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LIFE CARE PLAN

Prepared for
Fatima Dodson

By **Neil Ghodadra, M.D.**

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Age: 53

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1. Overview

1.1 Executive Summary

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

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 **$728,449.50**.

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. Ghodadra 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. Ghodadra 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. Ghodadra 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. Ghodadra 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. Ghodadra 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. Dr. Ghodadra 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 **May 07 2023**.

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
05/08/2023	Emergency Department Visit	Kaiser Permanente West LA Medical Center	Amanda Clarice Barrett, M.D.	Emergency Medicine
05/08/2023	CT Head No Contrast	Kaiser Permanente West LA Medical Center	Joon Dokko, MD	Radiology
05/10/2023	Office Visit / Follow-up	Watts Health Center	Kosal Sek	Primary Care
07/14/2023 - 10/04/2023	Chiropractic Care	Michael D. Zeger, D.C.	Michael D. Zeger, D.C.	Chiropractic
07/19/2023	Trigger Point Injections	N/A	Brenda Wilson, PA-C	Physician Assistant

Date	Type of Visit	Facility Name	Provider	Specialty
07/27/2023	Initial Neurological Evaluation	Los Angeles Brain Science Project	Heather Trattner, MMS, PA-C	Neurology
07/27/2023	EEG	Los Angeles Brain Science Project	Daniel Franc, MD, PHD	Neurology
07/27/2023	VNG / Vestibular Assessment	Los Angeles Brain Science Project	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	Neurological Follow-up	Los Angeles Brain Science Project	Heather Trattner, MMS, PA-C	Neurology
09/19/2023	Creyos Cognitive Assessment	Los Angeles Brain Science Project	N/A	Cognitive Testing
10/23/2023	Neurological Follow-up	Los Angeles Brain Science Project	Heather Trattner, MMS, PA-C; Daniel T Franc, M.D., PhD.	Neurology
11/06/2023 - 02/07/2024	Physical Therapy	Southern California Sports Rehabilitation	Samuel Rabizadeh, PT, DPT, CHT	Physical Therapy
03/20/2024	Initial Neurology Evaluation	Advanced Center for Neurology & Headache	Yuvraj Grewal, M.D.	Neurology
04/08/2024	Neurosurgical Consultation	Andrew M. Fox, M.D. (SO)	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	Neurosurgery
05/06/2024	Brain DTI Tractography	Resolution Imaging	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 PM&R Consult (Telehealth)	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 Pathology
12/20/2024	Teleneurology Follow-up	Advanced Center for Neurology & Headache	Yuvraj Grewal, M.D.	Neurology
12/26/2024 - 02/06/2025	Speech-Language Therapy	Functional Cognitive Rehab	Colin Misich, M.S., CCC-SLP	Speech Pathology
01/16/2025	PM&R Follow-up	Rincon PM&R	Jim Saunders; Christopher Stephenson, M.D.	Physical Medicine & Rehabilitation
01/21/2025 - 04/15/2025	Psychotherapy / EMDR	Kindred Heart Therapy Group	Heather Dakhil, AMFT	Psychotherapy

Date	Type of Visit	Facility Name	Provider	Specialty
02/25/2025	Visual Processing Evaluation	Visual Processing Institute	Kalie McCartin	Optometry / Vision Therapy
02/25/2025	Reading & Dynamic Eye Tracking Assessment	RightEye	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 Therapy	Visual Processing Institute	N/A	Vision Therapy
06/02/2025	Visual Processing Evaluation	Visual Processing Institute	Kalie McCartin	Optometry / Vision Therapy
06/09/2025 - 07/16/2025	Scheduled Vision Rehabilitation Treatment	Visual Processing Institute	Karen M	Vision Therapy

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
05/08/2023	Amanda Clarice Barrett, M.D. — Kaiser Permanente West LA Medical Center	**Type of Visit:** Emergency Department Visit **Chief Complaint:** Head Injury. **History of Present Illness:** Patient presented complaining of head injury after a speaker fell on her head the previous night. She experienced facial numbness for approximately 2 minutes that morning. She reported a loss of consciousness for 3-5 seconds at the time of the incident. **Vitals:** BP 170/95, Pulse 88, Resp 16, SpO2 100%. **Physical Exam:** Normocephalic with a small hematoma on the right scalp. Neurological exam was alert and oriented x3. **Diagnosis:** Closed Head Injury, initial encounter (S09.90XA). **Plan:** CT Head ordered. Discharged home with instructions for rest and to follow up with PCP.
05/08/2023	Joon Dokko, MD — Kaiser Permanente West LA Medical Center	**Type of Visit:** CT Head No Contrast **Impression:** No significant acute intracranial abnormality.
05/10/2023	Kosal Sek — Watts Health Center	**Type of Visit:** Office Visit / Follow-up **Reason for Visit:** Neck/back pain after a speaker fell on her head on 05/06/23. Diagnosed with Head Injury at Kaiser Permanente on 05/08/2023. **Vitals:** BP 149/86, Pain scale 9/10. **Diagnoses:** Hospital discharge follow-up (Z09), Closed head injury (S09.90XD), Cervicalgia (M54.2), Shoulder pain, bilateral (M25.511), Back pain (M54.9). **Treatment/Plan:** Prescribed Mapap Arthritis Pain 650 mg and Methocarbamol 500 mg. Referred to a chiropractor. Ordered X-rays of C-Spine, Bilateral Shoulder, and L-Spine.

