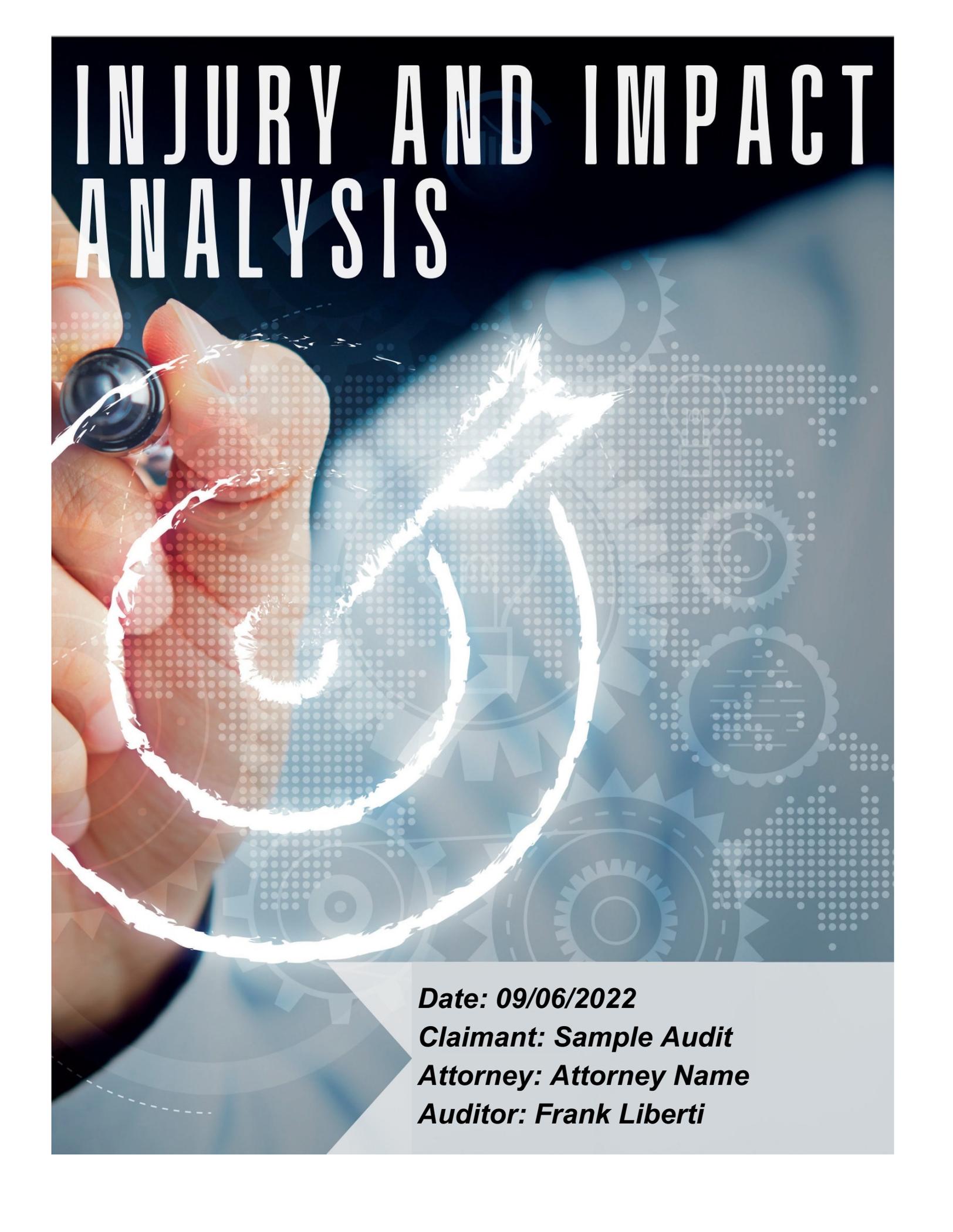


INJURY AND IMPACT ANALYSIS

The cover art features a hand holding a magnifying glass over a globe. The background is a blue gradient with a pattern of gears and dots. The title 'INJURY AND IMPACT ANALYSIS' is written in large, white, bold, sans-serif capital letters at the top.

Date: 09/06/2022

Claimant: Sample Audit

Attorney: Attorney Name

Auditor: Frank Liberti

INDEPENDENT AUDITOR'S REPORT

To: Attorney Name
Re: Sample Audit
Date of this Report: 09/06/2022
Date Of Accident: 05/01/2021
Number of days since the accident: 444

INJURY CLAIM AUDIT

The Injury Claim Audit identifies, analyzes and documents the objective clinical and laboratory findings related to each impairment. It includes percentage (%) impairment rating of the whole person. It includes the client's identification of issues, problems and concerns gleaned from a comprehensive questionnaire. The audit includes an economist's calculations for lost income, and a range of loss of services values. Finally, the audit includes an independent validation of the medical findings.

INDEPENDENT MEDICAL VALIDATION

Independent validation is performed by a disinterested medical third-party who adheres to the Gold Standards / Quality System (QS) for establishing evidence.

