

Injury Claim Clinical Evidence Admissibility Report

Includes Trauma Inventories, Clinical Decision Support Systems and Functional Impairment Ratings

Prepared in Compliance with AMA guidelines | FRE 701–703 | Daubert/Frye Standards

Key Information

Patient Name

John Doe

Recipient (To)

Jane Smith

Prepared By

Molly Middleton

Date of Accident

May 22, 2024

Date of this Report

January 22, 2026

No. of Days Since Accident

610

Assessment Scope & Methodology

Reporting Standards - Foundational Evidence for Injury Evaluation

The Injury Claim Report identifies and documents objective clinical and laboratory findings for each impairment, serving as the cornerstone for evaluating injuries. It incorporates a whole-person impairment rating and insights from a comprehensive trauma inventory while referencing federal expectancy data for validation. This structured analysis provides the foundational evidence for accurate diagnoses, valid impairment ratings, and a comprehensive medico-legal assessment.

Trauma Inventories - Capturing the Full Impact of Injuries

Trauma inventories are structured assessments designed to capture the physical, emotional, and cognitive effects of an injury. By systematically collecting patient-reported data, these inventories quantify the disruption to daily life, including emotional distress, reduced quality of life, and loss of personal roles. Widely recognized in medical and legal contexts, trauma inventories serve as an essential component in identifying non-economic damages and providing objective insights into the broader impact of injuries. Their results are codable, billable, and admissible as part of a comprehensive injury claim evaluation, ensuring that no aspect of the injury's effects is overlooked.

Impairment Rating - Establishing a Benchmark for Injury Severity

The impairment rating is a standardized measure used to quantify the degree of functional loss resulting from an injury. Based on established guidelines such as the AMA Guides to the Evaluation of Permanent Impairment, it translates clinical findings into a percentage representing the whole-person impairment. This objective assessment provides a critical benchmark for evaluating the severity of injuries, supporting fair and consistent valuation in medical, legal, and insurance contexts. By bridging the gap between medical evidence and legal standards, impairment ratings play a pivotal role in ensuring accurate and equitable compensation for

injury claims. Impairment rating is conducted by adherence to the Gold Standards and Quality System (QS) for establishing evidence of the American Medical Association's guides to the evaluation of permanent impairment.

Medical Assessment & Treatment Record

Medical Treatment Record

	REVIEWED	ENCLOSED
Sources of Medical History		
1.01 Medical Office Records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.02 Hospital Records	<input type="checkbox"/>	<input type="checkbox"/>
1.03 From Other Sources	<input type="checkbox"/>	<input type="checkbox"/>
1.04 From Patient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Continuity & Timing of Care		
1.05 Delay in Seeking Care	<input type="checkbox"/>	<input type="checkbox"/>
1.06 Gaps in Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Additional Relevant History		
1.07 Prior Medical History (Relevant to Current Condition)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.08 Medications & Compliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.09 Diagnostic Tests & Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.10 Rehabilitation / Therapy Records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.11 Work / Functional History	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Medical Assessment Narrative

This medical narrative report documents the comprehensive assessment and findings related to John Doe, who sustained injury on May 22, 2024. In addition to the standard evaluation of the patient's medical history, subjective complaints, objective findings, diagnostic studies, and treatment provided, this assessment incorporates impairment ratings and IMV advanced Trauma Inventories. These inventories are designed to detect nuanced non-economic elements—such as the impact on the patient's enjoyment of life and daily functioning—that are often overlooked in traditional assessments. The impairment rating quantifies the degree of functional loss caused by an injury, translating medical findings into a measurable percentage based on standardized guidelines. This provides an objective foundation for assessing injury severity and ensuring fair valuation in legal and insurance claims. By leveraging these tools, this report provides a more holistic and detailed view of the injuries, their effects on the patient's quality of life, and the associated medical and legal implications.

Accident & Injury Mechanism

MOTOR VEHICLE ACCIDENTS

V43.62XA Car passenger injured in collision with other type car in traffic accident, initial encounter

Diagnoses

HEAD

F07.81 Post-Concussion Syndrome

G44.309 Posttraumatic headache, unspecified

G47.9 Sleep disturbance

H53.1 Blurred vision

H93.19 Tinnitus (4% WPI)

R51.9 Headache

FACE

21235 Mandible

30400 Closed rhinoplasty

CHAIN GANGLIA INJURY

4756 Laparoscopic cholecystectomy

NECK

M67.40 Chain Ganglia Injury / Sympathetic Syndrome

DISC

M50.122: Cervical disc disorder (bulge) C5-C6 level with radiculopathy

M54.12 Cervical Radiculopathy

The disc involvement is demonstrated on MRI

The Evidence-based data reveals disc pressure on the thecal sac/ spinal cord

FACET & STENOSIS

G23: Hypokinesia (related to neurodegenerative diseases)

