NEIL GHODADRA, M.D.
Board-Certified Orthopedic Surgeon

LIFE CARE PLAN

Prepared for Mr. Juan Carlos Ayala

By Neil Ghodadra, M.D.
Board-Certified Orthopedic Surgeon and Certified Life Care Planner

November 22, 2025

Age: 47
DOB: March 01, 1978
DOI: April 22, 2025

Table of Contents

1. Overview

1.1 Executive Summary

This Life Care Plan (this "Report") has been prepared for **Mr. Ayala**, a 47-year-old individual, who sustained injuries to his head, neck, and back, as a result of an incident on **April 22, 2025**.

The total nominal value of **Mr. Ayala's** future medical requirements, as formulated in this Life Care Plan, and which pertains to his relevant diagnostic conditions and disabilities, is **$658,854.41**.

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] Gonzales, J. G. (Ed.) (2017). *A physician's guide to life care planning: Tenets, methods, and best practices for physician Life Care Planners* (First). American Academy of Physician Life Care Planners.

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.

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, 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, 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, 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.

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 Mr. Ayala

It is my hope that this Life Care Plan will serve as a guide for Mr. Ayala and/or his 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 Mr. Ayala throughout his 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 Mr. Ayala and/or his family are expressed within this Life Care Plan if they are known, and if I believe they support his best interests. To accomplish the Clinical Objective 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 Mr. Ayala's relevant diagnostic conditions and disabilities. Employing an anticipatory/preventative model of care, I have also considered probable complications likely to be associated with Mr. Ayala'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 Mr. Ayala'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 Mr. Ayala's motor vehicle incident, which is reported to have occurred on **April 22, 2025**.

It is my opinion that Mr. Ayala 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 Mr. Ayala's diagnostic conditions and consequent circumstances will additionally adversely impact his vocational and avocational activities and opportunities, as well as his 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, and 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 Mr. Ayala.

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

---

[2] Missner, S. C. & Cohen, Z. E. (2019). The impact of the psychiatrist on the Life Care Plan. *Journal of the American Academy of Psychiatry and the Law*. Retrieved from https://jaapl.org/content/early/2019/04/18/JAAPL.003837-19.

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 **Mr.Juan Carlos Ayala** medical records, and other relevant documents, presented first by facility, and then by treating physicians and/or other relevant medical personnel. In determining **Mr.Juan Carlos Ayala** 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
04/22/2025	Ambulance Service	San Diego Fire-Rescue	N/A	Emergency Medical Services
04/22/2025	Emergency Department Visit	Scripps Memorial Hospital La Jolla	Gurpreet Kaur Mudan, MD; Frank Zheng Zhao, MD	Emergency Medicine
04/22/2025	CT Head and Cervical Spine without Contrast	Scripps Memorial Hospital La Jolla	Jeffrey David Rudie, MD, PhD	Radiology
04/22/2025	X-ray Portable Chest Single Frontal View	Scripps Memorial Hospital La Jolla	Charles Chiachang Liu, MD	Radiology
04/25/2025	Virtual Visit	N/A	Michael Hadley	N/A
04/30/2025	PCP Visit	Scripps Coastal Hillcrest	Bryan Kim, MD	Primary Care
05/05/2025	Duties Under Duress Evaluation	N/A	Gary N. Lewkovich, DC	Chiropractic
05/05/2025 - 05/21/2025	Chiropractic Treatment	Kristy Cadava	Kristy Cadava	Chiropractic
05/06/2025	New Patient Visit (Telemedicine)	West Coast Medical Solutions	Katina Franke, AGNP-C; Katherine Wiegman, MD	General Medicine
05/13/2025	MRI Cervical, Thoracic, and Lumbar Spine	La Mesa Diagnostic Radiology Inc.	Anthony Bledin, M.D.	Radiology
06/11/2025 - 08/12/2025	Chiropractic Treatment	Larry Herring	Larry Herring	Chiropractic
06/19/2025 - 07/30/2025	Physical Therapy	Scripps Ranch Physical T	N/A	Physical Therapy
07/14/2025	New Pain Medicine Evaluation	San Diego Premier Surgery Center	Glenn Quijano, PA-C; Timothy Chong, MD	Pain Management
09/26/2025	Life Care Plan Report	N/A	Neil Ghodadra, M.D.	Orthopedic Surgery

