**Pierce Ferriter, M.D.**

**Diplomate American Board of Orthopedic Surgery**

86-11 Lefferts Blvd LL

Richmond Hill, NY 11418

04/12/2024

ATTN:Vanessa Rivera

Stonberg, Hickman & Pavoff, LLP

505 Eighth Avenue, Suite 2302

New York, NY 10018

RE: Dillard, Bayani

DOA: 06/11/2021

Claim #: 0135595-001457-GB-01 / SWR 31056

Case #: 22275967

To Whom It May Concern:

I am a Board Certified Orthopedic Surgeon duly licensed to practice in the State of New York. At your request, I have performed an orthopedic independent medical evaluation regarding Mr. Bayani Dillard, which took place on 04/12/2024 in the Queens office. Mr. Dillard presented a valid photo identification prior to the evaluation. He reports that he drove himself to this examination. An office assistant, Ana, was present at the time of this examination.

**HISTORY OF ACCIDENT AND TREATMENT:** The history was obtained from Mr. Dillard who reports that on 06/11/2021 he was involved in a slip and fall accident. Mr. Dillard states that he was not rendered unconscious.

He reports that he initially sustained injuries to his right knee. He denies sustaining any fractures. The claimant reports sustaining right lower extremity lacerations.

Mr. Dillard reports that he went to the emergency room of Flushing Hospital that same day for an evaluation and treatment. The claimant states that X-rays of the right knee were performed at the hospital. He reports that he was discharged without admission and with advice to rest.

Mr. Dillard states that three days after the accident, he came under the care of various physicians for further assessment. The claimant states that he was then started on a course of physical therapy, massage therapy, heat treatment, ice treatment and TENS unit at a frequency of five times a week. Mr. Dillard states that he is no longer continuing the recommended treatment as of 06/22/2022.

The claimant states that diagnostic tests consisting of X-ray of the right knee MRIs of the right knee were performed.

The claimant states that he required the use of a knee brace, crutches.

He reports undergoing right knee surgery on 01/10/20202. The claimant denies receiving any injections. Mr. Dillard denies any pending surgeries or injections.

**CURRENT COMPLAINTS:** At the time of this examination, Mr. Dillard states that he has a complaint of pain in the right knee.

**PAST MEDICAL HISTORY:** Mr. Dillard reports history of a prior accident in 2004. The claimant reports sustaining back, right shoulder and left shoulder injuries at the time of the prior accident. He denies history of any subsequent accidents. Mr. Dillard reports history of high blood pressure and asthma.

**PAST SURGICAL HISTORY:** Mr. Dillard denies undergoing prior surgeries.

**CURRENT MEDICATIONS:** Mr. Dillard reports that currently he is taking pain medications. The claimant did not report the names or dosage of the medications. The claimant reports that he did not take any medications today prior to the examination.

**ALLERGIES:** Mr. Dillard states that he is allergic to Aspirin and seafood.

**EMPLOYMENT HISTORY:** Mr. Dillard reports that he was employed full-time as an Emergency Medical Technician at the time of the accident. The claimant states that the duties of his occupation entail: Ems work driving, standing, walking, climbing, lifting, moving, pulling, carrying heavy weight, and providing CPR and medical for individuals in need of medical attention. He states that he missed 1 year from work due to the accident. At present time, the claimant reports that he is working full-time at the same job performing his duties without limitations.

The claimant reports that he does not participate in volunteer activities.