PAIN

F41.1 Anxiety

F43.2 Adjustment disorders in Enjoyment of Life

F43.11 Post-traumatic stress disorder, acute

F98.9 Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence

R45.3 Negativity or apathy

R45.86 Behavioral and Emotional Concussion

PAIN
R45.87 Impulsive behavior
R53.83: Other fatigue (Lethargy, Tiredness, Lack of energy)
Z63 Problems in relationship with spouse or partner

Functional Impact & Patient Complaints

Complaints

AREA / SYMPTOM	DETAILS (TYPE, INTENSITY, FREQUENCY, WORSENING EFFECTS)
Post Traumatic Headache (PTH)	Type: Dull Intensity: 4-6 Moderate Freq: Occasional 25-50% of the day Worsens: Stress, Noise Location: Right Side
Headache	Type: Throbbing, Aches Intensity: 4-6 Moderate Freq: Occasional 25-50% of the day Worsens: Stress, Noise Location: Right Side
Mid-back	Type: Aching Intensity: 4-6 Moderate Freq: Occasional 25-50% of the day Worsens: Repeated Movement Location: Left Side
CONCUSSIONS & COGNITIVE	
S06.3: Cerebral Contusions	Vomiting; Blurred vision
F07.81 Post-Concussion Syndrome/Vestibular Disorder	Tinnitus
R45.86 Behavioral and Emotional Concussion	Fatigue; Anxiety
F98.9 Emotional Disorders	Negativity or apathy; Impulsive behavior
SYSTEMIC SYMPTOMS	
M67.40 (C6, C7) Ganglia Level	Pain in the arm

Karnofsky Performance Status Scale

PERFORMANCE LEVEL	DESCRIPTION
No change since last visit	No change since last visit
100	Normal, no evidence of disease
90	Able to perform normal activity with only minor symptoms
80	Normal activities with effort, some symptoms
70	Able to care for self but unable to do normal activities
60 CURRENT LEVEL	Requires occasional assistance (duties or household), cares for most needs
50	Requires considerable assistance
40	Disabled, requires special assistance
30	Severely disabled

PERFORMANCE LEVEL	DESCRIPTION
20	Very sick, requires active supportive treatment
10	Moribund

Impairment Rating Audit

Impairments are consolidated when they share the same AMA criteria so that only one value per category is reported. This preserves clarity while preventing artificial inflation of the total impairment rating.

Diagnosis-Related Estimates (DRE) are used whenever appropriate to align with AMA methodology. When a different method better explains the impairment, that source is noted within the table.

BODY PART / FUNCTION	AMA ED.	CHAPTER	TABLE	PAGE	DRE / CLASS	IMPAIRMENT %
• Impairment due to Tinnitus	5	11	11-3	250	2	4
• Impulsive behavior • Sleep Disorders • Sleeping more than usual • Feeling depressed or tearful	5	13	13-8	325	1	7%
• Blurred vision	5	11	11-4	253	2	5%
• Anxiety Emotional Or Behavioral Disorders	5	13	13-8	325	1	14
• Radiculopathy	5	13	13-23 13-24	346-348	2	10-25
• AOMSI Spinal Instabilities - C1 or C2	5	15	15-3C	378-379	4	25
• Disc Bulge	5	15	15-7 IB	404	DRE3	10-15

Impairment Rating Audit — Spine % Impairment

DIAGNOSTIC CATEGORY	WHOLE PERSON %
CERVICAL DIAGNOSTIC RELATED ESTIMATE	25%
DRE Category 4: 25-28% Impairment - Loss of motion segment integrity, bilateral or multi-level radiculopathy, compression fracture greater than 50%, developmental fusion.	

Impairment Rating Audit — Total % Whole Body Impairment

TOTAL % WHOLE BODY IMPAIRMENT	25%
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MMI Status & Treatments Rendered

Medical Determination of Future Treatment

FUTURE TREATMENT

Future treatment is definite, with a 76-100% medical certainty of occurring.

MMI for each Body Part

Head	Static
Neck	Static
Disc	Stable

Future Treatment Plan

FUTURE TREATMENT IS DETERMINED NECESSARY WHEN THERE IS THE PRESENCE OF MODERATE INJURIES; LIMITATION OF MOTION; LIGAMENOUS INJURY; NEUROLOGICAL FINDINGS AND BY TYPE AND FREQUENCY OF PAIN.