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
April 22, 2025	N/A — San Diego Fire-Rescue	**Ambulance Service:** The patient was transported via ambulance (ALS) to Scripps Memorial Hospital-La Jolla following a motor vehicle accident. A C-collar was applied at the scene. Pre-hospital vitals were: Pulse 66, Resp 16, BP 137/96, SpO2 98%. The patient was categorized as Green/Mild trauma. An invoice for Basic Ambulance Service and mileage was issued.
April 22, 2025	Gurpreet Kaur Mudan, MD; Frank Zheng Zhao, MD — Scripps Memorial Hospital La Jolla	**Emergency Department Visit:** **History of Present Illness:** The patient, a 47-year-old male, presented to the ED via EMS as a minor trauma, downgraded to a trauma resource. He was the restrained driver in an MVA, traveling at about 50 mph when he was rear-ended. Airbags did not deploy, and he self-extricated. He complained of neck pain and paresthesia to his right upper extremity and right foot, which improved upon arrival. Chief complaints were neck pain, motor vehicle crash, headache, and shoulder pain. **Physical Exam:** Vitals at 18:35 were Temp 37°C, HR 68, Resp 18, BP 122/84, SpO2 98%. The patient was well-appearing, in no acute distress, GCS 15. The exam was notable for midline neck tenderness. Neurologically, he was moving all extremities equally. Pain was rated 5/10, described as dull, constant discomfort in the left neck, posterior head, and bilateral shoulders. **ED Course & Diagnostics:** The patient was provided with acetaminophen (Tylenol) 1,000 mg orally. A POC US EFAST exam was negative. Labs (CBC, CMP, PT-INR) were largely within normal limits. CT of the head and cervical spine and a chest X-ray were ordered. **Impression & Plan:** Final diagnoses were **S16.1XXA (Strain of muscle, fascia and tendon at neck level)** and **V43.52XA (Car driver injured in collision)**. The patient was deemed stable for discharge with instructions to rest, stay hydrated, use Tylenol/ibuprofen for pain, and follow up with his PCP. He was discharged home.
April 22, 2025	Jeffrey David Rudie, MD, PhD — Scripps Memorial Hospital La Jolla	**CT Head and Cervical Spine without Contrast:** **History:** MVA. **Findings:** • **Head:** No acute intracranial hemorrhage, herniation, or mass effect. No acute calvarial or facial fracture. • **Cervical Spine:** Loss of normal cervical lordosis. Normal height and alignment of vertebral bodies. No acute fracture or traumatic malalignment. Minimal degenerative changes without significant canal or neural foraminal narrowing. **Impression:** 1. No acute intracranial abnormality or calvarial fracture. 2. No acute fracture or traumatic malalignment of the cervical spine.
April 22, 2025	Charles Chiachang Liu, MD — Scripps Memorial Hospital La Jolla	**X-ray Portable Chest Single Frontal View:** **History:** MVA. **Impression:** The single frontal view of the chest showed clear lungs and unremarkable mediastinal structures without acute pathology.
April 25, 2025	Michael Hadley — Virtual Visit	The patient had a virtual visit and was prescribed cyclobenzaprine.
April 30, 2025	Bryan Kim, MD — Scripps Coastal Hillcrest	The patient saw his PCP, Dr. Bryan Kim, and was prescribed Celebrex and Tylenol.
May 05, 2025	Gary N. Lewkovich, DC — N/A	**Duties Under Duress Evaluation:** The patient, a general contractor, completed a form indicating that since the injury date of 04/22/2025, his employment and home activities caused increased pain and stiffness. This included lifting, bending, twisting, sitting, driving, walking, and caring for his children.

