**Expert Medical Opinion for Patient name**

**Brief Case Summary:**

Mr. XXXX was involved in a Motor Vehicle Collision on 00/00/0000. Soon after the injury, the patient did not report to any Health Care facility specifically for any shoulder injury. After the said incident two days later, the patient reported to XXXX, ARNP on 00/00/0000 with complaints of back pain. Physical examination was positive for tenderness to palpation of left thoracic/sacral paraspinous, and also some muscular tenderness with ROM of cervical spine, but neck FROM. Apart from this, there were no other significant clinical findings noted. Even during this visit, the patient did not have any pain or decreased range of movement in the right shoulder. During this visit, the patient received painkillers and muscle relaxants for his backache.

Of note, the patient had physical therapy visit on 00/00/0000 for his left shoulder problem. During this visit, examination of the shoulder especially on the right side was normal. There was no tenderness or limited range of movement in the right shoulder. As per the available medical records, the right upper limb was found to be normal. Later, the patient had couple of visits for right knee pain; however there was no mention of right shoulder pain in any of these visits.

Almost after 4 months, the patient had the next office visit for right knee pain on 00/00/0000. During this visit, he reported right shoulder pain for the first time. Healthcare provider documented as new onset right shoulder pain and it was chronic in nature. He has had loss in range of motion and pain that he rated 7-8/10 on pain scale. He was taking Tylenol and Advil as needed. There were no radiating pains down the arms. He denied any numbness or tingling. It was worse with activity and better with rest. It was exacerbated when he was using a crutch to help walk with his knee.

Right shoulder examination showed mild tenderness to palpation over the greater tuberosity. The AC joint, the coracoid, and the bicipital groove were nontender. Range of motion of the shoulder as compared to the contralateral side was nearly symmetric. This included overhead elevation of 90 degrees, external rotation of 60 degrees and internal rotation to the level of T12. On manual muscle testing, there was diminished 5-/5 strength on resisted internal rotation and resisted abduction. X-rays of the right shoulder showed evidence of A.C. joint arthritis of the distal clavicle and acromion. There was no glenohumeral arthritis. No evidence of any fracture.

His symptoms worsened and MRI was ordered. On 00/00/0000, MRI of the right shoulder revealed tendinopathy of the rotator cuff. Small to moderate-sized tears of the supraspinatus tendon, some of which were undersurface, some of which were intrasubstance tears. There was likely tearing of the superior fibrocartilaginous labrum extending anterior and posterior to the origin of the long head of the biceps tendon. Moderate osteoarthritis of the acromioclavicular joint and joint effusion in the glenohumeral joint was noted.

There was no improvement with conservative treatment. Eventually, the patient had to undergo surgery. On 00/00/0000, the patient underwent right shoulder rotator cuff repair, arthroscopic biceps tenodesis, subacromial decompression, and distal clavicle excision. He then had multiple postoperative follow-up visits and physical therapy visits. Subsequently, the patient continued to have pain in his right shoulder even after the rotator cuff repair. The disease progressed to significant end-stage arthritis. The patient had persistent pain and failed conservative treatment. Therefore, he was offered reverse total shoulder arthroplasty.

On 00/00/0000 the patient underwent reverse total shoulder arthroplasty. As of 00/00/0000, the patient was approximately 6 months out from his reversed total shoulder. He was doing quite well and there was no pain other than some mild insertional bicep tendon pain. Stated he was working diligently with physical therapy and his shoulder no longer limits him but he did have some trouble still lifting heavy items and grocery.

**Conclusion:**

Upon reviewing medical records, I note that the subject Motor Vehicle Accident (MVA) on 00/00/0000 was not the cause for his right shoulder arthritis. As mentioned in the clinical summary, the patient did not have any significant symptoms after the subject MVA. In clinical practice, if one has to have a traumatic rotator cuff tear, there should be supporting mechanism of injury. Traumatic injury to the rotator cuff can be caused by falling on an outstretched hand, by an unexpected force when pushing or pulling, or during shoulder dislocation. Such injury never occurred in Mr. XXXX case.

On the contrary, the patient developed pain after 4 months and the rotator cuff tear was noted after the said accident. In addition, the MRI done on 00/00/0000, showed right shoulder tendinopathy of the rotator cuff, small to moderate-sized tears of the supraspinatus tendon some of which were undersurface, some of which were intrasubstance tears. This signifies an age related and degenerative cause. There is no evidence to show that the rotator cuff tear was indeed due to trauma. It is for the above reasons, I believe the 00/00/0000 MVA was not the cause for his right shoulder arthritis.

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