

DAVID CAUSATION, M.D.

Physical Medicine & Rehabilitation
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 **FICTITIOUS DATA FOR SOFTWARE TESTING ONLY** 
NOT A REAL MEDICAL OPINION

EXPERT MEDICAL OPINION ON CAUSATION

MEDICAL CAUSATION OPINION

In my expert medical opinion, to a reasonable degree of medical certainty,
Mr. John Doe's current physical and psychological conditions are
DIRECTLY AND PROXIMATELY CAUSED by the motor vehicle accident
of July 30, 2025.

CASE INFORMATION

Patient: John A. Doe
(FICTIONAL)
DOB: 01/15/1985
Date of Accident: 07/30/2025
Case Type: Motor Vehicle
Accident
Opinion Date: 01/15/2026
Retaining Party: Plaintiff's
Counsel

EXPERT QUALIFICATIONS

Education: Harvard Medical
School, M.D. 1995
Residency: PM&R, Mayo Clinic
(1995-1999)
Board Certification: Physical
Medicine & Rehabilitation
Experience: 27 years clinical
practice
Expert Witness: 15+ years,
200+ cases

REMINDER: FICTITIOUS TESTING DOCUMENT

MATERIALS REVIEWED

I have thoroughly reviewed the following medical records and documentation:

Medical Records (525+ pages):

- Complete emergency department records from 07/30/2025
- All orthopedic surgery consultations and operative reports
- Comprehensive rehabilitation medicine evaluations
- Physical therapy evaluations and progress notes (16 weeks)
- Pain management consultations and injection procedures
- Neurological evaluations including EMG/NCS studies
- All diagnostic imaging (X-rays, MRI, CT scans)
- Neuropsychological evaluation
- Functional capacity evaluation
- Vocational rehabilitation assessment
- Psychological evaluation and treatment records

Independent Medical Examinations:

- Dr. Thomas Conservative's IME report (favorable to plaintiff)
- Dr. Helen Optimistic's IME report (favorable to defense)

Legal Documentation:

- Police accident report
- Vehicle damage photographs
- Employment records (pre and post accident)
- Surveillance investigation report

Expert Depositions and Reports:

- Accident reconstruction expert report
- Biomechanical expert analysis
- Economic expert vocational assessment

PRE-ACCIDENT MEDICAL HISTORY

My comprehensive review of Mr. Doe's pre-accident medical history reveals a remarkably healthy 40-year-old male with minimal medical issues:

Absence of Significant Pre-existing Conditions:

- No prior history of back pain or spinal problems
- No previous neck injuries or cervical complaints
- No hip problems or lower extremity issues
- No chronic pain conditions
- No history of depression or anxiety disorders
- No cognitive or neurological complaints
- No substance abuse history

Pre-Accident Functional Status:

- Fully employed as staff accountant for 5+ years
- Excellent work attendance and performance
- Active in recreational sports (tennis, softball)
- Independent in all activities of daily living
- No physical limitations or restrictions
- No prior workers' compensation claims
- No history of disability benefits

Limited Medical History:

- Essential hypertension, well-controlled with medication
- Appendectomy in 2010 without complications
- Routine preventive care only
- Annual physical examinations consistently normal

This baseline establishes Mr. Doe as a healthy, high-functioning individual with no predisposing factors for the complex medical conditions that developed following the motor vehicle accident.

ACCIDENT MECHANISM AND BIOMECHANICS

Accident Description:

Based on the police report and witness statements, Mr. Doe was

operating his vehicle when struck on the driver's side by another vehicle traveling at approximately 35-40 mph. The significant lateral impact created multiple vectors of force transmission to Mr. Doe's body.

Biomechanical Analysis:

The accident reconstruction expert's analysis confirms substantial forces were transmitted to the occupant:

- Peak lateral acceleration: 12-15 G's
- Delta-V (change in velocity): 18-22 mph
- Principal direction of force: Left lateral impact
- Secondary impact with opposite door/window

Injury Mechanism Correlation:

The pattern of Mr. Doe's injuries is entirely consistent with the biomechanical forces generated in this type of collision:

1. Hip Fracture: The lateral impact created compressive and rotational forces on the left femur, resulting in the intertrochanteric fracture pattern observed on imaging.

2. Cervical Injury: The sudden lateral acceleration caused the head to move in a whip-like motion, creating asymmetric loading of cervical spine structures and resulting in the documented C6 radiculopathy.

3. Lumbar Injury: The combination of lateral impact and seatbelt restraint created flexion-compression forces on the lumbar spine, leading to the L4-L5 disc protrusion documented on MRI.

This biomechanical correlation between accident forces and injury pattern strongly supports direct causation.

EXPERT OPINION ON CAUSATION

Temporal Relationship:

The immediate onset of symptoms following the motor vehicle accident establishes a clear temporal relationship. Mr. Doe was entirely

asymptomatic prior to 07/30/2025 and developed severe pain immediately following impact. This temporal proximity is a fundamental element supporting causation.

Mechanism Consistency:

The injury pattern observed is entirely consistent with the biomechanical forces generated in the subject collision. The specific combination of injuries (left hip fracture, cervical radiculopathy, lumbar disc protrusion) correlates directly with the lateral impact mechanism.

Absence of Alternative Causes:

My thorough review reveals no pre-existing conditions, alternative trauma, or degenerative processes that could reasonably account for Mr. Doe's current symptom complex. The absence of prior complaints or functional limitations strongly supports accident-related causation.

