



Independent Medical Validation (IMV)

... to establish evidence
beyond the preponderance.



1. To: Client Lawyer Name Here
2. From: IMV Medical Doctor Name Here
3. Date of this report: 09/13/2022

4.

**INDEPENDENT MEDICAL VALIDATION HAS BEEN PERFORMED
IN THIS CLAIM FOR BODILY INJURY SETTLEMENT PURPOSES ONLY**

TO BE FILED CONCURRENTLY WITH the Insurance Company,
Adjuster, Supervisor, IME, Attorneys, Administrators

5.

Patient: This Sample Demand Client

FOR SETTLEMENT / DISCOVERY PURPOSES:
NOT E-FILED IN COURT FILE

6.

and

NOTICE OF MEMORANDUM OF POINTS
STATEMENTS OF UNDISPUTED FACTS
DECLARATIONS and
AUTHORITIES

7.

Insurance Company name gets entered here.

8.

TO ALL PARTIES AND THEIR ATTORNEYS OF RECORD:

- 9.
- 10.
- 11.
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- 17.
- 18.
- 19.

PLEASE TAKE NOTICE that such process of Independent Medical Validation and Medical Determination, Memorandum Of Points, Statements of Undisputed Facts, Declarations, Exhibits and Authorities are intended to present evidentiary [Evidence-Based] burdens of proof in admissible format to establish the preponderance, eliminate varying medical opinions and show the Greater Weight of the evidence.

One of its purposes is to produce enough evidence based data by one side to create a belief that its version is more likely true than not. If such evidence based data comes under dispute, such dispute must show that the finding is so against the great weight and preponderance of the evidence as to be clearly wrong and manifestly unjust.

Additional data from Depositions, Motions to Compel Discovery and/or upon such other and further oral and documentary evidence, may be presented at hearing on this claim.

**STATEMENT OF UNDISPUTED FACTS:
Evidentiary Burdens Of Proof Of Regulatory Requirements**

The process of independent medical validation and medical determination is to present documents, witnesses, and/or expert testimony, for administrative, legal & medical purposes to meet court accepted evidentiary burdens of proof of regulatory requirements for process controls, to assure with the highest probability that medical services and/or determinations meet specifications, have uniform quality, establish preponderance of evidence to eliminate “Greater Weight” Challenges and show that each of these elements existed.

When the words “validation” or “verification” are preceded with “independent” (or “IV”), it indicates that the validation is to be performed by a disinterested medical third-party who adheres to the “Gold Standards” of medically accepted criteria and protocol of AMA Guides, Abbreviated Injury Severity Scale (AIS) and The Quality System (QS) of regulation which defines the medical validation process as;

...”establishing by objective evidence that a medical process consistently produces a result or end product, meeting its predetermined specifications, stating how validation will be conducted, including evaluation parameters and what constitutes acceptable test results”.

**DECLARATIONS:
Courts Of Law Have Stipulated:**

...”the impairment report of a designated doctor shall have presumptive weight (“Great Weight”) and the impairment report will be based on that report unless the preponderance of the other medical evidence is to the contrary”.

The A.M.A. Guides States:

...’The evaluator who more closely follows the guides will be the evaluator whose opinion is accepted as choice’;

...’If the preponderance of the medical evidence contradicts the Impairment rating contained in the report, another doctor can be called upon to dispute according to the A.M.A. Guides”.

...“When medically validating a case, the doctor shall minimally provide the following 4 points of validation for the current compensable injury”:

1. **Identify** the objective clinical or laboratory findings of permanent impairment’;
2. **Document** the specific laboratory or clinical findings of permanent impairment’;
3. **Analyze** the specific clinical and laboratory findings of permanent impairment’;
4. **Compare** the results of the analysis with the impairment criteria and provide the following:
 - ‘A description and explanation of the specific clinical findings related to each

impairment, including percentage (%) impairment rating of the whole person’;

- ‘A description of how the specific clinical findings relate to and compare with the criteria described in the applicable chapter and table of the “Guides to the Evaluation of Permanent Impairment”.

Establishing The Preponderance As:

- a). ‘Evidence that has greater weight or is more convincing in comparison to the evidence introduced by the defendant’;
- b). ‘The majority of the evidence favors one side or the other as described by other courts and authorities’;
- c). ‘Enough evidence has been produced by one side to create a belief that its version is more likely true than not’.

