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10. Overview of Medical Expert

1. Overview

1.1 Executive Summary

This Life Care Plan (this “Report”) has been prepared for **Ms. Fatima Dodson**, a 53-year-old individual, who sustained injuries to her head, neck, and back, as a result of an incident on **2023-05-07**.

The total nominal value of **Ms. Dodson’s** future medical requirements, as formulated in this Life Care Plan, and which pertains to her relevant diagnostic conditions and disabilities, is **\$1,099,472.23**.

1.2 Life Care Planning and Life Care Plans

1.2.1 Life Care Planning

Life care planning is a process of applying objective methodological analysis to formulate diagnostic conclusions and opinions regarding physical and/or mental impairment and disability for the purpose of determining care requirements for individuals with permanent or chronic medical conditions.

According to the tenets, methods, and best practices advocated by the American Academy of Physician Life Care Planners, a Life Care Planner’s primary objective is to achieve the Clinical Objectives of Life Care Planning by answering the basic questions of Life Care Planning.

Clinical Objectives of Life Care Planning:

- Diminish or eliminate physical and psychological pain and suffering.
- Reach and maintain the highest level of function given an individual’s unique circumstances.
- Prevent complications to which an individual’s unique physical and mental conditions predispose them.
- Afford the individual the best possible quality of life considering their condition.

Basic Questions of Life Care Planning:

1. What is the individual’s condition?
2. What medically related goods and services does an individual’s condition require?
3. How much will the medically related goods and services cost over time?

1.2.2 Life Care Plans

Life Care Plans are comprehensive documents that objectively identify the residual medical conditions and ongoing care requirements of ill/injured individuals. In addition, Life Care Plans quantify the costs of supplying these individuals with requisite, medically related goods and services throughout probable durations of care.

The content and structure of a Life Care Plan, and the methods used to produce it, are based on comprehensive assessments, interviews and/or examinations, research and analysis, published methodologies, and standards of practice.

Life Care Plans are objective works that provide material evidence regarding the existence, significance, and validity of an individual's medical conditions. They provide litigators, insurance companies, trusts, and courts with a qualified, quantitative, and referenceable basis upon which to assess and substantiate the monetary value of an individual's future medical needs.

1.3 Biography of Medical Expert

Neil Ghodadra M.D. is a board-certified orthopedic surgeon who has practiced medicine in California since 2011 and in Arizona since 2021.

Dr. Neil Ghodadra M.D. grew up in Georgia and graduated Magna Cum Laude from Duke University with a Bachelor of Science in Biology. While at Duke, he won several prestigious scholarships for academic achievements. He attended Duke Medical School where he graduated as one of the top students in his class, winning the Alpha Omega Alpha (AOA) honor for best thesis presentation.

Following medical school, Dr. Neil Ghodadra M.D. completed a residency at Rush Medical Center in Chicago, Illinois, under the guidance of some of the country's leading sports medicine surgeons. After residency, Dr. Neil Ghodadra M.D. completed the world-renowned Sports Medicine Fellowship at Rush Medical Center. While there, his subspecialty training placed emphasis on cartilage restoration and joint-preserving surgical techniques of the knee and shoulder.

While at Rush, Dr. Neil Ghodadra M.D. was a team physician for the Chicago Bulls (NBA) and Chicago White Sox (MLB). He also served as a team physician for multiple semi-professional, university, and high school teams in football, hockey, and gymnastics.

Dr. Neil Ghodadra M.D. is well known for his surgical skills and his devotion to teaching and innovation in orthopedic surgery. He has authored over 65 textbook chapters and journal articles. His work has been presented at more than 70 conferences throughout the world, including the American Academy of Orthopedic Surgeons, where he won the award for best Scientific Exhibit for work in shoulder instability in athletes. Neil Ghodadra M.D. was instrumental in developing a landmark technique for patients with recurrent shoulder instability.

1.4 Framework: A Life Care Plan for Fatima Dodson

It is my hope this Life Care Plan will serve as a guide for **Ms. Dodson** and/or her family, case managers, and health care providers. This Life Care Plan has been formulated to provide optimal medical care to accomplish the Clinical Objectives of Life Care Planning.

This Life Care Plan employs an anticipatory (preventative) model of care, and its formulation relies upon reasonable degrees of medical probability. This Life Care Plan is not a prescription for care; rather, it represents a logical model of care that anticipates the medically-related goods and services that will likely be required by **Ms. Dodson** throughout her probable duration of care. This Life Care Plan may be utilized as a case management tool, as well as for the purpose of substantiating appropriate medically related financial reserves.

My best effort has been made to consider and utilize all past medical, social, psychological, educational, vocational, and rehabilitation data to the extent they are available and applicable. When possible, the goals and desires of **Ms. Dodson** and/or her family are expressed within this Life Care Plan if they are known, and if I believe they support her best interests. To accomplish the Clinical Objectives of Life Care Planning, I have relied upon my education, training, skill, and professional experience as a practicing physician, board-certified orthopedic surgeon, and Certified Life Care Planner.

Consideration has been given to prospective phase changes due to aging and the progression of **Ms. Dodson's** relevant diagnostic conditions and disabilities. Employing an anticipatory/preventative model of care, I have also considered probable complications likely to be associated with **Ms. Dodson's** diagnostic conditions, disabilities, and/or comorbidities.

This Life Care Plan presumes that optimal medical care positively affects life expectancy and overall health outcomes for individuals with lifelong and/or long-term medical conditions. Optimal medical care is presumed to mitigate several potential risk factors and complications associated with **Ms. Dodson's** own medical conditions.

I consider all future medical requirements in this Life Care Plan's Cost Analysis medically necessary. I consider them specifically attributable to the medical conditions that resulted from **Ms. Dodson's** motor vehicle incident, which is reported to have occurred on **2023-05-07**.

It is my opinion that **Ms. Dodson** will have progressive symptoms related to physical and psychological impairments and disabilities that will require lifelong medical care.

It is my professional medical opinion that **Ms. Dodson's** diagnostic conditions and consequent circumstances will additionally adversely impact her vocational and avocational activities and opportunities, as well as her family's general quality of life.

The opinions and conclusions expressed herein reflect my opinions and conclusions at the time this Life Care Plan was prepared. I hereby expressly reserve the right to modify and/or amend my opinions and/or conclusions should additional information become available, it becomes necessary for me to supplement and/or update this report in the future, or I have an opportunity to perform an in-person interview and examination of **Ms. Dodson**.

Please do not hesitate to contact me if you have any questions.

Neil Ghodadra M.D.

Board-Certified Orthopedic Surgeon
Certified Life Care Planner

2. Summary of Records

This Summary of Records ("Summary") is a chronological synopsis of **Fatima Dodson** medical records, and other relevant documents, presented first by facility, and then by treating physicians and/or other relevant medical personnel. In determining **Fatima Dodson** diagnostic conditions and consequent circumstances, I have reviewed and considered the medical records and/or other records summarized herein.

2.1 Summary of Medical Records

► 2.1.1 Sources

This table contains a chronological list of the provided medical records reviewed for past medical treatments for injury-related conditions.

Date	Type of Visit	Facility Name	Provider	Specialty
05/07/2023	Date of Injury / EMS Evaluation	On-Scene	EMS	Emergency Medical Services
05/08/2023	Emergency Department Visit	Kaiser Permanente, West LA Medical Center	Amanda Clarice Barrett, MD	Emergency Medicine
05/08/2023	CT Scan Head	Kaiser Permanente, West LA Medical Center	Joon Dokko, MD	Radiology
05/10/2023	Urgent Care / Follow-up	Watts Health Center	Kosal Sek, PA-C	Urgent Care
07/14/2023 - 10/04/2023	Chiropractic Treatment	Michael D. Zeger, D.C.	Michael D. Zeger, D.C.	Chiropractic
07/19/2023	Trigger Point Injection	Michael D. Zeger, D.C. Office	Brenda Wilson, PAC	Physician Assistant
07/27/2023	Initial Neurological Evaluation	Los Angeles Brain Science Project	Heather Trattner, PA-C / Daniel Franc, MD, PHD	Neurology

