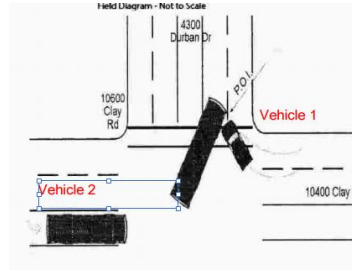


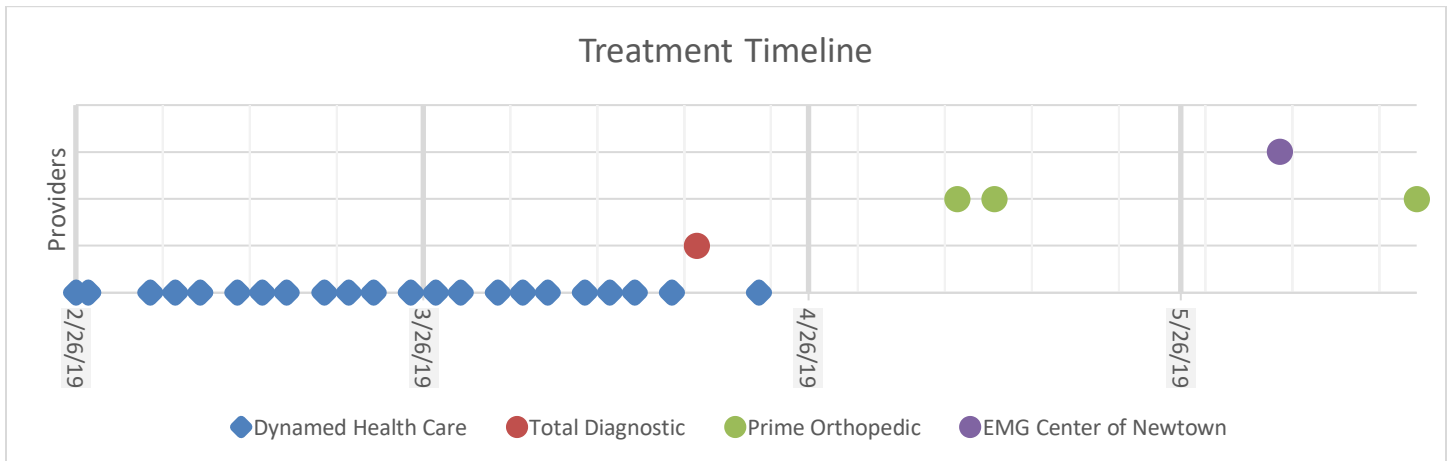
Claim Number: 12345	Injured Party: John C	DOL: 2/26/19
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Injury Overview



The claimant was the restrained driver of vehicle 1. The photo showing vehicle damage is the claimant's truck. The police report notes that vehicle 1 was traveling West down 10400 block of Clay Road and vehicle 2 (INSURED vehicle) was traveling East down the 10600 Block of Clay road when vehicle 2 failed to yield the right of way and impacted the front driver's side of vehicle 1. The police report also noted that the weather was inclement with wet roads on 2/26/19 but cited the driver of vehicle 2 (INSURED vehicle) for failing to yield the right of way. It was also noted on the police report that airbags did deploy. EMS was at the scene but evaluated the driver of vehicle 2 who was claiming

injury. The claimant was seen by a chiropractor at Pain & Rehab Solutions on 2/26/19 (DOL) with complaints of neck, back, left shoulder, right elbow/forearm pain, and a swollen left thumb. Imaging studies at Vesta Teleradiology done on 2/27/19 were negative for fractures or dislocations of the entire spine, left shoulder and left hand/thumb. Claimant received PT to the injured areas. Due to continued complaints of his left shoulder, the claimant saw Dr. Prevese at Prime Orthopedics on 5/8/19 who reviewed an MRI showing bursitis and tendinitis and offered the claimant a left shoulder steroid injection, but the claimant deferred the injection. The claimant also saw neurosurgeon (Dr. Smith) at Prime Orthopedics on 5/11/19 with regards to continued neck pain and left elbow pain with numbness noted in his left fourth and fifth digits. Dr. Smith noted the claimant has pain in the neck and back but his major issue was likely ulnar neuropathy and ordered an EMG of the upper extremities which was completed at the EMG Center of Newtown on 6/3/19. The claimant returned to Prime Orthopedics pm 6/14/19 and saw another neurosurgeon (Dr. King) who reviewed the cervical MRI of 4/17/19 showing protrusions at C3-C6 and offered the claimant a cervical discectomy due to his continued neck pain. Dr. King also reviewed the EMG showing mild left ulnar neuropathy and offered the claimant a decompression of his left median nerve. However, the claimant noted he was noting some improvement in his symptoms and did not want to pursue surgery.