Date	Provider	Notes
07/14/2023 - 10/04/2023	Michael D. Zeger, D.C. — Office of Michael D. Zeger, D.C.	**Type of Visit:** Chiropractic Care **Summary of Care:** Patient underwent approximately 25 sessions of chiropractic care for persistent headaches, neck pain with radiation to trapezius, and mid/low back pain with radiation to the right hip following the 05/07/2023 trauma. Treatments included chiropractic adjustments (98940, 98941), therapeutic stretching (97530), therapeutic massage (97124), and mechanical traction (97012). Patient reported intermittent improvement and flare-ups of symptoms throughout the course of care. On 09/15/2023, Dr. Zeger reviewed MRI findings with the patient and recommended a consult with a neurosurgeon/pain management. On 10/04/2023, it was recommended the patient continue conservative care with acupuncture and/or physical therapy under the supervision of her pain management specialist.
07/19/2023	Brenda Wilson, PA-C — N/A	**Type of Visit:** Trigger Point Injections **Chief Complaint:** Headache, neck stiffness, dizziness, tinnitus. **Procedure:** Trigger point injections (CPT 20553) performed. 0.5 cc of 0.5% bupivacaine with 0.5 cc of 0.5% ropivacaine was injected into bilateral SCM and trapezius muscles. 0.25 cc of the same mixture was injected into pterygoid and temporalis muscles bilaterally. Patient tolerated the procedure well.
07/27/2023	Heather Trattner, MMS, PA-C — Los Angeles Brain Science Project	**Type of Visit:** Initial Neurological Evaluation **History of Present Illness:** Patient reported being struck on the right side/top of her head by a 40-50 lb speaker on 05/07/2023. Initial symptoms included being stunned, dazed, confused, nausea, headache, dizziness, and periods of going in and out of consciousness. Ongoing symptoms include headaches 3-4 days/week (aching, stabbing, sharp), daily dizziness, cognitive symptoms (memory impairment, poor concentration, slowed thinking), and increased anxiety. **Exam:** Rivermead Post-Concussion symptom scale score of 24. Nystagmus with far lateral gaze bilaterally. **Diagnoses:** Traumatic brain injury, Postconcussive syndrome, Postconcussive headaches, Frontal lobe syndrome, Postconcussional dizziness, Anxiety, PTSD, Lumbar radiculopathy, Lumbar/Cervical spine pain. **Plan:** Ordered MRI of brain, cervical spine, and lumbar spine; EEG; VNG; Creyos cognitive testing. Recommended magnesium and riboflavin for headache prevention, physical therapy, and cognitive behavioral therapy (CBT).
07/27/2023	Daniel Franc, MD, PHD — Los Angeles Brain Science Project	**Type of Visit:** EEG **Impression:** This EEG was not significant for epileptic discharges or focal slowing. However, bifrontal delta and theta frequency slowing was observed.
07/27/2023	Daniel Franc, MD, PHD — Los Angeles Brain Science Project	**Type of Visit:** VNG / Vestibular Assessment **Impressions:** Test results are consistent with CNS damage. **Findings:** Gaze nystagmus was present for rightward, leftward, and center gaze. Test indicated the presence of skew deviation. Saccade test was within normal limits.
08/22/2023	Jeff Markham, MD — EXPERTMRI	**Type of Visit:** MRI of Brain **Impression:** Unremarkable non-contrast MRI of the brain. Note of left occipital petalia, a normal anatomic variant.
08/22/2023	Jeff Markham, MD — EXPERTMRI	**Type of Visit:** MRI of Cervical Spine **Impression:** Multi-level findings including: Grade I posterior listhesis of C4 on C5, C5 on C6, and C6 on C7; mild reversal of cervical lordosis; disc desiccation throughout; moderate to severe loss of disc height at C4-C7; disc protrusions at C2-C3 (2.6 mm), C3-C4 (2.4 mm), C4-C5 (2.5 mm), C5-C6 (3.0 mm), and C6-C7 (2.5 mm) causing varying degrees of spinal canal and neural foraminal narrowing with nerve root abutment/compression.
08/22/2023	Jeff Markham, MD — EXPERTMRI	**Type of Visit:** MRI of Lumbar Spine **Impression:** Findings include: Grade I posterior listhesis of L5 on S1; mild straightening of lumbar lordotic curvature; Modic type II endplate changes at L4-L5; disc desiccation from L3-S1; disc