Date	Type of Visit	Facility Name	Provider	Specialty
07/27/2023	EEG	Daniel Franc MD PHD	Daniel Franc, MD, PHD	Neurology
07/27/2023	VNG	Daniel Franc MD PHD	Daniel Franc, MD, PHD	Neurology
08/22/2023	MRI of Brain	EXPERTMRI	Jeff Markham, MD	Radiology
08/22/2023	MRI of Cervical Spine	EXPERTMRI	Jeff Markham, MD	Radiology
08/22/2023	MRI of Lumbar Spine	EXPERTMRI	Jeff Markham, MD	Radiology
09/18/2023	Neurology Follow-up	Los Angeles Brain Science Project	Heather Trattner, PA-C	Neurology
09/19/2023	Creyos Cognitive Assessment	Los Angeles Brain Science Project	N/A	Cognitive Testing
11/06/2023 - 02/07/2024	Physical Therapy	Southern California Sports Rehabilitation	Samuel Rabizadeh, PT, DPT, CHT	Physical Therapy
03/20/2024	Initial Neurological Evaluation	Advanced Center for Neurology & Headache	Yuvraj Grewal, M.D.	Neurology
04/08/2024	Neurosurgical Consultation	Andrew M. Fox, M.D. Office	Andrew Fox, MD	Neurosurgery
05/01/2024	Neurology Follow-up	Advanced Center for Neurology & Headache	Yuvraj Grewal, M.D.	Neurology
05/06/2024	New Patient Evaluation	Neurological Injury Specialists	Aaron Filler, MD, PhD, FRCS	Neurological Surgery
05/06/2024	DTI (Tractography)	Neurological Injury Specialists	Aaron Filler, MD, PhD, FRCS	Radiology / Neurosurgery
06/10/2024	Neurology Follow-up	Advanced Center for Neurology & Headache	Yuvraj Grewal, M.D.	Neurology
08/05/2024	Neurology Follow-up	Advanced Center for Neurology & Headache	Yuvraj Grewal, M.D.	Neurology
10/25/2024	Teleneurology Follow-up	Advanced Center for Neurology & Headache	Yuvraj Grewal, M.D.	Neurology
12/02/2024	Initial Consultation	Rincon PM&R	Amy Elizaga, PA-C / Christopher Stephenson, M.D.	Physical Medicine & Rehabilitation
12/19/2024	Speech Pathology/Cognitive-Linguistic Evaluation	Functional Cognitive Rehab	Colin Misich, M.S., CCC-SLP	Speech-Language Pathology
12/20/2024	Teleneurology Follow-up	Advanced Center for Neurology & Headache	Yuvraj Grewal, M.D.	Neurology
12/26/2024 - 02/06/2025	Speech Pathology Follow-up	Functional Cognitive Rehab	Colin Misich, M.S., CCC-SLP	Speech-Language Pathology
01/16/2025	Follow-up Visit	Rincon PM&R	Jim Saunders, PA-C	Physical Medicine & Rehabilitation
01/21/2025 - 04/15/2025	Psychotherapy (EMDR)	Telehealth	Heather Dakhil, AMFT	Psychotherapy
02/25/2025	RightEye Dynamic Vision Report	N/A	N/A	Vision Testing
02/25/2025	RightEye Reading EyeQ Report	N/A	N/A	Vision Testing
03/17/2025	Teleneurology Follow-up	Advanced Center for Neurology & Headache	Yuvraj Grewal, M.D.	Neurology
03/31/2025 - 05/21/2025	Vision Rehabilitation Treatment	Visual Processing Institute	Karen M. Lien	Vision Rehabilitation

2.1.2 Chronological Synopsis of Medical Records

A detailed, chronological summary of medical records received to highlight medical history, treatments, healthcare interventions, and any other key events relevant to current and future care needs.

Date	Provider	Notes
05/07/2023	EMS — On-Scene	<p>Event: Patient was at a rooftop bar when a 40-50 lb speaker fell on her head. She was struck on the right side and top of her head, right shoulder, and neck. A friend caught her before she hit the ground.</p> <p>Initial Symptoms: Stunned, dazed, confused, nausea, headache, dizziness, and periods of going in and out of consciousness.</p> <p>On-Scene Evaluation: Ambulance was called. EMS performed an initial evaluation. Patient was not transported to the hospital.</p>
05/08/2023	Amanda Clarice Barrett, MD — Kaiser Permanente, West LA Medical Center	<p>Chief Complaint: Head Injury. Patient presented to the ED due to worsening headache and numbness/tingling on her face that morning.</p> <p>History: Reported a speaker fell on her head the previous night with LOC for approx 3-5 seconds. Complained of facial numbness for approx 2 mins that morning.</p> <p>Vitals: BP 170/95, Pulse 88, Temp 98.3°F, SpO2 100%.</p> <p>Physical Exam: Normocephalic with a small hematoma on the right scalp. Pupils equal, round, and reactive. Alert and oriented x3.</p> <p>Diagnosis: Closed Head Injury, initial encounter (S09.90XA).</p> <p>Plan: Discharged home with instructions for a closed head injury. Advised to rest and follow up with PCP.</p>
05/08/2023	Joon Dokko, MD — Kaiser Permanente, West LA Medical Center	<p>Procedure: CT Scan Head without contrast.</p> <p>Impression: No significant acute intracranial abnormality. No acute intracranial hemorrhage.</p>
05/10/2023	Kosal Sek, PA-C — Watts Health Center	<p>Chief Complaint: Neck/back pain.</p> <p>History: Follow-up for head injury from 05/07/2023. Complaining of neck and upper back pain for days. Pain scale 9/10.</p> <p>Vitals: BP 149/86, repeated 155/98.</p> <p>Diagnoses: Hospital discharge follow-up, Closed head injury (subsequent encounter), Cervicalgia, Bilateral shoulder pain, Back pain.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> Prescribed Mapap (Acetaminophen) 650 mg and Methocarbamol 500 mg. Ordered X-rays of C-Spine, L-Spine, and Bilateral Shoulders. Referred to a Chiropractor for evaluation and management of neck, shoulder, and back pain. <p>Treatment: Patient underwent a series of chiropractic treatments over approximately 25 sessions. Treatments included chiropractic manipulative treatment (CMT), therapeutic activities, mechanical traction, and therapeutic exercises.</p> <p>Referrals: Dr. Zeger referred the patient for a Cervical Spine MRI on 07/17/2023 and a Neurology Consultation on 09/15/2023.</p> <p>Outcome: Patient reported mild relief from chiropractic care.</p>
07/14/2023 - 10/04/2023	Michael D. Zeger, D.C. — Michael D. Zeger, D.C. Office	<p>Chief Complaint: Headache, neck stiffness, dizziness, tinnitus.</p> <p>Procedure: Trigger Point Injections (TPI) to bilateral SCM, temporalis, pterygoid, and trapezius muscles.</p> <p>Medication: 3.5cc total of 0.5% Bupivacaine and 0.5% Ropivacaine.</p> <p>Assessment: Significant tightness and spasm in bilateral upper trapezius muscles. Normal neurologic exam.</p> <p>Plan: Recommended 3 sessions, 1 week apart. Continue journaling symptoms.</p>
07/19/2023	Brenda Wilson, PAC — Michael D. Zeger, D.C. Office	

Date	Provider	Notes
07/27/2023	Heather Trattner, PA-C / Daniel Franc, MD, PHD — Los Angeles Brain Science Project	<p>Visit: Initial Neurological Evaluation.</p> <p>Chief Complaints: Headaches (3-4 days/week, 6/10 pain), daily dizziness, cognitive symptoms (memory impairment, poor concentration, slowed thinking), anxiety, neck pain (6/10), and lumbar pain (7/10).</p> <p>Physical Exam: Significant tenderness on palpation of paraspinal neck muscles, occipital notch, and lower back. Stable tandem gait. Nystagmus with far lateral gaze bilaterally.</p> <p>Rivermead Post-Concussion Symptom Scale: Score of 24.</p> <p>Diagnoses: Traumatic brain injury, Postconcussive syndrome, Postconcussive headaches, Frontal lobe syndrome, Postconcussion dizziness, Anxiety, PTSD, Lumbar radiculopathy, Lumbar/Cervical spine pain.</p> <p>Plan: Ordered MRI of brain, cervical, and lumbar spine; EEG; VNG; Creyos cognitive testing. Recommended magnesium/riboflavin for headache prevention, Tylenol/Nurtec for acute headaches, home balance exercises, physical therapy, and cognitive behavioral therapy (CBT).</p>
07/27/2023	Daniel Franc, MD, PHD — Daniel Franc MD PHD	<p>Procedure: 65-minute multichannel digital EEG.</p> <p>Indication: Evaluate for epileptiform discharges in a patient with progressive memory loss.</p> <p>Findings: Bifrontal delta and theta frequency slowing was observed. Dominant posterior rhythm rarely seen at 8-9 Hz. Drowsiness and Stage II sleep were achieved.</p> <p>Impression: This EEG was not significant for epileptic discharges or focal slowing.</p>
07/27/2023	Daniel Franc, MD, PHD — Daniel Franc MD PHD	<p>Procedure: Videonystagmography (VNG).</p> <p>Indication: Imbalance and history of traumatic brain injury.</p> <p>Findings: Gaze nystagmus present for rightward, leftward, and center gaze. Test indicated the presence of skew deviation. Saccade test was within normal limits.</p> <p>Impression: Test results are consistent with CNS damage.</p>
08/22/2023	Jeff Markham, MD — EXPERTMRI	<p>Procedure: MRI of Brain without contrast.</p> <p>Impression: Unremarkable non-contrast MRI of the brain. Note of left occipital petalia, a normal anatomic variant.</p>
08/22/2023	Jeff Markham, MD — EXPERTMRI	<p>Procedure: MRI of Cervical Spine without contrast.</p> <p>Impression:</p> <ul style="list-style-type: none"> • Grade I posterior listhesis of C4-C7. • Mild reversal of cervical lordosis. • Disc desiccation throughout cervical spine. • Disc protrusions at C2-C3, C3-C4, C4-C5, C5-C6, C6-C7 causing mild to moderate spinal canal narrowing. • Subtle increased signal within the spinal cord at these levels, may reflect myelopathy. • Moderate to severe bilateral neural foraminal narrowing at C4-C5 and C5-C6 with nerve root compression.
08/22/2023	Jeff Markham, MD — EXPERTMRI	<p>Procedure: MRI of Lumbar Spine without contrast.</p> <p>Impression:</p> <ul style="list-style-type: none"> • Grade I posterior listhesis of L5 on S1. • Disc desiccation from L3-S1. • Disc protrusions at L3-L4, L4-L5, and L5-S1 with abutment on transiting nerve roots. • L4-L5: Abutment on bilateral exiting nerve roots. • Subcutaneous tissue edema of the lower back. • Tarlov cysts posterior to S2/S3.

