Amy Chestnut

Date of Crash: April 28, 2021

Date of Birth: November 29, 1973 (age 47years at the time of crash)

TBI with sequelae

Revision left tympanoplasty

*Post-crash medical history*

Ms. Chestnut was facing forward, sitting upright/straight, and looking straight ahead. She was unbraced and had both hands on the steering wheel, right foot on the brake. At the time of impact her body was thrown forward and back; her head struck the headrest. She felt dazed and confused, had a headache, her back started to hurt and she had pain in her left ear. Neither the police nor EMS responded. She was heading home after a shift at The Shands Hospital (where she worked as an RN) and went to bed. Overnight she developed pain in her neck and back and began to feel mildly nauseous.

The following morning, on April 29, 2021, Ms. Chestnut presented to the UF Health Shands ED with complaints of pain in her neck (worse on the left), dizziness, nausea, pain in her upper and middle back, and pain in her left shoulder with associated muscle spasms, and right hip pain. She also reported tinnitus in the left ear. On examination, the left external ear canal demonstrated a small laceration inferiorly in the mid ear with small amount of dried blood and coagulated blood overlying the tympanic membrane without obvious tympanic membrane laceration. Ms. Chestnut underwent CT scans of the head, cervical spine and temporal bone which were negative for acute osseous/intracranial abnormality. She was diagnosed with muscle spasms of the trapezius, cervical paraspinal muscle spasms, and ear canal injury. She was provided with antibiotic ear drops (ofloxacin) and released home with scheduled outpatient follow up with Dr. Rex Haberman (otolology-refer prior history).

On April 30, 2021, 2 days after the crash, Ms. Chestnut returned to Dr. Rex Haberman (otology/neurotology) with left ear pain and tinnitus. On examination the left ear graft and drum were intact without evidence of perforation or traumatic injury. Dr. Haberman scheduled an audiogram for May 18, 2021.

On May 6, 2021, Ms. Chestnut presented to Crystal Clay PA-C at Medig with complaints of headache, dizziness, pain in her neck, middle and lower back, bilateral shoulders, bilateral hips, and bilateral jaw. She was diagnosed with acute post-traumatic headache, brachial plexus disorder, otalgia, left ear tinnitus, bilateral shoulder pain, bilateral rotator cuff/AC (acromioclavicular) joint sprain, bilateral hip pain, bilateral TMJ (temporomandibular joint) disorder, cervical and lumbar radiculopathy, concussion, and ligament sprains of the cervical, thoracic, and lumbar spine. Ms. Clay prescribed physical therapy, and recommended MRIs with persisting symptomatology.

On May 11, 2021, Ms. Chestnut started physical therapy at Medig; she was provided with strapping for the left shoulder.

On May 12, 2021, Ms. Chestnut returned to Dr. Haberman with complaints of dizziness and reduced hearing in the left ear.

On June 7, 2021, Crystal Clay PA-C ordered cervical spine and left shoulder MRIs; and discussed obtaining right shoulder and lumbar spine MRIs with persisting symptomatology.

On June 17, 2021, Ms. Chestnut underwent the cervical spine and left shoulder MRIs. The left shoulder study revealed: degenerative changes of the acromioclavicular (AC) joint, downsloping lateral acromion. Moderate tendinopathy/tendinitis of the supraspinatus tendon and mild tendinopathy/tendinitis of the infraspinatus tendon, subcortical cyst in the greater tuberosity (consistent with impingement).

MRI of the cervical spine revealed: at C4-5, anterior disk bulge impressing upon the thecal sac (displacing prevertebral soft tissues), right neural foraminal narrowing; at C5-6, facet arthropathy narrowing the right neural foramen; at C6-7, slight posterolisthesis with posterocentral disk herniation impressing upon the thecal sac with central stenosis, left neural foraminal narrowing, anterior disk herniation with annular tear and spondylolysis displacing the prevertebral soft tissues.

On July 12, 2021, Ms. Chestnut presented to Kim Nordelo PA-C (orthopedic surgery) to evaluate the left shoulder. She described a nagging pain and difficulty lifting her arm above head height. Ms. Nordelo diagnosed left shoulder pain with impingement syndrome and administered a steroid injection into the left subacromial joint.

On August 7, 2021, Ms. Chestnut underwent a brain MRI and DTI which revealed: a C-FAST score of 2, without evidence of acute intracranial hemorrhage/abnormal signal. Ms. Chestnut also underwent NeuroQuant imaging of the brain which revealed: mild asymmetry in the superolateral ventricles (normal variant); overall, 11 segments demonstrating abnormal decreased volume (seen in the setting of mild posttraumatic neuronal loss); multiple segments of the cingulate gyrus demonstrating abnormal increased volume (also seen in the setting of mild traumatic brain injury).