Date	Provider	Notes
		protrusions at L3-L4 (2.1 mm), L4-L5 (3.0 mm), and L5-S1 (5.5 mm) causing lateral recess stenosis and nerve root abutment; Tarlov cysts at S2/S3.
09/18/2023	Heather Trattner, MMS, PA-C — Los Angeles Brain Science Project	**Type of Visit:** Neurological Follow-up **Notes:** Headaches improved but now occur during high-volume exposure. Discussed normal brain MRI results and multi-level disc compression on spine MRIs. Recommended starting supplements, physical therapy, and evaluation by a spine specialist and pain management provider.
09/19/2023	N/A — Los Angeles Brain Science Project	**Type of Visit:** Creyos Cognitive Assessment **Findings:** Below-average performance for age/sex in Verbal Reasoning (17th percentile) and Mental Rotation (13th percentile). Average performance in Episodic Memory, Visuospatial Working Memory, Attention, and Deductive Reasoning.
10/23/2023	Heather Trattner, MMS, PA-C; Daniel T Franc, M.D., PhD. — Los Angeles Brain Science Project	**Type of Visit:** Neurological Follow-up **Notes:** Reviewed EEG, VNG, and cognitive assessment results. EEG showed mild slowing of brain wave activity. VNG showed vestibular dysfunction. Patient stopped chiropractic due to worsening pain. Plan included referral to spine specialist, initiating magnesium/riboflavin, home balance exercises, CBT, and physical therapy.
11/06/2023 - 02/07/2024	Samuel Rabizadeh, PT, DPT, CHT — Southern California Sports Rehabilitation	**Type of Visit:** Physical Therapy **Summary of Care:** Patient underwent an initial evaluation on 11/06/2023 for neck and low back pain (rated 6/10) from the 05/07/2023 incident. Findings included slumped posture, forward head posture, scapular dyskinesia, limited cervical and lumbar AROM, and muscle weakness. A course of treatment including therapeutic exercise, manual therapy, electrical stimulation, and hot/cold packs was initiated to address pain, weakness, and impaired function. A re-evaluation was performed on 02/05/2024.
03/20/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	**Type of Visit:** Initial Neurology Evaluation **Chief Complaint:** Headaches, diplopia, neck/low back pain, cognitive/mood/sleep changes. **History:** Patient described head impact from a 40-50 lb speaker, subsequent confusion, disorientation, and numbness. Ongoing symptoms include constant daily headaches (5/10), intermittent diplopia/blurred vision, phonophobia, short-term memory deficits, and difficulty with concentration/multitasking. **Exam:** Difficulty with convergence and tandem gait. **Diagnoses:** Traumatic brain injury, Postconcussive syndrome, Postconcussive headaches, Cervical/Low back pain, Traumatic convergence insufficiency. **Plan:** Recommended MRI of the brain, initiated Nortriptyline 10 mg for headache prophylaxis, recommended CBT, and referred for ophthalmologic consultation.
04/08/2024	Andrew Fox, MD — Andrew M. Fox, M.D. (SO)	**Type of Visit:** Neurosurgical Consultation **Notes:** Patient presented for evaluation of neck and back pain. Reviewed cervical and lumbar spine MRIs, noting desiccation and significant disc protrusions at multiple levels. Discussed treatment options including pain management, acupuncture, and potential future surgical interventions if nonoperative care is refractory, such as C4-7 disc arthroplasty/fusion and L5-S1 microdiscectomy. Referred to Pain Medicine and an Acupuncturist.
05/01/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	**Type of Visit:** Neurology Follow-up **Notes:** Patient reported ongoing deficits in cognition and memory, difficulty with reading, and vision changes. Brain MRI was still pending. Plan was to recommend CBT and reevaluate after the MRI.
05/06/2024	Aaron Filler, MD, PhD, FRCS — Neurological Injury Specialists	**Type of Visit:** New Patient Evaluation **Notes:** Patient evaluated for persistent post-concussive syndrome one year after injury. Chief complaints include headaches, neck/low back pain, anxiety, insomnia, and blurry vision. The most important issue noted was headache unresponsive to various treatments. Impression is that symptoms derive from brain injury. **Plan:** Ordered Brain DTI and MR neurography of the pelvis. Recommended TMS for headaches, anxiety, and insomnia, and to consider a possible open MRI-guided retro-orbital injection with