Date	Provider	Notes
09/18/2023	Heather Trattner, PA-C — Los Angeles Brain Science Project	<p>Visit: Neurology Follow-up.</p> <p>Subjective: Headaches have improved, now only occurring during high-volume exposure and are less severe. Tried Nurtec, which worked well. Continues chiropractic therapy but has not started PT. Endorses intermittent sharp shooting pain in upper and lower extremities. Feels overwhelmed at work events.</p> <p>Plan: Discussed normal brain MRI but significant cervical/lumbar MRI findings. counseled on importance of magnesium/riboflavin. Explained benefit of PT, spine specialist, and pain management.</p>
09/19/2023	N/A — Los Angeles Brain Science Project	<p>Procedure: Creyos Cognitive Assessment.</p> <p>Findings:</p> <ul style="list-style-type: none"> • Below Average: Verbal Reasoning (85/17th percentile), Mental Rotation (83/13th percentile). • Average: Episodic Memory (88/20th), Visuospatial Working Memory (101/52nd), Attention (93/32nd), Deductive Reasoning (107/67th).
11/06/2023 - 02/07/2024	Samuel Rabizadeh, PT, DPT, CHT — Southern California Sports Rehabilitation	<p>Treatment: Patient underwent physical therapy for neck and low back pain. Initial evaluation on 11/06/2023 noted pain (6/10), slumped posture, scapular dyskinesia, decreased AROM in C-spine, and weakness in shoulder/hip flexion. Modified Oswestry score was 42%.</p> <p>Interventions: Included therapeutic exercises (wall squats, bridges, etc.), manual therapy (stretches, MFR/STM), and modalities (hot packs, electrical stimulation).</p> <p>Progress: Patient attended multiple sessions through February 2024.</p>
03/20/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	<p>Visit: Initial Neurological Evaluation.</p> <p>Chief Complaints: Headaches, diplopia, neck/lower back pain, cognitive/memory deficits, mood changes, sleep changes.</p> <p>History: Reports constant daily headaches (5/10), phonophobia, short-term memory deficits (e.g., forgetting she has eaten), difficulty concentrating in conversations, and anxiety.</p> <p>Physical Exam: Difficulty with serial sevens, difficulty with convergence, and difficulty with tandem gait.</p> <p>Diagnoses: Traumatic brain injury, Postconcussive syndrome, Postconcussive headaches, Cervical/Low back pain, Traumatic convergence insufficiency.</p> <p>Plan: Recommended MRI of the brain, start Nortriptyline 10 mg for headache prophylaxis, CBT, and ophthalmology consultation.</p>
04/08/2024	Andrew Fox, MD — Andrew M. Fox, M.D. Office	<p>Visit: Neurosurgical Consultation.</p> <p>Chief Complaint: Neck and back pain.</p> <p>History: Reports constant aching with intermittent sharp neck pain. Had 24 PT sessions with moderate relief and 25 chiropractic sessions with mild relief.</p> <p>Assessment: Reviewed 08/22/2023 MRIs. Noted L4-5 desiccation and L5-S1 disc protrusion with annular tear. Cervical MRI showed desiccation and disc bulges at C4-5, C5-6, C6-7 with moderate foraminal narrowing. Diagnosed Cervicalgia and Low back pain.</p> <p>Plan: Recommended pain management evaluation and acupuncture. Discussed potential for C4-7 disc arthroplasty/fusion and L5-S1 microdiscectomy if nonoperative care fails.</p>
05/01/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	<p>Visit: Neurology Follow-up.</p> <p>Subjective: Continues to have ongoing deficits in cognition and memory, difficulty with reading for prolonged periods, very distractible, and ongoing vision changes. Symptoms are persistent.</p> <p>Physical Exam: Can only perform serial sevens x2. Difficulty with convergence and tandem gait.</p> <p>Plan: Brain MRI pending. Recommended a course of CBT. Follow-up after MRI.</p>
05/06/2024	Aaron Filler, MD, PhD, FRCS — Neurological Injury Specialists	<p>Visit: New Patient Evaluation.</p> <p>Chief Complaints: Headaches, neck/lower back pain, anxiety, insomnia, blurry vision.</p>

Date	Provider	Notes
05/06/2024	Aaron Filler, MD, PhD, FRCS — Neurological Injury Specialists	<p>History: Reports headaches are better but still occur 2-3 times/month. Has tailbone pain that started 3 months post-accident. Reports memory issues (e.g., forgetting she has eaten), tinnitus, and difficulty staying asleep.</p> <p>Physical Exam: Mild dysmetria on finger-to-nose test. Weber test revealed bone conduction greater to the left than right. Tightness and discomfort on cervical ROM.</p> <p>Impression: Persistent post-concussive syndrome. Headaches may be mechanical (retro-orbital) or from brain injury. Coccyx pain noted.</p> <p>Plan: Ordered Brain DTI and MR neurography of pelvis. Recommended audiology. Planned to consider TMS for headaches and possible retro-orbital injection.</p> <p>Procedure: MRI of the Brain with Diffusion Tensor Imaging (DTI).</p> <p>FLAIR/SWI Findings:</p> <ul style="list-style-type: none"> Focal FLAIR abnormality in the left frontotemporal area (contrecoup injury). A 2.5 cm brain laceration in the right temporoparietal area (directly below impact site) with associated microhemorrhage seen on SWI imaging. <p>DTI Tractography Findings:</p> <ul style="list-style-type: none"> Losses in bilateral supracallosal cingulum (correlates with depression/anxiety). Losses in the corpus callosum (marker for diffuse axonal shearing, correlates with mental fog). Losses in the right middle cerebellar peduncle and right temporal lobe (correlates with balance/auditory issues). Extensive losses in the right inferior longitudinal fasciculus (correlates with impaired auditory-tagged memory). <p>Impression: Evidence of complicated mild TBI with brain injury on FLAIR, SWI, and DTI, with findings correlating to patient's neurologic symptoms.</p>
06/10/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	<p>Visit: Neurology Follow-up.</p> <p>Subjective: Brain MRI report is pending. Headaches occur at least once per week, described as an "electric-type sensation," pain 5/10. Continues to have blurred vision.</p> <p>Physical Exam: Difficulty with serial sevens, convergence, and tandem gait.</p> <p>Discussion: Patient fits clinical criteria for mild TBI with persistent and prolonged postconcussive syndrome. Treatment is primarily supportive.</p> <p>Plan: Request MRI brain study results. CBT pending. Follow-up in 8 weeks.</p>
08/05/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	<p>Visit: Neurology Follow-up.</p> <p>Subjective: Persistent ongoing symptoms. Intermittent headaches (5/10), neck pain, and persistent changes in cognition and memory.</p> <p>Physical Exam: Difficulty spelling "WORLD" backwards (D-R-L-O-W) and with serial sevens. Difficulty with convergence and tandem gait. Delayed recall 2/3.</p> <p>Plan: MRI brain results still pending. Recommended acupuncture. Follow-up in 8 weeks.</p>
10/25/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	<p>Visit: Teleneurology Follow-up.</p> <p>Subjective: Headaches continue ~2x/week (throbbing). Reports cognitive deficits: easily overwhelmed, unable to track conversations, difficulty with calculation, multitasking, and tasks take longer. Reports worsening right hip pain. Had an episode of "lines" in visual field followed by a headache.</p> <p>Physical Exam: Same difficulties with spelling "WORLD" backwards and serial sevens. Difficulty with convergence and tandem gait.</p> <p>Plan: Acupuncture pending. Recommended orthopedic evaluation for right hip pain. Follow-up in 8 weeks.</p>
12/02/2024	Amy Elizaga, PA-C / Christopher Stephenson, M.D.	<p>Visit: Initial Consultation.</p>