- * IR (Impairment Rating)
- * IMV (Independent Medical Validation) and
- * IMD (Independent Medical Determination)

AUDITOR ACCOUNTABILITY

The audit is compiled in accordance with the standards of medically accepted criteria and protocol of AMA Guides, Abbreviated Injury Severity Scale (AIS), New Injury Severity Score (NISS) and The Quality System (QS) of regulation. The QS defines the process of establishing objective evidence that a medical audit process consistently produces a result or end product, meeting its predetermined specifications.

The related Diagnoses, Loss of Service categories, Emotional and Cognitive Disorders, Pain and Suffering (past and future) have undergone medical injury claim audit for the time period extending from the date of the occurrence to the period ending on the date of this report.

ECONOMISTS ACCOUNTABILITY

The economic calculations were derived by utilizing the accounting principles and assembled using current Bureau of Labor and Wages and Occupational Employment Surveys for the Dollar Of The Day values, Time Use Surveys and Expectancy Data, and the results are in conformity with the applicable replacement, market or per diem values.

1. Medical History

| | |
|-----------------------------|------------|
| 1.01 Medical Office records | X Reviewed |
| 1.03 From Other Source | X Reviewed |
| 1.04 From Client | X Reviewed |
| 1.05 Delay in Seeking Care | X Reviewed |
| 1.06 Gaps in Treatment | X Reviewed |

2. Clinical Evaluation

| | |
|---|------------|
| 2.01 Physical Examination | X Reviewed |
| 2.02 Injuries - ICD Codes Required | X Reviewed |
| 2.03 Symptoms Documented | X Reviewed |
| 2.05 Special Tests | X Reviewed |
| 2.06 Diagnostic Procedures | X Reviewed |
| 2.08 Medical Validation & Determination | X Reviewed |

3. Diagnoses

| | | |
|----|----------|--|
| 1 | | Symptoms, complaints and diagnoses are causally related to the accident |
| 2 | | The findings are found to include reasonable medical probability. |
| 3 | | The concussion has been determined by medically accepted standards |
| 4 | | Concussions need not be visible on MRI's |
| 5 | | Physical Concussion symptoms present on post traumatic concussion assessment |
| 6 | | The patient exhibits Behavioral and Emotional Concussion symptoms |
| 7 | | There is a presence of Cognitive, Somatic, or Psychological concussion symptoms |
| 8 | S06.0X0 | Concussion without loss of consciousness |
| 9 | S09.90XA | Closed Head Injury |
| 10 | | This patient suffers from anxiety as evidenced by the symptoms described |
| 11 | | The anxiety suffered is documented by subjective and objective complaints |
| 12 | | Anxiety, emotional or behavioral disorders limit DUD, LOE &/or ADL (0-14% WPI). |
| 13 | | Impairment from sleep disorders relate to reduced daytime attention. |
| 14 | | There is reduced daytime alertness w/ability to perform most activities (4% WPI) |
| 15 | | Impairment categories from sleep disorders relate to the nervous system. |
| 16 | | Impairment from sleep disorders relate to interpersonal or social problems. |
| 17 | M26.60 | Temporomandibular Joint Disorder (TMJ) |
| 18 | | TMJ Dietary changes limit to soft or semi-solid foods. (0-9% WPI). |
| 19 | R63.4 | Weight loss |
| 20 | F43.0 | Predominant disturbance of emotions (Anxiety/Mental Anguish/Stress) |

| | | |
|----|----------|--|
| 21 | R53.83 | Other malaise and fatigue (Lethargy, Tiredness) |
| 22 | M99.01 | nonallopathic lesion cervical |
| 23 | | The Evidence-based data reveals disc pressure on the thecal sac/ spinal cord |
| 24 | | The disc involvement is demonstrated on MRI |
| 25 | S13.0XXA | Traumatic rupture of cervical intervertebral disc, initial encounter |
| 26 | M50.221 | Cervical disc displacement (Hernia) at C4-C5 level |
| 27 | M50.222 | Cervical disc displacement (Hernia) at C5-C6 level |
| 28 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 29 | S16.1XXA | - Strain of muscle, fascia and tendon at neck level, initial encounter |
| 30 | M48.00 | Spinal Stenosis |
| 31 | M62.81 | Muscle Weakness |
| 32 | M53.82 | Diminished Range of Motion / Spine |
| 33 | M79.89 | Dense connective tissue / Collagen tissue disorder contusion |
| 34 | M62.40 | Spasm of muscle |
| 35 | M24.28 | Disorder of ligament of vertebrae - Clinically Significant |
| 36 | M53.2X2 | Spinal instabilities, cervical region (WPI Rateable AOMSI) |
| 37 | G45.0 | Vertebro-basilar artery syndrome |
| 38 | G89.11A | Acute Nociceptive Pain |
| 39 | G58.9 | Mononeuritis/Neuropathic Pain |
| 40 | S40.019A | Contusion of Shoulder |
| 41 | M54.12 | Cervical Radiculopathy |
| 42 | S14.3XXA | Brachial Plexus Injury |
| 43 | M54.12 | Cervical Radiculopathy |
| 44 | R29.2 | Abnormal Reflex (Diminished Deep Tendon Response) |
| 45 | M25.512 | Left Shoulder Pain |
| 46 | S10.93XA | Cervical Contusion |
| 47 | F43.11 | Post-traumatic stress disorder, acute |
| 48 | M53.0 | Cervical Spinal Sympathetic Syndrome |
| 49 | M99.01 | Cervical Segmental Dysfunction |
| 50 | S13.4XXA | Cervical Sprain/Strain |
| 51 | M48.02 | Cervical Spinal Stenosis |

