

ACCIDENT INJURY MEDICAL REPORT	
Comprehensive Assessment with Trauma Inventories and Impairment Ratings	
To:	
Patient Name:	
Date Of Accident:	2024-03-23
Mechanism of Injury:	
Date of this Report:	

COMPREHENSIVE ANALYSIS AND DOCUMENTATION	
REPORTING STANDARDS Foundational Evidence for Injury Evaluation	The Injury Claim Report identifies and documents objective clinical and laboratory findings for each impairment, serving as the cornerstone for evaluating injuries. It incorporates a wholeperson impairment rating and insights from a comprehensive trauma inventory while referencing federal expectancy data for validation. This structured analysis provides the foundational evidence for accurate diagnoses, valid impairment ratings, and a comprehensive medico-legal assessment.

A COMPREHENSIVE TOOL FOR ASSESSING INJURY IMPACT	
TRAUMA INVENTORIES Capturing the Full Impact of Injuries	Trauma inventories are structured assessments designed to capture the physical, emotional, and cognitive effects of an injury. By systematically collecting patient-reported data, these inventories quantify the disruption to daily life, including emotional distress, reduced quality of life, and loss of personal roles. Widely recognized in medical and legal contexts, trauma inventories serve as an essential component in identifying non-economic damages and providing objective insights into the broader impact of injuries. Their results are codable, billable, and admissible as part of a comprehensive injury claim evaluation, ensuring that no aspect of the injury’s effects is overlooked.

QUANTIFYING THE FUNCTIONAL IMPACT OF INJURIES	
IMPAIRMENT RATING Establishing a Benchmark for Injury Severity	The impairment rating is a standardized measure used to quantify the degree of functional loss resulting from an injury. Based on established guidelines such as the AMA Guides to the Evaluation of Permanent Impairment, it translates clinical findings into a percentage representing the whole-person impairment. This objective assessment provides a critical benchmark for evaluating the severity of injuries, supporting fair and consistent valuation in medical, legal, and insurance contexts. By bridging the gap between medical evidence and legal standards, impairment ratings play a pivotal role in ensuring accurate and equitable compensation for injury claims. Impairment rating is conducted by adherence to the Gold Standards and Quality System (QS) for establishing evidence of the American medical Associations Guides to the evaluation of permanent impairment.

ENSURING ACCURACY AND CREDIBILITY IN INJURY CLAIM EVALUATION	
REPORTING STANDARDS Ensuring Consistency and Legal Validity	Reporting standards establish the framework for producing consistent, reliable, and medically valid documentation in injury claim evaluations. By adhering to protocols such as the AMA Guides, Abbreviated Injury Severity Scale (AIS), and New Injury Severity Score (NISS), these standards ensure that all findings meet the highest thresholds of clinical and legal sufficiency. The process is guided by the Quality System (QS), which defines objective criteria for verifying that evaluations consistently align with predetermined specifications. These reporting standards provide the foundation for accurate diagnoses, valid impairment ratings, and comprehensive assessments, ensuring the credibility and defensibility of injury claim reports.

Medical History		
1.01 Medical Office records	X Reviewed	X Enclosed
1.02 Hospital Records	Reviewed	Enclosed
1.03 From Other Source	X Reviewed	Enclosed
1.04 From Client	X Reviewed	X Enclosed
1.05 Delay in Seeking Care	X Reviewed	Enclosed
1.06 Gaps in Treatment	X Reviewed	Enclosed

Clinical Evaluation		
2.01 Physical Examination	X Reviewed	X Enclosed
2.02 Injuries - ICD Codes Required	X Reviewed	X Enclosed
2.03 Symptoms Documented	X Reviewed	X Enclosed
2.04 Laboratory Tests	Reviewed	Enclosed
2.05 Special Tests	Reviewed	Enclosed
2.06 Diagnostic Procedures	X Reviewed	X Enclosed
2.07 Specialist's Evaluation	Reviewed	Enclosed
2.08 Medical Validation and Determination	X Reviewed	X Enclosed

