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Date of Report: 1/1/2023

Injured Party Jane Doe	**Claim Number** 123456ABC	**Referring Party** John Doe
Date of Birth 4/1/1953	**Social Security Number** XXX-XX-XXXX	**Jurisdiction** TX
Insurance Type Liability	**Date of Loss** 01/8/2021	**Insured** Memorial Hospital
Purpose of Referral	• Liability nurse review • Liability nurse bill review.	

Injury Description:

History of Injury	Ms. Doe reportedly sustained a slip and fall injury on 1/1/23. It appears that she sustained a right knee fracture that required surgical repair. Unfortunately, very limited records were provided for review and included no initial injury records including no emergency medical services, emergency department, hospitalization, or orthopedic records. There was only one partial record from orthopedics provided that indicated she underwent surgical repair of a patella fracture and required revision surgery. Ms. Doe also reported low back pain and radiculopathy seven months after the slip and fall.

Overview of Findings:

Past medical conditions identified	• Primary hypertension • History of cardiac murmur • High blood triglycerides • Vitamin D deficiency • Mild aortic regurgitation • Mild diastolic dysfunction • Mixed hyperlipidemia • Sleep apnea • Spondylolisthesis at L4-L5 • Trace tricuspid regurgitation by prior echocardiogram • Diabetes mellitus type 2

Past surgical history identified	• Vitrectomy, right (6/25/19) • Phacoemulsification cataract with intraocular lens, right (1/29/19) • Colonoscopy (9/28/18) • Bunionectomy (date not provided) • Carpal tunnel release (date not provided) • Tubal ligation (date not provided)
Medication taken prior to date of loss (listed with reason)	• Novolog 100 unit/mL (diabetes) • Repatha 140 mg (hyperlipidemia) • Euthyrox 75 mcg (hypothyroidism) • Fenofibrate 48 mg (hyperlipidemia) • Losartan 50 mg (hypertension) • CoQ10 (supplement) • Aspirin 81 mg (anticoagulation) • Vitamin D3 (supplement) • Vitamin E (supplement) • Aleve 220 mg • Omeprazole 20 mg (gastroesophageal reflux disease)
Height/Weight/BMI	• Height: 65 inches • Weight: 203 lbs. • BMI: 33.8 (obese)
Tobacco Use	• Denied
History of Alcohol Use/Recreational Drugs Use	• ETOH use: Denied • Recreational drug use: Denied
Hand Dominance	• Information not provided in records reviewed.
Employment at time of accident	• Teacher was noted to be her "most recent primary occupation" but it is unclear if she was employed at the time of the incident as she was past retirement age (74 at the time of the incident).

Chronology:

Date of Service	Provider	Summary of Events	Comments	Treatment Review
		RECORDS THAT PRE-DATE THE INJURY DATE		
01/10/2021	Paradigm Chiropractic Miranda Bailey, chiropractor	Chiropractic Visit • Reported no changes since last visit • Treatment for lumbar spine, thoracic spine, pelvis, and right hip • Noted treatment for lumbar spine "to relieve disc pressure, reduce radiculopathy symptoms" • Responded favorably to care • Completed treatment plan and symptoms greatly improved • Still experienced pain and discomfort but much milder and able to perform daily activities at a higher level		Unrelated
		RECORDS THAT POST-DATE THE INJURY DATE		
02/21/2021-04/05/2021		**6-Week Gap in Treatment Records**		
04/06/2021	Sycamore Family Medicine Derek Shepherd NP, nurse practitioner	Office Visit • Follow up for right knee; stated knee was aching • Status post open reduction internal fixation right patella, excision and patellar advancement on 2/22 • Has been compliant with non-weightbearing and knee immobilizer since time of surgery • No falls or injury noted • Has not had increased pain, no signs of wound complication or skin breakdown • On exam, right knee in immobilizer with crutches; swelling minimal, scar healed; there is a small gap noted in the patella, mildly tender, distal motor/sensory/vascular intact • X-ray showed increased gapping and failure of prior construct • Recommended revision patella fixation on 4/9	Partial record only	Undetermined