4. - Specific Spine Disorders

| Body Part of System | | AMA Edition | Chapter | Table | Page | Class | Impairment% |
|---------------------|---|-------------|---------|-------|------|-------|-------------|
| 1 | Disc - Hernia (C4-C5, C5-C6) | 5 | 15 | 15-7 | 404 | DRE | 15 |
| 2 | Stenosis () | 5 | 15 | 15-7 | 404 | DRE | 15 |
| 3 | Fracture of Posterior Element (Uncinate Process) | 5 | 15 | 15-7 | 404 | DRE | 15 |
| 4 | Alteration Of Motion Segment Integrity - Loss of structural integrity | 5 | 15 | 15-7 | 404 | DRE | 15 |

5. - Impairment Rating according to AMA Guides

| Body Part or System | | AMA Edition | Chapter | Table | Page | DRE Class | Impairment% |
|---------------------|---|-------------|---------|---------------------------|---------|-----------|-------------|
| 1. | AOMSI Spinal Instabilities - Cervical | 5 | 13 | 15-3C | 378-379 | 4 | 25 |
| 2. | Cognitive Paroxysmal Disorder | 5 | 13 | 13-6 | 320 | 1 | 14 |
| 3. | Sexual Impairment | 5 | 13 | 13-21 | 342 | 1 | 9 |
| 4. | TMJ | 5 | 11 | 11-7 | 262 | 1 | 5-19 |
| 5. | Disc Hernia | 5 | 15 | 15-7 IIC | 404 | 3 | 10-15 |
| 6. | Unilateral Spinal Nerve Root Motor Impairment/ Loss of Strength | 5 | 15 | 15-16 | 424 | 3 | 10-15 |
| 7. | Unilateral Spinal Nerve Root Sensory Impairment | 5 | 15 | 15-15 | 424 | 3 | 10-15 |
| 8. | Spinal Stenosis | 5 | 15 | 15-7IV | 404 | 1 | 7-10 |
| 9. | Radiculopathy | 5 | 13 | 13-23 13-24 | 346-348 | 2 | 10-25 |
| 10. | Impairment Due to Sleep Disorders | 5 | 13 | 13-4 | 317 | 1 | 9 |
| 11. | Abnormal Deep Tendon Reflex | 5 | 15 | 15-1-2 | 375-377 | 3 | 15 |
| 12. | Loss of Motion in Spine | 5 | 15 | 15-8 15-11 15-12 15-15 | 405 418 | 2 | 5-8 |
| 13. | Impairment Due to Anxiety Emotional Or Behavioral Disorders | 5 | 13 | 13-8 | 325 | 1 | 14 |
| 14. | Fracture of Posterior Element (Uncinate Process) | 5 | 15 | 15-7 IB | 404 | 3 | 10-15 |

6. Complaints

| | |
|---|--|
| Posttraumatic headache | Intensity: 4-6 Moderate Frequency: Occasional, occurring 26-50% of the day Type: Throbbing |
| Neck pain | Intensity: 7-9 Intense Frequency: Constant, occurring 76-100% of the day Type: Sharp Radiation: The pain suffered by the patient is noted to radiate to the left Trapezius Further effects: The pain is brought on by Turning Left |
| Jaw Pain | Intensity: 7-9 Intense Frequency: Constant, occurring 76-100% of the day Type: Aching |
| Shoulder pain | Intensity: 4-6 Moderate Frequency: Occasional, occurring 26-50% of the day Type: Sprain/strain |
| Restricted range of motion of () | Intensity: 4-6 Moderate Frequency: Constant, occurring 76-100% of the day Type: Aching Radiation: The pain suffered by the patient is noted to radiate to the left Trapezius Further effects: The pain is brought on by Turning Left |
| Tenderness on touch of a given muscle or muscle group | Intensity: 4-6 Moderate Frequency: Constant, occurring 76-100% of the day Type: Aching Radiation: The pain suffered by the patient is noted to radiate to the left Trapezius |
| Dense Connective Tissue/Collagen changes, spasm, redness, heat | Intensity: 4-6 Moderate Frequency: Constant, occurring 76-100% of the day Type: Tingling Radiation: The pain suffered by the patient is noted to radiate to the left Neck Further effects: The pain is brought on by Turning Left |
| Numbness () | Intensity: 4-6 Moderate Frequency: Frequent, occurring 51-75% of the day Type: Numbness Radiation: The pain suffered by the patient is noted to radiate to the left Hand Further effects: The pain is further aggravated upon Turning Left |
| Disorientation | Intensity: 4-6 Moderate Frequency: Intermittent, occurring 0-25% of the day |
| Visual disturbances | |
| Sensitivity to light | |
| Balance problems | |
| Feeling "slowed down" | |
| Feeling "in a fog" or "dazed:" | |

