Clinical Forensic Injury Audit and Valuation Report

Comprehensive Assessment with Trauma Inventories and Impairment Ratings

Prepared in Compliance with AMA guidelines | FRE 701–703 | Daubert/Frye Standards

To:
John Doe

Prepared By:
James Martin

Patient Name:
Michael Santos

Date of Accident:
2025-12-01

Date of this Report:
2026-03-10

No. of days since Accident:
99

Assessment Scope & Methodology

CLINICAL OVERVIEW

This report provides a structured clinical assessment of injury-related functional loss based on physical examination findings, medical record review, standardized assessment instruments, and established impairment guidelines. The evaluation measures how the injury has affected the patient's ability to perform essential daily activities, including mobility, personal care, household responsibilities, and cognitive and emotional functioning. Functional impact is quantified using Whole Person Impairment standards and the Human Life Function Loss Index (HLFLI), a weighted model reflecting the percentage reduction in overall functional life capacity attributable to the injury. The sections that follow outline the clinical framework and standardized methodology used to derive these findings.

REPORTING STANDARDS & CLINICAL EVALUATION FRAMEWORK

This Evaluation Report is prepared using a structured clinical assessment framework designed to document objective findings, quantify functional impairment, and evaluate the impact of injury on daily life performance.
This report integrates:
• Clinical examination findings
• Medical record review
• Diagnostic studies (when applicable)
• Whole Person Impairment (WPI) analysis
• Standardized electronic patient-reported outcome measures (PROMs / ePROs)
• Functional capacity assessment
• Human Life Function Loss Index (HLFLI) modeling
• Clinical decision support analysis
• Reference to federal expectancy data
This methodology promotes:
• Consistent documentation
• Reliable measurement
• Transparent analytical structure
• Reproducible findings
The resulting analysis provides a clinically grounded representation of injury severity and functional limitation.

IMPAIRMENT RATING

Objective Benchmark of Functional Loss

Whole Person Impairment (WPI) is calculated in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment and established Quality System (QS) standards. The impairment rating translates documented clinical findings into a percentage representing overall loss of functional capacity of the whole person. This standardized measure provides an objective benchmark of injury severity and establishes a measurable reference point for functional limitation. Impairment ratings quantify the degree of documented physiological loss. However, impairment alone does not fully describe how that loss affects practical daily function. To evaluate the broader functional consequences of injury-related impairment, structured functional modeling is applied through the Human Life Function Loss Index (HLFLI).

HUMAN LIFE FUNCTION LOSS INDEX (HLFLI)

Structured Functional Impact Modeling

The Human Life Function Loss Index (HLFLI) expands upon the impairment rating by assessing how documented injury-related limitations affect essential domains of daily living and human performance. Where impairment reflects medical loss, the HLFLI evaluates functional loss by measuring proportional reductions in the patient's ability to perform activities necessary for independent living, occupational engagement, and routine life participation. The impairment rating serves as the clinical foundation for this modeling, ensuring that HLFLI findings remain anchored to documented medical impairment rather than subjective reporting alone.
This analysis incorporates:
• Clinical examination findings
• Medical record review
• Diagnostic data
• Standardized patient-reported outcome measures
• Functional limitation assessment
• Clinical decision support evaluation
The HLFLI reflects the calculated percentage reduction in functional life capacity attributable to the injury.

Medical History

SOURCES OF MEDICAL HISTORY	REVIEWED	ENCLOSED
1.01 Medical Office Records	X	X
1.02 Hospital Records		
1.03 From Other Sources		
1.04 From Patient	X	X

CONTINUITY & TIMING OF CARE	REVIEWED	ENCLOSED
1.05 Delay in Seeking Care		
1.06 Gaps in Treatment		

	REVIEWED	ENCLOSED
Clinical Evaluation Details		
2.01 Physical Examination	X	X
2.02 Injuries - ICD Codes Required	X	X
2.03 Symptoms Documented	X	X

	REVIEWED	ENCLOSED
2.04 Laboratory Tests		
2.05 Special Tests		
2.06 Diagnostic Procedures	X	X
2.07 Specialist's Evaluation		
2.08 Medical Validation and Determination	X	X