Date	Provider	Notes
		hyaluronidase enzyme if pain continues.
05/06/2024	Aaron Filler, MD, PhD, FRCS — Resolution Imaging	**Type of Visit:** Brain DTI Tractography **Findings:** FLAIR imaging demonstrated a focal abnormality in the left frontotemporal area and a 2.5 cm brain laceration in the right temporoparietal area. SWI imaging showed microhemorrhage along the course of the laceration. DTI tractography analysis revealed losses in the bilateral supracallosal cingulum, corpus callosum, right middle cerebellar peduncle, and right inferior longitudinal fasciculus. **Impression:** Evidence on SWI, FLAIR, and DTI of trauma causing brain injury, consistent with complicated mild traumatic brain injury (MTBI).
06/10/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	**Type of Visit:** Neurology Follow-up **Notes:** Patient reported ongoing headaches (electric-type, 5/10, once per week) and blurred vision. Brain MRI report was pending. Exam showed difficulty with serial sevens and tandem gait. Diagnoses included TBI, postconcussive syndrome, and traumatic convergence insufficiency. Plan was to await MRI results and continue with pending CBT.
08/05/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	**Type of Visit:** Neurology Follow-up **Notes:** Patient reported persistent intermittent headaches (5/10), neck pain, and cognitive/memory changes. Exam showed difficulty spelling "WORLD" backwards and with serial sevens. Plan included a referral for acupuncture.
10/25/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	**Type of Visit:** Teleneurology Follow-up **Notes:** Patient reported ongoing headaches (2x/week, holocephalic, throbbing), cognitive deficits (easily overwhelmed, difficulty with multitasking and calculations), and worsening right hip pain. Plan included a referral for orthopedic evaluation for the hip pain.
12/02/2024	Amy Elizaga, PA-C; Christopher Stephenson, M.D. — Rincon PM&R	**Type of Visit:** Initial PM&R Consult (Telehealth) **Notes:** Patient presented for initial consult regarding head injury. Detailed history of the incident and subsequent symptoms was taken. Patient reported feeling depressed and not like herself. NSI score 31, PHQ9 score 7, PCL5 score 24. Assessment consistent with TBI, persistent post-concussion syndrome, myofascial pain, cognitive deficits, and visual disturbances. Plan included ordering MRI with DTI, EEG/OcM/VOMS, and referrals to neuro-optometry, speech-language pathology, trauma therapy, and physical therapy.
12/19/2024	Colin Misich, M.S., CCC-SLP — Functional Cognitive Rehab	**Type of Visit:** Speech Pathology/Cognitive-Linguistic Evaluation **Reason for Referral:** Cognitive-linguistic evaluation after TBI. **Objective Findings:** Formal testing (COWAT, RAVLT, WAIS-R Digit Span) revealed below-average scores in attention, verbal fluency, processing speed, executive function, delayed recall, and working memory. Anomic events were noted. **Impression:** Cognitive-linguistic deficits consistent with TBI. Recommended skilled speech pathology services.
12/20/2024	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	**Type of Visit:** Teleneurology Follow-up **Notes:** Patient reported ongoing headaches (2x/week, 3-5/10, aching/sharp), tinnitus, phonophobia, and intermittent dizziness/imbalance. Significant hip pain persists. Plan included continuing CBT.
12/26/2024 - 02/06/2025	Colin Misich, M.S., CCC-SLP — Functional Cognitive Rehab	**Type of Visit:** Speech-Language Therapy **Summary of Care:** Patient attended multiple telemedicine sessions focusing on education about her injuries and training in compensatory strategies for executive function, memory, attention, and word-finding. The patient was engaged, demonstrated comprehension, and applied strategies during sessions. By the final session, she had demonstrated adequate comprehension and application of learned strategies.
01/16/2025	Jim Saunders; Christopher Stephenson, M.D. — Rincon PM&R	**Type of Visit:** PM&R Follow-up **Notes:** Patient reported a difficult week. NSI 25, PHQ9 3, PCL5 24. Assessment consistent with TBI and post-concussive syndrome. DTI from 05/06/2024 reviewed, showing losses suggestive of TBI.