MEMORANDUM OF POINTS:

Eliminating Varying Medical Opinions And Winning The “Greater Weight” Of The Medical Evidence Challenges As Necessary In The Presence Of:

- Varying and/or opposing medical opinions
- Disputes among medical evaluators who cannot reach agreement about injury types
- Physicians who cannot differentiate one type of impairment from another
- Clinical findings that are not obvious to the naked eye
- Pre-existing conditions or prior accidents which require apportionment of aggravating effects
- Crash speeds which were not deemed sufficient to produce visible property damage and which defendant argues that “no damage = no injury”

The Gold Standards / Quality System (QS) For Establishing The “Greater Weight” Of Evidence In The Medical Profession Consists Of the:

1. Process of IR (Impairment Rating)
3. Process of IV (Independent Medical Validation)
4. Process of ID (Independent Medical Determination)

AUTHORITIES:

Great Weight Determinations

CAIN V. BAIN, 709 S.W.2D 175 (TEX. 1986):

“In reviewing a “greater weight” challenge among varying medical opinions, one may examine the entire record by process of Medical Validation to determine:

1. ‘If the finding under medical validation is conclusive of the “greater weight,” and preponderance of the evidence is clearly medically validated and just’;
2. ‘If the greater weight and preponderance of the evidence are shown to be medically

- validated and support its existence’;
3. ‘If there is only “slight” evidence to support the finding’;
 4. ‘If the finding is so against the great weight and preponderance of the evidence as to be clearly wrong and manifestly unjust’; or
 5. ‘If the great weight and preponderance of the evidence supports its nonexistence’.

The medical process underlying the establishment of the preponderance of evidence overcoming the “greater weight” challenges is determined according to the evaluator who more closely adheres to the gold standards and quality system (QS) established procedures of the:

- A.M.A. Guides – (5th Edition listing the; chapter and table the citing Impairment Rating Formula)
- DRE Categories: “Diagnostic Related Estimates”
- DBI’s: “Diagnostic Based Injuries”
- Injury Model of the A.M.A.
- Specific Disorders Of The Spine
- Spine Impairment Summary
- Comprehensive Injury Index
- Abbreviated Injury Severity Scale (AIS)
- Whole Person Impairment Rating

The goal of a quality system (QS) is to consistently produce services, products and end results that are fit for their intended use. The trier of fact, either a jury or the judge, is then supposed to fairly and impartially weigh the evidence and find in favor of one side or the other based on which presented a preponderance of the evidence.

...Independent medical process validation is a key element in assuring that the medical evidence based data is met for validating medical principles, their determinations and goals, to establish preponderance, eliminate varying opinions and win the Great Weight challenges.

The medical process validation requirements performed have general applicability to the following 26 medical validation and medical determination points of a personal (bodily) injury claim using “Gold Standards” and “Quality Systems of Compliance;

1. Injury types [according to: body parts, functions, systems, organs]
2. Physical examination findings
3. Clinical evaluation objective tools
4. Evaluation of injury mechanisms resulting in injury types
5. Evaluation of loss of function (International Classification Of Functioning – ICF)
6. Diagnoses (ICD - International Classification of Diagnoses) Codes)
7. Symptoms & Complaints according to: intensity, frequency, duration, type, radiation, effects
8. Duties Under Duress
9. Loss Of Enjoyment
10. Documentation of treatment with respect to diagnoses & costs
11. Prescriptions with respect to treatment, diagnoses & costs
12. Referrals with respect to injury types

13. Diagnostics, labs and specialty evaluations with respect to injury types
14. Immobility devices with respect to injury types
15. Stability of the medical condition(s)
16. Static V. Stable injured body parts
17. Medical determinations overall
18. Prognosis of each individual body part involved
19. Prognosis overall
20. Future treatment plan
21. Future treatment costs
22. MMI (maximum medical improvement) per each involved body part
23. Spine Impairment Summary
24. Specific Disorders Of The Spine
25. Regional impairments
26. Whole Person Impairment rating

Case Audit Settlement Evaluation, LLC., logical database requirement and software system attributes:

HIPAA compliant; accuracy; precision; repeatability; reproducibility; reliability; availability; high level security; maintainability; portability; system interface; user interface and communications interface.