Diagnoses

GENERAL, OTHERS
Z63: Loss of Service (Personal)
M62.830 Muscle spasm of back

GENERAL, INTRODUCTORY
The findings are found to include reasonable medical probability.
Symptoms, complaints and diagnoses are causally related to the accident
W01.0XXA Fall same Level

HEAD
S00.93XA Contusion of Head
S00.10XA Contusion of Face

EYE
H53.2 Double vision

CONCUSSIONS
R45.86 Behavioral and Emotional Concussion

NECK
M54.12 Cervical Radiculopathy

CHAIN GANGLIA INJURY
H93.19 Tinnitus (4% WPI)
M67.40 Chain Ganglia Injury/Sympathetic Syndrome
G50.0 Trigeminal Neuralgia (Cranial nn #5)

MID-BACK
M54.14 Intercostal Radiculitis

LOW BACK
M54.16 Painful Radiculopathy Lumbar Region

STRESS
F43.10 Post-traumatic stress disorder, unspecified
308.3-Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic accident event

SLEEP
Impairment from sleep disorders relate to other cognitive abilities.

LEG
S82.121A: Displaced fracture of lateral condyle of right tibia
S82.122A: Displaced fracture of lateral condyle of left tibia
S82.141A: Displaced fracture of medial condyle of right tibia
S82.142A: Displaced fracture of medial condyle of left tibia
S82.151A: Displaced fracture of lateral tuberosity of right tibia
S82.152A: Displaced fracture of lateral tuberosity of left tibia
M79.605 Pain in left leg
S82.102A Unspecified fracture of upper end of left tibia, initial encounter for closed fracture
S82.202D Unspecified fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing
T84.623A Infection and inflammatory reaction due to internal fixation device of left tibia, initial encounter
T81.42XD Infection following a procedure, deep incisional surgical site, subsequent encounter
729.82 Cramp of lower limb

KNEE
M22.40 Chondromalacia Patella

ANKLE/FOOT
M25.579 Ankle pain
S99.819A Injury to ankle/foot

ARM
M25.539-Pain in the wrist
M79.62-Pain in the arm
M79.63-Pain in the forearm
M79.622 Pain in left upper arm
M79.632 Pain in left forearm

FACE
S02.2 Fracture of nasal bones
S02.400 Malar fracture
S02.401 Maxillary fracture
S02.402 Zygomatic fracture
S02.400A Malar fracture, closed fracture

JAW
M26.62 Temporomandibular joint disorder left

ORTHOPEDIC SURGERIES
Z48. 81 Debridement of wounds or surgical repair of damaged tendons

ELBOW
M66.822 Spontaneous rupture of the other tendons left arm

Impairment Rating Audit

Impairments are consolidated when they share the same AMA criteria so that only one value per category is reported. This preserves clarity while preventing artificial inflation of the total impairment rating.

Diagnosis-Related Estimates (DRE) are used whenever appropriate to align with AMA methodology. When a different method better explains the impairment, that source is noted within the table.

BODY PART, FUNCTION OR SYSTEM	AMA EDITION	CHAPTER	TABLE	PAGE	DRE/CLASS	IMPAIRMENT%
Impairment due to Tinnitus	5	11	11-3	250	2	4%
Double vision	5	11	11-4	253	2	5%
Feeling depressed or tearful Anxiety Emotional Or Behavioral Disorders	5	13	13-8	325	1	14%
Radiculopathy	5	13	13-23 13-24	346-348	2	10%-25%
Sleep Disorders	5	15	15-7 IB	404	1	10%-15%
Upper extremity impairment due to Grade 4 strength deficit of the left biceps muscle affecting elbow flexion Upper extremity impairment due to Grade 4 strength deficit of the left biceps muscle affecting forearm supination	5	16	16-35	510		5%

Medical Determination of Future Treatment

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

Human Life Function Loss Index (HLFLI) - Functional Capacity Impact Analysis

FUNCTIONAL METRICS

Loss of Daily Travel	25%
Loss of Household Maintenance	99%
Loss of Household Management	25%
Loss of Food Preparation & Cleanup	50%
Loss of Obtaining Services	50%
Loss of Vehicle Maintenance	50%
Loss of Pet Care	25%
Loss of Household Services	50%