Date	Provider	Notes
May 05, 2025 - May 21, 2025	Kristy Cadava — Kristy Cadava	**Chiropractic Treatment:** The patient began chiropractic care with Kristy Cadava. • **05/05/25:** Initial exam. Complaints of headaches (7-8/10), cervical pain (8-9/10 with radiation to arm/legs), thoracic pain (5-7/10), lumbosacral pain (7-8/10 with radiation to leg), and bilateral shoulder pain (7-8/10). He reported sleep difficulty, dizziness, anxiety, and depression. Treatment included CMT, ice/heat, and mechanical traction. • **05/07/25:** Reported nausea after the first treatment. Pain levels remained high. • **05/09/25:** Continued guarded movement. MRI of C/T/L spine was scheduled for 05/13/25. • Treatments continued with CMT (98941), ice/heat (97010), mechanical traction (97012), and electrical stimulation (97014) through 05/21/25.
May 06, 2025	Katina Franke, AGNP-C; Katherine Wiegman, MD — West Coast Medical Solutions	**New Patient Visit (Telemedicine):** **History:** The patient presented complaining of headache, cervical, thoracic, and lumbar pain following the MVA on 04/22/25. He reported head trauma on impact, with pounding headaches (8/10), dizziness, insomnia, and difficulty concentrating. Neck pain was 7/10, radiating to shoulders. Lumbar pain was 6/10, radiating to feet. He reported numbness/tingling in the right arm and hand. **Assessment:** The Stanford Concussion Questionnaire score was 18 (abnormal). A trauma questionnaire was positive for PTSD symptoms. Diagnoses included **Anxiety disorder (F41.9)**, **Cervicalgia (M54.2)**, **Pain in thoracic spine (M54.6)**, **Low back pain (M54.50)**, and **Headache (R51.9)**. **Plan:** Recommended MRI of cervical, thoracic, and lumbar spine. Recommended TBI evaluation. Recommended referrals to Neurology, Pain Management, and a psychiatric consult.
May 13, 2025	Anthony Bledin, M.D. — La Mesa Diagnostic Radiology Inc.	**MRI Cervical, Thoracic, and Lumbar Spine:** **Cervical Spine Impression:** 1. Cervical muscular spasm with straightening of the cervical lordosis. 2. Minimal to mild multilevel cervical spine spondylosis. 3. Modic type II changes at C3-C4, C4-C5, C5-C6, and C6-C7. 4. C2-C3: 2 mm posterior central disc bulge. 5. C3-C4: 2-3 mm posterior central disc protrusion. 6. C4-C5 and C5-C6: 2-3 mm posterior and right foraminal disc herniations causing mild right neural foraminal stenosis and impingement of the right C5 and C6 nerve roots. 7. C6-C7: 2-3 mm posterior and bilateral intraforaminal disc herniations causing mild bilateral neural foraminal stenosis and impingement of the C7 nerve roots bilaterally. **Thoracic Spine Impression:** 1. Minimal to mild multilevel spondylosis of the thoracic spine, most significant at T11-T12. 2. No evidence of spinal canal or lateral recess stenosis. 3. No evidence of acute osseous injury. **Lumbar Spine Impression:** 1. Lumbar spine spondylosis, minimal at L3-L4 and mild at L5-S1. 2. L5-S1: 3 mm posterior central disc herniation with an annular fissure.

Date	Provider	Notes
June 11, 2025 - August 12, 2025	Larry Herring — Larry Herring	**Chiropractic Treatment:** The patient received ongoing chiropractic care from Larry Herring. Billing records show multiple visits for spinal manipulation (98941), manual therapy (97140), and electrical stimulation (97014). Diagnoses listed on claims included acute post-traumatic headache, sprain of ligaments of cervical/thoracic/lumbar spine, cervical radiculopathy, and muscle spasm.
June 19, 2025 - July 30, 2025	N/A — Scripps Ranch Physical T	**Physical Therapy:** Billing records indicate the patient made multiple payments for services at Scripps Ranch Physical Therapy during this period. No clinical notes were provided.
July 14, 2025	Glenn Quijano, PA-C; Timothy Chong, MD — San Diego Premier Surgery Center	**New Pain Medicine Evaluation:** **History:** The patient presented for evaluation of neck pain, upper/lower back pain, shoulder pain, and headaches since the MVA. Pain was 3/10 at rest, increasing to 7-8/10 with activity. Aggravated by sitting, standing, and bending. He had completed treatment with a chiropractor. **Physical Exam:** Tenderness to palpation (ttp) of cervical and lumbar paraspinals, right levator scapulae, and right trapezius. Decreased neck extension and rotation due to pain. Positive R>L facet loading in the low back. **Assessment:** Diagnoses included **Occipital neuralgia (M54.81)**, **Cervical radiculopathy (M54.12)**, **Strain of neck muscle (S16.1XXA)**, and **Spondylosis (cervical and lumbar)**. **Plan:** Recommended continuing treatment with neurology for TBI. Recommended cervical and lumbar epidural with PRP and bilateral occipital nerve block. The patient elected to continue conservative measures and declined medications at this time, with a plan to re-evaluate in 4 weeks.
September 26, 2025	Neil Ghodadra, M.D. — N/A	An invoice was generated for the creation of a Life Care Plan Report.

2.1.3 Diagnostics

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

2.1.4 Diagnostics

April 22, 2025: CT Head and Cervical Spine without Contrast

- **Impression:** No acute intracranial abnormality, calvarial fracture, or acute fracture/malalignment of the cervical spine. Loss of normal cervical lordosis was noted.