Respectfully submitted,

By: Case Audit Settlement Evaluation, LLC

By: Independent 3rd Party Medical Evaluator

By: All Plaintiff's

By: Attorneys for PLAINTIFF Accident Injured

TABLE OF AUTHORITIES:

Cain v. Bain, 709 S.W.2d 175 (Tex. 1986).

Ashby v. Farmers Ins. Co. of Oregon, 592 F. Supp. 2d 1307 (2008)

Lowery v. Alabama Power Co., 483 F. 3d 1184 (2007)

Smith v. Sneadon [1952] 2 SCR 312



Medical Validation - This Sample Demand Client

I. Medical History

Documents:

- | | | |
|-------------------------------|------------|------------|
| • 1.01 Medical Office records | X Reviewed | X Enclosed |
| • 1.03 From Other Source | X Reviewed | X Enclosed |
| • 1.04 From Client | X Reviewed | X Enclosed |

II. Clinical Evaluation

Documents:

- | | | |
|--|------------|------------|
| • 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 |
| • 2.05 Special Tests | X Reviewed | X Enclosed |
| • 2.06 Diagnostic Procedures | X Reviewed | X Enclosed |
| • 2.08 Medical Validation &
Determination | X Reviewed | X Enclosed |

III. Diagnoses

The following injuries were reviewed under audit.

- Symptoms, complaints and diagnoses are causally related to the accident
- The findings are found to include reasonable medical probability.
- The concussion has been determined by medically accepted standards
- Concussions can occur without loss of consciousness
- Concussions need not be visible on MRI's
- Physical Concussion symptoms present on post traumatic concussion assessment
- The patient exhibits Behavioral and Emotional Concussion symptoms
- There is a presence of Cognitive, Somatic, or Psychological concussion symptoms
- S06.0X0 Concussion without loss of consciousness
- S09.90XA: Closed Head Injury

III. Diagnoses - cont'd.

- The anxiety suffered is documented by subjective and objective complaints
- Anxiety, emotional or behavioral disorders limit DUD, LOE &/or ADL (0-14% WPI).
- Impairment from sleep disorders relate to reduced daytime attention.
- There is reduced daytime alertness w/ability to perform most activities (4% WPI)
- Impairment from sleep disorders relate to interpersonal or social problems.
- M26.60: Temporomandibular Joint Disorder (TMJ)
- TMJ Dietary changes limit to soft or semi-solid foods. (0-9% WPI).
- R63.4 Weight loss
- F43.0: Predominant disturbance of emotions (Anxiety/Mental Anguish/Stress)
- R53.83: Other malaise and fatigue (Lethargy, Tiredness)
- M99.01: nonallopathic lesion cervical
- The Evidence-based data reveals disc pressure on the thecal sac/ spinal cord
- The disc involvement is demonstrated on MRI
- S13.0XXA Traumatic rupture of cervical intervertebral disc, initial encounter
- M50.221: Cervical disc displacement (Hernia) at C4-C5 level
- M50.222 Cervical disc displacement (Hernia) at C5-C6 level
- S13.4XXA Sprain of ligaments of cervical spine, initial encounter
- S16.1XXA - Strain of muscle, fascia and tendon at neck level, initial encounter
- M48.00 Spinal Stenosis
- M62.81 Muscle Weakness
- M53.82 Diminished Range of Motion / Spine
- M79.89: Dense connective tissue / Collagen tissue disorder contusion
- M62.40: Spasm of muscle

III. Diagnoses - cont'd.

- M24.28 Disorder of ligament of vertebrae - Clinically Significant
- M53.2X2 Spinal instabilities, cervical region (WPI Rateable AOMSI)
- G45.0 Vertebro-basilar artery syndrome
- G89.11A Acute Nociceptive Pain
- G58.9 Mononeuritis/Neuropathic Pain
- S40.019A Contusion of Shoulder
- M54.12 Cervical Radiculopathy
- S14.3XXA Brachial Plexus Injury
- M54.12 Cervical Radiculopathy
- R29.2 Abnormal Reflex (Diminished Deep Tendon Response)
- M25.512 Left Shoulder Pain
- S10.93XA Cervical Contusion
- F43.11 Post-traumatic stress disorder, acute
- M53.0: Cervical Spinal Sympathetic Syndrome
- M99.01 Cervical Segmental Dysfunction
- S13.4XXA Cervical Sprain/Strain
- M48.02 Cervical Spinal Stenosis

III A - Radiculopathy

Diagnosis supported by symptoms that include any areas of sensory abnormalities, numbness, paraesthesia, irregular reflexes and any muscular weakness.