RISK LEVEL: **MODERATE**

CASE ANALYSIS

DOMAIN	SCORE	WEIGHT	WEIGHTED
Loss of Daily Travel	**25**	12.5%	**3.1**
Loss of Household Maintenance	**99**	12.5%	**12.4**
Loss of Household Management	**25**	12.5%	**3.1**
Loss of Food Preparation & Cleanup	**50**	12.5%	**6.3**
Loss of Obtaining Services	**50**	12.5%	**6.3**
Loss of Vehicle Maintenance	**50**	12.5%	**6.3**
Loss of Pet Care	**25**	12.5%	**3.1**
Loss of Household Services	**50**	12.5%	**6.3**

HLFLI CALCULATION

HLFLI = Σ (Domain Score × Domain Weight)

Example:
75 × .125 = 9.375
Rounded to 9.4 in the table.

HLFLI Functional Impact Profile

The domain percentages presented represent measurable reductions in the patient's ability to perform normal life functions attributable to the injury. Each domain reflects a distinct area of functional capacity essential to independent living, occupational performance, and routine daily activity. The combined index represents the cumulative percentage of functional capacity loss resulting from injury-related impairment.

HUMAN LIFE FUNCTION LOSS INDEX (HLFLI)

FUNCTIONAL METRICS

FUNCTIONAL IMPACT LEVEL

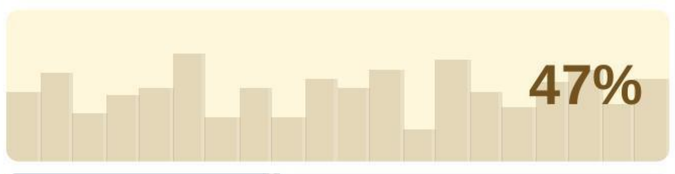
MODERATE 47%

HLFLI

47

TOTAL WEIGHTED LOSS

METRIC VARIANCE	IMPACT INDEX
47%	47%



CASE ANALYSIS

DOMAIN	SCORE	WEIGHT	WEIGHTED
Loss of Daily Travel	**25**	12.5%	**3.1**
Loss of Household Maintenance	**99**	12.5%	**12.4**
Loss of Household Management	**25**	12.5%	**3.1**
Loss of Food Preparation & Cleanup	**50**	12.5%	**6.3**
Loss of Obtaining Services	**50**	12.5%	**6.3**
Loss of Vehicle Maintenance	**50**	12.5%	**6.3**
Loss of Pet Care	**25**	12.5%	**3.1**
Loss of Household Services	**50**	12.5%	**6.3**
TOTAL			**47**

HLFLI CALCULATION

HLFLI = Σ (Domain Score × Domain Weight)

Example:

75 × .125 = 9.375

Rounded to 9.4 in the table.

HLFLI Scoring Structure & Interpretation

Each domain percentage reflects the degree of functional loss identified within that specific category. General interpretation guidelines:

0-15% — Minimal

16–35% — Mild

36–55% — Moderate

56–75% — Severe

76–100% — Profound

These percentages quantify the magnitude of impairment within each functional domain in a standardized and reproducible manner.

Domain Weighting Methodology

Each functional domain is assigned a proportional weight reflecting its relative contribution to overall human functional capacity. Domain weights are derived from:

- U.S. Bureau of Labor Statistics data
- American Time Use Survey (ATUS) data
- Established human functional allocation models
- Clinical impairment prioritization frameworks

This weighting methodology ensures that each domain contributes proportionally to the overall index based on its recognized importance to independent function and daily performance.

Total Weighted Score
(Human Life Function Loss Index)

The total weighted score represents the cumulative functional loss across all evaluated domains.

This value reflects the overall percentage reduction in functional life capacity resulting from injury-related conditions.

For example:

An HLFLI score of 35% indicates that approximately 35% of the patient's overall functional life capacity has been reduced due to injury-related impairment.