April 22, 2025: X-ray Portable Chest

- **Impression:** Clear lungs and unremarkable mediastinal structures without acute pathology.

May 13, 2025: MRI of the Cervical, Thoracic, and Lumbar Spine

- **Cervical Spine Impression:** Cervical muscular spasm with straightening of lordosis; multilevel spondylosis; Modic type II changes; C2-C3 disc bulge; C3-C4 central disc protrusion; C4-C5 and C5-C6 posterior and right foraminal disc herniations causing mild right neural foraminal stenosis and impingement of right C5 and C6 nerve roots; C6-C7 posterior and bilateral intraforaminal disc herniations causing mild bilateral neural foraminal stenosis and impingement of C7 nerve roots.

- **Thoracic Spine Impression:** Minimal to mild multilevel spondylosis, most significant at T11-T12. No evidence of spinal canal stenosis or acute osseous injury.

- **Lumbar Spine Impression:** Lumbar spine spondylosis (minimal at L3-L4, mild at L5-S1); 3 mm posterior central L5-S1 disc herniation with an annular fissure.

2.1.5 Procedures Performed

None noted in the provided records for Juan Carlos Ayala.

2.1.6 Treatment Recommendations

Key recommendations from the records include:

- **May 06, 2025 (Katina Franke, AGNP-C):**
    - Referral to Neurology for evaluation and treatment of headaches/TBI.
    - Referral to Pain Management for evaluation and treatment of cervical, thoracic, and lumbar pain.
    - Referral for psychiatric consult due to positive trauma questionnaire.

- **July 14, 2025 (Glenn Quijano, PA-C):**
    - Cervical and lumbar epidural with PRP.
    - Bilateral occipital nerve block.

3. Interview

I obtained the information presented here through my interview with **Mr. Juan Carlos Ayala**, which took place on 2025-11-10 along with a review of his medical records and other relevant documents to assess his diagnostic conditions and related circumstances.

3.1 Recent History

A detailed history of the patient's medical status, recent clinical evaluations, and findings relevantto patient condition and future care needs

3.1.1 History of Present Injury/Illness

Mr. Ayala is a 48-year-old male who sustained multiple injuries as a result of a motor vehicle incident that occurred on the interstate. He was the restrained driver when his vehicle was rear-ended and rendered undrivable. He experienced a whiplash-type mechanism with loss of consciousness estimated at approximately fifteen minutes. He was transported by ambulance to the emergency department where he was evaluated and discharged after several hours. Prior to this incident, Mr. Ayala denies any prior injuries or ongoing pain conditions, and there is no record of previous surgical interventions. Following the incident, he developed persistent neck, mid and lower back pain, right shoulder pain, and daily headaches. At the time of my evaluation, Mr. Ayala reports ongoing neck pain rated at 8/10, which can escalate to 9–10/10. The pain radiates into the upper back and right shoulder, associated with headaches and intermittent stiffness. He describes it as radiating and sharp, worsened by prolonged sitting, driving, and computer use. He has undergone physical therapy and has taken prescription medications. He reports mid-back and lower-back pain rated at 9/10, constant in nature and radiating both upward toward the neck and downward to the lower extremities. The pain is described as aching, cramping, and sharp, aggravated by sitting, walking, and driving. He notes intermittent numbness previously affecting the right foot, which has become rare. Headaches are now intermittent but occur daily, with intensity fluctuating between 3/10 in the morning and 8–9/10 by evening. The pain localizes to the occipital and temporal regions, worsened by general physical strain or neck pain. He experiences occasional numbness with the headaches. He has used over-the-counter and prescription medications. The right shoulder pain persists daily at 6–7/10, described as sharp and radiating to the arm, hand, back, and neck. He reports pain remains following physical therapy. Functionally, Mr. Ayala's symptoms interfere with his ability to perform work and household tasks. As an architect and business owner, he has difficulty completing design work due to headaches and reduced focus. Physical site visits and on-site training are now limited. Driving provokes back pain, requiring frequent stops for stretching every 30 miles. At home, he avoids lifting, cooking, and laundry, relying on his wife for assistance. Emotionally, he endorses anxiety, depressed mood, irritability, and cognitive difficulties such as memory and concentration issues since the incident. He reports weight gain of approximately 20 pounds due to inactivity and states his overall quality of life has markedly declined. He is currently seeking mental health support for depression and anxiety.

3.2. Subjective History

3.2.1 Current Symptoms

The patient reports chronic neck, mid-back, and lower back pain with daily headaches, right shoulder pain, and difficulty with focusing and sleeping.