| | |
|---|--|
| Difficulty concentrating | |
| Forgetfulness, difficulty remembering | |
| Taking longer to think | |
| Feeling frustrated, impatient or intolerant | |
| Being irritable, nervous or easily angered | |
| Concentration impairment | |
| Other problems related to family circumstances (support, relationship, social) | |
| Loss of sexual relationship (Loss of Consortium) | |
| Tiredness | |
| Interpersonal or social relationship problems | |
| Loss of interest in doing things | |
| Change in recreational interests | |
| Change in enjoyment of life | |
| Getting distracted more easily | |
| Having trouble finishing things | |
| Difficulty holding long conversations with one or more people | |
| Difficulty thinking of the right word | |
| Loss of attention and concentration | |
| Problems planning, organizing and assembling | |
| Difficulty remembering things | |

| | |
|----------------------------|---|
| Interference of ADL | interferes with activity (unable to perform certain daily activities or work) |
|----------------------------|---|

| | |
|--|--|
| Cervical Sympathetic Syndrome/ Chain Ganglia Injury | Stiffness and pain in the neck A burning sensation at the base of the neck or between the shoulders A popping sensation when the head is turned in a certain way |
|--|--|

| | |
|-----------------------------------|--|
| (C2, C3, C4) Ganglia Level | Pain at the base of skull (often typical of migraine) Tender areas over the base of skull and behind the ears Disturbance of visual field (crackling, narrowed vision, white or colored spots) Numbness of the side of the neck Tension and "knots" in the neck and shoulder muscles |
|-----------------------------------|--|

| | |
|---------------------------|--|
| (C5) Ganglia Level | Pain at the tip of the shoulder Numbness and tingling of the thumb and/or index |
|---------------------------|--|

| | |
|---|---|
| | finger. |
| (C6, C7) Ganglia Level | Symptoms are aggravated by: Holding the neck in flexion or extension Turning or sideways bending of the neck for any length of time |
| Post-traumatic Stress Disorder Symptoms | Difficulty with traveling in vehicles as a passenger since the accident Contacted an attorney or intend to pursue litigation An ongoing, general feeling of uneasiness Markedly diminished interest or participation in significant activities |
| Vertebrobasilar Insufficiency (Blood Flow Loss to the Brain) | Confusion Brain Fog Difficult initiating certain vowels |
| I Experienced A Loss Of The Following Duties Under Duress at Work: | Loss of status within the organization Loss of job security Loss of promotional prospects Difficulty in performing duties Reduced quality of work Pain that interferes with work duties |
| I Attest to The Following Stability Difficulties at Work: | Difficulty with Stability/Mobility |
| I Attest to The Following Cognitive Difficulties at Work: | Problems with fatigue Anxiety, stress, Irritability with co-workers Reduced concentration Can't make decisions Can't think properly Making mistakes |

7. 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; | 18 to 24 months The patient is likely to suffer sudden or subtle incapacitation at certain DUD's There are both static and stable body parts. Stable body parts require future treatment. Static body parts will not improve hence no further care is required on them. I have prescribed restrictions of certain functions due to the injury types Some injuries have resolved and some require further care. |
|---|--|

8. Prognosis Overall

| |
|---|
| Prognosis Overall |
| The prognosis overall is ongoing complaints with ongoing treatment required. |
| The prognosis for body parts that are static yet expected by medical determination to occur in the future, are indicated in section XII of this report. |
| The prognosis is no future care is indicated for static body parts when there has been a lack of movement or change in the condition and the condition of the injury has not improved. No further care for the static body part is prescribed as the degree of capacity is static, not likely to increase in spite of continuing medical measures. |
| The prognosis for stable body parts that are medically determined to have future occurrence, are listed in section XI of this report. |
| The prognosis requires the need for treatment due to neurological findings. |
| The prognosis requires the need for treatment due to moderate injuries. |
| The prognosis requires the need for treatment due to ligamentous injuries. |
| The prognosis requires the need for treatment due to type and frequency of pain. |
| Patient has attained MMI under my scope of practice in the body parts indicated. |
| Prognosis is based in consideration of pre-existing conditions. |
| Prognosis is made in consideration of an aggravation of a pre-existing condition. |
| Analysis of apportionment would be different such that an argument would exist that 100 percent of Whole Person Impairment (WPI) would be due to the accidental injury of 2nd date, as the injured patient stated there were no subjective symptoms, no self-imposed limitations, no medically prescribed disabilities or objective work restrictions prior to the 2nd accidental injury. |
| I believe with reasonable medical probability as well as experience, the injured has current restrictions that would not exist if the prior accident and pre-existing conditions did not occur or exist at the time of the 2nd injury. |
| Reasonable Medical Probability: (RMP) is defined as: Greater than 50% or more. |
| Apportionment is based on causation. |
| Legal definition of causation requires either a probability of > 50% or that the event was more likely than not to be causative. (McGraw-Hill Concise Dictionary of Modern Medicine. 2002). |
| The pre-existing condition had no effect on the patients life. |
| There were no self-imposed or medically prescribed restrictions prior to the accident. |
| There was no medically prescribed disability prior to the accident. |
| There was no medical social security determination prior to this accident. |
| The patient enjoyed an active life prior to the accident. |
| 'Substantial Evidence' Consists Of: Reasonable Medical Probability (RMP), Causation, Substantial Evidence, Germane Facts, Adequate Medical Histories And Examinations, Reasoning; The How And Why and Conclusionary Evidence. |