HLFLI Summary Interpretation

HLFLI Score: 47%

Interpretation:

The patient demonstrates moderate loss of functional independence across instrumental daily living domains, with the greatest impairment in loss of household maintenance and loss of food preparation & cleanup functions.

Unified Quality of Life Valuation - Standardized Non-Economic Damage Framework

VALUATION COMPONENTS

COMPONENT	BASIS	DURATION	PRESENT VALUE
Acute Pain and Suffering Recovery Phase	Elevated symptom pain and suffering disruption during recovery	99 days	**$20,342.47**
Finite post-stabilization Residual Impairment Phase	Post-stabilization (future pain diminished quality of life, emotional distress, cognitive effects collectively)	548 days	**$99,743.63**
TOTAL VALUATION (PRESENT VALUE)			**$120,086.10**

CALCULATION DETAILS

ACUTE PHASE FORMULA

(da × V / 365) × Tpast

(0.5000 × $150,000 / 365) × 99 days

RESIDUAL PHASE FORMULA

(dr × V / 365) discounted at r% over Tr days

(0.4500 × $150,000 / 365) at 2% over 548 days

** V (Value per QALY) = $150,000*

STRUCTURAL CLARIFICATION

The non-economic damages presented above reflect a unified valuation of diminished quality of life resulting from the combined effects of physical pain, emotional distress, cognitive impairment, and functional limitations arising from the subject accident.

These components are not valued independently to avoid duplication. Rather, they are collectively captured within a structured two-phase quality-of-life framework consisting of:

- An acute recovery phase, and
- A finite post-stabilization residual impairment phase.

This consolidation ensures methodological consistency, prevents stacking of overlapping categories of harm, and aligns valuation with the documented stabilization timeline and impairment findings.

ASSUMPTIONS AND SENSITIVITY

Stabilization Horizon

The acute/recovery phase is explicitly capped at the documented medical stabilization range of 18–24 months. No non-economic losses are attributed to ongoing “recovery” beyond stabilization.

Residual Impairment Period

Post-stabilization non-economic loss is valued only for a finite residual period to reflect continued functional impact after stabilization, not lifelong effects. The residual horizon is intentionally limited (1.0–2.0 years).

Severity Parameters (Utility Decrements)

Utility decrements are bounded and transparent. The base residual decrement is anchored directly to the reported Whole Person Impairment (WPI), ensuring alignment with objective impairment findings.

Valuation Parameter ($/QALY)

The value per quality-adjusted life year ($/QALY) used in this analysis is set at $150,000, consistent with standard U.S. willingness-to-pay thresholds.

Discount Rate

Future non-economic losses are discounted to present value using a real discount rate (2%), consistent with standard economic practice.

Future Treatment Plan

FUTURE TREATMENT IS DETERMINED NECESSARY WHEN THERE IS THE PRESENCE OF MODERATE INJURIES; LIMITATION OF MOTION; LIGAMENTOUS INJURY; NEUROLOGICAL FINDINGS AND BY TYPE AND FREQUENCY OF PAIN.
Grade 3 CAD Injury /future care requirements up to 76 times up to 56 weeks
According to the Croft Guidelines, this injury would fall into Grade III: Moderate; Limitations of motion; some ligamentous injury; neurological findings may be present.

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	0-25%/ Uncertain
Neck	26-50%/ Possible
Nerve	51-75%/ Probable
Mid back	51-75%/ Probable
Low back	51-75%/ Probable
Knee	26-50%/ Possible
Ankle	26-50%/ Possible
Elbow	26-50%/ Possible

MMI for each Body Part

Head	Static
Neck	Static
Nerve	Static
Mid back	Static
Low back	Static
Knee	Static
Ankle	Static
Elbow	Static

Diagnostic Related Estimate Category

SPINE % IMPAIRMENT	35%
Cervical Diagnostic Related Estimate	
DRE Category 2: 5-8% Impairment - Findings of muscle guarding or spasm, loss ROM, non-verifiable radicular pain, history of radiculopathy with a positive imaging study improved without surgery. Compression fracture less than 25%	
Thoracic Diagnostic Related Estimate	
DRE Category 3: 15-18% Impairment - Thoracolumbar injury with loss of motor and sensory functions or diminished reflexes, or unilateral atrophy or radiculopathy, verified by an imaging study that demonstrates a herniated disc or 25% to 50% compression of one vertebral body.	
Lumbar Diagnostic Related Estimate	
DRE Category 3: 10-13% Impairment - Radiculopathy at time of exam, lower extremity involvement, herniated disc with radiculopathy, compression fracture 25-50%. Resolution of radiculopathy with surgery.	