Date	Provider	Notes
		Plan included initiating referral to pain medicine for cervical spine evaluation and bilateral facet blocks at L4/5, and awaiting referrals for neuro-optometry and speech therapy.
01/21/2025 - 04/15/2025	Heather Dakhil, AMFT — Kindred Heart Therapy Group	**Type of Visit:** Psychotherapy / EMDR **Summary of Care:** Patient attended multiple telehealth psychotherapy sessions for PTSD. She presented as highly talkative, tearful, with a depressed mood and guarded interpersonal style. Sessions involved EMDR psychoeducation, resourcing, and grounding techniques to address distress stemming from the accident. Patient reported a reduction in distress levels (e.g., from 8 to 6) during sessions and expressed feeling relief and hope.
02/25/2025	Kalie McCartin — Visual Processing Institute	**Type of Visit:** Visual Processing Evaluation **Chief Complaint:** Concussion concern, blurred vision, reading struggles, headaches. **Findings:** Diagnoses included Convergence Insufficiency (H51.11), Binocular Vision Dysfunction (H53.30), Deficient saccadic eye movements (H55.81), and Vestibulo Ocular Reflex Cancelation Deficiency. Findings were noted to have a high concussion correlation. **Plan:** Recommended 48 sessions of Vision Rehabilitation, 2 times per week, and to wear single-vision distance glasses.
02/25/2025	N/A — RightEye	**Type of Visit:** Reading & Dynamic Eye Tracking Assessment **Findings:** Reading EyeQ test showed a grade level equivalent of 2.0, with a reading rate of 80 wpm (average 224 wpm) and 25 extended blinks. Dynamic Vision Report showed accuracy scores of Pursuits 79, Saccades 83, and Fixations 32.
03/17/2025	Yuvraj Grewal, M.D. — Advanced Center for Neurology & Headache	**Type of Visit:** Teleneurology Follow-up **Notes:** Patient reported ongoing symptoms including headaches with quick movements, cognitive deficits (short-term memory), dizziness, and imbalance. She had undergone some cognition therapy sessions which were helpful. Vision therapy was recommended by an ophthalmologist. **Plan:** Request ophthalmology evaluation for review and order a video ENG (VNG) study for ongoing dizziness.
03/31/2025 - 05/21/2025	N/A — Visual Processing Institute	**Type of Visit:** Vision Rehabilitation Therapy **Summary of Care:** Patient attended multiple vision therapy sessions. Activities included work on saccades, vergences, stereopsis, and eye-hand coordination using tools like Vivid Vision, Vision Builder, and Brockstring. Notes indicate patient experienced some difficulty, including triggered pain and blurry vision, but also showed progress in some areas.
06/02/2025	Kalie McCartin — Visual Processing Institute	**Type of Visit:** Visual Processing Evaluation **Notes:** Follow-up evaluation. Patient still experiencing symptoms like feeling overwhelmed and challenges focusing. Testing showed improvement in some areas compared to 02/25/2025, including Near Point of Convergence (NPC) improving from 4/10 cm to 3/5 cm and Vergence Facility improving from 10 cpm to 16 cpm.
06/09/2025 - 07/16/2025	Karen M — Visual Processing Institute	**Type of Visit:** Scheduled Vision Rehabilitation Treatment **Notes:** Patient is scheduled for a continued course of Lien - Vision Rehabilitation Treatment sessions twice weekly.

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 Head (05/08/2023): No significant acute intracranial abnormality.

X-Rays (05/10/2023): C-Spine, Bilateral Shoulder, and L-Spine x-rays were ordered. Results not detailed, but patient was told she had arthritis in her neck.

EEG (07/27/2023): Not significant for epileptic discharges or focal slowing, but bifrontal delta and theta frequency slowing was observed.

VNG (07/27/2023): Test results were consistent with CNS damage. Findings included gaze nystagmus (rightward, leftward, center) and the presence of skew deviation.

MRI Brain (08/22/2023): Unremarkable non-contrast MRI of the brain. Noted a normal anatomic variant (left occipital petalia).

MRI Cervical Spine (08/22/2023): Revealed multi-level pathology including Grade I posterior listhesis at C4-C7, mild reversal of cervical lordosis, disc desiccation, and disc protrusions at C2-C3, C3-C4, C4-C5, C5-C6, and C6-C7, causing varying degrees of spinal canal and neural foraminal narrowing with nerve root compression.

MRI Lumbar Spine (08/22/2023): Showed Grade I posterior listhesis of L5 on S1, mild straightening of lumbar lordosis, Modic type II degenerative changes at L4-L5, disc desiccation L3-S1, and disc protrusions at L3-L4, L4-L5, and L5-S1 with nerve root abutment.

Creyos Cognitive Assessment (09/19/2023): Performance was below average in Verbal Reasoning (17th percentile) and Mental Rotation (13th percentile).

DTI Brain Tractography (05/06/2024): Findings consistent with complicated mild traumatic brain injury. FLAIR imaging showed a focal abnormality in the left frontotemporal area and a 2.5 cm brain laceration in the right temporoparietal area. SWI showed microhemorrhage along the laceration. DTI analysis revealed losses in the bilateral supracallosal cingulum, corpus callosum, right middle cerebellar peduncle, and right inferior longitudinal fasciculus, correlating with patient's symptoms of depression, cognitive fog, tinnitus, and memory impairment.

Speech-Language Evaluation (12/19/2024): Objective testing revealed below-average scores in attention, verbal fluency, processing speed, delayed recall, and working memory, consistent with TBI.

