RICHARD SKEPTICAL, M.D.

Physical Medicine & Rehabilitation
Defense Medical Expert Services
456 Objective Analysis Drive, Evidence City, ST 22222
Phone: (555) 888-2222 | Fax: (555) 888-2223

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 reported symptoms and functional limitations are NOT primarily caused by the motor vehicle accident of July 30, 2025, but rather represent a combination of pre-existing conditions, normal aging, and symptom magnification.

CASE INFORMATION

Patient: John A. Doe (FICTIONAL)
DOB: 01/15/1985
Date of Accident: 07/30/2025
Case Type: Motor Vehicle Accident
Opinion Date: 01/20/2026
Retaining Party: Defense Counsel

EXPERT QUALIFICATIONS

Education: Johns Hopkins Medical School, M.D. 1992
Residency: PM&R, NYU Medical Center (1992-1996)
Board Certification: Physical Medicine & Rehabilitation
Experience: 30 years clinical practice
Expert Witness: 18+ years, 500+ cases reviewed

MATERIALS REVIEWED

I have conducted an extensive and objective review of all available documentation:

Complete Medical Record Review (525+ pages):
• Emergency department records and initial treatment
• All surgical consultations and operative reports
• Rehabilitation medicine evaluations and treatment records
• Physical therapy documentation (comprehensive review)
• Pain management records and injection procedures
• Neurological evaluations and diagnostic studies
• All imaging studies with independent radiological review
• Neuropsychological and psychological evaluations
• Functional capacity evaluation with critical analysis
• Vocational rehabilitation assessment

Objective Evidence Review:
• Surveillance investigation footage (4+ hours)
• Independent medical examination reports (both opinions)
• Accident reconstruction analysis
• Vehicle damage assessment and photographs
• Employment records and attendance history

Expert Testimony Review:
• Competing medical expert opinions
• Biomechanical expert analysis
• Economic loss calculations and assumptions

Independent Research:
• Current medical literature on similar injury patterns
• Evidence-based guidelines for post-MVA recovery
• Epidemiological data on symptom resolution timelines

CRITICAL ANALYSIS OF ACCIDENT MECHANISM

Accident Severity Assessment:
While the plaintiff's experts characterize this as a "high-energy" collision, objective analysis reveals a moderate-energy impact with forces insufficient to cause the claimed extensive injuries:

Vehicle Damage Analysis:
• Driver's side door damage consistent with 25-30 mph impact, not 35-40 mph as claimed
• Absence of roof deformation or B-pillar intrusion
• Airbag deployment indicates impact above threshold but not severe trauma level
• Vehicle remained drivable and occupant compartment intact

Biomechanical Force Assessment:
Based on accident reconstruction data and vehicle damage patterns:
• Peak acceleration likely 8-10 G's, not 12-15 G's as claimed by plaintiff's expert
• Delta-V probably 12-15 mph, within survivable range without severe injury
• Impact duration sufficient to allow energy dissipation
• Seatbelt and airbag systems functioned properly to minimize injury

Injury Pattern Inconsistency:
The claimed injury pattern is inconsistent with the actual accident mechanism:
• Hip fracture more likely due to osteoporotic changes or pre-existing weakness
• Cervical symptoms could result from pre-existing degenerative changes
• Lumbar disc findings consistent with age-related degeneration, not acute trauma
• Absence of other injuries typically seen in severe lateral impacts

PRE-EXISTING CONDITIONS AND RISK FACTORS

Undiagnosed Pre-existing Degenerative Changes:
Review of Mr. Doe's imaging studies reveals findings consistent with pre-existing degenerative conditions that predated the accident:

Spinal Degeneration:
• MRI lumbar spine shows multilevel degenerative disc disease
• Disc height loss at L3-L4 and L4-L5 consistent with chronic degeneration
• Facet arthropathy indicating long-standing mechanical stress
• Endplate changes suggesting years of degenerative process

Risk Factors for Injury:
At age 40, Mr. Doe had multiple risk factors for the injuries he sustained:
• Sedentary occupation predisposing to spinal degeneration
• Age-related decrease in bone density (hip fracture susceptibility)
• Lack of recent physical conditioning (deconditioning)
• Hypertension indicating possible metabolic syndrome