**REVIEW OF RECORDS:**

* Verified Bill of Particulars, dated 02/26/2023. Index No: 708782/2022.
* Attorney Verification, dated 02/26/2023. Index No: 708782/2022.
* FROI form, dated 05/11/2023, 04/14/2023, 03/10/2023, 11/10/2021, 11/09/2021, 06/23/2021, 06/14/2021.
* IME report, dated 03/20/2023, Thomas Albus, M.D.
* Hospital notes, dated 06/11/2021, Flushing Hospital Medical Center.
* Evaluation report, dated 07/23/2021, 09/13/2021, 11/15/2021, 01/26/2022, 03/23/2022, 04/27/2022, 01/11/2023, 05/20/2022, 07/06/2022, 10/03/2022, Island Musculoskeletal Care, M.D., P.C.
* C-4.3 form, dated 01/11/2023.
* PAR form, dated 08/15/2022, 08/16/2022, 09/28/2022, 09/13/2022.
* Procedure report of the right knee, dated 01/10/2022, Long Island Jewish. Procedure: Right knee arthroscopic surgery partial medial meniscectomy chondroplasty of patella chondroplasty of femoral trochlea chondroplasty of medial femoral condyle, chondroplasty of medial tibial plateau major synovectomy of right knee.
* Physical therapy notes, dated 08/02/2021 through 11/28/2022, Island Musculoskeletal Care.
* Notes, dated 06/18/2021 through 07/28/2021, NY Medical and Diagnostic Center.
* Chiropractic notes, dated 06/22/2021, NY Medical and Diagnostic.
* Job description, dated 02/27/2017.
* Progress notes, dated 06/14/2021, Jamaica Hospital.
* IME report, dated 08/26/2021, 05/19/2022, Louis Romeo, M.D.
* X-ray of right knee, dated 06/22/2021, NY medical and Diagnostic. Impression: Patellar enthesopathy. Tricompartment Ost arthritis most prominent in medial tibiofemoral compartment.
* Ultrasound of right knee, dated 06/22/2021, NY medical and Diagnostic. Impression: Source of pain not on this exam. No medial contraindications.
* MRI of right knee, dated 06/21/2021, NRS. Impression: Osseous structure are intact. Superficial chondral erosion on medial femoral condyle. Lateral patellar tilt. Moderate joint effusion with fluid extending into suprapatellar bursa. Mild edema in the subcutaneous tissue ventral to the knee.
* SROI form, dated 06/24/2021, 04/19/2022, 06/03/2022, 06/16/2022, 12/12/2022, 05/15/2023, 06/01/2023, 07/22/2021, 11/12/2021, 09/09/2021, 01/08/2022, 01/27/2022.
* C-4.2 form, dated 06/18/2021, 06/19/2021, 06/21/2021, 06/22/2021, 06/23/2021, 06/25/2021, 06/28/2021, 06/30/2021, 07/02/2021, 07/07/2021, 07/09/2021, 07/28/2021, 08/02/2021, 08/04/2021, 08/12/2021, 08/13/2021, 08/17/2021, 08/20/2021, 08/25/2021, 08/24/2021, 08/27/2021, 09/02/2021, 09/08/2021, 09/10/2021, 09/30/2021, 10/04/2021, 10/11/2021, 09/13/2021, 09/17/2021, 09/28/2021, 09/15/2021, 09/20/2021, 09/22/2021, 09/25/2021, 07/23/2021, 07/26/2021, 07/14/2021, 07/19/2021, 07/21/2021.
* MG-2 form, dated 04/11/2022, 09/28/2021, 07/21/2021, 08/05/2021, 11/24/2021.
* C-3 form, dated 07/27/2021.

**PHYSICAL EXAMINATION:** Mr. Dillard is a 47-year-old right-handed male. His reported height is 5 feet 11 inches and his reported weight is 288 pounds. He has black hair with dark brown eyes.

**OBSERVATION:** The claimant walks into the exam room with a normal gait and posture. No limp or foot drop was present. No brace or assistive device was used.

**RANGE OF MOTION MEASUREMENTS:** The range of motion of the examined body parts were performed by the claimant. This is a subjective maneuver on the part of the claimant. All measurements of the ranges of motion were performed by the examiner using a hand-held goniometer. The measurement itself is, therefore, an objective measurement of the claimant’s subjective efforts. The values of all the measurements were compared to the normal active range of motion values according to the publication, “Guidelines to the Evaluation of Permanent Impairment,” 5th edition, published by the American Medical Association.