Vision Evaluation (02/25/2025): Diagnosed Convergence Insufficiency, Binocular Vision Dysfunction, Deficient Saccadic Eye Movements, and Vestibulo Ocular Reflex Cancelation Deficiency. Reading EyeQ test showed a grade level of 2.0 and a reading rate of 80 wpm (average is 224 wpm).

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.

Other than the trigger point injections, no other interventional or surgical procedures related to the date of injury were noted in the provided records.

2.1.5 Treatment Recommendations

Key interventional and surgical recommendations from the provided records include:

- **Neurosurgery (Dr. Fox, 04/08/2024):** Potential for C4-C5, C5-C6, C6-C7 disc arthroplasty versus fusion, and potential L5-S1 microdiscectomy if nonoperative care is refractory.
- **Neurosurgery (Dr. Filler, 05/06/2024):** Transcranial magnetic stimulation (TMS) for headaches, anxiety, and insomnia. Possible open MRI-guided retro-orbital injection with hyaluronidase enzyme for retro-orbital pain.
- **PM&R (Dr. Stephenson, 01/16/2025):** Referral to pain medicine for cervical spine evaluation, bilateral facet blocks at L4/5, and consideration of Intracept procedure.
- **Neurology (Dr. Grewal, 03/17/2025):** Recommended a video ENG (VNG) study for ongoing dizziness and imbalance.

3. Interview

I obtained the information presented here through my interview with **Fatima Dodson**, which took place on 2025-06-16 along with a review of her medical records and other relevant documents to assess her 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

On 2023-05-07, Ms. Dodson sustained multiple injuries when a speaker fell on her head. The onset of symptoms in her head, neck, spine, lower back, hip, and knee occurred following this incident.

The patient reports ongoing head pain at a severity of 10/10, described as sharp, shooting, stabbing, and throbbing, which radiates to her shoulder, arm, and neck; this pain is aggravated by yawning or eating. She experiences constant neck pain, also at a 10/10 severity, characterized as aching, burning, cramping, sharp, and stabbing, which radiates to her head and worsens with work and frequent movement. Lower back pain is constant, described as aching and burning at a 10/10 severity, radiating to her buttock and hip, and is aggravated by physical activity and prolonged sitting or standing. She reports intermittent burning pain in her hip, primarily on the right side, at a severity of 8/10. She also has knee pain, which is more intense on her right side, with a severity of 8/10, that is worsened by climbing stairs, physical activity, and standing for too long. Spine pain is worsened by physical activity, and she reports burning pain in her foot.

Associated symptoms include tingling and numbness in the head and neck region. She experiences visual disturbances, including blurry vision, double vision, and pain behind her right eye. She also reports clicking and popping in her neck and hip, and stiffness in her lower back.

Treatments attempted include chiropractic care for the neck, lower back, and hip. Ms. Dodson has also undergone 25 sessions of strength therapy for the neck and back, cognitive therapy, and 12 sessions of trauma therapy. Vision therapy was scheduled for June 25.

Functionally, Ms. Dodson reports that certain movements are difficult, including bending, picking up and moving objects, and climbing stairs. She experiences cognitive deficits, including memory loss and decreased comprehension, which limit her ability to sustain prolonged work hours as a self-employed individual.

The patient’s sleep is affected by her symptoms every night.

Emotionally, Ms. Dodson reports experiencing depression and anxiety since the incident.

Ms. Dodson lives alone in a residence that has stairs.

The patient's condition results in significant functional limitations, including difficulties with physical tasks such as bending and climbing stairs, and cognitive deficits that impact her work capacity.

3.2. Subjective History

3.2.1 Current Symptoms

The patient reports persistent headaches with associated visual disturbances; burning pain in the foot, knee, and hip; and constant, aching pain in the neck and lower back.

3.2.2 Physical Symptoms

Pain is reported to worsen with movement and activity. She experiences radiating pain to her head, buttock, hip, and feet, along with tingling and numbness in her head and neck.

3.2.3 Functional Symptoms

The patient reports memory lapses, decreased comprehension, limited endurance for work, and difficulty with bending, lifting, and climbing stairs.

3.3 Review of Systems

3.3.1 Emotional Symptoms

The patient reports depression and anxiety.

3.3.2 Neurologic

The patient reports headaches, blurry and double vision, memory impairment, tingling, and numbness.

3.3.3 Orthopedic

The patient reports pain and stiffness in the neck, lower back, hip, knee, and spine, with associated difficulty in range of motion.

3.3.4 Cardiovascular

None 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 has a past medical history of high blood pressure and arthritis of the neck and lower back.

3.5 Past Surgical History

The patient reports a history of past surgeries.

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 takes medication for high blood pressure.

3.11 Assistive Device

None reported.

3.12 Social History

The patient lives alone. She does not smoke and reports drinking alcohol socially.

3.13 Education History

The patient is a high school graduate.