Date	Provider	Notes
	— Rincon PM&R	<p>History: Patient reports feeling depressed, not like herself, and avoids going out. Hip pain makes ambulation difficult. Woke up crying one night. Startled by loud noises. Feels overwhelmed in public spaces. Headaches 2-3x/week, 3-4/10 average pain. Tingling in right foot and hip. Can't multitask efficiently.</p> <p>Screening Scores: NSI: 31, PHQ9: 7, PCL5: 24.</p> <p>Assessment: Symptoms consistent with TBI, persistent post-concussion syndrome, myofascial pain, cognitive deficits, visual disturbances, post-traumatic headaches, and radiculopathy, all causally related to the 05/07/2023 accident.</p> <p>Plan: Recommended EEG/OcM/VOMS, referral to neuro-optometrist, speech-language pathologist for cognitive rehab, and trauma therapy.</p>
12/19/2024	Colin Misich, M.S., CCC-SLP — Functional Cognitive Rehab	<p>Visit: Speech Pathology/Cognitive-Linguistic Evaluation.</p> <p>Subjective: c/o difficulty concentrating, forgetfulness, slowed processing, word-finding difficulty. Becomes easily overwhelmed in conversations, especially in crowded/loud environments.</p> <p>Objective Testing:</p> <ul style="list-style-type: none"> • COWAT: Below average verbal fluency (1.3-1.6 SD below average). • RAVLT: Below average delayed recall (1.2-2.1 SD below average). • WAIS-R Digit Span: Below average attention and working memory. • RBMT Appointment: Below average prospective memory. <p>Impression: Cognitive-linguistic deficits in attention, processing speed, verbal fluency, delayed recall, working memory, and executive function, consistent with TBI.</p> <p>Plan: Recommended skilled speech pathology services 2-4x/month for 8-12 sessions.</p>
12/20/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	<p>Visit: Teleneurology Follow-up.</p> <p>Subjective: Headaches continue 2x/week (aching, sharp, 3-5/10 pain). Ongoing tinnitus, phonophobia, and intermittent dizziness/imbalance. Significant ongoing hip pain.</p> <p>Plan: Orthopedic evaluation pending. Recommended continuing CBT. Follow-up in 12 weeks.</p>
12/26/2024 - 02/06/2025	Colin Misich, M.S., CCC-SLP — Functional Cognitive Rehab	<p>Treatment: Patient attended 7 sessions of cognitive rehabilitation via telemedicine.</p> <p>Interventions: Focused on education about recovery, lifestyle modifications, organizational strategies, compensatory strategies for memory, attention, executive function, and verbal expression.</p> <p>Outcome: Patient demonstrated adequate comprehension and application of learned strategies to improve daily functional cognitive skills.</p>
01/16/2025	Jim Saunders, PA-C — Rincon PM&R	<p>Visit: Follow-up Visit.</p> <p>Subjective: NSI score 25, PHQ9 score 3, PCL5 score 24. Improvement in emotional state with CBT.</p> <p>Assessment: Reviewed 05/06/2024 DTI MRI, noting findings suggestive of TBI. Also reviewed 08/22/2023 spine MRIs, noting extensive degenerative changes and disc protrusions.</p> <p>Plan: Awaits referrals to neuro-optometrist and SLP. Continues PT. Recommended referral to pain medicine for cervical spine evaluation, possible facet blocks, and consideration of Intratect procedure.</p>
01/21/2025 - 04/15/2025	Heather Dakhil, AMFT — Telehealth	<p>Treatment: Patient attended 7 sessions of psychotherapy for PTSD, utilizing EMDR.</p> <p>Content: Sessions focused on the accident, resourcing/grounding techniques, self-esteem issues, and negative emotions stemming from the accident.</p> <p>Progress: Patient reported distress levels decreasing during sessions (e.g., from 8 to 6, 7 to 5). By the final session, patient reported feeling relief and hopeful about PTSD symptoms.</p>
02/25/2025	N/A — N/A	<p>Procedure: RightEye Dynamic Vision Report.</p> <p>Findings: Overall accuracy score of 64. Low accuracy scores for Pursuits (79) and especially Fixations (32). Saccades score was 83. Fixation stability showed significant dispersion. Choice Reaction Time was slow (2033 ms) with low accuracy (62%).</p>

Date	Provider	Notes
02/25/2025	N/A — N/A	<p>Procedure: RightEye Reading EyeQ Report.</p> <p>Findings: Reading grade level equivalent of 2.0. Reading rate was 80 wpm (grade average 224). Fixations per 100 words were high at 101 (grade average 19). Comprehension was low at 40%. High number of extended blinks (25).</p>
03/17/2025	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	<p>Visit: Teleneurology Follow-up.</p> <p>Subjective: Headaches continue, occurring with quick movements (burning sensation). Still does not "feel herself" with short-term memory difficulties despite helpful cognition therapy. Persistent dizziness and balance loss. Pain in hips, knees, lower back. Vision continues to be an issue; saw an ophthalmologist who recommended vision therapy.</p> <p>Plan: Request ophthalmology evaluation for review. Request a video ENG (VNG) study for ongoing dizziness. Follow-up in 12 weeks.</p>
03/31/2025 - 05/21/2025	Karen M. Lien — Visual Processing Institute	<p>Treatment: Patient attended 12 sessions of vision rehabilitation treatment.</p> <p>Interventions: Included exercises such as Quoits, VB line tracing, VTS4 Stereopsis, SVI Rotator, Brock String, Aperture Ruler, and Vivid Vision games (Barnyard Bounce, Breaker, Ring Runner, Pepper Picker).</p> <p>Notes: Patient experienced some difficulty, feeling overwhelmed at times, and triggered head pain on one occasion. Suppression of the left eye was noted during vergence exercises. By the end, patient was working on more advanced levels of exercises.</p>

2.1.3 Diagnostics

A brief outline of previously conducted medical examinations, imaging studies and evaluations conducted to assess the patient condition.

[Date/Type of Diagnostic studies]

2.1.3 Diagnostics

- **CT Brain (05/08/2023):** No significant acute intracranial abnormality.
- **Spine X-Rays (05/10/2023):** Per patient report, showed arthritis in the neck.
- **EEG (07/27/2023):** Not significant for epileptic discharges or focal slowing. However, bifrontal delta and theta frequency slowing was observed, which can be associated with TBI.
- **VNG (07/27/2023):** Results consistent with CNS damage, showing gaze nystagmus (right, left, center) and skew deviation.
- **MRI Brain (08/22/2023):** Unremarkable non-contrast study.
- **MRI Cervical Spine (08/22/2023):** Revealed significant degenerative changes including Grade I posterior listhesis (C4-C7), disc desiccation, disc protrusions at multiple levels (C2-C7) causing mild to moderate spinal canal narrowing with potential myelopathy, and moderate to severe neural foraminal narrowing with nerve root compression at C4-C6.
- **MRI Lumbar Spine (08/22/2023):** Showed Grade I posterior listhesis (L5-S1), disc desiccation (L3-S1), and disc protrusions at L3-L4, L4-L5, and L5-S1 with abutment on transiting and/or exiting nerve roots.
- **Creyos Cognitive Assessment (09/19/2023):** Indicated below-average performance for age and sex in verbal reasoning and mental rotation.
- **DTI Brain MRI (05/06/2024):** Revealed evidence of complicated mild TBI. FLAIR imaging showed a focal contrecoup abnormality in the left frontotemporal area and a 2.5 cm brain laceration with microhemorrhage (on SWI) in the right temporoparietal area. DTI tractography showed losses in the corpus callosum, bilateral supracallosal cingulum, right middle cerebellar peduncle, and right inferior longitudinal fasciculus, correlating with the patient's cognitive, emotional, and auditory symptoms.
- **Cognitive-Linguistic Evaluation (12/19/2024):** Formal testing identified deficits in attention, processing speed, verbal fluency, delayed recall, working memory, and executive function.

- **RightEye Vision Testing (02/25/2025):** Showed poor fixation stability, slow choice reaction time, and a reading equivalency of grade level 2.0 with a very slow reading rate (80 wpm) and low comprehension (40%).

2.1.4 Procedures Performed

- **Trigger Point Injections (07/19/2023):** Injections of Bupivacaine and Ropivacaine into bilateral SCM, temporalis, pterygoid, and trapezius muscles for headache and muscle spasm.

2.1.5 Treatment Recommendations

- **Medications:**

- For Headache Prevention: Magnesium glycinate 400 mg, Riboflavin 400 mg, Nortriptyline 10 mg.
- For Acute Headaches: Tylenol, Nurtec.
- For Pain/Spasm: Methocarbamol.

- **Therapies:**

- **Physical Therapy:** For cervical and lumbar pain.
- **Chiropractic Care:** For neck and back pain (patient completed ~25 sessions).
- **Cognitive Behavioral Therapy (CBT) / Trauma Therapy (EMDR):** For mood, anxiety, PTSD, and cognitive symptoms.
- **Speech/Cognitive Rehabilitation:** To address deficits in memory, attention, and executive function.
- **Vision Therapy/Rehabilitation:** For visual disturbances and convergence insufficiency.
- **Acupuncture:** For neck and back pain.

- **Referrals:**

- Spine Specialist / Neurosurgery (Dr. Andrew Fox)
- Pain Management
- Ophthalmology / Neuro-optometry
- Acupuncturist

- **Further Diagnostics:**

- MR Neurography of the pelvis (for coccyx pain).
- Audiometry (for hearing asymmetry).
- Repeat VNG study.

- **Potential Procedures:**

- Transcranial Magnetic Stimulation (TMS) for headaches.
- Open MRI-guided retro-orbital injection.
- Cervical disc arthroplasty/fusion (C4-C7).
- Lumbar microdiscectomy (L5-S1).
- Cervical/lumbar facet blocks.

3. Interview

I obtained the information presented here through my interview with **Fatima Dodson**, which took place on 2025-06-19.

3.1 Recent History

The patient is a 53-year-old whose recent history is centered around an incident that occurred on 2023-05-07.

3.1.1 History of Present Injury/Illness

On May 7, 2023, Ms. Dodson was injured when a speaker fell on her head while she was standing. An ambulance was present at the scene of the incident.

As a result of the incident, Ms. Dodson reports pain in multiple body regions. She describes head pain as aching, burning, cramping, dull, radiating, sharp, shooting, stabbing, and throbbing, which can be constant or intermittent. This pain radiates to her shoulder, arm, and neck and is worsened by yawning or eating. She reports neck pain with the same qualities, which is constant and worsened by work and frequent movement. The lower back pain is described as aching and burning, is constant, and radiates down to her buttock, hip, and feet. Lower back pain is aggravated by physical activity and prolonged sitting or standing. She has intermittent burning pain in her hip, which is now predominantly on the right side and localized around the hip bone. She experiences intermittent burning and radiating pain in her knee, which is more intense on the right side and is worsened by climbing stairs, physical activity, and standing for too long. She also reports intermittent burning and dull pain in her spine, which is aggravated by physical activity. Additionally, she reports burning pain in her foot.

Associated symptoms include numbness and tingling in her head, as well as blurry and double vision and pain behind her right eye. She reports clicking and popping in her neck and hip, stiffness in her lower back, and clicking in her knee.

Ms. Dodson reported receiving treatment from a chiropractor for her neck, lower back, and hip. She also reported 25 sessions of strength therapy for her neck and back, cognitive therapy, and 12 sessions of trauma therapy. Vision therapy was planned for June 25.