Neck/Back Bulge/Herniation	
Insured's Arguments	Claimant's Arguments
<ul style="list-style-type: none"> Minor Medical Findings – X-rays of the spine (pages 43-44) were negative for fractures or dislocations. ROM, strength and reflexes are well within the normal ranges (pages 25-27). Claimant also EMG/NCS studies of his upper extremities showing no evidence for radiculopathy. There is also no mention of missed work in the claim. 	<ul style="list-style-type: none"> Asymptomatic prior to loss – The neurosurgeon (Dr. Smith) noted the claimant had no similar symptoms for the neck/back prior to the accident or any prior accidents (page 54). MRI of the cervical spine did show protrusions and was offered surgery by a neurosurgeon. Again, there was no radiculopathy noted on the EMG.

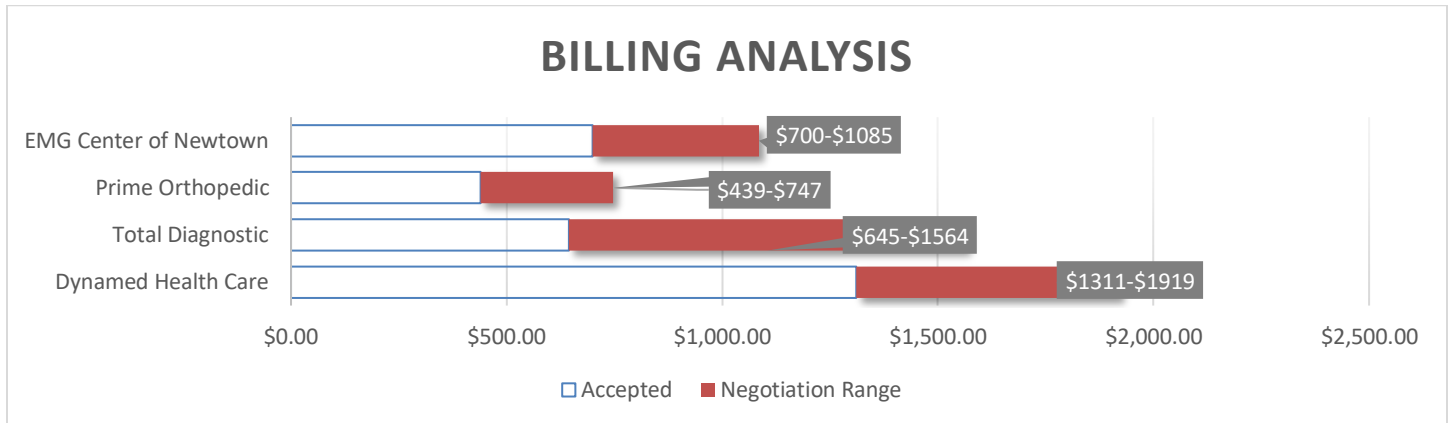
<ul style="list-style-type: none"> • Ordinary Recovery – Claimant did show improvement with his neck and back with PT and chiropractic follow-ups showing ROM of the neck and back improving to normal ranges. 	<ul style="list-style-type: none"> • Heavy Impact – The photo shows intrusion into wheel well and buckling of hood. There is no glass breakage but there was airbag deployment noted.
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Left Shoulder Strain	
Insured's Arguments	Claimant's Arguments
<ul style="list-style-type: none"> • Minor Medical Findings – X-ray of the shoulder showed no fracture or dislocation and MRI of the shoulder showed tendinitis, bursitis, and a mild effusion. It did not show any tears. The claimant stated he had improvement with PT and the orthopedist (Dr. Prevoise) noted active ROM at 96% and passive ROM at 97% (page 52) with muscle strength normal at 5/5. This provider did not recommend surgery but continued conservative management. 	<ul style="list-style-type: none"> • Asymptomatic prior to loss – Claimant told the orthopedist he never sought care for his left shoulder prior to this accident (page 51). The orthopedist offered a left shoulder steroid joint injection but the claimant deferred. This indicates his pain level is preferable to that of getting an injection and supports minor findings.
<ul style="list-style-type: none"> • Ordinary Recovery – The claimant had PT for just under 8 weeks and showed improvement as noted by the PT evaluation showing ROM at 96% (17) at the beginning of treatment and the final ROM by the orthopedist at 96%-97% (page 52). 	<ul style="list-style-type: none"> • Heavy Impact – As noted in the neck and back injury, there was airbag deployment that likely impacted the left shoulder, along with impact on that side of the vehicle.