Whole Person Impairment (WPI)

Total % Whole Body Impairment	**45%**

Treatment

Medical Determination
Medical Validation (99080)

Loss of Service

The number of days **Michael Santos** is reasonably expected to endure future estimates for care requirements, 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.
This loss-of-services assessment is function-based and valued independently of earnings, consistent with recognized forensic economic methodology.

WEEKLY HOUSEHOLD MANAGEMENT	LOSS OF DAYS CLAIMED	LOSS OF WEEKLY HOUSEHOLD MANAGEMENT HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	99	0.25	24.75	$14.22	**$351.95**

LOSS OF DAILY TRAVEL	LOSS OF DAYS CLAIMED	LOSS OF DAILY TRAVEL HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	99	0.25	24.75	$11.69	**$289.33**

WEEKLY VEHICLE MAINTENANCE	LOSS OF DAYS CLAIMED	LOSS OF WEEKLY VEHICLE MAINTENANCE HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	99	0.50	49.50	$11.69	**$578.66**

WEEKLY POOL, LAWN, GARDEN CARE	LOSS OF DAYS CLAIMED	LOSS OF WEEKLY POOL, LAWN, GARDEN CARE HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	99	0.50	49.50	$16.94	**$838.53**

LOSS OF PET CARE	LOSS OF DAYS CLAIMED	LOSS OF PET CARE HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	99	0.25	24.75	$11.63	**$287.84**

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
	99	0.50	49.50	$9.63	**$476.69**

LOSS OF OBTAINING SERVICES	LOSS OF DAYS CLAIMED	LOSS OF OBTAINING SERVICES HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	99	0.50	49.50	$12.65	**$626.18**

LOSS OF HOUSEHOLD SERVICES	LOSS OF DAYS CLAIMED	LOSS OF HOUSEHOLD SERVICES HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	99	0.50	49.50	$10.00	**$495.00**

Karnofsky Performance Status Scale

Performance Level	Description
No change since last visit	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 CURRENT LEVEL	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

Property Damage

Vehicle Totaled Amount:	$566.00
Total Property Damage for:Vehicle totaled or repaired/Rental/Diminution/Deductible/Other property losses:	$566.00

Non-Economic Damage Elements

Loss of Weekly Household Management	$351.94
Loss of Daily Travel	$289.33
Loss of Household Services	$495.00
Loss of Pool, Lawn, Garden Care	$838.53
Loss of Pet Care	$287.84
Loss of Food, Cooking and Cleanup	$476.69
Loss of Obtaining Services	$626.18
Unified Quality of Life Valuation	$120,086.10
Total Non-Economic Damages	$124,030.26

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.	$124,596.26

Per Diem Analysis

An analysis determines the claim for past and future pain & suffering has a valuation of $120,086.10. 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

Using standardized biological and psychosocial function measures, Michael's life has permanently and dramatically changed since the accident.

The injuries Michael suffered have impaired her ability in a range of basic and fundamental activities of daily living as well as performing specific duties while under duress. Functional loss of services interferes with activities, causing a loss of enjoyment of Michael's life before the accident. Assessments made also allow for predictors of future losses.

Assessments reveal that Michael has a projected value for damages as described in the categories listed below to which Michael has not been able to contribute to labor due to injuries sustained in the accident.