3.2.2 Physical Symptoms

The patient reports persistent radiating pain, stiffness, reduced range of motion, intermittent numbness, fatigue, and sleep disturbance.

3.2.3 Functional Symptoms

The patient reports difficulty with driving, prolonged sitting, walking, lifting, and completing work and household tasks. He also reports reduced productivity and tolerance for physical activity.

3.3 Review of Systems

3.3.1 Emotional Symptoms

The patient is seeking professional mental health services, stating he feels he is close to a breakdown. He reports his mood and focus are affected, and he experiences anxiety, anger, and stress secondary to pain and dependence on others. He reports depression and anxiety, including anxiety related to driving.

3.3.2 Neurologic

The patient reports headaches, memory problems, and a loss of consciousness for approximately 15 minutes following the incident. He reports visual fatigue with focused tasks and experiences numbness.

3.3.3 Orthopedic

The patient reports pain in the upper back, shoulder, and lower back. The lower back pain is rated 9/10 and is described as the most bothersome. Neck pain is rated 8/10, escalating to 9 or 10/10. Shoulder pain is rated 6-7/10 and described as sharp. He reports pain in the right and left foot, described as aching, cramping, and sharp, with associated right knee pain. He experiences loss of motion, popping, and stiffness in the left foot, and weakness and stiffness in the right foot.

3.3.4 Cardiovascular

None reported.

3.3.5 Integumentary

None reported.

3.3.6 Respiratory

None reported.

3.3.7 Digestive

The patient reports a weight gain of 20 pounds.

3.3.8 Urinary

None reported.

3.3.9 Circulation

None reported.

3.3.10 Behavioral

The patient reports a history of avoiding driving after the incident.

3.4 Past Medical History

3.5 Past Surgical History

3.6 Injections

None reported.

3.7 Family History

The patient lives with his wife and two sons. One son has autism.

3.8 Allergies

None reported.

3.9 Drug and Other Allergies

None reported.

3.10 Medications

The patient reports taking over-the-counter medications including Tylenol, ibuprofen, Advil, and Aspirin. He also takes prescription pain medication for headaches, which he reports taking every one to two weeks.

3.11 Assistive Device

None reported.

3.12 Social History

The patient identifies as Hispanic. He resides in San Diego, California, with his wife and two sons.

3.13 Education History

The patient has a Bachelor's degree in Architecture.

3.14 Professional/Work History

The patient is an architect and owns a company. He took three weeks off from work following the incident. He reports he can no longer finish his work on time because of headaches and his ability to participate in physical work, such as on-site training, is affected. His way of working has changed, and he relies more on his employees.

3.15 Habits

3.16 Tobacco use

The patient reports smoking a pipe or cigar approximately every two days.

3.17 Alcohol use

The patient reports drinking socially approximately once per month.

3.18 Illicit drugs

Denies use.

3.19 Avocational Activities

The patient reports he is unable to walk much and requires frequent breaks.

3.20 Residential Situation

The patient lives in a rented, two-story townhouse.

3.21 Transportation

The patient drives, but reports that driving triggers back pain and he requires frequent stops.

3.22 Household Responsibilities

The patient's wife has taken on more household responsibilities. He reports he cannot pick up his son or play with him as much. His difficulties include cleaning and shopping.

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 Mr. Juan Carlos Ayala diagnostic conditions, as they pertain to his relevant cause of injury:

Diagnostic Condition 1: neck pain

Diagnostic Condition 2: headaches

Diagnostic Condition 3: insomnia

Diagnostic Condition 4: anxiety

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 Mr. Juan Carlos Ayala relevant impairments, as presented in Section 6.1.

- • Decreased ability for reaching/looking up.
- • Decreased ability to lift or carry heavy objects.
- • Decreased ability for fine motor tasks requiring arm elevation.
- • Decreased ability to look down or up for extended periods.

4.2.2 Probable Duration of Care

This formulation of **Mr. Juan Carlos Ayala**'s Probable Duration of Care has been prepared by me, **Neil Ghodadra, M.D.**, for the purpose of **Mr. Juan Carlos Ayala**'s Life Care Plan. In formulating **Mr. Juan Carlos Ayala**'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 **Mr. Juan Carlos Ayala**'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 **Mr. Juan Carlos Ayala**'s Average Residual Years, I have relied upon The National Vital Statistics Reports, United States Life Tables 2023, Volume 74, Number 6, 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 **Mr. Juan Carlos Ayala** is **47** years old, **Mr. Juan Carlos Ayala** falls into the NVSR's 45-50 age-range classification. The NVSR Expectation of Life at Age "X" for that classification is **38.72** years.