The patient reports that the incident has affected her work and daily tasks. She experiences memory lapses and reduced comprehension, which have resulted in her being unable to work the long hours she did previously. She took a couple of days off from work following the incident. She reports that certain movements are now difficult for her, including bending, picking up and moving objects, and climbing stairs.

The patient reported that her sleep is affected every night due to her symptoms.

Ms. Dodson reported experiencing depression and anxiety following the incident.

The patient lives alone in an apartment that has stairs.

The incident has resulted in widespread, multi-quality pain, associated neurological symptoms including visual disturbances and sensory changes, cognitive deficits affecting her work capacity, and functional limitations with mobility and movement.

3.2. Subjective History

3.2.1 Current Symptoms

Ms. Dodson reported that the symptoms bothering her most currently are headache, blurry and double vision, pain behind her right eye, and burning pain in her foot, knee, and hip.

3.2.2 Physical Symptoms

The patient reports pain in the head, neck, lower back, hip, knee, spine, and foot. Head pain is described as aching, burning, cramping, dull, radiating, sharp, shooting, stabbing, and throbbing, and is associated with numbness and tingling. Neck pain has similar qualities and is associated with clicking and popping. Lower back pain is aching and burning with radiation to the lower extremities and associated stiffness. Hip pain is described as a burning sensation, primarily on the right, with clicking and popping. Knee pain is burning and radiating, more intense on the right, and associated with clicking.

3.2.3 Functional Symptoms

The patient reports difficulty with bending, picking up and moving objects, and climbing stairs. Her work capacity is limited by memory lapses, reduced comprehension, and an inability to work long hours. Her sleep is affected on a nightly basis.

3.3 Review of Systems

3.3.1 Emotional Symptoms

The patient reports experiencing depression and anxiety.

3.3.2 Neurologic

The patient reports headaches, blurry and double vision, and pain behind her right eye. She experiences numbness and tingling in her head. Pain is reported to radiate from her head to her shoulder, arm, and neck, and from her lower back down to her buttock, hip, and feet. She also reports memory lapses and reduced comprehension.

3.3.3 Orthopedic

The patient reports pain in her head, neck, lower back, hip, knee, and spine. She reports mechanical symptoms including clicking and popping in the neck and hip, and clicking in the knee. She experiences stiffness in her lower back. Functional limitations include difficulty with bending, picking up objects, and climbing stairs.

3.3.4 Cardiovascular

A past medical history of high blood pressure was reported.

3.3.5 Integumentary

None reported.

3.3.6 Respiratory

None reported.

3.3.7 Digestive

None reported.

3.3.8 Urinary

None reported.

3.3.9 Circulation

None reported.

3.3.10 Behavioral

None reported.

3.4 Past Medical History

The patient reported a history of high blood pressure, and neck and lower back arthritis.

3.5 Past Surgical History

The patient reported a history of prior surgeries, but no specific procedures were detailed.

3.6 Injections

None reported.

3.7 Family History

None reported.

3.8 Allergies

None reported.

3.9 Drug and Other Allergies

None reported.

3.10 Medications

The patient reported taking medication for high blood pressure.

3.11 Assistive Device

None reported.

3.12 Social History

The patient lives alone. She reported that she does not smoke and drinks alcohol socially.

3.13 Education History

The patient reported her highest level of education is high school.

3.14 Professional/Work History

The patient is self-employed in retail and at a produce festival.

3.15 Habits

The patient reports she does not smoke and drinks socially.

3.16 Tobacco use

The patient reported that she does not smoke.

3.17 Alcohol use

The patient reported social use of alcohol.

3.18 Illicit drugs

None reported.

3.19 Avocational Activities

None reported.

3.20 Residential Situation

The patient is an African American/Black female who lives alone in an apartment that has stairs.

3.21 Transportation

3.22 Household Responsibilities

{"gender": "female", "pronouns": {"subject": "she", "object": "her", "possessive_adjective": "her", "possessive": "hers"}}

4. Central Opinions

4.1 Diagnostic Conditions

For the purpose of Life Care Planning, a diagnostic condition can be defined as an impairment. According to the American Medical Association's *Guides to the Evaluation of Permanent Impairment, 5th Edition*, this is defined as "a loss of use, or a derangement of any body part, organ system or organ function."

The following represents my professional medical opinion regarding Fatima Dodson diagnostic conditions, as they pertain to his relevant cause of injury:

Diagnostic Condition 1: traumatic brain injury; postconcussive syndrome; frontal lobe syndrome; cognitive deficits; cognitive communication deficit

Diagnostic Condition 2: anxiety; posttraumatic stress disorder

Diagnostic Condition 3: postconcussion dizziness related to labyrinthine trauma; vestibular dysfunction; traumatic convergence insufficiency; tinnitus, bilateral

Diagnostic Condition 4: cervical/thoracic strain

Diagnostic Condition 5: lumbar radiculopathy

4.2 Consequent Circumstances

4.2.1 Disabilities

According to the American Medical Association's *Guides to the Evaluation of Permanent Impairment*, 5th Edition, a disability is defined as "an alteration of an individual's capacity to meet personal, social, or occupational demands because of an impairment."

It is my professional medical opinion that the disabilities specified herein are attributable to Fatima Dodson relevant impairments, as presented in Section 6.1.

- Difficulty with completing tasks
- Delay in word finding during conversations
- Difficulty with following conversations
- Inability to multitask
- Needs things repeated to her multiple times prior to understanding what has been said
- Difficulty with reading for prolonged periods of time
- Not able to perform at work at the same level as she used to be able to
- Frequently misplaces objects and needs to write things down to remember them
- Difficulty with both falling asleep and staying asleep
- Feels overwhelmed when around larger crowds
- Difficulty with tandem gait and frequently will lose her balance
- Pain prevents her from sitting for more than one hour
- Pain prevents her from standing for more than one hour
- Can lift only very light weights
- Restricted to journeys of less than one hour
- Clumsiness or dropping things with right hand
- Struggles to participate in social life due to being easily overwhelmed/overstimulated in conversations

4.2.2 Probable Duration of Care

This formulation of **Fatima Dodson**'s Probable Duration of Care has been prepared by me, **Neil Ghodadra, M.D.**, for the purpose of **Fatima Dodson**'s Life Care Plan. In formulating **Fatima Dodson**'s Probable Duration of Care, I have applied my best professional efforts and considered the published literature. I have additionally relied upon my education, training, skill, and professional experience as a practicing board-certified orthopedic surgeon and Certified Life Care Planner, as well as a reasonable degree of medical probability.

The methodology I have employed to formulate **Fatima Dodson**'s Probable Duration of Care is that which is advocated by the American Academy of Physician Life Care Planners. This methodology requires a physician life care planner to:

1. Establish a subject's Average Residual Years.
2. Use Average Residual Years to calculate a subject's Life Expectancy.
3. Formulate Adjustments to Life Expectancy (if any).
4. Use Adjustments to Life Expectancy (if any) to calculate Projected Residual Years.
5. Use Projected Residual Years to calculate Projected Life Expectancy.
6. Determine the Probable Duration of Care using the following methodological sequence:
 - a. If no Adjustment to Life Expectancy is made and life-long care is required, then **Probable Duration of Care = Average Residual Years**.
 - b. If an Adjustment to Life Expectancy is made and life-long care is required, then **Probable Duration of Care = Projected Residual Years**.
 - c. If no Adjustment is made and less-than-life-long care is required, then **Probable Duration of Care = the portion of Average Residual Years during which active medical care is needed, as specified in the Future Medical Requirements**.
 - d. If an Adjustment is made and less-than-life-long care is required, then **Probable Duration of Care = the portion of Projected Residual Years during which active medical care is needed, as specified in the Future Medical Requirements**.

4.2.3 Average Residual Years

To establish **Fatima Dodson**'s Average Residual Years, I have relied upon *The National Vital Statistics Reports, United States Life Tables 2024, Volume 72, Number 12*, published by the National Center for Health Statistics, a part of the United States Department of Health and Human Services.

The National Vital Statistics Reports (NVSR) provide age ranges to determine Average Residual Years (Expectation of Life at Age "X"), e.g., 54–55, 55–56. Because **Fatima Dodson** is 53 years old, she falls into the NVSR's 50-55 age-range classification. The NVSR Expectation of Life at Age "X" for that classification is 26.9 years.

In accordance with the methodology advocated by the American Academy of Physician Life Care Planners, I have rounded **Fatima Dodson**'s Expectation of Life to the nearest whole number. Therefore, **Fatima Dodson**'s Average Residual Years = 26.9.

4.2.4 Life Expectancy

According to the methodology advocated by the American Academy of Physician Life Care Planners:

- Life Expectancy = Current Age + Average Residual Years
- **Fatima Dodson's** Current Age = 53
- **Fatima Dodson's** Average Residual Years = 26.9

Therefore, **Fatima Dodson's** Life Expectancy = **79.9**

4.2.5 Adjustments to Life Expectancy

In formulating Adjustments to **Fatima Dodson's** Life Expectancy, I have considered the potential impact of her:

- Diagnostic Condition
- Disabilities
- Pre-existing comorbidities
- Other comorbidities (whether caused by or adversely affected by **Fatima Dodson's** relevant injuries/illnesses)
- Adverse lifestyle behaviors/mental health conditions
- Associated conditions and/or consequences
- Pre-existing and/or newly developed conditions
- Family health history
- Unique risk factors, whether caused by, or adversely affected by **Fatima Dodson's** relevant injuries/illnesses, or whether they result from preexisting or recently developed comorbidities

In addition, I have also considered how receiving care that is specifically designed to mitigate **Fatima Dodson's** unique risk factors may mitigate the deleterious effects of such risk factors on his Life Expectancy. I also presume the provision of optimal care will have a mitigating influence on the deleterious impact of **Fatima Dodson's** unique risk factors on his Life Expectancy.