Diagnoses
R51.9: Headache
G44.309: Posttraumatic headache, unspecified
R42: Dizziness
G45.0 Vertebro-basilar artery syndrome
F07.81 Post-Concussion Syndrome
R42 Feelings of dizziness
R26.81 - Unsteadiness on feet
S09.90XA: Closed Head Injury
R45.86 Behavioral and Emotional Concussion
F98.9 Emotional Disorders
F48.8 - Brain Fog
R41.0 - Confusion
S06.0X0 Concussion without loss of consciousness

Diagnoses
Cognitive, Somatic, or Psychological Concussions are present
Concussions need not be visible on MRI's
Concussions can occur without loss of consciousness
Physical Concussion symptoms present on post traumatic concussion assessment
The concussion has been determined by medically accepted standards
The patient exhibits Behavioral and Emotional Concussion symptoms
There is a presence of Cognitive, Somatic, or Psychological concussion symptoms
R20.9 Unspecified disturbances of skin sensation
H53.1 - Blurred vision
R41.840 Attention and concentration deficits
F41.1 Anxiety
R45.7 Mental anguish/stress
Anxiety, emotional or behavioral disorders limit DUD, LOE &/or ADL (0-14% WPI).
F43.0: Predominant disturbance of emotions (Anxiety/Mental Anguish/Stress)
This patient suffers from anxiety as evidenced by the symptoms described
The anxiety suffered is documented by subjective and objective complaints
F43.11 Post-traumatic stress disorder, acute
F48.8 - Feeling 'in a fog' or 'dazed'
F42.2-Intrusive distressing recollections of the event, including images, thoughts, or perceptions.
Z60.2-A feeling like you're not connected to other events or other people
R46.4 - Feeling 'slowed down'
F43.2 Adjustment disorders in Enjoyment of Life
R45.84 Anhedonia - Lack of motivation or initiative
F50.9 Change Related to Eating
F50.9-Loss of appetite
R-63.4-Loss of weight
F41.1-An ongoing, general feeling of uneasiness
R53.83: Other malaise and fatigue (Lethargy, Tiredness)
F39 Unspecified mood swings
M62.838 Other muscle spasm
G47.9: Sleep disturbance
Impairment from sleep disorders relate to interpersonal or social problems.
Impairment from sleep disorders relate to reduced daytime attention.
The findings are found to include reasonable medical probability.
Symptoms, complaints and diagnoses are causally related to the accident
V43.5 Driver of a car driver injured in collision with another vehicle

Diagnoses	
M54.12 Cervical Radiculopathy	
M54.2: Cervicalgia	
S13.4XXA Cervical Sprain/Strain	
M53.0: Cervical Spinal Sympathetic Syndrome	
M67.40 Chain Ganglia Injury/Sympathetic Syndrome	
S23.3XXA Thoracic Sprain/Strain	
M54.5 Lumbar pain/ lumbalgia	
M50.222 Cervical disc displacement (Hernia) at C5-C6 level	
The Evidence-based data reveals disc pressure on the thecal sac/ spinal cord	
The disc involvement is demonstrated on MRI	
M50.2: Other cervical disc displacement (Hernia)	
S33.5XXA Lumbar Sprain (initial encounter)	
S13.4XXA Sprain of ligaments of cervical spine, initial encounter	
M24.28: Disorder of ligament of vertebrae - Clinically Significant	
M25.512 Left Shoulder Pain	
M25.579 Ankle pain	
M79.602 Pain in left arm	

Radiculopathy	
R20.2 Paresthesia / tingling / burning / prickling	
M47.812 Cervical Spondylosis	
M54.2 Cervicalgia - Pain in neck	
M53.0 Cervicocranial syndrome (Barre-Lieou) - Posterior cervical sympathy	

Spinal Compression Tests	
Maximum Cervical Compression	
Kemp's test	

Complaints	
Body Parts	
Headache	<p>Worsening Effects:</p> <p>- Activity</p> <p>Intensity:</p> <p>- 7-9 Intense</p>

