

EXHIBIT 1D

WILLIAM J. KULAK, M.D.
580 Park Avenue, Suite 1A
New York, New York 10065
(212) 755-6468

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Pianko Law Group
55 Broad Street
Suite 13F
New York, NY 10004

Attention: Maurice Pianko, Esq.

RE: Yaakov Ochs
DATE OF ACCIDENT: July 13, 2014

To Whom It May Concern:

Yaakov Ochs was seen at this office for orthopedic consultation on January 12, 2015 in regard to injuries sustained in a motor vehicle accident on July 13, 2014.

The patient states that he was the driver of the vehicle, which was struck in the rear by a car. There was no loss of consciousness.

He was taken by car that day to the emergency room of Hackensack University Medical Center, where he was treated and discharged. He was discharged with a prescription for "pain killers" in regard to his symptoms. He does not specifically remember if any x-rays were obtained.

He continued treatment with a pain management physician and obtained further medication. He obtained an MRI of the cervical spine on 11/3/14.

At the time of the accident, the patient states injuries to the cervical spine and "upper" back, indicating the dorsal spine.

PAST MEDICAL HISTORY:

Is negative in regard to any prior trauma, although he does indicate some minor property damage to his vehicle in a prior motor vehicle accident but no personal injuries or need for any

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medical treatment. He denies any injuries since the events of 7/13/14.

He is a dominant right-handed individual. He utilizes low-dose anti-anxiety medication for pre-existing anxiety, as well as anti-inflammatory medication for his symptoms. There is no history of any prior surgery or any other pre-existing systemic diseases. He currently utilizes no ambulatory aids or restrictive strappings.

He is working at the present time at his prior occupation as a computer programmer.

In regard to the cervicodorsal area, he states that after the injury the symptoms were at the base of the neck and extended to the trapezial muscles bilaterally, as well as to the superior mesial region of the scapula bilaterally. He states recently with treatment he has realized noticeable improvement in his symptoms. He denies any radiation or focal deficit but he does state ongoing residual difficulty with lifting and carrying, as well as with interacting with his children. He has difficulty due to a "tight" feeling with driving, as well as with working on the computer. He states if he drives for any significant distance or time he must use "Motrin".

PHYSICAL EXAMINATION:

Reveals a well-nourished, well-developed 43-year-old male in no acute distress. There is a normal attitude of the upper extremities and a normal station to the head.

A full and complete examination to the cervicodorsal area is performed. The following significant findings are noted.

Range of motion of the cervical spine reveals pain at 50 to 55 degrees of flexion (the normal), symptoms with left rotation at 60 degrees (normal 75 to 80 degrees) and symptoms with left tilt (normal 40 degrees). All symptoms with motion are emanating from the left trapezial muscle area. The remainder of the motion planes is negative.

He has pain with frank spasm on palpation of the superior border of the left trapezius, as well as pain with frank spasm on palpation of the distal aspect of the left levator scapular muscle at the scapular border. He states sticking and "needle" like symptoms with the cross-chest test on the left emanating

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from the superior mesial border of the scapular level and extending to the proximal upper mesial trapezius. It is negative on the right. He has symptoms on palpation of the posterior elements from C7 through T3 to a greater degree at the distal level. Neurologically he is intact for motor and sensation.

The pathology and precautions were given. Anatomic explanation of his findings in relationship to the trauma was provided.

His anti-inflammatory medication was to continue to be used as needed and on a prophylactic basis. In addition specific exercises were shown in regard to rehabilitation at the trapezial and levator scapular levels.

REVIEW OF MEDICAL RECORDS:

Narrative report of 10/28/14 from the pain management physician was reviewed. It indicates that the patient's vehicle was rear-ended and that he was a restrained driver. He complained of symptoms regarding pain and tightness in the cervical area radiating to "bilateral shoulders" consistent with his current findings in regard to the trapezius and scapula. It indicates, "This pain from the condition has been ongoing since the accident and has persisted every day without remission".

On examination he had weakness to both upper extremities in regard to abduction at the shoulder level. He had diminished sensation to the upper extremities, nonspecific in the report. Reflexes were diminished for C5 and C6 distributions bilaterally. He had frank tenderness to the cervical spine at C3 through C7 with multiple tender points in the paraspinal muscles and a positive Spurling test bilaterally. There was decreased motion of the cervical spine at that point in multiple planes. The diagnosis was cervical radiculitis and he was deemed partially disabled, although he was working.

MRI radiology report of the cervical spine of 11/3/14 indicates a left paracervical disc herniation at C4-5. There was also at T3 a vertebral endplate deformity. The findings at the T3 are consistent with a fracture of the endplate.

DIAGNOSIS:

MRI findings of C4-C5 disc herniation, left.

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MRI findings of endplate deformity at the T3 vertebral endplate, consistent with a fracture.

Residual decreased range of motion, cervical spine in multiple planes.

Symptomatic frank spasm, left trapezius and symptomatic frank spasm, left levator scapular muscle.

Findings of myoligamentous inflammation, C7 through T3 vertebral level.

PROGNOSIS AND DISCUSSION:

The patient is examined at a point approximately five months after the accident. Residual objective and subjective physical findings are noted consistent with the mechanism of injury and his level of symptoms.

The clinical findings are expected to continue for an undetermined amount of time. There is a strong potential that they will be permanent at least in intermittent recurrences with repetitive use of the left upper extremity and/or stressful activities to that area. It is felt however that the rotational movement of the cervical spine will be limited on a permanent basis at least to the left and possibly also in regard to lateral tilting.

For a more concrete prognosis, reevaluation in approximately three to four months would be indicated.

At the present time there is an ongoing disability and restricted function for the cervical spine and secondarily use of the left shoulder girdle region, which is based on the medical records reviewed and the history obtained, causally related to the traumatic events of 7/13/14.

There is an ongoing need for the use of the medication and the self-exercises provided. Intermittent episodes of exacerbations and remissions are expected to continue to occur and medical treatment and possibly supervised therapy would be required during periods of exacerbations that do not respond rapidly to conservative treatment.

Dr. William Kulak being a physician duly licensed to practice in the State of New York pursuant to CPLR Section 2106 under the

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