Grade 4 CAD Injury /future care up to 107 times up to 2 years + monthly or prn

According to the Croft Guidelines, this injury would fall into Grade IV: Moderate/Severe; Limitations of motion; ligamentous instability; neurological findings present. Fracture or disc derangement.

Treatment

Hospitalization.

Orthopedic Expert

Prognosis & Causation Analysis

Prognosis Overall

PROGNOSIS OVERALL

The prognosis requires the need for treatment due to neurological findings.

The prognosis requires the need for treatment due to type and frequency of pain.

The prognosis requires the need for treatment due to complaints.

Patient has attained MMI under my scope of practice in the body parts indicated.

Stability of Medical Condition

The patient's medical records reveal a documented showing of ongoing complaints and treatment with progressive improvement and the time period for stabilization ranges;

18 to 24 months

Future Medical & Cost Analysis

Future Medical Expenses

Based on the Grade of the CAD injury, reasonable medical probability estimates the patient may be required to be seen up to a total of visits	107
Reasonable probability estimates the patient will be required to be seen for primary treatment for a total of visits	12
Reasonable probability estimates for charges per visit for the future primary treatment to be	\$55.00
Future Primary Treatment Cost	\$660.00
Reasonable probability estimates the patient will be required to be seen for therapies/modalities for a total of visits	12
Reasonable probability estimates for charges per visit for the future therapies/modalities to be	\$35.00
Future Therapies/Modalities Cost	\$420.00
Reasonable probability with supportive data, letter, prescription, or invoice from other medical professionals that future medical expenses may include those for: Labs, Diagnostics, Radiographs, MRI's, Surgeries, DME or DRMA.	
Itemized Explanation from referral source	
N/A	
Total Future Cost	\$1,080.00

Elements of Damage

This report provides a detailed assessment of the functional loss of services and the resulting impacts on daily life, activities, and overall quality of life following the injuries sustained by John, a 34-year-old male. These findings are based on standardized measures of biological and psychosocial function.

Report Purpose

The assessment highlights how John's injuries have permanently and significantly altered his ability to perform fundamental daily activities, impacting his independence, productivity, and quality of life.

Identified Loss of Services

Using standardized function measures, such as the Karnofsky Performance Status Scale, this report identifies specific limitations in John's ability to contribute to essential daily and household responsibilities:

- Vehicle Maintenance

Functional Impact Summary

The injuries have caused measurable loss of physical and psychosocial abilities, interfering with duties under duress, loss of enjoyment of life, and social or interpersonal activities previously performed with ease.

This includes:

- John was able to care for myself but am unable to do certain normal activities since the accident.

Loss of Enjoyment of Life

John's ability to engage in activities that brought his personal satisfaction and independence prior to the accident has been significantly diminished.

Assessment Process

The evaluation uses recognized methodologies, including:

- Trauma Inventories and Surveys evaluating emotional, behavioral, cognitive, and sleep-related impact.
- Injury Classification using AIS, ANOVA, and NISS validated medical severity scales.
- Performance Status Scale measuring need for support in daily task execution.

Overall Functional Impairment

This evaluation identifies the following reductions in ability:

- **Reduced Functional Capacity:** Diminished ability to carry out previously manageable daily tasks.
- **Multidomain Impairment:** Observable effects across emotional, physical, and cognitive performance.
- **Quality of Life Decline:** Noticeable loss in autonomy, satisfaction, and personal well-being.

While this report does not calculate financial loss, it provides a structured, evidence-based assessment of John's functional impairments and non-economic damages to ensure accurate understanding of the full impact of his injuries.

Certification of Findings and Forensic Admissibility

This evaluation was performed in accordance with the Injury Model™ Examination Protocol and the professional standards of the Certified Personal Injury Examiner (CPIE) designation.

All clinical data, trauma inventories, diagnostic indicators, and impairment criteria were analyzed using structured clinical-forensic methodologies to determine injury causation, degree of impairment, and functional loss in accordance with recognized medico-legal standards.

The methods employed adhere to accepted standards of medical reliability, analytic reproducibility, and evidentiary sufficiency consistent with Federal Rules of Evidence 701-702 and applicable Daubert and Frye criteria governing expert and technical testimony.

The findings presented herein represent my independent professional opinion, rendered to a reasonable degree of medical and forensic certainty, based on my licensure, training, and certification as a Certified Personal Injury

Examiner (CPIE).

Note: Data analysis was supported by an accredited clinical-decision framework utilizing structured medical-legal algorithms to enhance diagnostic accuracy and consistency. This analytic system operates solely as an adjunct to professional judgment and does not render independent conclusions.

Respectfully submitted,

Molly Middleton, DC, CPIE

Certified Personal Injury Examiner

January 22, 2026