Complaints

Body Parts

Headache

Location:
- Left Side
- Right Side
Frequency:
- Frequent 51-75% of the day
Pain Type:
- Aches

Neck

Pain Type:
- Aching
Worsening Effects:
- Any Movement
Intensity:
- 7-9 Intense
Frequency:
- Constant 76-100% of the day

Hip

Pain Type:
- Aching
Worsening Effects:
- Any Movement
Intensity:
- 4-6 Moderate
Frequency:
- Constant 76-100% of the day

Ankle

Pain Type:
- Aching
Worsening Effects:
- Standing
Intensity:
- 7-9 Intense
Location:
- Left Side
Frequency:
- Frequent 51-75% of the day

Pain on movement

Type:
- Aching
Worsening Effects:
- Any Movement
Intensity:
- 7-9 Intense
Location:
- Left Side

Complaints

Body Parts

Pain on movement

Frequency:

- Frequent 51-75% of the day

Concussions

Indicates S06.3: Cerebral Contusions

- Blurred vision

Indicates F07.81 Post-Concussion Syndrome/Vestibular Disorder

- Feelings of dizziness
- Headaches - (post traumatic assessment)
- Balance problems
- Blurred vision

Indicates S09.90XA: Closed Head Injury Cognitive, Somatic, or Psychological Concussion

- Difficulty concentrating
- Feeling "in a fog" or "dazed"

Indicates R45.86 Behavioral and Emotional Concussion

- Feeling depressed or tearful
- Lack of motivation or initiative
- Anxiety

Eating Disorders

F50.9 Change Related to Eating

- Loss of appetite
- Loss of weight

Enjoyment of Life

F43.2 Adjustment disorders in Enjoyment of Life

- Tiredness
- Change in recreational interests
- Interpersonal or social relationship problems

Cognitive Disturbances

F98.9 Emotional Disorders

- Concentration impairment

Ganglia Nerve Involvements	
M67.40 Chain Ganglia Injury/Sympathetic Syndrome	<ul style="list-style-type: none"> - Stiffness and pain in the neck
M67.40 (C2, C3, C4) Ganglia Level	<ul style="list-style-type: none"> - Dizziness
M67.40 (C6, C7) Ganglia Level	<ul style="list-style-type: none"> - Pain in the shoulder - Fatigue - Emotional Strain - Using Extra Pillows

Stress Disorders & Syndromes	
Post-traumatic Stress Disorder Symptoms	<ul style="list-style-type: none"> - An ongoing, general feeling of uneasiness - Intrusive distressing recollections of the event, including images, thoughts, or perceptions - A feeling like you're not connected to other events or other people
Stress Syndrome Associated Disorders	<ul style="list-style-type: none"> - An ongoing, general feeling of uneasiness - Difficulty falling or staying asleep - Anxiety - Mental anguish/stress

Blood Flow Loss to the Brain	
Vertebrobasilar Insufficiency (Blood Flow Loss to the Brain)	<ul style="list-style-type: none"> - Dizziness - Brain Fog

Impairment Rating According to AMA Guide

In our reports, we list all identified impairments for clarity but combine those within the same category to avoid duplication, presenting a single value as per AMA Guidelines. This approach ensures a comprehensive yet concise assessment, highlighting each impairment's unique impact without overstating the overall impairment rating.

Following AMA's preferred method, we use DRE (Diagnosis-Related Estimates) Categories to represent the impairment rating, unless a more appropriate method is required to accurately describe the impairments. This format ensures that all impairments are displayed in a clear and comprehensive way for other physicians to review.