AOMSI and/or Derangement Fracture

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| <p>The physician has adhered to strict protocol of the AMA to determine this injury severity type with high degree of impairment. The AMA Guides assigns a 25% Whole Person Impairment to this injury type. 25% Whole Person Impairment Rating is equal to an amputation of a foot. Positive studies in two regions (cervical and lumbar) are equal to a 44% Whole Person Impairment Rating.</p> |
| <p>Supportive data is presented in TABLE Format indicating; the Injury Type, AMA Guide Edition/ Chapter/ Table and Page of the assessment criteria used to determine this injury type. Memorandum Of Points, Statements of Undisputed Facts, Declarations, Exhibits and Authorities are submitted to present evidentiary burdens of proof in admissible format to establish the preponderance, eliminate varying medical opinions and show the Greater Weight of the evidence exists in diagnosing this injury type.</p> |
| <p>In a case with a pre-existing condition or previous injury, a positive diagnosis of AOMSI proves recent and severe trauma. AOMSI causes reduced motion in a spinal segment with simultaneous greater than normal motion in an adjacent segment. Arthritis and degeneration cause stiffness and reduced motion in the spine and an arthritic, degenerated spine simply does not have greater than normal motion in one particular segment unless that joint was exposed to recent, severe trauma.</p> |
| <p>The joint has lost its integrity and normal movement, caused by injury/damage. Ligament Laxity itself is caused by trauma and not from degeneration.</p> |
| <p>The measurement done according to the 5th or 6th Edition AMA protocol is performed by computer and is accurate to within 0.01 mm and 0.01 degrees and basically has negligible error rate.</p> |
| <p>The physiological result of the uncinat process fracture is a loss of integrity of vertebral spinal segments. The body's attempt to stabilize the joint ensues by spasm and degeneration. Alteration of motion segment integrity and loss of structural stability can cause excessive movement between vertebra and will cause the body to stabilize the injured joint by splinting the muscles to guard the injured joint and causes degeneration of the joint to prevent excessive movement. This can be seen on x-rays seven years after injury.</p> |

9. Karnofsky Performance Status Scale

| |
|--|
| <p>The "Karnofsky Performance Status Scale" measures functional impairment, changes and loss of function related to activities that produce pain and impairment while performing, VS activities that are precluded from being performed due to pain and impairment VS activities that can not be performed due to pain and requires a level of assistance.</p> |
| <p>100 - Normal, no evidence of disease</p> |
| <p>90 - Able to perform normal activity with only minor symptoms</p> |
| <p>80 - Normal activities with effort, some symptoms</p> |
| <p>70 - Able to care for self but unable to do normal activities</p> |
| <p>>>> 60 - Requires occasional assistance (duties or household), cares for most needs</p> |
| <p>50 - Requires considerable assistance</p> |
| <p>40 - Disabled, requires special assistance</p> |
| <p>30 - Severely disabled</p> |
| <p>20 - Very sick, requires active supportive treatment</p> |
| <p>10 - Moribund</p> |

10. Prognosis of Probability for Future Recurrence

| | |
|------------------|-------------------|
| Head | 76-100%/ Definite |
| Neck | 51-75%/ Probable |
| Disc | 76-100%/ Definite |
| Facet & Stenosis | 51-75%/ Probable |
| Shoulder | 26-50%/ Possible |
| Fractures | 76-100%/ Definite |
| Ligament | 76-100%/ Definite |

11. 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.

| | |
|------------------------------|--|
| Future Treatment Plan | <p>Croft Classifications and Grades of Severity of Cervical Acceleration/ Deceleration (CAD) Trauma, are one of the guides utilized to assess injury types.</p> <p>According to the Croft Guidelines, this injury would fall into Grade IV: Moderate/Severe; Limitations of motion; ligamentous instability; neurological findings present. Fracture or disc derangement.</p> <p>Grade 4 CAD Injury /future care up to 107 times up to 2 years + monthly or prn</p> <p>Treatment is determined necessary according to Croft Guidelines.</p> <p>Treatment is required due to the presence of moderate injuries.</p> <p>Treatment is determined necessary due to ligamentous injury/laxity.</p> <p>Treatment is determined necessary due to limited range of motion.</p> <p>Continuing treatment is necessary to those body parts that are stable.</p> |
|------------------------------|--|

11. MMI For Each Body Part (max. med. improvement)

When the MMI of a body part has been determined as static, it indicates that the patient has stopped receiving care for the injury and that a period of time has passed since treatment has stopped and there has been a lack of movement or change and the condition of the injury has not improved. The degree of capacity is static, not likely to increase in spite of continuing medical measures. No further care is prescribed.