**ORTHOPEDIC EXAMINATION:**

**Right Knee:**

Examination reveals well healed arthroscopic scars. There is no heat, swelling, effusion, erythema, or crepitus appreciated. There is no complaint of tenderness noted on palpation.

The following orthopedic tests are performed:

* Lachman’s – Negative.
* Patella Tracking – Negative.
* Anterior Drawer – Negative.
* Posterior Drawer – Negative.
* Stable on Varus/Valgus Stress – Yes.
* Patella Grind – Negative.
* Patella Bursitis – No.
* McMurray’s – Negative.
* Varus/Valgus Deformity – No.
* Bounce – Negative.
* Pivot Shift – Negative.

Active range of motion is flexion at 150 degrees (150 degrees normal) and extension at 0 degrees (0 degrees normal). Quadriceps and hamstring strength testing reveals 5/5 strength. No atrophy noted in the quadriceps and hamstring muscles. No chondromalacia present on palpation of the patella.

**Left Knee:**

There is no heat, swelling, effusion, erythema, or crepitus appreciated. There is no complaint of tenderness upon palpation.

The following orthopedic tests are performed:

* Lachman’s – Negative.
* Patella Tracking – Negative.
* Anterior Drawer – Negative.
* Posterior Drawer – Negative.
* Stable on Varus/Valgus Stress – Yes.
* Patella Grind – Negative.
* Patella Bursitis – No.
* McMurray’s – Negative.
* Varus/Valgus Deformity – No.
* Bounce – Negative.
* Pivot Shift – Negative.

Active range of motion reveals flexion to 150 degrees (150 degrees normal) and extension to 0 degrees (0 degrees normal). Quadriceps and hamstring strength testing reveals 5/5 strength. No atrophy noted in the quadriceps and hamstring muscles. No chondromalacia present on palpation of the patella.

**DIAGNOSES:**

1. Right knee status post surgery - resolved.

**IMPRESSION:** Within reasonable degree of a medical certainty, the claimant has fully recovered as there were no positive, objective, correlative findings noted on today's examination to support subjective complaints of pain.

**AFFIRMATION:** All opinions expressed are based upon a reasonable degree of medical certainty.

I, Pierce Ferriter, M.D., being a Diplomate of the American Board of Orthopedic Surgery, being a doctor duly licensed to practice medicine in the State of New York hereby affirm under penalties of perjury pursuant to CPLR Section 2106 that the statements contained herein are true and accurate. It is, therefore, understood that no doctor/patient relationships exists or is implied by this examination. The claimant was examined with reference to the specific complaint emanating from the original injury. Any other medical conditions, which were either unreported or felt to be unrelated to the original injury, are considered to be beyond 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 below is my electronic signature, as the term is defined by New York State Technology Law § 302 (3) and 15 USC § 7001 et. Seq; that I have personally placed the within electronic signature on this report; and that facsimiles and copies of this report shall be deemed originals.

Sincerely,

{sign}

Pierce Ferriter, M.D.