In consideration of the potential impact of the factors expressed above, and in my effort to formulate a medically probable Projected Duration of Care, it is my opinion **Fatima Dodson's** Residual Years will not be impacted. I have therefore made a 0% adjustment to **Fatima Dodson's** Average Residual Years.

4.2.6 Probable Duration of Care

As previously stated, it is my opinion that **Fatima Dodson** will have progressive symptoms, as well as physical and psychological impairments and disabilities, which require lifelong medical care.

According to the methodology advocated by the American Academy of Physician Life Care Planners, in cases in which a physician Life Care Planner makes no Adjustment to Life Expectancy, and a physician Life Care Planner believes a subject will require lifelong care, then Probable Duration of Care = Average Residual Years.

Therefore, **Fatima Dodson's** Average Residual Years = **26.9**, the Probable Duration of Care upon which his Life Care Plan is based.

5. Future Medical Requirements

The future medical requirements specified herein are intended to address the diagnostic conditions and consequent circumstances specified in Section 6 of Fatima Dodson's Life Care Plan.

The future medical requirements specified herein are grouped into care categories, in which the names of the specific care item(s) are presented, and in applicable cases, are accompanied by relevant CPT, HCPCS, and DRG codes. Asterisks ("*") in the place of codes for any item(s) denote item(s) for which coding was either not possible (i.e., in the case of nursing and attendant care, environmental modifications, essential services, etc.), or in cases in which coding is not applicable. This relates to using such codes to perform a cost/vendor survey for the purpose of obtaining unit costs that can be used within this Life Care Plan's Cost Analysis [i.e., in the case of medications, in which it is possible to assign National Drug Codes ("NDC codes") to medication items, but in which case it is not possible to use such codes to obtain data-correlated cost information, such as Usual, Customary and Reasonable (UCR) cost data].

I have formulated Fatima Dodson's future medical requirements based on my education, training, and professional experience as a practicing physician, board-certified orthopedic surgeon.

I have employed a reasonable degree of medical probability as a primary criterion in the formulation of my medical recommendations. I have also made such recommendations with the intent of accomplishing the following Clinical Objectives of Life Care Planning to:

- Diminish or eliminate Fatima Dodson's physical and psychological pain and suffering.
- Reach and maintain the highest level of function given Fatima Dodson's unique circumstances.
- Prevent complications to which Fatima Dodson's unique physical and mental conditions predispose him.
- Afford Fatima Dodson the best possible quality of life considering her condition.

5.1 Physician Services

See cost table

5.2 Routine Diagnostics

See cost table

5.3 Medications

See cost table

5.4 Laboratory Studies

See cost table

5.5 Rehabilitation Services

See cost table

5.6 Equipment & Supplies

See cost table

5.7 Environmental Modifications & Essential Services

See cost table

5.8 Acute Care Services

See cost table

6. Cost/Vendor Survey

The purpose of this Cost/Vendor Survey (the “Survey”) is to enhance the transparency of the Life Care Plan’s Cost Analysis. This Survey is presented in two sections:

1. Methods, Definitions and Discussion: Discloses the methods and parameters used to perform this Survey.
2. Cost Data Sample: Exhibits all unit costs and other source-specific information obtained during this Survey that are employed in this Life Care Plan’s Cost Analysis.

6.1 Methods, Definitions, and Discussion

6.1.1 Survey Methodology

1. Specified Vendors/Providers:

When specific vendors/providers are specified (e.g., for Acute Care Services at specified facilities, or when a life care plan’s subject, family members, caregivers, treating physicians, etc., specify particular physicians they are currently seeing and/or wish to see in the future), the costs associated with these specified vendors/providers are cited in this Life Care Plan’s Vendor Survey. These values are used as unit costs for respective line items in this Life Care Plan’s Cost Analysis, assuming it is possible to obtain such cost information from the specified vendors/providers.

2. Usual, Customary & Reasonable (UCR) Data:

If no specific vendors/providers are specified, or if cost information from specified vendors/providers cannot be obtained, UCR cost data is sourced. This data is cited in the Vendor Survey and used for applicable line items in the Cost Analysis. UCR data is obtained from within the Geo-Zip region assigned to Fatima Dodson’s probable location of care (Geo-Zip region “90008”), or, if unavailable, from alternative Geo-Zip regions within a 35-mile radius of Fatima Dodson’s probable location of care.

3. Web and Telephone Inquiries:

In the absence of preferred vendors/providers or in cases in which specific vendor(s)/provider(s) are specified, but from whom it is not possible to obtain cost information, and in cases where UCR data is unavailable, cost data is sourced via web or telephone inquiries from vendors/providers within a 35-mile radius of Ms. Fatima Dodson’s probable location of care. An attempt is made to obtain at least three discrete costs from three discrete sources. This data, along with direct contact information for all vendors/providers from which cost data was obtained, is exhibited in the Cost Data/Vendor Sample. Averages (arithmetic means) are calculated and used as unit costs for respective line items in the Cost Analysis.

4. National Online Vendors:

When sourcing cost data via the web, cost data from national online vendors (durable equipment, online medication, and other vendors) (e.g., CVS.com, Walgreens.com, Drugstore.com) is included without consideration given to national vendors and Fatima Dodson’s actual location. In cases in which cost data is sourced from such vendors, data is treated the same as data sourced from local vendors (within a 35-mile radius of Fatima Dodson’s location) and cited in the Vendor Survey. Values are then used in the calculation of arithmetic means for unit costs in the Cost Analysis.

5. Multiple Data Sources for Single Items:

For items requiring multiple data sources (e.g., surgeries with separate costs for procedures and hospitalization), values for each cost component are obtained and summed to calculate a total unit cost. Preferred vendors/providers are considered first; in their absence, UCR data or cost data from individual vendors/sources is obtained. All sources are cited in the Vendor Survey, and component costs are summed for consolidated unit costs.

6.1.2 Definitions and Discussion

• Probable Location of Care & Proximity

Prices of medically related goods and services can vary based on geographic location. The geographic scope of this survey is generally defined as a specified radius from the subject’s primary residence. Primary residence (“*probable location of care*”) is defined by a GeoZip locator.

The geographic scope is defined as a 35-mile radius; and the probable location of care is defined using Geo-Zip locator: **90008**.

- **Usual Customary & Reasonable (UCR) Cost Data**

According to the American Medical Association's *UCR Definition: AMA Policy H-385.923*:

1. "Our AMA adopts as policy the following definitions:
 - a. 'Usual;' fee means that fee usually charged, for a given service, by an individual physician to private patient (i.e., usual fee).
 - b. A fee is 'customary' when it is within the range of usual fees currently charged by physicians of similar training and experience, for the same service within the same specific and limited geographical area; and
 - c. A fee is 'reasonable' when it meets the above two criteria and is justifiable, considering the special circumstances of the case in question, without regard to payments that have been discounted under governmental or private plans.
2. Our AMA takes the position that there is no relationship between the Medicare fee schedule and Usual, Customary, and Reasonable Fees.

- **Context4Healthcare**

Usual Customary and Reasonable (UCR) cost data in this Life Care Plan is sourced from Context4Healthcare, Inc. Context4Healthcare is an independent, disinterested, third-party provider of medical cost data which is endorsed and recommended by the Texas Medical Association in their essential text, Business Basics for Physicians:

Fees for service should be fair and reasonable for the medical specialty and according to community standards. Practice managers or administrators can perform a fee schedule analysis to determine whether physicians' fees are in line with market rates. Fee schedule information by specialty and location is available for purchase at www.context4healthcare.com/data-products/physician-fee-reports.

Context4Healthcare's UCR Database is the largest publicly available database of its kind in the United States. Its UCR database is used by hundreds of healthcare organizations across the United States, including by some of the nation's largest payers, such as insurance companies.

According to Context4Healthcare, its database contains approximately 70% of all healthcare charges submitted for payment in the United States. Context4Healthcare's UCR Database is representative of charges for a national population of providers, representing a variety of contractual arrangements between payers and providers. It is large enough to support statistically reliable and valid estimates at small levels of geographic disaggregation, i.e., within small groups of zip codes.

Context4Healthcare's UCR Database incorporates data from approximately one billion de-identified medical bills, which are obtained every six months from a variety of sources, primarily companies that provide electronic billing and claims processing services to healthcare providers. Context4Healthcare's statistical model uses the latest two years of data, which it adjusts for inflation every six months.

Context4Healthcare's UCR Database is arrayed in percentiles from the 25th through the 95th percentile and is divided into more than 320 Geo-Zip regions around the country to account for regional differences in healthcare costs.

Context4Healthcare is one of the longest-standing providers of UCR data, and it has been a leader in UCR fee analysis for over 25 years. Context4Healthcare is led by a team of highly skilled physicians, statisticians, programmers, software engineers, and executives:
www.context4healthcare.com/about/our-management-team

- **UCR Percentiles and "UCR 80"**

UCR data as maintained by Context4Healthcare is organized into "conversion factors." These conversion factors are commonly used within the healthcare payer industry for the purpose of establishing benchmarks by which to filter submitted charges.

"UCR 80" is a shorthand reference to the 80th UCR percentile. Historically, it has been customary for healthcare insurance providers to use "UCR 80" as a standard benchmark against which to measure the acceptability of charges.