Asymptomatic Pre-existing Disease:
Medical literature clearly establishes that significant spinal pathology can exist asymptomatically:
• 30-40% of asymptomatic adults have disc bulges on MRI
• Degenerative changes are common by age 40
• Minor trauma can activate pre-existing asymptomatic conditions
• This represents "eggshell skull" scenario, not accident causation

EXPERT OPINION CHALLENGING CAUSATION

Lack of Appropriate Temporal Relationship:
While symptoms began after the accident, the progression and persistence pattern is inconsistent with traumatic injury:
• Acute traumatic injuries typically show gradual improvement over 12-16 weeks
• Mr. Doe's symptoms have remained static or worsened over 24+ weeks
• This pattern suggests non-traumatic etiology or psychological overlay
• True traumatic injuries respond better to appropriate treatment

Disproportionate Symptom Reporting:
The severity of reported symptoms is disproportionate to objective findings:
• Hip fracture healed without complications yet persistent severe pain reported
• Mild EMG findings do not correlate with severe functional limitations
• MRI findings are consistent with normal aging changes
• Functional limitations exceed what would be expected from documented pathology

Response to Treatment Inconsistency:
Mr. Doe's poor response to appropriate treatment suggests non-organic factors:
• Extensive physical therapy showed minimal objective improvement
• Pain management interventions provided only temporary relief
• Surgical hip repair successful yet ongoing limitations persist
• This pattern suggests symptom magnification or secondary gain

Alternative Explanations for Current Status:
Multiple factors better explain Mr. Doe's current condition:
• Deconditioning from prolonged inactivity
• Depression and anxiety exacerbating pain perception
• Litigation stress and secondary gain issues
• Activation of pre-existing asymptomatic degenerative conditions
• Normal aging process accelerated by inactivity

SURVEILLANCE EVIDENCE ANALYSIS

Objective Functional Capacity Documentation:
The surveillance footage provides compelling evidence that Mr. Doe's functional capacity significantly exceeds his reported limitations:

Activities Contradicting Claimed Limitations:
• **Extended Sitting:** Observed sitting continuously for 90+ minutes at sporting event, directly contradicting 45-minute tolerance claim

• **Heavy Lifting:** Repeatedly lifted objects weighing 25-30 pounds, exceeding claimed 15-pound limit
• **Prolonged Standing/Walking:** Engaged in yard work for 90+ minutes without breaks
• **Overhead Activities:** Climbed ladder and performed overhead reaching activities
• **Normal Gait:** No consistent use of assistive device or abnormal gait pattern

Behavioral Inconsistencies:
The surveillance reveals concerning behavioral patterns:
• Use of cane only when entering/exiting medical facilities
• Normal mobility when not in medical settings
• Ability to perform complex physical tasks requiring strength and endurance
• No observable pain behaviors during extended activities

Medical-Legal Implications:
This surveillance evidence demonstrates that Mr. Doe's self-reported limitations are not consistent with his actual functional capacity, raising serious questions about the validity of his disability claims.

CRITICAL ANALYSIS OF OPPOSING EXPERT OPINION

Dr. Causation's Opinion - Fundamental Flaws:
Dr. David Causation's opinion supporting full causation contains several methodological errors and biased interpretations:

1. Overreliance on Subjective Complaints:
• Accepts patient's subjective reporting without critical analysis
• Fails to consider symptom magnification or secondary gain
• Ignores objective evidence contradicting subjective claims

2. Misinterpretation of Imaging Studies:
• Attributes normal age-related changes to acute trauma
• Fails to recognize pre-existing degenerative conditions

• Over-interprets mild findings as significant pathology

3. Biomechanical Analysis Errors:
• Overestimates accident forces without proper engineering analysis
• Creates injury mechanisms not supported by physics
• Ignores alternative explanations for injury patterns

4. Ignores Contradictory Evidence:
• Dismisses surveillance evidence without adequate explanation
• Fails to address inconsistencies in functional capacity
• Does not consider alternative diagnoses or contributing factors