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		• Will determine intraop mode of failure, will likely replace with #5 Ethabon and additional fixation as failure mode dictates		
04/06/2021	UMC Health System Meredith Grey MD, radiology	<u>X-ray of Right Knee</u> • Pain • No comparison • There is a transverse fracture through the body of the patella		Undetermined
04/27/2021	UMC Health System Meredith Grey MD, radiology	<u>X-ray of Right Knee</u> • Patellar sleeve fracture of right knee • No comparison • There is a transverse patella fracture at the knee		Undetermined
05/05/2021	Sycamore Family Medicine Derek Shepherd NP, nurse practitioner	<u>Office Visit</u> • On exam, alert, no acute distress, using a walker • Abdomen soft and non-distended, no tenderness, hypoactive bowel sounds, worse on left, firm to touch, no tenderness on exam • Recent surgery to right knee, brace noted, covered with dressing • Diagnosis: Abdominal pain and acute constipation • Advised to continue taking pain medication as needed but if able to get through with over the counter medication, to use that • Push fluids, use stool softeners • Urine culture ordered, will call with results	Partial record	Unrelated
05/11/2021	UMC Health System Meredith Grey MD, radiology	<u>X-ray of Right Knee</u> • Patella fracture • Comparison dated 4/27/21 • Unchanged alignment and positioning of patellar fracture • Diffuse thickening of the infrapatellar tendon unchanged		Undetermined

Date of Service	Provider	Summary of Events	Comments	Treatment Review
05/12/2021-09/29/2021		**4-Month Gap in Treatment Records**		
09/30/2021-10/28/2021	Paradigm Chiropractic Callie Torres DC, chiropractor	Chiropractic Visits #1-13 9/30/21 Initial Evaluation: • Presented for low back pain/stiffness, right hip pain/stiffness, and lumbar radiculopathy into right leg and foot for several months after knee surgery and slip and fall • On exam, straight leg raise on right with radiating pain; decreased range of motion lumbar spine, right hip, right knee, right ankle; muscle spasm lumbar paraspinals, piriformis, quadriceps • X-ray showed L4-5 grade 1 spondylolisthesis, degenerative disc disease • Recommended therapy 3 times/week for 4 weeks, 2 times/week for 4 weeks, 1 time/week for 8 weeks 10/11/21 • First time to the office without using walker since treatment began • Continued pain but able to move better 10/28/21 • Reported steady improvement • May decrease therapy to 2 treatments per week Visit dates: 9/30/21, 10/4/21, 10/5/21, 10/7/21, 10/11/21, 10/12/21, 10/14/21, 10/18/21, 10/19/21, 10/21/21, 10/25/21, 10/26/21, 10/28/21		Unrelated
09/30/2021	Sycamore Family Medicine Derek Sheperd NP, nurse practitioner	Office Visit • Presented for low back pain radiating down right lower extremity, started on Sunday and progressively worsened • Stated had recent knee surgery; stopped therapy and was walking without a walker until Sunday • No known injury or trauma, no fall • On exam, healing incision to right knee, pain noted to latissimus dorsi to right side radiating down lower extremity • Assessment: Acute right lumbar radiculopathy; unknown injury, advised more likely due to a nerve issue	The latissimus dorsi is a muscle on the back, responsible for movement of the shoulder and trunk	Unrelated