Body Part, Function or System	AMA Edition	Chapter	Table	Page	DRE/Class	Impairment%
Brain Fog Feeling depressed or tearful Emotional Disorders Confusion Attention and concentration deficits Concentration impairment Extreme Worry Feeling "in a fog" or "dazed" Feeling "slowed down" Lack of motivation or initiative Fatigue, lethargy, or malaise Fatigue Mood swings Sleep Disorders Sleeping more than usual	5	13	13-8	325	1	7%
Unspecified disturbances of skin sensation	5	13	13-23	346	2	10%
Blurred vision	5	11	11-4	253	2	5%
Anxiety Emotional Or Behavioral Disorders	5	13	13-8	325	1	14
Change Related to Eating	5	11	1-7	265	1	10%
Radiculopathy	5	13	13-23 13-24	346-348	2	10-25
Disc Hernia	5	15	15-7 IIC	404	3	10-15
Unilateral Spinal Nerve Root Sensory Impairment	5	15	15-15	424	3	10-15

Medical Determination of Future Treatment

Future Treatment

Future treatment is probable, with a 51-75% medical certainty of occurring.

Prognosis Overall

The prognosis requires the need for treatment due to moderate injuries.

The prognosis requires the need for treatment due to ligamentous injuries.

Stability of Medical Condition
The patient's medical records reveal a documented showing of ongoing complaints and treatment with progressive improvement and the time period for stabilization ranges;
12 to 18 months

Prognosis of Probability for Future Recurrence	
To clearly convey the likelihood of future recurrence or the need for future care, please indicate which body parts are categorized as either Static or Stable as follows:	
STATIC: This indicates that a significant period has passed since treatment stopped, and there has been no movement or change in that body area. The need for future care is considered static, meaning it is unlikely to increase despite ongoing medical measures. There is less than a 50% chance that future care will be needed.	
STABLE: This indicates that the condition has stabilized, showing no changes, variations, or fluctuations. However, continued care may be prescribed at stable Maximum Medical Improvement (MMI) if it is believed that further care will reduce future pain or prevent worsening. Stable means there is a greater than 51% chance of future recurrence or the need for future care.	
Head	51-75%/ Probable
Neck	26-50%/ Possible
Nerve	51-75%/ Probable
Mid back	26-50%/ Possible
Low back	26-50%/ Possible
Disc	51-75%/ Probable
Ligament	51-75%/ Probable
Shoulder	26-50%/ Possible
Ankle	26-50%/ Possible

MMI for each Body Part	
Head	Static
Neck	Static
Nerve	Static
Mid back	Static
Low back	Static
Disc	Static
Ligament	Static
Shoulder	Static
Ankle	Static

Diagnostic Related Estimate Category	
Spine % Impairment	15%
Cervical Diagnostic Related Estimate	
DRE Category 3: 15-18% Impairment - Radiculopathy at the time of the evaluation, loss of reflex, loss of muscle strength, radiculopathy with herniated disc, surgery for radiculopathy, compression fracture between 25% and 50%.	

Whole Person Impairment (WPI)	
Total % Whole Body Impairment	14%

Treatment
98941 Chiropractic Manipulation Treatment CMT 3-4
97014 Elec. Stimulation (Unattended)
99204 Exam (Comprehensive)
99203: Initial Examination Level 3
99214 Re-exam (Detailed)
97140 Massage Increase Range of Motion/ Manual Therapy

Loss of Service

The number of days [REDACTED] is reasonably expected to endure future estimates for care requirements or the likelihood of ongoing pain, suffering, and emotional and cognitive distress, are based on the AMA Guidelines' "Diagnostic Related Estimates" (DRE). The DRE is the principal methodology used to evaluate individuals who have sustained distinct injuries. For further details, please refer to the impairment rating table.