Estimates and calculations are made using categorized tables of values from large sample research and applying a reasonable deviation from a standard mean value. We strive to minimize the effects of bias and make as perfect or 'intelligible' determination as possible while remaining subject to reasonable budget constraints and considering the variables listed here:

1. Approximations are that Michael contributed an average of 2.00 hours of services listed per day before the accident, which is in concert with the U.S. Bureau of Labor Statistics National average household contributions of persons of similar gender and age. 6
2. The monetary value of Michael work performed at home was determined by the Time Use Survey and Dollar of the Day values for Loss Of Services in the categories listed below. As reported in May 2021 by the Bureau Of Labor Statistics and Occupational Employment Survey, such findings reveal the average hourly wages for the individual categories . 7,8,9 3.
3. The overall determination is that there was a total loss in the categories listed below, lasting 99 claimable days.

1. Katz S, Ford A, Moskowitz R, Jackson B, Jaffe M. Studies of illness in the aged: the index of ADL, a standardized measure of biological and psychosocial function. JAMA. 1963:914 919. (PubMed) (Google Scholar)
2. Analysis of Variance (ANOVA) and The Abbreviated Injury Scale (AIS)33 to code injuries and The Injury Severity Score (ISS) and New Injury Severity Score (NISS) are used as measures of injury severity.
3. Association for the Advancement of Automotive Medicine. The Abbreviated Injury Scale, 1990 Revision, Update 98. Barrington, Illinois: Association for the Advancement of Automotive Medicine; 1998.
4. Baker SP, O'Neill B, Haddon W, Jr, Long WB. The injury severity score: a method for describing patients with multiple injuries and evaluating emergency care. J Trauma. 1974;14(3):18796. doi: 10.1097/00005373-197403000-00001. (PubMed) (CrossRef) (Google Scholar)
5. Motor vehicle related orthopaedic trauma contributes significantly to the burden of disease and injury. World Health Organization; 2009. (Google Scholar)
6. U.S. Bureau of Labor Statistics - Charts by Topic; Household activities - Last online update = December 20, 2016, @https://www.bls.gov/tus/charts/household.htm
7. May 2021 Survey Methods and Reliability Statement @ www.bls.gov/oes/methods_21.pdf .
8. Occupational Employment And Wages - MAY 2021 https://www.bls.gov/news.release/pdf/ocwage.pdf
9. Occupational Employment and Wage Statistics - May 2021 https://www.bls.gov/oes/tables.htm

Clinical Context of Functional Loss

While this report does not assign monetary values or determine legal damages, the HLFLI provides a structured and measurable representation of functional life impact.
In insurance and claim review contexts, quantified functional loss assists reviewers in understanding the practical consequences of injury on daily living capacity, role performance, and long-term functional stability.

CLINICAL TRAUMA INVENTORY ASSESSMENT

Structured Functional Input Measures

Standardized electronic patient-reported outcome measures (PROMs / ePROs) were administered as structured clinical input instruments supporting the functional impact analysis reflected in the HLFLI. These instruments document the patient's reported experience of injury-related limitations across multiple domains, including:

- Physical function
- Cognitive performance
- Emotional regulation
- Behavioral stability
- Sleep quality
- Social interaction
- Activities of daily living
- Recreational participation

These assessments measure:

- Symptom frequency
- Symptom severity
- Symptom duration
- Functional interference

Trauma inventory findings are integrated with clinical examination, diagnostic findings, and impairment analysis to inform HLFLI domain scoring. They serve as Supplemental clinical data points and do not independently determine impairment percentages or functional loss values. This layered assessment approach strengthens the reliability of functional modeling by combining objective findings with structured patient-reported information.

CLINICAL CLARIFICATION

This report provides clinical analysis of injury-related functional impairment based on structured assessment methodology.
This report:

- Does not determine legal liability
- Does not determine legal damages

Any legal determination remains the responsibility of the appropriate decision-making authority.

CLINICAL CERTIFICATION

The findings and clinical opinions contained in this report are based upon:

- Professional education
- Clinical training
- Clinical experience
- Clinical examination
- Medical record review
- Standardized functional assessment data

The conclusions expressed are based on professional clinical judgment and standardized assessment methodology.

InjuryAuditIQ Admin, DC

Clinical Examiner
Injury Claim Auditor

Clinical Attestation

This report is prepared using a structured clinical methodology for injury impact analysis and functional loss documentation.

Audit Summary

Based upon all elements and component parts of this audit, the calculation of losses in the amount of $124,017.62 is considered to be both conservative and reasonable.