- R20.2 Paresthesia / tingling / burning / prickling
 - M62.81: Muscle Weakness
 - M48.02 Spinal Stenosis (11.0mm or less)
- Deep Tendon Reflexes:
- Hyporeflexia

III B - Spinal Compression Tests

Along with testing of sensation, strength, and reflexes, several provocative maneuvers are useful in evaluating cervical radiculopathy. The positive provocative orthopedic/neurologic tests are:

- Bakody
- Cervical Distraction
- Jackson Compression
- Maximum Cervical Compression
- Shoulder Depression

III C - Specific Spine Disorders

Table 15-7, 5th Edition AMA Guide, Page 404:

- Disc - Hernia (C4-C5, C5-C6)
- Stenosis ()
- Fracture of Posterior Element (Uncinate Process)
- Alteration Of Motion Segment Integrity - Loss of structural integrity

III D - Impairment Evaluation

Accord. to AMA Guide

Body Part/System	Guide	Chapter	Table#	Page#
Unilateral spinal nerve root sensory impairment	5th Edition	15	15-15	424
Impairment due to sleep disorders	5th Edition	13	13-4	317
Fracture of Posterior Element (Uncinate Process)	5th Edition	15	15-7 I B	404
AOMSI Spinal Instabilities, Cervical	5th Edition	15	15-3a-3c	378-379
Disc Hernia	5th Edition	15	15-7 II C	404
Unilateral Spinal Nerve Root Motor Impairment/ Loss of Strength	5th Edition	15	15-16	424
Spinal Stenosis	5th Edition	15	15-7 IV B	404
Abnormal Deep Tendon Reflex	5th Edition	15	15-1, 15-2	375-377

IV. Complaints

The following complaints were noted and documented by Dr. Client Lawyer Name Here.

I was seen by a chiropractor for this accident.

I was seen by medical providers for this accident.

I had an MRI.

I had X-Rays.

Posttraumatic headache

Intensity: 4-6 Moderate

Frequency: Occasional, occurring 26-50% of the day

Type: Throbbing

Neck pain

IV. Complaints - cont'd.

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

IV. Complaints - cont'd.

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

IV. Complaints - cont'd.

Difficulty remembering things

Interference of ADL:

The determination of an impairment rating includes estimates that reflect the severity of the medical condition and the degree to which it decreases an individual's ability to perform common activities of daily living termed, ADL's, that are not work related.

Cervical Sympathetic Syndrome Chain Ganglia

- 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)

- 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)

- Pain at the tip of the shoulder
- Numbness and tingling of the thumb and/or index finger.

(C6, C7)

- 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

- Confusion
- Brain Fog
- Difficult initiating certain vowels

V. Duties Under Duress

The injured party has difficulty with Work Duties, Domestic Duties (inside the home), Household Duties (outside the home), educational/studies in School, and actually does one of the following activities while in pain and pain interferes in these activities causing duties to be performed under duress as follows:

The following description most accurately describes the

effect the accident has had upon my performance of certain activities of my daily living; (See 'Duties Under Duress' above).

- The patient has suffered loss of personal services by depriving other family members of the right to benefit from the performance of various household duties, coupled with the privation of love and companionship provided by the victim of a personal injury including the loss of consortium in sexual relationships, companionship, affection, and society.

VI. Loss of Enjoyment:

The injured suffers from a loss of enjoyment in one or more of the following areas related to work, domestic, household, school, sports, hobbies or other activities of daily living as a result of pain.

The following description most accurately describes the effect the accident has had upon my performance of certain activities of my daily living; (See 'Loss of Enjoyment' above).

- The patient was required to pay for services (paid help) to take over some activities

VII. Treatment

It is documented that the patient should continue treatment in the form of:

- 97810 Acupuncture (15 or 30 minutes)
- 98941 Chiropractic Manipulation Treatment CMT 3-4
- 97014 Elec. Stimulation (Unattended)
- Anxiety Home Prescriptive Remedies
- 97124 Therapeutic Massage Tissue Relax/ Increase Circulation
- 97124 Therapeutic Procedures
- 72050 X-Ray Cervical, 4-5 Views

Prescriptions:

- Anxiety Home Prescriptive Remedies.
- 76499 DRMA - Digital Radiographic Mensuration Analysis.
- 95851 Range of Motion Test.
- 95831 Muscle Test.
- Sensory Nerve Test /Monofilament Test (Dermatome).
- Psychologist for anxiety assessment or medications.