Left Elbow Neuropathy	
Insured's Arguments	Claimant's Arguments
<ul style="list-style-type: none"> • Minor Medical Findings – The only physician to note a left elbow injury is the neurosurgeon who was evaluating him on 5/11/19 (page 54) and that is the first diagnosis of an ulnar injury. Now, the claimant had been complaining of the numbness in his 4th and 5th digits to the PT provider throughout his care, but it was assumed by the providers to be related to his neck and that is why he was sent to a neurosurgeon. The neurosurgeon did note on the final visit (page 58) that the claimant's "strength is good." 	<ul style="list-style-type: none"> • Asymptomatic prior to loss – The claimant told the neurosurgeon that he never had these symptoms prior to the accident. The neurosurgeon noted that the EMG of 6/3/19 showed mild left ulnar motor neuropathy (page 57). Because of this the neurosurgeon offered the claimant surgery for decompression of that nerve but again the claimant stated he felt the numbness was improving (page 58).
<ul style="list-style-type: none"> • Ordinary Recovery – The claimant's elbows were not really treated with PT as noted by daily notes and evaluation. The PT provider was treating the neck and shoulder as the numbness in the fingers was thought to be related to radiculopathy. However, there was no radiculopathy noted on the EMG (page 61). 	<ul style="list-style-type: none"> • Heavy Impact – Airbag could have injured the left elbow – although the claimant complained of right elbow pain immediately after the accident.
<ul style="list-style-type: none"> • Inconsistent findings – Claimant first complained of right elbow pain and right forearm stiffness and pain (page 12) to the chiropractor (Dr. Albertson). As the claimant was complaining of left shoulder and left wrist/thumb pain at the initial visit I do not believe the laterality by the provider was a mistake in transcription. He continues to note the right elbow as the injured area throughout the notes dating 3/29/19 and 4/22/19. The claimant consistently noted the numbness in his left hand/fingers to the PT provider who noted it was on the left side but that 	<ul style="list-style-type: none"> • Inconsistencies Minor/Irrelevant – With the airbag deployment, injury to both elbows is possible. It is odd that the left elbow was not a main complaint initially and the right elbow was.

provider did not note any elbow injuries on evaluation (pages 16-17).

Medical Overview Medical Overview



Provider	Billed	Reduced To	Reasons for Reduction
Dynamed Health Care/Pain & Rehabilitation Solutions	\$6,070.00	\$1,311-\$1,919	Charges are in excess of reasonable compensation in this area. Charges reduced as follows: <ul style="list-style-type: none"> • New patient visit reduced from \$275 to \$189-\$275. • Established patient visit reduced from \$250 to \$125-\$213. • PT evaluation reduced from \$120 to \$98-\$120. • Therapeutic exercises reduced from \$300 to \$43-\$61. • Therapeutic exercises reduced from \$75 to \$43-\$61.
Total Diagnostic	\$7,000	\$645-\$1,564	Charges are in excess of reasonable compensation in this area. Charges reduced as follows: <ul style="list-style-type: none"> • MRI of cervical spine reduced from \$3500 to \$325-\$788. • MRI of the lumbar spine reduced from \$3500 to \$320-776.
Prime Orthopedics	\$3,050	\$439-\$747	Charges are in excess of reasonable compensation in this area. Charges reduced as follows: <ul style="list-style-type: none"> • New patient visit reduced from \$950 to \$125-\$212. • New patient visit reduced from \$1350 to \$128-\$322. • Established patient visit reduced from \$750 to \$125-\$213.
EMG Center of Newtown	\$3,875	\$700-\$1,085	Charges are in excess of reasonable compensation in this area. Charges reduced as follows: <ul style="list-style-type: none"> • Nerve conduction studies reduced from \$950 to \$225-\$383. • EMG reduced from \$1300 to \$200-\$340. • New patient visit reduced from \$550 to \$200-\$340. • Sterile needle is not listed in HCBB (Healthcare Bluebook) so fee of \$100 not reduced. • Transducer gel not listed in HCBB so fee of \$50 not reduced.



			<p>Duplicate billing:</p> <ul style="list-style-type: none"> Code 95886 is a combination code representing EMG/Nerve conduction study combined is not allowed with codes 95912 and 95861. Therefore, the lesser amount for the combined code EMG/NCS study (95886) was reduced from \$1100 to \$0 as duplicate billing.
Total	\$19,995.00	\$3,095-\$5,315	