WEEKLY HOUSEHOLD MANAGEMENT	Loss of Days Claimed	Loss of weekly household management hours	Loss of total hours claimed	Hourly BLS Wage	Total Loss
	416	2.00	832	\$14.22	\$11,831.04
LOSS OF DAILY TRAVEL	Loss of Days Claimed	Loss of daily travel hours	Loss of total hours claimed	Hourly BLS Wage	Total Loss
	416	1.00	416	\$11.69	\$4,863.04
LOSS OF FOOD, COOKING AND CLEANUP	Loss of Days Claimed	Loss of food, cooking and cleanup hours	Loss of total hours claimed	Hourly BLS Wage	Total Loss
	416	1.00	416	\$9.63	\$4,006.08
LOSS OF OBTAINING SERVICES	Loss of Days Claimed	Loss of obtaining services hours	Loss of total hours claimed	Hourly BLS Wage	Total Loss
	416	2.00	832	\$12.65	\$10,524.80
LOSS OF HOUSEHOLD SERVICES	Loss of Days Claimed	Loss of household services hours	Loss of total hours claimed	Hourly BLS Wage	Total Loss
	416	2.00	832	\$10.00	\$8,320.00

Emotional and Cognitive Distress

Emotional and Cognitive Distress	Loss of Days Claimed	Loss of damages for emotional distress hours	Loss of total hours claimed	Hourly BLS Wage	Total Loss
	416	18.00	7488	\$2.00	\$14,976.00
Damages for Cognitive Disorders	Loss of Days Claimed	Loss of damages for cognitive disorders hours	Loss of total hours claimed	Hourly BLS Wage	Total Loss
	416	18.00	7488	\$9.63	\$72,109.44

Pain and Suffering

PAIN & SUFFERING PAST	Loss of Days Claimed	Loss of pain & suffering past hours	Loss of total hours claimed	Hourly BLS Wage	Total Loss
	416	16	6656	\$14.22	\$94,648.32
PAIN & SUFFERING FUTURE	Loss of Days Claimed	Loss of pain & suffering future hours	Loss of total hours claimed	Hourly BLS Wage	Total Loss
	365	16	5840	\$3.00	\$17,520.00

Karnofsky Performance Status Scale

No change since last visit
100 - Normal, no evidence of disease
90 - Able to perform normal activity with only minor symptoms
80 - Normal activities with effort, some symptoms
70 - Able to care for self but unable to do normal activities
60 - Requires occasional assistance (duties or household), cares for most needs
>>> 50 - Requires considerable assistance
40 - Disabled, requires special assistance
30 - Severely disabled
20 - Very sick, requires active supportive treatment
10 - Moribund

Medical Expenses

Hospital Expenses:	\$4,137.83
Chiropractor Expenses:	\$7,231.00
Pain Management Expenses:	\$700.00
Orthopedic Expenses:	\$2,000.00
Radiology Expenses:	\$5,497.98
Total Current Medical Expenses:	\$19,566.81

Mileage Costs

Physician's Office:	50
Therapy Facility:	204
Diagnostic/Lab Facility:	5
Other:	18
Total Number Of Miles Driven:	279
Total miles driven x \$0.58 cents per mile = Total Mileage Cost \$::	\$161.936

Future Medical Expenses

Based on the Grade of the CAD injury, reasonable probability estimates the patient will be required to be seen for a total of visits:	76
Reasonable probability estimates for charges per visit for the future primary treatment to be \$	\$0.00
Future Treatment Cost	\$0.00
Reasonable probability estimates the patient will be required to be seen for therapies/modalities for a total of visits:	0

Future Medical Expenses	
Future Surgical Cost	\$0.00
Future Medications	\$0.00
Future Surgeries	\$0.00
Future Injections	\$0.00
Future Physical Therapy	\$0.00
Reasonable probability with supportive data, letter, prescription, or invoice from other medical professionals that future medical expenses may include those for: Labs, Diagnostics, Radiographs, MRI's, DME, or CRMA.	
Itemized Explanation of Future Surgical Costs	0
Future Cost	\$0.00

Case costs and Expenses	
Administrative Costs:	\$375.00
Doctors Narrative Report:	\$500.00
Special Independent Medical Validation of Records:	\$750.00
Special Radiology Consulting (AOMSI) Fees:	\$250.00
Total Total Administrative Case Costs and Expenses:	\$1,875.00