In accordance with the methodology advocated by the American Academy of Physician Life Care Planners, I have rounded **Mr. Juan Carlos Ayala**'s Expectation of Life to the nearest whole number. Therefore, **Mr. Juan Carlos Ayala**'s Average Residual Years = **38.72**.

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
- **Mr. Juan Carlos Ayala**'s Current Age = 47
- **Mr. Juan Carlos Ayala**'s Average Residual Years = 38.72

Therefore, **Mr. Juan Carlos Ayala**'s Life Expectancy = **85.72**

4.2.5 Adjustments to Life Expectancy

In formulating Adjustments to **Mr. Juan Carlos Ayala**'s Life Expectancy, I have considered the potential impact of Juan Carlos Ayala :

- Diagnostic Condition
- Disabilities
- Pre-existing comorbidities
- Other comorbidities (whether caused by or adversely affected by **Mr. Juan Carlos Ayala**'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 **Mr. Juan Carlos Ayala**'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 **Mr. Juan Carlos Ayala**'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 **Mr. Juan Carlos Ayala**'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 **Mr. Juan Carlos Ayala**'s Residual Years will not be impacted. I have therefore made a 0% adjustment to **Mr. Juan Carlos Ayala**'s Average Residual Years.

[4] Gonzales, J. G. (Ed.) (2017). *A physician's guide to life care planning: Tenets, methods, and best practices for physician Life Care Planners* (First). American Academy of Physician Life Care Planners.

[5] Centers for Disease Control and Prevention. (2025, July 15). *Products - Life Tables - Homepage*. Centers for Disease Control and Prevention.

[6] Gonzales, J. G. (Ed.) (2017). *A physician's guide to life care planning: Tenets, methods, and best practices for physician Life Care Planners* (First). American Academy of Physician Life Care Planners.

4.2.6 Probable Duration of Care

As previously stated, it is my opinion that **Mr. Juan Carlos Ayala** 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, **Mr. Juan Carlos Ayala**'s Average Residual Years = **38.72**, 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 Mr. Juan Carlos Ayala'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 Mr. Juan Carlos Ayala'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 Mr. Juan Carlos Ayala's physical and psychological pain and suffering.
- Reach and maintain the highest level of function given Mr. Juan Carlos Ayala's unique circumstances.
- Prevent complications to which Mr. Juan Carlos Ayala's unique physical and mental conditions predispose Mr. Juan Carlos Ayala.
- Afford Mr. Juan Carlos Ayala the best possible quality of life considering His 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

[7] Gonzales, J. G. (Ed.) (2017). *A physician's guide to life care planning: Tenets, methods, and best practices for physician Life Care Planners* (First). American Academy of Physician Life Care Planners.

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 Mr. Juan Carlos Ayala’s probable location of care (Geo-Zip region "92131"), or, if unavailable, from alternative Geo-Zip regions within a 35-mile radius of Mr. Juan Carlos Ayala’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 Mr. Juan Carlos Ayala’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 Mr. Juan Carlos Ayala’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 Mr. Juan Carlos Ayala’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: **92131**.

• 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 **92131**, which defines **Mr. Juan Carlos Ayala'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 **Mr. Juan Carlos Ayala** 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:

Frequency = (Quantity ÷ 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.

8. Probable Duration of Care

8.1 Probable Duration of Care Metrics

• **Name**	Mr. Juan Carlos Ayala
• **Date of Birth (DOB)**	March 01, 1978
• **Date of Injury (DOI)**	April 22, 2025
• **Present Date**	November 22, 2025
• **Current Age**	50
• **Average Residual**	32.40 years
• **Average Life Expectancy**	82.40 years
• **Projected Duration of Care**	32.40 years

9. Summary Cost Projection Tables

The below medical cost projections were developed through methodologies defined above. Preliminary report as multiple attempts were made to connect with the doctor for the doctor collaboration to no avail.

