Elbow, dated 10/19/2023, BOULEVARD MEDICAL CARE PC page 173 * Ultrasound of Left Knee, dated 10/19/2023, BOULEVARD MEDICAL CARE PC page 174 * Ultrasound of Left Shoulder, dated 10/19/2023, BOULEVARD MEDICAL CARE PC page 175 * Ultrasound of Right Knee, dated 10/19/2023, BOULEVARD MEDICAL CARE PC page 176 * Ultrasound of Right Shoulder, dated 10/19/2023, BOULEVARD MEDICAL CARE PC page 177 * Ultrasound for Paraspinal Muscles of the Lumbar Spine, dated 10/19/2023, BOULEVARD MEDICAL CARE PC page 178 * Surgical Pathology Report, dated 12/13/2023, Pathline Emerge Pathology Services page 179 * EMG/NCV report, dated 12/14/2023, Boulevard Medical Care PC page 190 * Form C-4.2, dated 12/06/2023, Cross Bay Orthopedic Surgery, PC page 195 * Physical therapy reports, dated 01/19/2024, WAY TO REHAB PT PC, page 200 * Diagnostic Sonogram Report, dated 11/06/2023, Active Life Chiropractic PC page 205 * Diagnostic Sonogram Report, dated 02/06/2024, Active Life Chiropractic PC page 209 * Physical therapy session and progress notes, dated 12/1/2023-3/22/2024, Way to Rehab PT, PC page 212 * Chiropractic Records, dated 10/16/2023-2/12/2024, Inspired Chiropractic, P.C page 242 | * NF-2 form, dated 11/11/2023. Progressive Casualty Insurance Co. * NF-2 form, dated 10/13/2023. Progressive Casualty Insurance Co. * Hospital notes, dated 10/19/2023, Rego Park Medical Center * Procedure: Carotid CPT Code: 93880 * TCD (93892) Report, dated 10/19/2023, Rego Park Medical Center * EMG/NCV report, dated 01/19/2024, BOULEVARD MEDICAL CARE, PC * Form C-4.2, dated 10/16/2023-02/06/2024, Farrockaway Medical l.,C. * Outcome Assessment, dated 10/17/2023, 11/14/2023, 12/12/2023, and 01/09/2024, Farrockaway Medical l.,C. * MRI of the Cervical Spine, dated 11/02/2023, ALL COUNTY, LLC * MRI of the Lumbar Spine, dated 11/02/2023, ALL COUNTY, LLC * MRI of the Right Ankle, dated 11/16/2023, ALL COUNTY, LLC * Form C-4.2, dated 11/14/2023-03/15/2024, SOLOMON HALIOUA, M.D. * Prescription, dated 10/18/2023, Health Source RX Inc. * Prescription, dated 12/12/2023-12/13/2023, Dong Seo Pharmacy LLC. * Prescription, dated 12/12/2023, 182-08 Union Turnpike Fresh Meadows, NY 11366 * Ultrasound of Left Elbow, dated 10/19/2023, BOULEVARD MEDICAL CARE PC * Ultrasound of Left Knee, dated 10/19/2023, BOULEVARD MEDICAL CARE PC * Ultrasound of Left Shoulder, dated 10/19/2023, BOULEVARD MEDICAL CARE PC * Ultrasound of Right Knee, dated 10/19/2023, BOULEVARD MEDICAL CARE PC * Ultrasound of Right Shoulder, dated 10/19/2023, BOULEVARD MEDICAL CARE PC * Ultrasound for Paraspinal Muscles of the Lumbar Spine, dated 10/19/2023, BOULEVARD MEDICAL CARE PC * Surgical Pathology Report, dated 12/13/2023, Pathline Emerge Pathology Services * EMG/NCV report, dated 12/14/2023, Boulevard Medical Care PC * Form C-4.2, dated 12/06/2023, Cross Bay Orthopedic Surgery, PC * Physical therapy reports, dated 01/19/2024-03/29/2024, WAY TO REHAB PT PC * Diagnostic Sonogram Report, dated 11/06/2023, Active Life Chiropractic PC * Diagnostic Sonogram Report, dated 02/06/2024, Active Life Chiropractic PC * Chiropractic Records, dated 10/16/2023-2/12/2024, Inspired Chiropractic, P.C |