Future Medical Expenses	
Based on the Grade of the CAD injury, reasonable probability estimates the patient will be required to be seen for a total of visits:	76
Reasonable probability estimates for charges per visit for the future primary treatment to be \$	\$0.00
Future Treatment Cost	\$0.00
Reasonable probability estimates the patient will be required to be seen for therapies/modalities for a total of visits:	0
Future Surgical Cost	\$0.00
Future Medications	\$0.00
Future Surgeries	\$0.00
Future Injections	\$0.00
Future Physical Therapy	\$0.00
Reasonable probability with supportive data, letter, prescription, or invoice from other medical professionals that future medical expenses may include those for: Labs, Diagnostics, Radiographs, MRI's, DME, or CRMA.	
Itemized Explanation of Future Surgical Costs	0
Future Cost	\$0.00

Non-Economic Damage Elements	
Loss of Weekly Household Management	11,831.04

Non-Economic Damage Elements

Loss of Daily Travel	\$4,863.04
Loss of Household Services	\$8,320.00
Loss of Food, Cooking and Cleanup	\$4,006.08
Loss of Obtaining Services	\$10,524.80
Total Emotional Distress	\$14,976.00
Total Cognitive changes (linked to MTBI's)	\$72,109.44
Total Medical expenses	\$19,566.81
Total Pain and Suffering Past	\$94,648.32
Total Pain and Suffering Future	\$17,520.00
Total Non Economic Damages	\$258,365.53

Total Damages

Total damages comprise all applicable monetary categories as: Non Economic Damages, Property Damages, Mileage Costs, Administrative Case Costs, Medical Expenses, Future Medical Expenses, Surgical Expenses and Future Surgical Expenses	\$260,402.47
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Per Diem Analysis

An analysis determines the claim for past and future pain & suffering has a valuation of \$112,168.32. The figures are based on per diem analysis as both conservative and reasonable value vs the market value or the replacement value.

Elements of Damage

This report provides a detailed assessment of the functional loss of services and the resulting impacts on daily life, activities, and overall quality of life following the injuries sustained by [REDACTED], a 16-year-old male. These findings are based on standardized measures of biological and psychosocial function.

Report Purpose

The assessment highlights how [REDACTED]'s injuries have permanently and significantly altered his ability to perform fundamental daily activities, impacting his independence, productivity, and quality of life.

This evaluation focuses on:

Loss of Services

Using standardized function measures, such as the "Karnofsky" Performance Status Scale, this report identifies specific areas where [REDACTED] has experienced significant limitations in daily activities and essential household contributions, including:

- Household management
- Travel and errands
- Cooking, food preparation, and cleanup
- Obtaining services

Loss of Enjoyment of Life

[REDACTED]'s ability to engage in activities that brought his personal satisfaction and independence prior to the accident has been significantly diminished.

Assessment Process

The evaluation uses recognized methodologies, including:

Trauma Inventories and Surveys:	Comprehensive tools such as emotional, behavioral, cognitive, and sleep inventories to measure [REDACTED]'s overall functional losses.
Injury Classification:	Analysis based on validated severity scales such as the "Abbreviated Injury Scale" (AIS), "Analysis of Variance" (ANOVA), and "New Injury Severity Score" (NISS) to classify and code the degree of physical trauma.
Performance Status Scale:	A standardized system for evaluating a person's functional status based on their level of activity and need for assistance with daily tasks.

Elements of Damage

Assessment of Functional Impact

The evaluation identifies a range of limitations resulting from the individual's condition, including:

Reduction in Functional Capacity:	A diminished ability to perform routine daily activities and household responsibilities independently.
Impairments Across Multiple Domains:	Observable limitations affecting physical health, emotional stability, and cognitive functioning.
Quality of Life Impact:	A measurable decline in overall quality of life, emotional well-being, and the ability to maintain personal independence.

While this report does not calculate financial loss, it provides a structured, evidence-based assessment of [REDACTED]'s functional impairments and non-economic damages, ensuring a clear understanding of the accident's full impact on his life.

Audit Summary

Based upon all elements and component parts of this audit, the calculation of losses in the amount of \$217,316.95 is considered to be both conservative and reasonable.