Table Number	Table Title	Total Cost Projection
1	Routine Medical Evaluations	$86,167.49
2	Therapeutic Evaluations	$8,465.35
3	Therapeutic Modalities	$145,096.60
4	Diagnostic Testing	$136,677.91
5	Equipment and Aids	$101,601.28
6	Pharmacology	$23,232.00
7	Future Aggressive Care/Surgical Intervention	$6,841.08
8	Home Care/Home Services	$140,324.88
9	Labs	$10,447.82
	Total Cost Projection	**$658,854.41**

9.1 Detailed Cost Projection Tables

Table 1: Routine Medical Evaluations

Routine Medical Evaluations	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
Pain Management Evaluation (99214)	47	85.72	38.72	4	$370.90	$1,483.60	$57,444.99
Orthopedic Surgeon Evaluation (99214)	47	85.72	38.72	1	$370.90	$370.90	$14,361.25
Primary Care Physician (99214)	47	85.72	38.72	1	$370.90	$370.90	$14,361.25
TOTAL					$1,112.70	$2,225.40	$86,167.49

Sources: Context4Healthcare 2025, author experience and knowledge regarding reasonable fees for those items noted. CPT codes listed above may vary from actual CPT codes depending upon treating physician and other conditions at the time service is received.

Table 2: Therapeutic Evaluations

Therapeutic Evaluations	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
Physical Therapy Evaluation (97161)	47	85.72	38.72	1	$218.63	$218.63	$8,465.35
TOTAL					$218.63	$218.63	$8,465.35

Sources: Context4Healthcare 2025, author experience and knowledge regarding reasonable fees for those items noted. CPT codes listed above may vary from actual CPT codes depending upon treating physician and other conditions at the time service is received.

Table 3: Therapeutic Modalities

Therapeutic Modalities	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
Psychotherapy (90837)	47	85.72	38.72	0.62	$336.18	$208.43	$8,070.47
Application of a Modality (97010)	47	85.72	38.72	12	$34.56	$414.72	$16,057.96
Therapeutic Exercises (97110)	47	85.72	38.72	12	$81.14	$973.68	$37,700.89
Ultrasound Therapy (97035)	47	85.72	38.72	12	$46.08	$552.96	$21,410.61
Electrical Stimulation (97032)	47	85.72	38.72	12	$47.04	$564.48	$21,856.67

Cognitive Behavioral Therapy (CBT) ()	47	85.72	38.72	5.17	$200.00	$1033.06	$40000.00
TOTAL					$745.00	$3,747.33	$145,096.60

Sources: Context4Healthcare 2025, author experience and knowledge regarding reasonable fees for those items noted. CPT codes listed above may vary from actual CPT codes depending upon treating physician and other conditions at the time service is received.

Table 4: Diagnostic Testing

Diagnostic Testing	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
CRPS (Complex Regional Pain Syndrome) — Ankle (73610)	47	85.72	38.72	0.50	$168.72	$84.36	$3,266.42
CRPS (Complex Regional Pain Syndrome) — Foot (73630)	47	85.72	38.72	0.50	$161.69	$80.84	$3,130.32
CRPS (Complex Regional Pain Syndrome) — Forearm (73090)	47	85.72	38.72	0.50	$125.97	$62.98	$2,438.78
CRPS (Complex Regional Pain Syndrome) — Hand (73130)	47	85.72	38.72	0.50	$157.46	$78.73	$3,048.43
CRPS (Complex Regional Pain Syndrome) — Hand/Forearm (73218)	47	85.72	38.72	0.33	$2,041.72	$673.77	$26,088.28
CRPS (Complex Regional Pain Syndrome) — Tib/Fib (leg) (73590)	47	85.72	38.72	0.50	$129.82	$64.91	$2,513.32
CRPS (Complex Regional Pain Syndrome) — Tib/Fib/Ankle/Foot (73721)	47	85.72	38.72	0.33	$2,047.75	$675.76	$26,165.33
CRPS (Complex Regional Pain Syndrome) — Wrist (73221)	47	85.72	38.72	0.33	$1,948.68	$643.06	$24,899.45
CRPS (Complex Regional Pain Syndrome) — Wrist (73110)	47	85.72	38.72	0.50	$180.84	$90.42	$3,501.06
Hip pain / impingement — Hip (73502)	47	85.72	38.72	0.50	$182.78	$91.39	$3,538.62
Knee pain (meniscal/ligament) — Knee (73562)	47	85.72	38.72	0.50	$184.65	$92.33	$3,574.82
Lumbar radiculopathy / low back pain (72148)	47	85.72	38.72	0.33	$2,283.41	$753.53	$29,176.50
Lumbar radiculopathy / low back pain — X-ray (lumbar) (72100)	47	85.72	38.72	0.50	$165.51	$82.75	$3,204.27
Plantar fasciitis / heel pain — Heel (73650)	47	85.72	38.72	0.50	$110.14	$55.07	$2,132.31
TOTAL					$9,889.14	$3,529.90	$136,677.91

Sources: Context4Healthcare 2025, author experience and knowledge regarding reasonable fees for those items noted. CPT codes listed above may vary from actual CPT codes depending upon treating physician and other conditions at the time service is received.