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		• Ordered x-ray of lumbosacral spine, may need MRI • Prescribed Tizanidine (muscle relaxant) • Ketorolac (nonsteroidal anti-inflammatory) 15 mg injection administered		
10/21/2021	Sycamore Family Medicine Derek Shepherd NP, nurse practitioner	<u>Office Visit</u> • Presented for **recurrent lumbar radiculopathy** • Treating with chiropractor for 3-6 weeks with mild improvement • Denied new injury or trauma to the back • Denied knee pain • Underwent right knee total replacement and during this time was having back pain issues • On exam, pain noted to mid-right lower back radiating down to right lower extremity • Assessment: Chronic lumbar radiculopathy, lumbar pain with radiation down right leg • Ordered MRI of lumbar spine • Follow up in 3 weeks		Unrelated
11/01/2021-11/23/2021	Paradigm Chiropractic Callie Torres DC, chiropractor	<u>Chiropractic Visits #14-18</u> 11/1/21 • Reported no changes since last visit • Will be going out of town and won't be back for a few weeks 11/22/21 • Symptoms improving, moving well today Visit dates: 11/1/21, 11/15/21, 11/17/21, 11/22/21, 11/23/21		Unrelated
11/18/2021	UMC Richard Webber MD, radiology	<u>MRI of Lumbar Spine</u> • Lumbar pain with radiation down right leg, spondylolisthesis • **Comparison dated 6/17/15** • Multilevel degenerative disc changes and spondylosis of the lumbar spine with multilevel foraminal and spinal canal stenosis, with the		Unrelated

Date of Service	Provider	Summary of Events	Comments	Treatment Review
		degree of foraminal and spinal canal stenosis **not appearing significantly changed** • Diminished fatty marrow signal may indicate red marrow conversion, recommend clinical correlation		
11/29/2021-01/06/2022	Paradigm Chiropractic Callie Torres DC, chiropractor	<u>Chiropractic Visits #19-27</u> 12/20/21 • Stated she was getting around well on a daily basis; still has some bad moments but steadily improving 1/3/22 • Reported she was getting much better than she was a few months ago • Plan to treat for 3 more weeks Visit dates: 11/29/21, 12/2/21, 12/6/21, 12/9/21, 12/13/21, 12/20/21, 12/22/21, 1/3/22, 1/6/22	Even if condition was later considered related, consider that chiropractic visits dated 11/29/21-1/6/22 fell outside Official Disability Guideline (ODG) recommendations. Per ODG, up to 18 chiropractic visits are recommended for acute low back pain with evidence of objective functional improvement. Here, Ms. Doe participated in more than 18 visits, therefore, consider treatment to be **excessive.**	Excessive
12/15/2021	Lubbock Spine Institute Mark Sloan MD, pain management	<u>Office Visit</u> • New patient evaluation, referred by Dr. Torres • Reported right sided lumbar pain with radicular pain to right lower extremity • Stated she has been experiencing lumbar spine pain since 2019 and in February this year she fell onto her knee and fractured her right patella	Faber's, Patrick's, and Gaenslen's tests are used to identify sacroiliac joint dysfunction or nerve root lesion Kemp's test is used to diagnose facet joint pain Slump test is used to assess for sciatica	Unrelated

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		• Had 2 surgeries to the right knee and in July the lumbar pain worsened and right lower extremity pain started after she discontinued the knee brace • Pain progressively worsened since July • Participating in chiropractic therapy and using TENS unit with minimal pain relief • MRI reviewed • On exam, lumbosacral spine, tenderness of paraspinal muscles and over posterior superior iliac crest; full range of motion; positive compression test, Faber's, Gaenslen's, Kemp's, Patrick's, and straight leg raise tests; Slump test negative • Impression: Lumbosacral radiculitis • Recommended a right L4-5, L5-S1 transforaminal epidural steroid injection • Patient requested to participate in one more month of chiropractic care and will contact office if she wishes to proceed		
01/07/2022	Sycamore Family Medicine Derek Shepherd NP, nurse practitioner	<u>Office Visit</u> • Presented for sinus pressure, ear pain, abdominal cramping, and high blood sugar • Reported sore throat and headache • Assessment: Acute bronchitis • Prescribed doxycycline (antibiotic) 100 mg		Unrelated
01/14/2022	Lubbock Spine Institute Goerge O'Malley ACNP, nurse practitioner/pain management	<u>Office Visit</u> • Follow up for low back and right radicular leg pain, increase in pain • Requested pain medication to last until injection, waiting for insurance approval • Prescribed hydrocodone-acetaminophen (narcotic pain reliever) 7.5-325 mg, #90 • Stated she went to hospital for abdominal pain, nausea, and vomiting		Unrelated