STABLE: When the MMI of a body part has been determined as stable, it indicates that the patient has stopped receiving treatment for the injury and the condition has stabilized, in that it is not changing, varying or fluctuating. However, continued care may be prescribed at stable MMI if it is believed that further care will reduce future pain or prevent future incidence of worsening.

STATIC: Static injured body parts will not likely improve hence no further care is required on them.

A patient may reach MMI and stop receiving treatment for one injury, however, other body parts that have been injured as a direct result of an accident may continue to require either active or passive care.

The following body parts have reached MMI and are rated as:

| | |
|------|--------|
| Head | Stable |
|------|--------|

| | |
|------------------|--------|
| Neck | Stable |
| Disc | Stable |
| Facet & Stenosis | Stable |
| Shoulder | Static |
| Fractures | Stable |
| Ligament | Stable |

12. % Impairment Rating

This represents a permanent medical condition resulting from accident or work related trauma. Impairments are deviations from normal function of a body part, organ, system or function. The presence of Impairment represents that a function of the body part, organ, system or function can no longer be performed normally.

The examinee must be at maximum medical improvement (MMI). The determination of a Permanent Impairment should only be made when the injured is at a Permanent and Stationary condition (P&S), and it has been determined that the examinee is stable, and that no further restoration of function is probable.

The degree of impairment is not likely to change more than 3% within the year.

| | |
|--------------------------------------|--|
| Spine % Impairment | 25 |
| Cervical Diagnostic Related Estimate | DRE Category 4: 25-28% Impairment - Loss of motion segment integrity, bilateral or multi-level radiculopathy, compression fracture greater than 50%, developmental fusion. |

13. % Whole Person Impairment (WPI)

| | |
|-------------------------------------|--|
| Total % Whole Person Impairment: | 24 |
| Whole Person Impairment Conclusion: | The medical impairment has had an impact on the client's Activities of Daily Living, Duties Under Duress (DUD - disability) and Loss Of Enjoyment (LOE). There is cause to believe that the patient is likely to suffer from injury, harm or further impairment by engaging in activities of daily living, duties under duress or suffer loss of enjoyment of activities necessary to meet personal, social or occupational demands. The degree of impairment is not likely to change by more than 3% within the next year. |

14. Pain and Suffering - Past and Future

| PAIN & SUFFERING PAST | Days Since Accident | Avg. Waking Daily Hours | Loss of total hours claimed | BLS Avg Wage Per Hour | Total Pain & Suffering Past |
|-----------------------|---------------------|-------------------------|-----------------------------|-----------------------|-----------------------------|
| | 444 | 16.00 | 7,104.00 | \$14.22 | \$101,018.88 |

| PAIN & SUFFERING FUTURE | Days in a Year | Avg Waking Daily Hours | Loss of total hours claimed | Reasonable Compensation Per Hour | Total Pain Suffering Future |
|-------------------------|----------------|------------------------|-----------------------------|----------------------------------|-----------------------------|
|-------------------------|----------------|------------------------|-----------------------------|----------------------------------|-----------------------------|

Future years are based on Diagnostic Related Estimates (DRE) for a Grade 4 CAD Injury with future care

requirements up to 107 times up to 2 years + monthly or prn. (AMA Guides, 5th Edition. DRE is the principal methodology used to evaluate an individual who has had a distinct injury).

| | | | | | |
|--|-----|-------|----------|--------|-------------|
| | 365 | 16.00 | 5,840.00 | \$3.00 | \$17,520.00 |
|--|-----|-------|----------|--------|-------------|

15. Loss of Services

| LOSS OF HOUSEHOLD MANAGEMENT | Loss of Days Claimed | Loss of household management/day (hrs.) | Loss of total hours claimed. | Hourly BLS Wage | Total Loss |
|------------------------------|----------------------|---|------------------------------|-----------------|------------|
| | 444 | 0.04 | 17.76 | \$14.22 | \$252.55 |

| LOSS OF DAILY TRAVEL | Loss of Days Claimed | Loss of daily travel /day (hrs.) | Loss of total hours claimed. | Hourly BLS Wage | Total Loss |
|----------------------|----------------------|----------------------------------|------------------------------|-----------------|------------|
| | 444 | 0.50 | 222.00 | \$11.69 | \$2,595.18 |

| LOSS OF HOME MAINTENANCE | Loss of Days Claimed | Loss of home maintenance/day (hrs.) | Loss of total hours claimed. | Hourly BLS Wage | Total Loss |
|--------------------------|----------------------|-------------------------------------|------------------------------|-----------------|------------|
| | 444 | 0.50 | 222.00 | \$16.55 | \$3,674.10 |

| LOSS OF POOL, LAWN, GARDEN CARE | Loss of Days Claimed | Loss of pool, lawn, garden care /day (hrs.) | Loss of total hours claimed. | Hourly BLS Wage | Total Loss |
|---------------------------------|----------------------|---|------------------------------|-----------------|------------|
| | 444 | 0.07 | 31.08 | \$16.94 | \$526.50 |

