

Medical Summary

Plaintiff: Sarah Martinez
DOB: 07/12/1990
Date of Incident: March 15, 2024
Case: Martinez v. Greenfield Logistics, Inc.
Prepared For: Jon Dykstra, Esq.
Prepared By: PI Demand & Medical Writer

I. INCIDENT SUMMARY

On March 15, 2024, Ms. Martinez was involved in a high-impact motor vehicle collision caused by a commercial box truck operated by Robert Chen of Greenfield Logistics, Inc. The collision occurred at the intersection of Maple Street and Harbor Boulevard when Mr. Chen ran a red light and struck Ms. Martinez's vehicle broadside on the driver's side.

Ms. Martinez was extricated by paramedics and transported via EMS to St. Joseph's Medical Center for emergency trauma evaluation.

II. INITIAL EMERGENCY CARE (March 15, 2024)

EMS Findings:
HR 100–104 bpm, BP 131–135/80–84, SpO₂ 95–96%.
Patient alert, oriented, and immobilized due to left shoulder and chest pain.
Transported to St. Joseph's Medical Center.

Emergency Department Evaluation:
Complaints: Severe left upper arm pain, left-sided chest pain, and shortness of breath.

Imaging:
CT Head/Neck: Negative for intracranial injury.
Chest X-ray: Fractures of left ribs 6–8; mild pulmonary contusion.
Left Humerus X-ray: Displaced mid-shaft fracture.

Diagnoses:
Displaced fracture of left humeral shaft
Left rib fractures (6–8)
Pulmonary contusion
Admitted to trauma service for surgical management.

III. SURGICAL INTERVENTION (March 16, 2024)
Procedure: Open Reduction and Internal Fixation (ORIF) of the Left Humerus
Surgeon: Michael P. Stevens, M.D.
Anesthesia: General endotracheal anesthesia administered by Lisa Nguyen, M.D.

Operative Details:
Approach: Anterolateral incision.
Hardware: 10-hole titanium locking compression plate with 8 screws.
Estimated Blood Loss: 150 mL.
No intraoperative complications reported.
Anesthesia induction and emergence were stable; extubation uneventful.

Postoperative Course:

Monitored in PACU, then transferred to floor.

Pain controlled with opioids and incentive spirometry initiated for pulmonary hygiene.

Neurovascular status intact in the affected limb.

Discharged March 19, 2024 with sling immobilization and referral for physical therapy.

IV. REHABILITATION PHASE

Physical Therapy (April – October 2024):

Provider: Daniel Ross, PT, DPT – Evergreen Physical Therapy Associates

Frequency: 72 sessions over six months.

Focus: Range of motion, strengthening, and functional restoration.

Progress:

Pain improved from 8/10 to 3/10 baseline.

Range of motion restored to approximately 70% of pre-injury level.

Persistent stiffness and mild neuropathic pain in the left arm and chest wall.

Determination: Maximum Medical Improvement (MMI) reached October 2024.

V. PAIN MANAGEMENT AND FOLLOW-UP

Pain Management (August–December 2024):

Provider: Laura M. Chen, M.D., Pain Management Specialist

Treatments:

Three thoracic epidural steroid injections: August 20, October 5, and December 10, 2024.

Modest short-term relief achieved.

Medications: Stable regimen of neuropathic pain agents and non-opioid analgesics.

Residual baseline pain 3–4/10 with intermittent flares.

Recommendation: Ongoing pain management every 6–12 months as needed.

VI. PSYCHOLOGICAL CARE

Psychological Evaluation and Therapy (April–September 2024):

Provider: Jennifer Wong, Psy.D.

Diagnosis: Post-Traumatic Stress Disorder (PTSD) and Adjustment Disorder with Anxiety.

Symptoms: Nightmares, driving avoidance, and hypervigilance.

Treatment: 26 sessions of cognitive-behavioral therapy.

Outcome: Significant improvement in mood regulation and sleep; continued mild situational anxiety.

VII. LIFE CARE PLAN & PERMANENT IMPAIRMENT

Orthopedic Impairment (per Dr. Stevens):

25% permanent partial impairment of the left upper extremity.

Residual weakness, limited flexion, and reduced endurance.

Life Care Plan (per Rebecca Morrison, RN, CLCP):

Future medical costs estimated at \$127,000 (present value), including:

Ongoing orthopedic follow-up and imaging

Pain management procedures

Periodic physical therapy and adaptive equipment

VIII. CURRENT STATUS AND PROGNOSIS (As of October 2025)

Ms. Martinez continues to experience:

Intermittent left arm pain and stiffness, exacerbated by cold or activity.

Residual weakness during lifting and overhead motion.

Psychological sensitivity to driving near intersections.

She remains independent in self-care but has limited capacity for heavy physical tasks and recreational activities. Prognosis is guarded for full recovery, though maintenance therapy is expected to sustain functional stability.

IX. SUMMARY OF KEY DIAGNOSTIC FINDINGS

Date	Study	Findings
03/15/24	CT Head/Neck	No acute intracranial injury
03/15/24	Chest X-Ray	Left rib fractures (6–8); pulmonary contusion
03/15/24	Left Humerus X-Ray	Displaced mid-shaft fracture
03/18/24	Humerus Follow-Up X-Ray	Proper alignment and fixation post-ORIF
08–12/24	Pain Management Notes	Thoracic ESI x3 – partial relief
10/20/25	Expert Opinions	Permanent impairment 25%; future care \$127K

X. IMPACT SUMMARY

Following the collision, Ms. Martinez has endured:
Permanent orthopedic and functional impairment of her dominant upper extremity.
Chronic pain requiring interventional management.
Emotional trauma consistent with PTSD.
Reduction in household, occupational, and recreational capacity.

Her injuries are well-documented, causally linked, and permanent in nature. Ongoing medical management and life adjustments are medically necessary and directly attributable to the March 15, 2024 collision.