Referrals:

The patient was referred for:

- MRI.
- DRMA
- Psych/psychologist
- Anxiety Home Prescriptive Remedies.

VII. Treatment - cont'd.

- Medical Determination
- Medical Validation (99080)

Immobility Devices:

The patient was prescribed immobilization in the form of:

- Cervical pillow

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

IX. Medical Determination of Future Treatment

Based on my review of the records, I confirm the following:

- Future treatment is definite, with a 76-100% medical certainty of occurring.
- Due to the nature of the injuries, future passive care must remain an option.
- MMI exists however, future care of involved stable body part(s) is/are required.

X. Prognosis Overall

Based on my review of the records provided me inclusive of the injuries, diagnoses and complaints listed above, I concur with Dr. Client Lawyer Name Here, in the following statements:

- 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

X. Prognosis Overall - cont'd.

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 loss of range of motion
- 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.
- The prognosis requires the need for treatment due to complaints.
- 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.
- In the leading case. [McAllister, 33 CCC at 667. (1968)], the court held that the courts and the Board are bound to uphold a claim in which the proof of injury causation is reasonably probable, although not certain or convincing. We must do so even though the actual causal mechanism is unclear or even unknown.
- 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.

X. Prognosis Overall - cont'd.

- 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.

Karnofsky Score The Karnofsky score, measures patient performance of activities of daily living. The score function is:

- 60 - Requires occasional assistance (duties or household), cares for most needs

XI. Prognosis For each body area injured:

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

XII. 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. It is also determined necessary when a body part is stable and the prognosis indicates a 51% or greater degree (percentage incidence) of future occurrence or when it is believed that future care can reduce pain or prevent worsening.

- Croft Classifications and Grades of Severity of Cervical Acceleration/ Deceleration (CAD) Trauma, are one of the guides utilized to assess injury types.
- 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.
- Grade 4 CAD Injury /future care up to 107 times up to 2 years + monthly or prn
- Treatment is determined necessary according to Croft Guidelines.

XII. Future Treatment Plan: - cont'd.

- Treatment is required due to the presence of moderate injuries.
- Treatment is determined necessary due to ligamentous injury/laxity.
- Treatment is determined necessary due to limited range of motion.
- Continuing treatment is necessary to those body parts that are stable.

Future Treatment Recommendations:

- Acupuncture
- Chiropractic
- Elec. Stimulation (Unattended)
- Re-Exam
- Therapeutic Exercises

Future Treatment Duration/Time Grade 4 CAD Injury /future care up to 107 times up to 2 years + monthly or prn

I further concur with the documentation of Dr. Client Lawyer Name Here and agree that the patient will require future passive medical treatment for: Grade 4 CAD Injury /future care up to 107 times up to 2 years + monthly or prn I agree that the patient will be required to be seen for primary (office visit) treatment for a total of Grade 4 CAD Injury /future care up to 40 times up to 2 years + monthly or prn visits.

I agree with the estimate of charges for the primary treatment to be \$ 95 per visit for a total of \$ 1800 .

I agree with the estimate of charges for any therapies/modalities to be \$ 95 per visit for a total of \$ 3800

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 \$ 20000.

I agree with the estimate of total costs of future treatment to be \$ 25600.00.

XIII. MMI For Each Body Part (max.med.improv.)

- 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	

XIII. MMI For Each Body Part (max.med.improv.) - cont'd.

XIV. % Impairment Rating

The injuries present a permanent medical impairment resulting from the aforementioned accident. I concur with this determination which is in agreement with the Fifth Edition of the American Medical Association Guidelines for Permanent Impairment.

Based on my review of the records presented in Dr. Client Lawyer Name Here's daily S.O.A.P. chart notes as well as, the patient's DUD/LOE worksheets, the following impairments were well documented as having been suffered by the patient as a direct result of the accident.

The percentage of impairment in this patient is as follows:

Spine % Impairment 25

I concur with this 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.

Evidentiary Conclusion - cont'd.

household duties or the performance of ADL's.

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

Signed:

Name Printed: IMV Medical Doctor Name Here

XV: % Whole Body Impairment Summary (WPI)

Total % Whole Body Impairment: 24

- 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.

Evidentiary Conclusion

- 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