On August 27, 2021, Ms. Chestnut underwent an MRI of the lumbar spine which revealed: at L5-S1, disk bulge resulting in mild central canal stenosis and facet arthropathy at L4-5.

On October 26, 2021, Ms. Chestnut returned to Dr. Haberman with complaints of hearing loss, vertigo, pressure sensation and fullness in her left ear, and altered hearing. Dr. Haberman diagnosed recurrent left patulous eustachian tube and **on October 28, 2021, performed a revision left cartilage tympanoplasty.**

On November 3, 2021, Ms. Chestnut presented to Dr. Adam DiDio (neurology) via telehealth with complaints of headaches associated with nausea and light sensitivity, dizziness, difficulty sleeping, fatigue, mood changes, cognitive impairment, bilateral tinnitus, difficulty concentrating, and balance impairment. Dr. DiDio diagnosed diffuse traumatic brain injury (TBI), post-traumatic brain syndrome with migraine headaches, dizziness, sleeping problems, fatigue, cognitive impairment, mood changes and tinnitus. He recommended neurocognitive testing.

On December 23, 2021, Ms. Chestnut presented to Dr. Zoltan Bereczki (orthopedic spine surgery) with complaints of daily headache (severe), neck pain (severe), low back pain (severe). He diagnosed post-traumatic cervical and lumbar pain, ordered an X-ray of the cervical spine, X-ray and MRI of the lumbar spine. (The cervical spine X-ray revealed multilevel degenerative disk changes at C6-7 but without evidence of fracture in either the cervical or lumbar spine study).

On January 7, 2022, Ms. Chestnut underwent neurocognitive testing with Dr. DiDio. He noted diffuse intracranial injury sequelae; abnormal brain MRI, mild neurocognitive disorder secondary to traumatic brain injury (TBI), post-traumatic brain syndrome, mood disorder due to TBI with mixed anxiety and depression; and excessive daytime sleepiness. He diagnosed a mild and diffuse TBI and recommended psychological counseling, diagnostic polysomnogram, management of anxiety (post-traumatic stress disorder), and a cognitive rehabilitation program. Dr. DiDio instructed Ms. Chestnut to follow up as needed.

On January 13, 2022, Ms. Chestnut underwent a lumbar spine MRI which revealed: diffuse annular disk bulge and facet hypertrophy at L5-S1 resulting in mild spinal canal and bilateral neural foraminal stenosis; and facet arthropathy at L4-5.

On January 13, 2022, Ms. Chestnut presented to Dr. Odest Cannon (orthopedic surgery) with persistent pain in her left shoulder. She also reported popping and catching sensations in the left shoulder, with numbness and tingling radiating into the arm and fingers. Dr. Cannon discussed continuing therapeutic treatment versus a second cortisone (steroid) injection versus arthroscopic decompression.

On February 24, 2022, Dr. Bereczki diagnosed post-traumatic facetogenic cervical/lumbar pain and discussed pursuing facet diagnostic injections bilaterally at C3-7 and L3-S1.

On April 14, 2022, Dr. Bereczki performed diagnosed cervical and lumbar facet joint injections as above, with a positive response.

On August 6, 2022, Ms. Chestnut started massage therapy at Ironclad, attending a couple of times/week for maintenance.

On September 15, 2022, Ms. Chestnut returned to Dr. Bereczki and underwent facet thermal ablations, bilaterally, at C3-7 and L3-S1. Dr. Bereczki repeated the cervical/lumbar facet nerve ablations on December 6, 2023, due to persistent pain. Height: 5 ft 3 inches, Weight: 127 lbs.

*Pre-crash medical history*

On March 26, 2021, a month prior to the subject crash, Ms. Chestnut underwent a left cartilage tympanoplasty for patulous eustachian tube. On April 6, 2021, Dr. Rex Haberman (otology/neurotology) noted the left ear was healing well, and all her pre-surgery symptoms had resolved (autophony and air leaking into the ear).

Fractured foot 10 years prior and a prior traffic crash in her 20s, without injury.

Post-partum depression

*Medical and other records reviewed for history*

Amy Chestnut, deposition

Ocala Orthopedic Group

Spine Centers of America, Dr. Bereczki

Florida Physical Medicine, Dr. DiDio

UF Shands ENT, Dr. Haberman

UF Health Shands ED

Medig

Ironclad bodywork

Surgery Center of North Florida