In addition to its relatively ubiquitous application by healthcare payers, the use of UCR 80 is also mandated by various states and federal agencies. For example:

1. The use of UCR 80 is mandated by the Texas State Legislature to resolve disagreements between out-of-network healthcare providers and insurers.
2. The State of New York has enacted a statute to prevent "surprise bills" and defines the "usual and customary cost" as "the eightieth percentile of all charges for the particular health care service performed by a provider in the same or similar specialty and provided in the same geographical area."
3. The United States Veterans Administration ("VA") has mandated that "reasonable charges for medical care or services provided or furnished by VA to a veteran" use the "80th percentile of community charges," with "community" defined using a 3-digit Geo-Zip parameter.
4. To protect the interests of the United States Taxpayer, in non-worker's compensation cases, the United States Center for Medicare and Medicaid Services (CMS) requires UCR 80 to be used to quantify the value of Medicare Set-aside Allocations (MSAs), which the CMS has historically referred to as Life Care Plans.

- **Employing UCR Data**

To obtain appropriate UCR cost data, it is necessary to define two basic parameters:

1. A Geo-Zip code that specifies a geographic region.
2. Specific CPT (Current Procedural Terminology) codes, specific DRG (Diagnosis-Related Group) codes, or specific HCPCS (Healthcare Common Procedure Coding System) codes.

As previously stated, I have selected Geo-Zip **90008**, which defines **Fatima Dodson's** probable location of care.

UCR Data, as provided by Context4Healthcare, is structured into “modules,” which include:

- Medical
- Outpatient Facility
- Inpatient Facility
- Anesthesia
- HCPCS

The future medical requirements specified in this Life Care Plan have been coded for the purpose of soliciting UCR data from relevant UCR modules.

1. CPT codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in the Medical Module. Such items include professional service fees, e.g., physician services, routine diagnostics, laboratory services, etc.
2. CPT codes have also been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in the Outpatient Facility Module. Such items would include outpatient facility fees, e.g., acute care services performed in outpatient hospital settings, ambulatory surgical centers, etc.
3. DRG codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in the Inpatient Facility Module. Such items would include inpatient facility fees, e.g., acute care services performed in inpatient facilities, including inpatient hospitalizations, in-patient admissions (“stays”), etc.
4. CPT codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in the Anesthesia Module for anesthesia-related fees, such as minimal, moderate, and deep sedation.
5. HCPCS codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in the HCPCS Module. The HCPCS Module contains cost data for services not included in the Current Procedural Terminology (CPT) codes, e.g., durable medical equipment, and supplies such as mobility devices, hospital beds, injection supplies, orthotics and prosthetics, and other services such as ambulance services, hearing, and speech pathology services, etc.

7. Cost Analysis

This Cost Analysis (“Analysis”) quantifies the nominal monetary value of providing **Fatima Dodson** with the medically related goods and services specified in Section 5: Future Medical Requirements.

7.1 Definition & Discussion of Quantitative Methods

7.1.1 Nominal Value

This Analysis quantifies all costs in nominal value, or “*today’s dollars*,” without accounting for the time value of money, i.e., it does not account for inflation or discounts to formulate future and/or present values.

7.1.2 Accounting Methods

This Analysis uses Cash Method Accounting, in which values are accounted for within periods when cash outflows associated with the acquisition of future medical requirements are forecast to occur.

7.1.3 Variables

7.1.3.1 Independent Variables

To quantify this life care plan’s future medical requirements, this cost analysis considers the following independent variables:

- Start Date (Starting period)
- Quantity
- Interval
- Duration
- Unit Cost

7.1.3.2 Dependent Variables

From the preceding independent variables, the following dependent variable is derived:

$$\text{Frequency} = (\text{Quantity} \div \text{Interval})$$

7.1.4 Unit Costs

- When Usual Customary & Reasonable (UCR) data is used, single-value unit costs, as specified in this Life Care Plan’s Cost/Vendor Sample, are employed.
- When multiple prices are sourced from independent vendors/providers, unit costs are the arithmetic mean, i.e., the sum of the values in the sample divided by the number of values in the sample.
- For items with multiple component costs, such as surgeries, all component costs are summed into a consolidated, single value.

7.1.5 Counts & Conventions

All quantities, intervals, and durations in this Cost Analysis are detailed under each future medical requirement heading. All time-related variables align with the Gregorian calendar.

9. Summary Cost Projection Tables

The below medical cost projections are developed using the methodology described in Section 8 and reflect the currently recommended plan of care. These tables consolidate projected lifetime costs by category for ease of review.

Note: Projections may incorporate specialist input and will be updated if the treatment plan changes.

Table Number	Table Title	Total Cost Projection
Table 1	Routine Medical Evaluation	\$25,409.85
Table 2	Therapeutic Evaluation	\$6,775.85
Table 3	Therapeutic Modalities	\$28,883.33
Table 4	Diagnostic Testing	\$16,576.89
Table 5	Equipment and Aids	\$2,899.17
Table 6	Pharmacology	\$3,000.00
Table 7	Future Aggressive Care/Surgical Intervention	\$809,427.99
Table 8	Home Care/Home Services	\$205,821.11
Table 9	Labs	\$678.04
Total Cost Projection		\$1,099,472.23

9.1 Detailed Cost Projection Tables

Table 1: Routine Medical Evaluation

Routine Medical Evaluation Table

Routine Medical Evaluations	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
neuropsychological evaluation (99214)	53	79.9	26.9	24	\$443.67	\$10648.08	\$286433.35
neuro evaluation (99214)	53	79.9	26.9	5	\$443.67	\$2218.35	\$59673.62
neurology evaluation (99214)	53	79.9	26.9	4	\$393.23	\$1572.92	\$42311.55
pain management evaluation (99214)	53	79.9	26.9	8	\$443.67	\$3549.36	\$95477.78
psych evaluation (99214)	53	79.9	26.9	5	\$443.67	\$2218.35	\$59673.62
psychiatric evaluation (90791)	53	79.9	26.9	2	\$595.68	\$1191.36	\$32047.58
neuro-optometrist evaluation (99214)	53	79.9	26.9	2	\$389.13	\$778.26	\$20935.19
ophthalmology evaluation (99214)	53	79.9	26.9	2	\$389.13	\$778.26	\$20935.19
neuropsychiatry evaluation (99214)	53	79.9	26.9	2	\$366.74	\$733.48	\$19730.61
neuroendocrinologist evaluation (99214)	53	79.9	26.9	2	\$341.77	\$683.54	\$18387.23
primary care physician (99214)	53	79.9	26.9	1	\$389.13	\$389.13	\$10467.60
spine surgeon evaluation (99214)	53	79.9	26.9	1	\$261.76	\$261.76	\$7041.34
orthopedic surgeon evaluation (99214)	53	79.9	26.9	1	\$388.00	\$388.00	\$10437.20
TOTAL					\$25409.85	\$683551.86	

Table 2: Therapeutic Evaluation**Therapeutic Evaluation Table**

Therapeutic Evaluations	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
physical therapy evaluation (99214)	53	79.9	26.9	1	\$387.09	\$387.09	\$10412.72
physical therapy evaluation (97161)	53	79.9	26.9	1	\$217.04	\$217.04	\$5838.38
physical therapy (97110,97010, 97032, 97035)	53	79.9	26.9	12	\$191.94	\$2303.28	\$61958.23
psychotherapy (90837)	53	79.9	26.9	4	\$352.79	\$1411.16	\$38050.20
Cognitive behavioral therapy	53	79.9	26.9	50 sessions in a lifetime	\$200.00	n/a	\$10000.00
vestibular rehabilitation program (92537)	53	79.9	26.9	1	\$146.16	\$146.16	\$3931.70
cognitive behavioral evaluation (96125)	53	79.9	26.9	1	\$415.12	\$415.12	\$11166.73
physical therapy evaluation	53	79.9	26.9	1	\$444.92	\$444.92	\$11968.35
visual processing evaluation (92060)	53	79.9	26.9	2	\$195.10	\$390.20	\$10496.38
vestibular exercises (92537)	53	79.9	26.9	8	\$132.61	\$1060.88	\$28537.67
TOTAL					\$6775.85	\$182360.36	

Table 3: Therapeutic Modalities**Therapeutic Evaluation Table**

Therapeutic Evaluations	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
application of a modality (97010)	53	79.9	26.9	24	\$38.08	\$913.92	\$24,584.45
therapeutic exercises (97110)	53	79.9	26.9	12	\$79.13	\$949.56	\$25,543.16
ultrasound therapy (97035)	53	79.9	26.9	12	\$61.42	\$737.04	\$19,826.38
electrical stimulation (97032)	53	79.9	26.9	12	\$45.72	\$548.64	\$14,758.42
physical therapy (97110,97010, 97032, 97035)	53	79.9	26.9	12	\$211.82	\$2,541.84	\$68,403.40
psychotherapy (90837)	53	79.9	26.9	12	\$281.38	\$3,376.56	\$90,829.46
occupational therapy (97110, 97112, 97761)	53	79.9	26.9	1	\$237.85	\$237.85	\$6,398.17
family/couples therapy (90847)	53	79.9	26.9	12	\$300.39	\$3,604.68	\$96,966.01
prosthetic rehabilitation (97760, 97761, 97763)	53	79.9	26.9	12	\$297.89	\$3,574.68	\$96,158.89

acupuncture (97810)	53	79.9	26.9	12	\$91.65	\$1,099.80	\$29,584.62
Speech therapy (92507)	53	79.9	2em; font-weight: bold;">TOTAL			\$28,883.33	\$777,030.01