5. Advocacy Rather Than Objective Analysis:
• Opinion reads as advocacy for plaintiff rather than objective medical analysis
• Cherry-picks evidence supporting predetermined conclusion
• Fails to consider defense perspective or alternative explanations

EVIDENCE-BASED CAUSATION ANALYSIS

Medical Literature on Post-MVA Recovery:
Current medical literature establishes clear expectations for recovery from similar injuries:

Hip Fracture Recovery:
• 90% of patients achieve good functional recovery by 6 months post-surgery
• Persistent significant limitations beyond 6 months suggest non-organic factors
• Mr. Doe's ongoing limitations are inconsistent with typical recovery patterns

Cervical Strain Recovery:
• 85% of patients recover within 3 months of cervical strain
• Mild EMG abnormalities typically resolve with conservative treatment
• Persistent symptoms beyond 6 months often relate to psychological

factors

Lumbar Disc Protrusion:
• Small disc protrusions often resolve spontaneously
• Conservative treatment successful in 85-90% of cases
• Persistent limitations suggest alternative diagnosis or symptom magnification

Conclusion Based on Literature:
Mr. Doe's failure to achieve expected recovery suggests factors other than traumatic injury are responsible for his ongoing limitations.

ALTERNATIVE CAUSATION THEORIES

Primary Alternative Explanations:
1. Pre-existing Asymptomatic Disease:
• Degenerative disc disease present before accident
• Normal aging process activated by minor trauma
• This represents pre-existing susceptibility, not accident causation

2. Deconditioning Syndrome:
• Prolonged inactivity following minor injuries
• Physical deconditioning mimicking injury symptoms
• Psychological overlay contributing to functional limitations

3. Secondary Gain Factors:
• Litigation pending with potential financial benefit
• Disability benefits providing income replacement
• Family dynamic changes with increased attention/support

4. Psychological Overlay:
• Depression and anxiety amplifying pain perception
• Fear avoidance behaviors creating functional limitations
• Catastrophic thinking patterns maintaining disability

5. Normal Aging Process:

- Age 40 represents beginning of significant degenerative changes
- Sedentary lifestyle accelerating normal aging
- Coincidental timing with accident creating false causation perception

FINAL CAUSATION OPINION

Based on my comprehensive and objective review of all available evidence, including surveillance footage, medical records, and scientific literature, I conclude to a reasonable degree of medical certainty that:

1. The motor vehicle accident of July 30, 2025, caused only MINOR SOFT TISSUE INJURIES that should have resolved within 12-16 weeks.

2. Mr. Doe's current reported limitations are NOT primarily caused by the accident but rather represent a combination of:

- Pre-existing degenerative conditions
- Deconditioning from prolonged inactivity
- Psychological overlay and symptom magnification
- Secondary gain factors related to litigation

3. The hip fracture, while accident-related, has HEALED APPROPRIATELY and should not cause ongoing significant limitation.

4. Surveillance evidence demonstrates functional capacity SIGNIFICANTLY EXCEEDING reported limitations.

5. Future medical care needs are MINIMAL and relate primarily to normal aging, not accident-related injuries.

RECOMMENDATIONS

Immediate Recommendations:

- Discontinue passive treatment modalities (injections, ongoing PT)

- Implement aggressive reconditioning program
- Psychological evaluation for symptom magnification
- Return to work planning with minimal accommodations

Future Medical Care:
- Routine follow-up for hip fracture (annually)
- Standard age-appropriate preventive care
- No ongoing specialized treatment required
- Estimated future medical costs: $5,000-10,000 over lifetime

Work Capacity:
- Capable of full-time return to pre-accident employment
- No permanent restrictions required
- Gradual return appropriate only to overcome deconditioning
- Expected full recovery within 6-8 weeks of appropriate rehabilitation

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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 objective medical evidence, scientific literature, and my extensive experience in Physical Medicine and Rehabilitation.

Expert Witness: Richard Skeptical, M.D.
Date: 01/20/2026
Board Certified: Physical Medicine & Rehabilitation
License #: PMR-222222 (FICTIONAL)
CV and Fee Schedule: Available upon request
Deposition Availability: Available with reasonable notice