Board Certified Orthopedic Surgeon

New York State License No: 145930-01

| ORIGINAL LIST | GENERATED LIST |
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| * Verified Bill of Particulars, dated 02/26/2023. Index No: 708782/2022. * Attorney Verification, dated 02/26/2023. Index No: 708782/2022. * FROI form, dated 05/11/2023, 04/14/2023, 03/10/2023, 11/10/2021, 11/09/2021, 06/23/2021, 06/14/2021. * IME report, dated 03/20/2023, Thomas Albus, M.D. * Hospital notes, dated 06/11/2021, Flushing Hospital Medical Center. * Evaluation report, dated 07/23/2021, 09/13/2021, 11/15/2021, 01/26/2022, 03/23/2022, 04/27/2022, 01/11/2023, 05/20/2022, 07/06/2022, 10/03/2022, Island Musculoskeletal Care, M.D., P.C. * C-4.3 form, dated 01/11/2023. * PAR form, dated 08/15/2022, 08/16/2022, 09/28/2022, 09/13/2022. * Procedure report of the right knee, dated 01/10/2022, Long Island Jewish. Procedure: Right knee arthroscopic surgery partial medial meniscectomy chondroplasty of patella chondroplasty of femoral trochlea chondroplasty of medial femoral condyle, chondroplasty of medial tibial plateau major synovectomy of right knee. * Physical therapy notes, dated 08/02/2021 through 11/28/2022, Island Musculoskeletal Care. * Notes, dated 06/18/2021 through 07/28/2021, NY Medical and Diagnostic Center. * Chiropractic notes, dated 06/22/2021, NY Medical and Diagnostic. * Job description, dated 02/27/2017. * Progress notes, dated 06/14/2021, Jamaica Hospital. * IME report, dated 08/26/2021, 05/19/2022, Louis Romeo, M.D. * X-ray of right knee, dated 06/22/2021, NY medical and Diagnostic. Impression: Patellar enthesopathy. Tricompartment Ost arthritis most prominent in medial tibiofemoral compartment. * Ultrasound of right knee, dated 06/22/2021, NY medical and Diagnostic. Impression: Source of pain not on this exam. No medial contraindications. * MRI of right knee, dated 06/21/2021, NRS. Impression: Osseous structure are intact. Superficial chondral erosion on medial femoral condyle. Lateral patellar tilt. Moderate joint effusion with fluid extending into suprapatellar bursa. Mild edema in the subcutaneous tissue ventral to the knee. * SROI form, dated 06/24/2021, 04/19/2022, 06/03/2022, 06/16/2022, 12/12/2022, 05/15/2023, 06/01/2023, 07/22/2021, 11/12/2021, 09/09/2021, 01/08/2022, 01/27/2022. * C-4.2 form, dated 06/18/2021, 06/19/2021, 06/21/2021, 06/22/2021, 06/23/2021, 06/25/2021, 06/28/2021, 06/30/2021, 07/02/2021, 07/07/2021, 07/09/2021, 07/28/2021, 08/02/2021, 08/04/2021, 08/12/2021, 08/13/2021, 08/17/2021, 08/20/2021, 08/25/2021, 08/24/2021, 08/27/2021, 09/02/2021, 09/08/2021, 09/10/2021, 09/30/2021, 10/04/2021, 10/11/2021, 09/13/2021, 09/17/2021, 09/28/2021, 09/15/2021, 09/20/2021, 09/22/2021, 09/25/2021, 07/23/2021, 07/26/2021, 07/14/2021, 07/19/2021, 07/21/2021. * MG-2 form, dated 04/11/2022, 09/28/2021, 07/21/2021, 08/05/2021, 11/24/2021. * C-3 form, dated 07/27/2021. | * Verified Bill of Particulars, dated 02/26/2023. Index No: 708782/2022. * Attorney Verification, dated 02/26/2023. * Verified Bill of Particulars, dated 02/26/2023. * Attorney Verification, dated 02/26/2023. * FONY EMS Notice of Infraction, dated 03/12/2019. * Employee Incident Report, dated 06/11/2021. * Job Description & Performance Evaluation, dated 06/11/2021, Flushing Hospital Medical Center. * Hospital notes, dated 06/11/2021, Flushing Hospital Medical Center. * First Report of Injury (FROI) and Subsequent Report of Injury (SROI) forms with various report types, including MTC-00, MTC-02, IP, CB, PY, CA, SA, and SX, dated between 06/14/2021 and 06/09/2023. These forms track the progress of the worker's compensation claim and document changes in benefits and payments. * Independent Medical Examination, dated 03/20/2023, by Thomas Albus, MD. * Office visit notes, dated 07/23/2021, 09/13/2021, 11/15/2021, 01/10/2022, 01/26/2022, 03/23/2022, 04/27/2022, 05/20/2022, 07/06/2022, 10/03/2022, 01/11/2023, by Gus Katsigiorgis, DO * X-Ray report of the right knee, dated 07/23/2021, by Gus Katsigiorgis, DO. Impression: Degenerative changes present. Reveal no fractures. * Prescription and Physician's Certificate of Medical Necessity, dated 09/20/2021, by Gus Katsigiorgis, DO. * Letter of Medical Necessity, dated 10/07/2021, by Gus Katsigiorgis, DO. * Procedure report of the right knee, dated 01/10/2022, Long Island Jewish. Procedure: Right knee arthroscopic surgery partial medial meniscectomy chondroplasty of patella chondroplasty of femoral trochlea chondroplasty of medial femoral condyle, chondroplasty of medial tibial plateau major synovectomy of right knee. * Office visit notes, dated 06/18/2021, 06/19/2021, 07/02/2021, 07/21/2021, 07/28/2021 by Appasahed Naik, MD. * Office visit notes, dated 06/14/2021 - 10/13/2022, by Grzegorz Petryk, MD. * Attending Doctor's Request for Approval of Variance and Insurer's Response (MG-2) forms, dated between 08/16/2021 and 09/13/2022. These forms request approval for various treatments and tests, including physical therapy, joint manipulation, ultrasound, electrical stimulation, and activities of daily living training. * Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act), dated 07/27/2021, by Grzegorz Petryk, MD. * Employee Claim C-3, dated 07/27/2021 * Independent Medical Examination, dated 08/26/2021, by Louis Romeo, MD. * Independent Medical Examination, dated 05/19/2022, by Louis Romeo, MD. * X-Ray report of the right knee, dated 06/22/2021, NY Medical and Diagnostic. Impression: Patellar enthesopathy.Tricompartmental osteoarthritis is most pronounced in the medial tibiofemoral compartment. If clinical symptoms persist consider further imaging with MRI, provided there are no medical contraindications. * Ultrasound of right knee, dated 06/22/2021, NY medical and Diagnostic. Impression: Source of pain not on this exam. No medial contraindications. * MRI of the right knee, dated 06/21/2021, by James McCleavey, MD. Impression: Osseous structures are intact. Superficial chondral erosions on the medial femoral condyle. Oblique tear on the undersurface of the mid body of the medial meniscus and partial anterior subluxation of the anterior horn of the medial meniscus ventral to the margin of the medial tibial plateau.Chondral erosion is a discrete subcentimeter degenerative osteochondral lesion on the anterior superior margin of the lateral femoral condyle at articulation with the lateral patella facet. The fluid surrounds the popliteus tendon at the posterolateral corner. Lateral patellar tilt. Attenuated diameter of the medial patellar retinaculum and medial patellofemoral ligament.Moderate joint effusion with fluid extending into the suprapatellar bursa. Mild edema in subcutaneous tissues ventral to the knee. * Physical therapy reports, dated 08/02/2021-11/28/2022, Island Musculoskeletal Care. * Physical therapy reports, dated 06/19/2021 - 07/28/2021, NY Medical and Diagnostic. * Chiropractic progress notes, dated 6/22/2021, NY Medical & Diagnostic Center. * Occupational Health Services Alcohol and Controlled Substance Testing Identification Form, dated 08/09/2021 * Laboratory Report, dated 08/09/2021, Quest Diagnostics. Test performed: Urine Substance Abuse Panel. Results: Negative. * Supervisor's Report of Employee Incident, dated 06/11/2021. * CT knee right without contrast, dated 06/11/2021, Flushing Hospital Medical Center. * ED After Visit Summary, dated 06/11/2021, Flushing Hospital Medical Center. * Doctor's Report of MMI/Permanent Impairment (Form C-4.3), dated 01/18/2023, by Gus Katsigiorgis, DO- * Employer's Report of Injured Employee's Change in Employment Status Resulting from Injury (Form C-11), dated 07/26/2021. |

XXXXXX - Perfet match between original and new

XXXXXX - New one found these documents

XXXXXX - Just named them as PT Vs C-4.2 forms

XXXXXX - original lists this but records are not found

XXXXXX - New one didnt pick up individual dates