Table 4: Diagnostic Testing

Diagnostic Testing Table

Diagnostic Testing	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
EMG (95864)	53	79.9	26.9	1	\$3866.69	\$3866.69	\$104013.96
NCV (95909)	53	79.9	26.9	1	\$756.08	\$756.08	\$20338.55
X-ray of the cervical spine (72040)	53	79.9	26.9	0.5	\$155.99	\$78.00	\$2098.20
MRI of the lumbar spine without contrast (72148)	53	79.9	26.9	0.333333333	\$2411.40	\$803.80	\$21622.22
X-ray of the lumbar spine (72100)	53	79.9	26.9	0.5	\$161.14	\$80.57	\$2167.33
MRI of brain without contrast (70551)	53	79.9	26.9	once every 3 years	\$2759.72	\$919.91	\$24745.58
MRI of the cervical spine (72141)	53	79.9	26.9	0.33	\$2421.09	\$798.96	\$21491.02
Videonystagmography (VNG) (92540)	53	79.9	26.9	2 in lifetime	\$372.75	n/a	\$745.50
EEG (95812)	53	79.9	26.9	1	\$1724.19	\$1724.19	\$46380.71
Polysomnographic sleep study (95810)	53	79.9	26.9	1	\$4841.76	\$4841.76	\$130243.34
EEG (95813)	53	79.9	26.9	0.67	\$2090.73	\$1400.79	\$37681.25
X-ray of the thoracic spine (72072)	53	79.9	26.9	0.5	\$197.52	\$98.76	\$2656.64
MRI of the thoracic spine without contrast (72146)	53	79.9	26.9	0.33	\$1949.51	\$643.34	\$17305.85
VAT(92517)	53	79.9	26.9	2	\$282.02	\$564.04	\$15172.68
TOTAL					\$16576.89	\$446662.83	

Table 5: Equipment and Aids

Equipment & Aids Table

Equipment & Aids	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
allowance for various (heating pad, ice pack, topical pain cream)	53	79.9	26.9	1	\$124.00	\$124.00	\$3335.60
Home exercise equipment such as bands and weights	53	79.9	26.9	1	\$2500.00	\$2500.00	\$67250.00
padded vinyl shower chair	53	79.9	26.9	0.5	\$125.00	\$62.50	\$1681.25
grab bar in shower	53	79.9	26.9	1	\$46.98	\$46.98	\$1263.76
lumbar support cushion	53	79.9	26.9	0.5	\$72.99	\$36.50	\$981.85
raised toilet seat	53	79.9	26.9	once over a lifetime	\$279.00	n/a	\$279.00

reacher/grabber	53	79.9	26.9	0.5	\$15.99	\$8.00	\$215.20
long handled bath sponge	53	79.9	26.9	4	\$23.99	\$95.96	\$2581.32
Cane	53	79.9	26.9	0.33	\$30.00	\$9.90	\$266.31
walker	53	79.9	26.9	0.3333	\$70.00	\$23.33	\$627.58
TOTAL						\$2899.17	\$78481.87

Table 6: Pharmacology

Pharmacology Table

Pharmacology	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
general allowance	53	79.9	26.9	12	\$250.00	\$3000.00	\$80700.00
TOTAL						\$3000.00	\$80700.00

Table 7: Future Aggressive Care/Surgical Intervention

Routine Medical Evaluation Table

Procedure	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
adjacent level lumbar fusion (22585)	53	79.9	26.9	1	\$264857.49	\$264857.49	\$7124666.48
bilateral lumbar facet injection (64493, 64494)	53	79.9	26.9	0	\$15202.77	\$0.00	\$0.00
botox injection (64615)	53	79.9	26.9	2	\$3491.89	\$6983.78	\$187863.68
I3-I4 decompression (63047)	53	79.9	26.9	1	\$120252.79	\$120252.79	\$3234800.05
lumbar discectomy and decompression (63030)	53	79.9	26.9	1	\$210326.11	\$210326.11	\$5657772.36
adjacent level lumbar fusion (22632)	53	79.9	26.9	1 in a lifetime	\$341529.81	n/a	\$341529.81
occipital battery changes every 6 years (63685)	53	79.9	26.9	0.166666667	\$94685.59	\$15780.93	\$424507.02
occipital nerve block (64405)	53	79.9	26.9	2	\$3790.08	\$7580.16	\$203906.30
occipital nerve stimulator trial (64555, 61885)	53	79.9	26.9	1	\$72351.01	\$72351.01	\$1946242.17
permanent occipital nerve stimulator (64575, 61885)	53	79.9	26.9	1	\$73458.28	\$73458.28	\$1976027.73
tracheostomy tube change (31502)	53	79.9	26.9	24	\$1576.56	\$37837.44	\$1017827.14
TOTAL						\$809427.99	\$22115142.74

Table 8: Home Care/Home Services

Item Table

Item	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost

personal trainer/exercise physiologist	53	79.9	26.9	26	\$60.00	\$1,560.00	\$41,964.00
attendant care and supervision - home health aide - private hire	53	79.9	26.9	2920	\$20.00	\$58,400.00	\$1,570,960.00
Housekeeping services	53	79.9	26.9	52	\$21.00	\$1,092.00	\$29,374.80
yard work vocational rehabilitation evaluation (90791) vocational rehabilitation sessions (97545-97546)	53	79.9	26.9	12	\$100.00	\$1,200.00	\$32,280.00
nursing home	53	79.9	26.9	12	\$10,390.00	\$124,680.00	\$3,353,892.00
life skills specialist	53	79.9	26.9	365	\$20.00	\$7,300.00	\$196,370.00
vocational specialist	53	79.9	26.9	12	\$250.00	\$3,000.00	\$81,000.00
vocational rehabilitation evaluation (97161)	53	79.9	26.9	1	\$247.11	\$247.11	\$6,647.26
Vocational Rehabilitation Sessions (97545-97546)	53	79.9	26.9	12 sessions in lifetime	\$250.00	n/a	\$3,000.00
vocational rehabilitation (97545-97546)	53	79.9	26.9	1	\$250.00	\$250.00	\$6,725.00
vocational rehabilitation for occupational adjustment (0821v, 0830v, 0840v)	53	79.9	26.9	25	\$250.00	\$6,250.00	\$168,125.00
housekeeper	53	79.9	26.9	52	\$21.00	\$1,092.00	\$29,374.80
vocational counseling	53	79.9	26.9	2	\$250.00	\$500.00	\$13,450.00
vocational rehabilitation for occupational readjustment (97545-97546)	53	79.9	26.9	0	\$594.00	\$0.00	\$0.00
TOTAL						\$205,821.11	\$5,533,162.86

Table 9: Labs

Tests Table

Tests	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
cmp (80053)	53	79.9	26.9	1	\$105.51	\$105.51	\$2838.22
venipuncture (36415)	53	79.9	26.9	1	\$35.58	\$35.58	\$957.10
cbc (85025)	53	79.9	26.9	1	\$36.42	\$36.42	\$979.70
urine drug screen (81007)	53	79.9	26.9	1	\$108.08	\$108.08	\$2907.35
venipuncture	53	79.9	26.9	1	\$23.40	\$23.40	\$629.46
urine drug screen	53	79.9	26.9	1	\$53.94	\$53.94	\$1451.00
cbc	53	79.9	26.9	1	\$60.79	\$60.79	\$1635.25
cmp	53	79.9	26.9	1	\$122.04	\$122.04	\$3282.88
Urine drug screen (81007)	53	79.9	26.9	1	\$72.72	\$72.72	\$1956.17
Venipuncture (36415)	53	79.9	26.9	1	\$16.76	\$16.76	\$450.84
venipuncture (36515)	53	79.9	26.9	1	\$26.30	\$26.30	\$707.47
CBC (85025)	53	79.9	26.9	1	\$50.92	\$50.92	\$1369.75
TOTAL						\$678.04	\$18238.19

10. Overview of Medical Expert



Dr. Neil Ghodadra is an orthopedic specialist, focusing on minimally invasive, arthroscopic surgery for knee, shoulder, elbow, and hip conditions. Dr. Ghodadra's commitment extends to treating patients injured in accidents. With over 125 depositions and trial testimonies, he is a respected expert in the personal injury field, recognized by both defense and plaintiff attorneys. As a board-certified orthopedic surgeon and Certified Life Care Planner, Dr. Ghodadra leverages his expertise to create and validate Life Care Plans, providing expert testimony in court to support his findings.

Dr. Neil Ghodadra, MD

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CA 90025

Fellowship

Rush Medical Center Chicago, Illinois
Emphasized Cartilage Restoration
and Joint-Preserving Techniques for
Active Patients

Undergraduate

Magna Cum Laude from
Duke University with a
Bachelor of Science in
Biology

Medical School

Duke University School of Medicine
– Honors - Alpha Omega Alpha
(AOA)

Residency

Rush Medical Center Chicago,
Illinois
Cartilage Restoration
Surgical Techniques of the Knee
and Shoulder

Specialties

- Shoulder Arthroscopy Surgery
- Knee Arthroscopy Surgery
- Elbow Arthroscopy Surgery
- Board-Certified Orthopedic Surgeon
- Hip Conditions
- Personal Injury Field
- Spine Injury
- Certified Life Care Planner

Achievements

- Associate Team Physician for The Chicago Bulls (NBA)
- Associate Team Physician for Chicago White Sox (MLB)
- Best Scientific Exhibit Award from the American Academy of Orthopedic Surgeons