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		• Offered to order an MRI of the thoracic spine but she declined • Follow up after procedure		
01/21/2022	Lubbock Surgery Center Mark Sloane MD, pain management	<u>Right L4-5, L5-S1 Transforaminal Epidural Steroid Injection #1</u> • Pre and postoperative diagnoses: Lumbar radiculopathy, chronic pain syndrome • Procedure: Right L4-5, L5-S1 fluoroscopically guided transforaminal epidural steroid injection • Under fluoroscopic guidance injected 4 mL of 0.125% bupivacaine (anesthetic) and 10 mg of dexamethasone (steroid) into each space • Tolerated procedure well, no complications		Unrelated
01/31/2022	Sycamore Family Medicine Arizona Robbins MD, family medicine	<u>Office Visit</u> • Presented for emergency department follow up • Went to emergency department recently and left against medical advice due to long wait time; had elevated troponin • Was sent back to emergency department • Seen at heart hospital, all tests normal per patient • Bilateral flank soreness improved, no trauma • Had injection for chronic back pain recently • Diagnosed with Bell's Palsy one week ago, took acyclovir (antiviral) and improved • Scheduled to see neurosurgery • Exam unremarkable • Assessment: Hypothyroidism, coronary artery disease, chronic low back pain, diabetes, mixed hyperlipidemia, hypertension, other chronic pain • Follow up in 2-3 months	Elevated troponin may indicate that a heart attack has occurred	Unrelated

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02/03/2022	UMC Health System Meredith Grey MD, radiology	<u>Ultrasound of Pelvis</u> • Left adnexal tenderness • No comparison • Mild right hydroureter and pelviectasis; recommended follow up CT urogram for further characterization • Otherwise no acute sonographic abnormality of pelvis • Non-visualization of left ovary due to overlying bowel gas		Unrelated
02/03/2022-02/10/2022	Lubbock Spine Institute No provider name	<u>Physical Therapy Visits #1-3</u> 2/8/22 • Presented for treatment • Diagnosis: Discogenic syndrome, lumbar Visit dates: 2/3/22, 2/8/22, 2/10/22	Incomplete records	Unrelated
02/04/2022	Lubbock Spine Institute George O'Malley ACNP, nurse practitioner/pain management	<u>Office Visit</u> • Follow up after procedure • Stated 70-80% improvement in pain, lasting 3 days • Current pain rated 2/10 • Exam unremarkable • She feels the majority of her residual low back and leg pain is manageable at this time • Again recommended MRI of thoracic spine • Prescribed Methocarbamol (muscle relaxant) 500 mg • Follow up after MRI	Incomplete record	Unrelated
02/14/2022	Covenant Diagnostic Imaging Meredith Grey MD, radiology	<u>MRI of Thoracic Spine</u> • Chronic mid back pain • No comparison • Relatively small focal disc protrusions through the mid and lower thoracic spine with no significant spinal canal or neural foraminal narrowing • No compression deformities		Unrelated

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03/08/2022	Sycamore Family Medicine Avery Jackson NP, nurse practitioner/ family medicine	Office Visit • Presented for urinary tract infection symptoms; urinary frequency • Exam unremarkable • Diagnosis: Acute urinary tract infection, dysuria • Ordered urine culture • Prescribed nitrofurantoin (antibiotic) 100 mg		Unrelated
03/11/2022	Lubbock Spine Institute George O'Malley ACNP, nurse practitioner/pain management	Office Visit • Presented for follow up and prescription refill • Rated pain 4/10 • Reported mid back pain radiating to abdomen with abdominal pain, right low back pain with radiation • Exam unremarkable • Assessment: Discogenic syndrome, lumbar; lumbosacral radiculitis; diabetes; hypertension; long term opiate use • Follow up in 4 weeks	Incomplete record	Unrelated
03/25/2022	Sycamore Family Medicine Derek Shepherd NP, nurse practitioner	Office Visit • Presented for right side pain • Reported right upper abdominal pain, constant for a while, participating in physical therapy with improvement in back symptoms • Some relief with Robaxin at night • On exam, right upper quadrant tenderness • Assessment: Right upper quadrant pain, unclear etiology; spondylolisthesis at L4-5 • Ordered labs and CT or ultrasound of abdomen • Refilled methocarbamol		Unrelated