| LOSS OF PET CARE | Loss of Days Claimed | Loss of pet care/day (hrs.) | Loss of total hours claimed. | Hourly BLS Wage | Total Loss |
|------------------|----------------------|-----------------------------|------------------------------|-----------------|------------|
| | 444 | 0.50 | 222.00 | \$11.63 | \$2,581.86 |

| LOSS OF FOOD COOKING AND CLEANUP | Loss of Days Claimed | Loss of food, cooking and cleanup /day (hrs.) | Loss of total hours claimed. | Hourly BLS Wage | Total Loss |
|----------------------------------|----------------------|---|------------------------------|-----------------|------------|
| | 444 | 1.00 | 444.00 | \$9.63 | \$4,275.72 |

| LOSS OF HOUSEHOLD SERVICES | Loss of Days Claimed | Loss of household services/day (hrs.) | Loss of total hours claimed. | Hourly BLS Wage | Total Loss |
|----------------------------|----------------------|---------------------------------------|------------------------------|-----------------|------------|
| | 444 | 2.00 | 888.00 | \$10.00 | \$8,880.00 |

| LOSS OF OBTAINING | Loss of Days Claimed | Loss of Obtaining Services/ day | Loss of total hours claimed. | Hourly BLS Wage | Total Loss |
|-------------------|----------------------|---------------------------------|------------------------------|-----------------|------------|
| | | | | | |

| | | | | | |
|----------|-----|--------|-------|---------|----------|
| SERVICES | | (hrs.) | | | |
| | 444 | 0.04 | 17.76 | \$12.65 | \$224.66 |

Future estimates for distress are based on Diagnostic Related Estimates (DRE) for a 4 Grade Injury with future care requirements up to 107 times up to 2 years + monthly or prn. (AMA Guides, 5th Edition. DRE is the principal methodology used to evaluate an individual who has had a distinct injury).

Based upon the severity of the physical injuries and considering that permanent injuries do not fully recover, the client experiences emotional distress or damages as exhibited.

The number of days Sample Audit is reasonably expected to experience emotional and cognitive distress is at a minimum, equal to the future care requirements as determined by the Injury Severity Type of the Diagnostic Related Estimate (DRE) Category of the AMA Guides, Edition Five, Chapter 13. (See impairment rating Table).

| DAMAGES FOR EMOTIONAL DISTRESS | Days Since Accident | Waking Daily Hours | Loss of total hours claimed | Reasonable Compensation for Hourly Emotional Distress | Total Loss |
|--------------------------------|---------------------|--------------------|-----------------------------|---|-------------|
| | 444 | 16.00 | 7,104.00 | \$2.00 | \$14,208.00 |

Sample Audit has experienced difficulties in cognition (cognitive damages) that some individuals experience after a TBI and presents symptoms that interfere with the enjoyment of life.

| DAMAGES FOR COGNITIVE DISORDERS | Days Since Accident | Waking Daily Hours | Loss of total hours claimed. | Reasonable Compensation for Hourly Cognitive Distress | Total Loss |
|---------------------------------|---------------------|--------------------|------------------------------|---|-------------|
| | 444 | 16.00 | 7,104.00 | \$2.00 | \$14,208.00 |

16. Medical Expenses

| | | |
|-----------------------------------|------------|--|
| Current Treatment Expenses: | \$0.00 | |
| Current Lab/Diagnostics Expenses: | \$0.00 | |
| Emergency Room Expenses: | \$0.00 | |
| EMS Expenses: | \$0.00 | |
| Hospital Expenses: | \$0.00 | |
| Ambulance Expenses: | \$0.00 | |
| Medivac Expenses: | \$0.00 | |
| General Practitioner Expenses: | \$2,354.00 | |
| Osteopath Expenses: | \$0.00 | |
| Chiropractor Expenses: | \$5,044.00 | |
| Pain Management Expenses: | \$0.00 | |
| Orthopedic Expenses: | \$943.00 | |

| | | |
|--------------------------------------|------------|--|
| Physical Therapy Expenses: | \$1,373.00 | |
| Neurologic Expenses: | \$0.00 | |
| Surgical Expenses: | \$0.00 | |
| Radiology Expenses: | \$0.00 | |
| Medication Expenses: | \$0.00 | |
| Durable Medical Equipment Expenses: | \$75.00 | |
| Consulting Services list amount here | | |
| Counseling Expenses: | \$0.00 | |
| Specialized Treatment Expenses: | \$0.00 | |
| Total Current Medical Expenses: | \$9,789.00 | |

17. Income Loss

| | | |
|--------------------------------------|------------|--|
| Current Income Losses: | \$2,700.00 | |
| Future Income Losses: | \$900.00 | |
| Total Past and Future Income Losses: | \$3,600.00 | |