Table 5: Equipment and Aids

Equipment & Aids	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
Allowance for various (heating pad, ice pack)	47	85.72	38.72	1	$124.00	$124.00	$4,801.28
Home exercise equipment such as bands and weights	47	85.72	38.72	1	$2,500.00	$2,500.00	$96,800.00
TOTAL					$2,624.00	$2,624.00	$101,601.28

Sources: Context4Healthcare 2025, author experience and knowledge regarding reasonable fees for those items noted. CPT codes listed above may vary from actual CPT codes depending upon treating physician and other conditions at the time service is received.

Table 6: Pharmacology

Pharmacology	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
General Allowance	47	85.72	38.72	12	$50.00	$600.00	$23232.00
TOTAL					$50.00	$600.00	$23,232.00

Sources: Context4Healthcare 2025, author experience and knowledge regarding reasonable fees for those items noted. CPT codes listed above may vary from actual CPT codes depending upon treating physician and other conditions at the time service is received.

Table 7: Future Aggressive Care/Surgical Intervention

Procedure	DRGCodes	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
Stellate Ganglion Block (64510, 77003, 99152)		47	85.72	38.72	2.00	$795.42	$1,590.84	$61,597.32
Ketamine Infusion (96365)		47	85.72	38.72	1.00	$275.36	$275.36	$10,661.94
Intrathecal Pain Pump Replacement (62370)		47	85.72	38.72	0.17	$530.33	$90.16	$3,490.84
Spinal Cord Stimulator Trial (63650, 95970)		47	85.72	38.72	0.03	$13,485.48	$404.56	$15,664.73
Permanent Spinal Cord Stimulator (63655, 63685, 95971)		47	85.72	38.72	0.03	$5,243.86	$157.32	$6,091.27
SCS Battery Change (63685)		47	85.72	38.72	0.17	$2,466.93	$419.38	$16,238.32
Intrathecal Pain Pump (62362, 62368, 77001)		47	85.72	38.72	0.03	$2,031.65	$60.95	$2,359.96
SCS Lead Change (63663)		47	85.72	38.72	0.17	$9,384.21	$1,595.32	$61,770.62
Partial Knee Arthroplasty (27446, 01402)		47	85.72	38.72	0.03	$4,700.55	$141.02	$5,460.16
Knee Arthroscopy Revision or Total Knee Arthroplasty (27447, 01402)		47	85.72	38.72	0.03	$5,889.36	$176.68	$6,841.08
Revision of Total Knee Arthroplasty (27487, 01402)		47	85.72	38.72	0.03	$6,932.41	$207.97	$8,052.69
TOTAL						$51,735.56	$5,119.56	$198,228.93

Sources: Context4Healthcare 2025, author experience and knowledge regarding reasonable fees for those items noted. CPT codes listed above may vary from actual CPT codes depending upon treating physician and other conditions at the time service is received.

Table 8: Home Care/Home Services

Item	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
Personal trainer / exercise physiologist	47	85.72	38.72	24	$60.00	$1440.00	$55756.80
Housekeeping services	47	85.72	38.72	104	$21.00	$2184.00	$84568.08
TOTAL						$3624.00	$140324.88

Sources: Context4Healthcare 2025, author experience and knowledge regarding reasonable fees for those items noted. CPT codes listed above may vary from actual CPT codes depending upon treating physician and other conditions at the time service is received.

Table 9: Labs

Lab Test	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
CMP (80053)	47	85.72	38.72	1	$111.63	$111.63	$4,322.31
CBC (85025)	47	85.72	38.72	1	$51.66	$51.66	$2,000.28
Venipuncture (36415)	47	85.72	38.72	1	$35.78	$35.78	$1,385.40
Urine drug screen (81007)	47	85.72	38.72	1	$70.76	$70.76	$2,739.83
TOTAL					$269.83	$269.83	$10,447.82

Sources: Context4Healthcare 2025, author experience and knowledge regarding reasonable fees for those items noted. CPT codes listed above may vary from actual CPT codes depending upon treating physician and other conditions at the time service is received.

10. Overview of Medical Expert

NG

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

Orthopedic Surgeon
Certified Life Care Planner

(310) 929-4787

Website

Location

10780 Santa Monica Blvd,
Suite 210, West Los Angeles,
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