Injury Severity and Persistence:

The severity of forces involved (12-15 G lateral acceleration) is more than sufficient to cause the documented injuries. The persistence of symptoms despite appropriate treatment is consistent with the significant tissue damage sustained in high-energy trauma.

Progressive Symptom Development:

The evolution of Mr. Doe's symptoms follows the natural history of traumatic injury, including initial acute phase, inflammatory response, and subsequent chronic pain development. This progression is characteristic of trauma-induced pathology.

Objective Medical Findings:

The presence of objective findings (fracture healing, EMG abnormalities, MRI changes, neuropsychological deficits) provides medical substantiation for subjective complaints and supports organic causation rather than psychological overlay.

ANALYSIS OF DEFENSE ARGUMENTS

Response to Dr. Optimistic's IME:

Dr. Optimistic's opinion that Mr. Doe has reached maximum medical improvement and has minimal impairment is not supported by the medical evidence for the following reasons:

- 1. Inadequate Examination Time:** A 1 hour 45 minute examination is insufficient to properly assess a complex multi-system trauma patient with chronic pain syndrome.
- 2. Selective Evidence Review:** Dr. Optimistic's report fails to adequately address the objective findings on EMG/NCS studies and MRI imaging that support ongoing pathology.
- 3. Bias in Interpretation:** The report demonstrates clear bias in interpreting surveillance footage while ignoring medical evidence of functional limitations.

Response to Surveillance Evidence:

The surveillance activities, while showing some functional capacity, do not negate the presence of significant limitations:

- Activities were brief and intermittent, not sustained work-level function
- Many activities resulted in increased pain (documented in medical records)
- Surveillance captured "good days" not representative of overall function
- Pain conditions are variable, and episodic improvement does not indicate cure
- The need to pace activities and take frequent breaks supports, rather than contradicts, disability claims

CURRENT MEDICAL CONDITIONS CAUSED BY ACCIDENT

Primary Traumatic Conditions:

1. Post-Traumatic Hip Dysfunction:

- Status post left intertrochanteric fracture with surgical repair
- Developing post-traumatic arthritis at fracture site

- Persistent hip pain and functional limitation
- Altered gait mechanics causing secondary problems

2. Post-Traumatic Cervical Radiculopathy:

- C6 nerve root injury confirmed by EMG/NCS studies
- Objective neurological findings supporting organic pathology
- Symptoms correlate with documented nerve injury
- Failure to respond to conservative treatment indicates significant injury

3. Post-Traumatic Lumbar Disc Syndrome:

- L4-L5 disc protrusion documented on MRI
- Paraspinal muscle trauma with ongoing inflammation
- Biomechanically consistent with accident mechanism
- Progressive nature typical of traumatic disc injury

Secondary Conditions Caused by Primary Trauma:

4. Chronic Pain Syndrome:

- Multi-site pain resulting from primary traumatic injuries
- Central sensitization due to prolonged nociceptive input
- Documented by pain management specialists
- Consistent with natural history of significant trauma

5. Post-Traumatic Stress Disorder and Depression:

- Psychological trauma from life-threatening event
- Secondary depression related to chronic pain and disability
- Documented by qualified mental health professionals
- Clear temporal relationship to accident

6. Cognitive Dysfunction:

- Neuropsychological testing documents objective deficits
- Related to chronic pain, depression, and medication effects
- Significantly impacts work capacity and daily function
- No pre-existing cognitive complaints or deficits

FUTURE MEDICAL CARE AND PROGNOSIS

Ongoing Medical Needs:

Mr. Doe will require lifelong medical care for his accident-related conditions, including:

- Orthopedic monitoring for post-traumatic arthritis progression
- Pain management for chronic multi-site pain syndrome
- Possible future surgical interventions (hip replacement, spinal fusion)
- Physical therapy and rehabilitation services
- Psychological counseling for trauma-related mental health issues
- Neurological monitoring for C6 radiculopathy progression
- Medications for pain, depression, and sleep disturbance

Long-term Prognosis:

Based on the severity of Mr. Doe's injuries and the lack of significant improvement despite extensive treatment, his prognosis is guarded:

- Chronic pain syndrome is likely permanent
- Post-traumatic arthritis will progressively worsen
- Psychological effects may require long-term management
- Work capacity will remain significantly limited
- Quality of life permanently impacted

Estimated Medical Costs:

- Immediate future care (5 years): \$150,000-200,000
- Lifetime medical expenses: \$500,000-750,000
- This includes medications, therapy, procedures, and potential surgeries

FINAL CAUSATION OPINION

Based on my comprehensive review of all available medical evidence, accident reconstruction data, and biomechanical analysis, I conclude to a reasonable degree of medical certainty that:

1. ALL of Mr. Doe's current medical conditions are directly and proximately caused by the motor vehicle accident of July 30, 2025.

2. There are NO significant pre-existing conditions that contributed to his current disability.

3. His functional limitations are GENUINE and medically substantiated by objective findings.

4. He will require LIFELONG medical care for his accident-related conditions.

5. His prognosis for return to pre-accident function is POOR.

EXPERT CERTIFICATION

I declare under penalty of perjury that the opinions contained in this report are held to a reasonable degree of medical certainty and are based upon my education, training, and experience in the field of Physical Medicine and Rehabilitation.

Expert Witness: David Causation, M.D.

Date: 01/15/2026

Board Certified: Physical Medicine & Rehabilitation

License #: PMR-111111 (FICTIONAL)

CV and Fee Schedule: Available upon request

Deposition Availability: Available with reasonable notice

 **END OF FICTITIOUS TESTING DOCUMENT** 
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