Date of Service	Provider	Summary of Events	Comments	Treatment Review
04/11/2022	Lubbock Spine Institute George O'Malley ACNP, nurse practitioner/pain management	<u>Office Visit</u> • Presented for follow up and prescription refill • Rated pain 5/10 • Reported thoracic back pain radiating to abdomen • Was evaluated by primary care and had ultrasound of abdomen; was told she had a fatty liver and was referred to gastroenterology for evaluation of pain • Exam unremarkable • Assessment: Discogenic syndrome, lumbar; lumbosacral radiculitis; diabetes; hypertension • Recommended to continue current medication regiment • Follow up in 3 months		Unrelated
04/28/2022	Sycamore Family Medicine Arizona Robbins MD, family medicine	<u>Note</u> • Labs noted to be borderline high calcium • Awaiting CT scan • Advised to stop fenofibrate (cholesterol medication), start coQ10 (supplement) • Follow up in 1 month		Unrelated
04/28/2022	Sycamore Family Medicine Arizona Robbins MD, family medicine	<u>Office Visit</u> • Follow up for abdominal pain • Reported persistent abdominal pain, diffuse, worse on right, pain even to light touch, no trauma • CT scan not done yet • Exam unremarkable • Assessment: Hypothyroidism, age related osteoporosis, coronary artery disease, chronic abdominal pain, diabetes, hypertension • Possible neuropathy, may need nerve conduction test • Needs CT • Advised to keep gastroenterology appointment for scope • Prescribed Gabapentin (nerve pain medication) 100mg		Unrelated

Date of Service	Provider	Summary of Events	Comments	Treatment Review
04/29/2022	UMC Health System No provider name	<u>CT of Abdomen and Pelvis</u> • Chronic abdominal pain, acute, nonlocalized • Impression: Large duodenal diverticulum • There is a 2.8 cm right adnexal mass containing bulk fat, favored to reflect an ovarian dermoid • Pulmonary nodule in the right middle lobe, measuring 4 mm; pulmonary nodules measuring less than 6 mm are nonspecific, compatible with both benign and malignant etiologies; if patient has risk factors for malignancy, consider follow up CT in 12 months; otherwise no follow up is necessary for a nodule measuring less than 6 mm in diameter		Unrelated
04/29/2022	Meredith Grey MD, radiology	<u>CT of Abdomen and Pelvis</u> • Pancreas atrophic • Spleen normal • Adrenals normal • Kidneys, 1.6 cm left renal cyst • Pelvis, 2.8 cm lesion in right adnexa, possible uterine fibroid • Bladder, normal • Bowel, colonic diverticulosis without diverticulitis; large duodenal diverticulum projecting from superior aspect of third portion of duodenum, measures up to 7.7 cm • No enlarged lymph nodes • Atherosclerotic changes of vessels • Abdominal wall, small fat containing umbilical hernia • Bones, degenerative changes in the spine	Incomplete record	Unrelated
06/17/2022	Paradigm Chiropractic Callie Torres DC, chiropractor	<u>Note</u> • Presented on 9/30/21 for low back pain/stiffness, right hip pain/ stiffness, and lumbar radiculopathy into right leg and foot for several months after knee surgery and a slip and fall incident	Not a visit	Unrelated

Date of Service	Provider	Summary of Events	Comments	Treatment Review
		• Physical exam revealed positive straight leg raise on right, positive Kemp's on right, decreased range of motion, muscle spasms, diminished patellar and Achilles reflexes bilaterally • Diagnoses: radiculopathy, lumbar; spondylolysis; neuralgia and neuritis; paresthesia of skin; contracture of muscle; stiffness; muscle weakness; abnormal posture; lumbar disc degeneration; lumbar myelopathy; spinal stenosis • Treatment plan: 3 visits/week for 4 weeks, 2 visits/week for 4 weeks, 1 visit per week for 8 weeks		