18. Future Medical Expenses

| | | |
|--|-------------|--|
| Based on the Grade of the CAD injury, the Doctor estimates the patient will be required to be seen for a total of visits: | 0.00 | |
| The breakdown the doctor estimates for charges per visit for the future primary treatment to be \$ | \$95.00 | |
| Total Treatment Cost of \$ | \$1,800.00 | |
| The breakdown the doctor estimates the charges for any future therapies/modalities per visit to be \$ | \$95.00 | |
| Total Future Costs \$ | \$3,800.00 | |
| Other medical costs for: procedures as injections or surgeries are indicated and supported by 2nd opinion, letter, prescription or invoice from other medical professionals for \$ | \$20,000.00 | |
| The Doctor estimates the total cost of future treatment to be:\$ | \$25,600.00 | |
| It is medically determined that future treatments are recommended when there is a 51% or greater chance of "Medically Probable" clinical occurrence. | | |

19. Case Costs and Expenses

| | | |
|---|--------|--|
| Administrative Costs | \$0.00 | |
| Filing Fees | \$0.00 | |
| Mediation | \$0.00 | |
| Medical Records | \$0.00 | |
| Police Reports | \$0.00 | |
| Phone | \$0.00 | |
| Postage | \$0.00 | |
| Copying | \$0.00 | |
| Messenger | \$0.00 | |
| Delivery | \$0.00 | |
| Investigators | \$0.00 | |
| Doctors Narrative Report | \$0.00 | |
| Special Independent Medical Validation of Records | \$0.00 | |
| Special Radiology Consulting (AOMSI) Fees | \$0.00 | |
| Location of Expert Witnesses | \$0.00 | |
| Expert Witness Fees | \$0.00 | |
| Depositions | \$0.00 | |
| Transcripts | \$0.00 | |
| Jury Fees | \$0.00 | |
| Court Reporting | \$0.00 | |
| Travel | \$0.00 | |
| Trial Exhibits | \$0.00 | |

Total Administrative Case Costs and Expenses 0.00

20. General Damages

| | | |
|-----------------------------------|--------------|--|
| Loss of Household Management | \$252.55 | |
| Loss of Daily Travel | \$2,595.18 | |
| Loss of Home Maintenance | \$3,674.10 | |
| Loss of Pool, Lawn, Garden Care | \$526.50 | |
| Loss of Pet Care | \$2,581.86 | |
| Loss of Food, Cooking and Cleanup | \$4,275.72 | |
| Loss of Household Services | \$8,880.00 | |
| Loss of Obtaining Services | \$224.66 | |
| Total Pain and Suffering | \$118,538.88 | |

| | | |
|--|--------------|--|
| Total Emotional Distress | \$14,208.00 | |
| Total Cognitive changes (linked to MTBI's) | \$14,208.00 | |
| Total Medical expenses | \$9,789.00 | |
| Total Future medical expenses | \$25,600.00 | |
| Total Property Damage: | \$7,275.00 | |
| Total Past and Future Income Loss: | \$3,600.00 | |
| Total General Damages | \$205,354.45 | |

21. Total Damages

| | | |
|---|--------------|--|
| Total Elements of Damages re: loss of services, pain and suffering past & future, emotional, cognitive, quality of life, consortium, medical expenses, future medical expenses, property damage, past and future income loss, mileage costs, total administrative case costs and expenses | \$213,654.45 | |
|---|--------------|--|

22. Elements of Damage

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

The injuries Sample Audit suffered have impaired his 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 Sample Audit's life before the accident. Assessments made also allow for predictors of future losses.

Assessments reveal that Sample Audit has a projected value for damages as described in the categories listed below to which Sample Audit 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 Sample Audit 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 Sample Audit 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 excluding the activities from 05/01/2021, lasting 444 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>

23. Per Diem Analysis

| | | |
|--|--------------|--|
| An analysis determines the claim for past and future pain & suffering has a valuation of | \$118,538.88 | |
|--|--------------|--|

The figures are based on per diem analysis as both conservative and reasonable value vs the market value or the replacement value.

24. Evidentiary Medical Conclusion

The medical impairment has had an impact on the client's Activities of Daily Living, Duties Under Duress (DUD - disability) and Loss Of Enjoyment (LOE).

There is cause to believe that the patient is likely to suffer from injury, harm or further impairment by engaging in activities of daily living, duties under duress or suffer loss of enjoyment of activities necessary to meet personal, social or occupational demands.

The degree of impairment is not likely to change by more than 3% within the next year.

AOMSI is an objective medical finding based on mathematical modeling. The AMA Guides, 5th, edition, Chapter 15, page 382-392, table 15-3,4,5, states; AOMSI causes a loss of integrity from ligament damage (laxity/tear of 3.5mm+) resulting in functional instability of the spine, traumatically induced.

Due to pain, the patient required assistance with household duties or the performance of ADL's.

Due to restrictions and limitations, the patient required assistance to carry out household duties.

25. AUDIT SUMMARY

Based upon all elements and component parts of this audit, the calculation of losses in the amount of \$213,654.45 is considered to be both conservative and reasonable.

View these animations online:

Chain Ganglia <https://pjeq.com/C.GIF>

Concussion <https://pjeq.com/B.GIF>

Vertebrobasiliar Artery Syndrome <https://pjeq.com/H.GIF>



- *Impairment and Permanency (where applicable)*
- *Neuropsych, Emotional, Cognitive Inventories*
- *Injury Severity Identification and Validation*
- *Economists' Calculation of Loss of Services*
- *Audited Pain and Suffering (Past & Future)*