3.14 Professional/Work History

The patient is self-employed in retail and at a produce festival. Her work capacity has been reduced due to cognitive and physical limitations following the incident.

3.15 Habits

The patient reports social alcohol consumption and denies tobacco use.

3.16 Tobacco use

The patient denies tobacco use.

3.17 Alcohol use

The patient reports social alcohol consumption.

3.18 Illicit drugs

None reported.

3.19 Avocational Activities

None reported.

3.20 Residential Situation

The patient lives alone in an apartment with stairs, which present challenges.

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; postconcussional dizziness related to labyrinthine trauma; cognitive communication deficit; posttraumatic stress disorder; anxiety; cns damage

Diagnostic Condition 2: multiple cervical intervertebral disc protrusions; multiple grade i spondylolisthesis; cervical segmental dysfunction; mild reversal of the cervical lordosis; disc desiccation involving the entire cervical spine

Diagnostic Condition 3: lumbar radiculopathy; grade i posterior listhesis of l5 on s1; disc protrusion; lumbar segmental dysfunction; sacral segmental dysfunction

Diagnostic Condition 4: traumatic convergence insufficiency; binocular vision dysfunction; deficient saccadic eye movements; deficiency smooth pursuit eye movements; deficient visual fixation; divergence excess; vergence infacility; vestibulo ocular reflex cancelation deficiency; visual distortions of shape and size; gaze nystagmus; skew deviation

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 completing tasks
- Delays in word-finding during conversations
- Difficulty processing information
- Difficulty being around people and in crowded/loud environments
- Difficulty executing duties at home
- Decreased ability for prolonged standing or sitting
- Difficulty sleeping
- Decreased ability to lift or carry heavy objects
- Clumsiness or dropping things with right hand
- Difficulty with calculation and numbers
- Significant difficulty with multitasking
- Decreased work performance
- Short-term memory difficulties
- Frequently loses her balance
- Difficulty with ambulation
- Limitations in self care, mobility, and changing and maintaining body position
- Reading difficulties (including skipping lines/words, losing place, poor comprehension, and decreased speed)
- Difficulty shifting eyes and focus between distances
- Decreased ability to pay attention to near work
- Poor peripheral awareness, depth perception, sense of timing, and spatial awareness
- Difficulty following moving objects
- Decreased ability for sustained focus or concentration (template-derived for TBI)

- Decreased ability to process complex information (template-derived for TBI)
- Decreased ability to tolerate bright lights or loud environments (template-derived for TBI)
- Decreased ability to lift or carry heavy objects (template-derived for Cervical)
- Decreased ability for prolonged standing or sitting (template-derived for Lumbar)
- Decreased ability to bend, lift, or twist (template-derived for Lumbar)
- Decreased ability to perform activities requiring core stability (template-derived for Lumbar)

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 his.
- 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 "undefined"), 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: **undefined**.

• 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 **undefined**, 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:

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.

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	$0.00
2	Therapeutic Evaluations	$0.00
3	Therapeutic Modalities	$255,360.00
4	Diagnostic Testing	$0.00
5	Equipment and Aids	$360,731.10
6	Pharmacology	$15,960.00
7	Future Aggressive Care/Surgical Intervention	$0.00
8	Home Care/Home Services	$96,398.40
9	Labs	$0.00
	Total Cost Projection	$728,449.50

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
Primary Care Physician (99214)	52	78.6	26.6	Once every year			
Orthopedic Surgeon Evaluation (99214)	52	78.6	26.6	Once every year			
Pain Management Evaluation (99214)	52	78.6	26.6	Twice every year			
TOTAL					$0.00	$0.00	$0.00

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)	52	78.6	26.6	Once every year			
TOTAL					$0.00	$0.00	$0.00

Table 3: Therapeutic Modalities

Therapeutic Modalities	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
Therapeutic Exercises (97110)	52	78.6	26.6	12 visits yearly	$200.00	$2400.00	$63840.00
Electrical Stimulation (97032)	52	78.6	26.6	12 visits yearly	$200.00	$2400.00	$63840.00
Ultrasound Therapy (97035)	52	78.6	26.6	12 visits yearly	$200.00	$2400.00	$63840.00
Application of a Modality (97010)	52	78.6	26.6	12 visits yearly	$200.00	$2400.00	$63840.00
TOTAL					$800.00	$9,600.00	$255,360.00

Table 4: Diagnostic Testing

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

MRI lumbar spine without contrast (72148)	52	78.6	26.6	0.33			
X-ray (72100)	52	78.6	26.6	0.5			
TOTAL					$0.00	$0.00	$0.00