Analysis of Records Reviewed:

- Ms. Doe reportedly sustained a slip and fall injury on 1/1/22; unfortunately, **no records between 2/21/22 and 4/5/22 were provided for review, so details surrounding the incident were limited**. Also note that orthopedic records were limited to one partial record. The first post date of loss record provided for review (a partial record) was on 4/6/21, which appeared to be an orthopedic follow up visit. Ms. Doe was noted to have undergone an open reduction internal fixation of the right patella on 2/22/21 and was planning to undergo revision surgery on 4/9/21 due to failure of the prior surgery. **No additional orthopedic records were provided for review.** The first report of the injury was from a chiropractic visit on 9/30/21, **seven months after the slip and fall.** When Ms. Doe presented for chiropractic evaluation, she reported low back and right hip pain and lumbar radiculopathy into the right leg and foot **for several months after knee surgery and a slip and fall.** Interestingly, no date or description of the slip and fall was provided. The first record that provided any description of the injury on 2/21/21 was a pain management visit **nine months after the slip and fall,** which noted that Ms. Doe had been experiencing lumbar spine pain since **2019** and in **February she fell onto her knee and fractured her right patella. No additional records were provided related to the slip and fall or right knee fracture.** The remainder of records provided were for back pain with radiculopathy and unrelated abdominal pain.

- **Recommend obtaining complete records from emergency medical services, emergency department, hospitalization, and orthopedics after 2/21/21 in order to investigate details regarding the incident and possible injuries sustained.** As very limited records were provided for review, consider that it would be difficult to relate any injuries to the alleged slip and fall until additional records are received.

- It appears that Ms. Doe sustained a right knee/patella fracture on or around 2/21/22 requiring surgical fixation per limited records provided for review. A patella fracture is a break or crack in the kneecap, a triangular shaped bone located at the front part of the knee and situated against the lower end of the thigh bone (femur). The patella functions as a pulley that increases the mechanical advantage of the thigh muscle when straightening the knee, walking, running, and jumping. Patellar fractures are classified as nondisplaced (the broken bone is stable and remains in place) or displaced (the pieces of broken bone have shifted out of position and developed gaps). Unfortunately, very limited records regarding the knee fracture were

provided for review so it is unclear if the fracture was displaced or nondisplaced. However, it would be likely that the fracture was displaced if surgery was required. Complications of patella fractures include infection and delayed union or nonunion of the fracture. Of note, Ms. Doe was diagnosed with uncontrolled diabetes which would have predisposed her to a delayed or nonunion of the fracture. Also consider that her age (XXXX at the time of the alleged fall) and likely osteoporosis would have increased her susceptibility of sustaining a fracture from a fall from standing height. While it is possible that a knee fracture could be sustained from a fall directly onto the knee, as very limited records were provided for review, consider relatedness of right knee fracture to be **undetermined** until additional records are provided for review.

- As noted above, the limited records provided for review focused on back pain with right lower extremity radiculopathy. Radicular pain is a type of pain that arises in a nerve root near its origin at the spinal cord and radiates into a specific neurological distribution in an associated limb. This may result in muscle weakness and paresthesias (numbness and tingling sensation). Radiculopathy related to the lumbar spine usually affects the lower extremity. Causes of radicular pain would be compression or irritation of a nerve root resulting from a herniated disc, bone spur, or narrowing of the spinal opening through which the nerve root passes (stenosis).