Table 5: Equipment and Aids

Equipment & Aids	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
Home exercise equipment such as bands and weights	52	78.6	26.6	1	$2,500.00	$2,500.00	$66,500.00
allowance for various (heating pad, ice pack, topical pain cream)	52	78.6	26.6	1	$124.00	$124.00	$3,298.40
customized power wheelchair	52	78.6	26.6	0.2	$7,200.00	$1,440.00	$38,284.00
home exercise equipment such as bands and a smith machine	52	78.6	26.6	1	$2,500.00	$2,500.00	$66,500.00
freedom grab bars straight 125 diameter in shower and by toilet 48” $5300 each	52	78.6	26.6	1	$106.00	$106.00	$2,819.60
padded vinyl shower bench	52	78.6	26.6	1	$125.00	$125.00	$3,325.00
Raised toilet seat Highline Arc 12”	52	78.6	26.6	Once over a lifetime	$279.00	n/a	$279.00
portable ramp	52	78.6	26.6	0.1	$360.00	$36.00	$957.60
batteries for power wheelchair	52	78.6	26.6	1	$238.00	$238.00	$6,330.80
padded vinyl shower chair	52	78.6	26.6	0.5	$125.00	$62.50	$1,662.50
raised toilet seat	52	78.6	26.6	once over a lifetime	$279.00	n/a	$279.00
grab bar in shower	52	78.6	26.6	1	$46.98	$46.98	$1,249.67
lumbar support cushion	52	78.6	26.6	0.5	$72.99	$36.50	$970.90
pivotal walking cane	52	78.6	26.6	0.5	$32.99	$16.50	$438.90
reacher/grabber	52	78.6	26.6	0.5	$15.99	$8.00	$212.80
reacher/grabber`	52	78.6	26.6	0.5	$15.99	$8.00	$212.80
grab bars	52	78.6	26.6	1	$5,300.00	$5,300.00	$140,980.00
padded shower chair	52	78.6	26.6	0.2	$1,279.00	$255.80	$6,804.28
front wheeled walker	52	78.6	26.6	0.2	$34.30	$6.86	$182.40
single point cane	52	78.6	26.6	0.2	$21.99	$4.40	$117.04
grab bar by toilet	52	78.6	26.6	1	$46.98	$46.98	$1,249.67
tens unit	52	78.6	26.6	1	$74.96	$74.96	$1,993.94
tens unit pads 25” x 4” (24 count)	52	78.6	26.6	0.5	$20.99	$10.50	$279.30
Cane	52	78.6	26.6	0.33	$30.00	$9.90	$263.34
walker	52	78.6	26.6	0.3333	$70.00	$23.33	$620.58
grab bars in shower and by the toilet	52	78.6	26.6	1	$93.96	$93.96	$2,499.34
folding front wheeled walker	52	78.6	26.6	1	$34.30	$34.30	$912.38

back brace	52	78.6	26.6	1	$25.00	$25.00	$665.00
back braces	52	78.6	26.6	0.5	$39.99	$20.00	$532.00
lumbar belt	52	78.6	26.6	once every 2 years	$49.99	$25.00	$665.00
long-handled shoehorn	52	78.6	26.6	0.1	$20.00	$2.00	$53.20
long handled bath sponge	52	78.6	26.6	4	$23.99	$95.96	$2,552.54
tens unit pads 25” x 4” (24 count)	52	78.6	26.6	12	$20.99	$251.88	$6,700.01
straight cane	52	78.6	26.6	0.2	$28.95	$5.79	$153.91
elevated toilet seat	52	78.6	26.6	0.2	$35.00	$7.00	$186.20
TOTAL					$21,271.33	$13,541.10	$360,731.10

Table 6: Pharmacology

Pharmacology	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
General Allowance	52	78.6	26.6	12	$50.00	$600.00	$15960.00
TOTAL					$50.00	$600.00	$15,960.00

Table 7: Future Aggressive Care/Surgical Intervention

Procedure	DRGCodes	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
Lumbar Facet Blocks (64493, 64494, 01992)		52	78.6	26.6	As clinically indicated			
Lumbar Epidural Injections (64483, 01992)		52	78.6	26.6	As clinically indicated			
TOTAL						$0.00	$0.00	$0.00

Table 8: Home Care/Home Services

Item	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
Housekeeping services	52	78.6	26.6	104	$21.00	2184.00	58094.40
Personal trainer / exercise physiologist	52	78.6	26.6	24	$60.00	1440.00	38304.00
TOTAL						3624.00	96398.40

Table 9: Labs

Lab Test	Start Year	End Year	Years	Frequency Per Year	Cost per Item	Annual Cost	Lifetime Cost
CMP (80053)	52	78.6	26.6	Once a year			
CBC (85025)	52	78.6	26.6	Once a year			
Venipuncture (36415)	52	78.6	26.6	Once a year			
Urine drug screen (81007)	52	78.6	26.6	Once a year			

TOTAL	$0.00	$0.00	$0.00

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

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Location

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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