- Per initial chiropractic evaluation dated 9/30/21 (seven months after the incident), Ms. Doe reported low back pain and lumbar radiculopathy into the right leg **for several months after knee surgery and a slip and fall.** The same day as the initial chiropractic evaluation, she also presented to primary care and reported low back pain starting **a few days earlier without a known injury or trauma.** While it is possible that a knee injury could result in a gait disturbance that may cause temporary back pain, the initial report of back pain was **seven months after the alleged fall and the primary care visit indicated that there was a sudden rather than gradual onset.** It should also be pointed out that Ms. Doe had documented pre-existing back pain with radiculopathy per records provided for review. A pre-date of loss record with Chiropractor Torres, dated 1/10/21, **one month before the alleged slip and fall,** noted that she had been treating for lumbar and thoracic spine pain, as well as pain to the pelvis and hip, with treatment focused on pain reduction, improved motion and function, and **reduction in lumbar radiculopathy symptoms.** Chiropractor Torres noted that Ms. Doe had improved but **continued to experience pain and discomfort.** An MRI of the lumbar spine was performed on 11/18/21 which showed multilevel degenerative disc changes and spondylosis (age-related wear and tear of the spine) as well as spinal canal stenosis (narrowing) **that did not appear significantly changed when compared to a 2015 MRI of the lumbar spine.** This would support no more than a soft tissue injury as MRI findings showed no significant changes after the slip and fall. Additional records continued to support a pre-existing condition, including pain management evaluation ten months after the alleged fall which noted that Ms. Doe had been experiencing lumbar spine pain since **2019.**

- While it would be helpful to have pre-date of loss records from two years prior to the alleged slip and fall to determine her baseline back pain and function, consider it more likely than not that the lumbar pain and radicular symptoms were pre-existing and therefore **unrelated.** Also of note, as no records were provided immediately after the alleged slip and fall and very limited records regarding treatment for the right knee were provided, it would be difficult to relate even a soft tissue injury or temporary exacerbation of pre-existing back pain to the incident on 2/21/21. However, consider that once complete records are received, relatedness of low back pain may change.

Additional Considerations:

Missing Records:

- There was a six-week gap in treatment records between 2/21/21 and 4/5/21, and a four-month gap in treatment records between 5/12/21 and 9/29/21.
- There were multiple incomplete records provided for review including an orthopedic record dated 4/6/21, primary care visit dated 5/5/21, physical therapy visits dated 2/3/22-2/10/22, pain management records dated 2/4/22 and 3/11/22, and a CT of the abdomen and pelvis dated 4/29/22; recommend obtaining complete records of visits and imaging provided for review.
- Recommend obtaining all missing treatment records between 2/21/21-4/5/21 which may include an incident report, emergency medical services, emergency department, hospitalization (including surgeries), and orthopedic records to investigate slip and fall incident on 2/21/21 and relatedness of injuries.
- Recommend obtaining complete outpatient orthopedic records after 2/21/21 to investigate relatedness of injuries, treatment, and response to treatment.
- Recommend investigating if Ms. Doe sought medical treatment between 5/12/21 and 9/29/21 and if so, recommend obtaining records.
- If Ms. Doe continued to relate low back pain and radiculopathy to the slip and fall on 2/21/22 even after additional records are received, would recommend obtaining pre-date of loss primary care and orthopedic records two years prior to the incident on 2/21/21 to investigate her baseline back pain and function.

Other Issues:

- Ms. Doe had documented pre-existing low back pain with radiculopathy and degenerative disc disease per pre-date of loss chiropractic record as well as an MRI which was compared with a pre-date of loss MRI of the lumbar spine from 2015 and showed **no significant changes.**
- Ms. Doe did not report low back pain and radiculopathy until seven months after the slip and fall which would make it difficult to relate to the incident on 2/21/21.
- Ms. Doe was noted to have uncontrolled diabetes which may have contributed to a non-healing fracture.
- Ms. Doe was 74 years old at the time of the slip and fall, which may have predisposed her to a more severe injury to the knee even with a fall from standing height, due to osteoporosis.
- Ms. Doe was obese, excess weight may increase the likelihood of a degenerative spine condition.
- Ms. Doe is currently reporting as being a Medicare beneficiary, we would recommend investigation into whether any conditional payments may have been made relative to this incident.
- Recommend investigating Ms. Doe's employment status at the time of the incident to determine if any work loss would be associated with the slip and fall.

Resources:

- Official Disability Guidelines, www.ogdbymcg.com
- MD Guidelines, www.mdguidelines.com

******Bill Review provided as a separate document******

Issie Stevens, RN, BSN