

# Casentric Injury and Medical Analysis Report

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Claim Number: Your Claim Number

Adjuster: Barb Sentera

Reviewer: Sandra Smith, MSN, RN

## Overview of Treatment

PMH: Depression, mood disorder, unspecified post-traumatic stress disorder, cutting behaviors, prior inpatient psychiatric admission, unspecified substance abuse, former smoker on Chantix therapy. No surgical history. Formerly physically and emotionally abused. Highest level of education, 2 years of college at multiple facilities. Homeless at time of loss. Single, two children, prior occupation customer service.

Injuries: 1) Subarachnoid, parenchymal, and extraaxial hemorrhages. 2) Skin abrasions. 3) Right knee strain.

10/08/16: 32 yo African American male **struck by car he was attempting to rob, hours after being discharged from Stamford ED for alcohol intoxication.** Found on sidewalk in front of car. Transferred via EMS back to Stamford ED, noted superficial abrasions and altered mentation, not following commands. ED course significant for serial head CTs which identified subarachnoid, parenchymal, and extra-axial hemorrhages. **Alcohol level 196 [nl <10].**

10/09/16 – 10/27/16: St. Luke's. ICU admission for neuro monitoring, initiation of antiseizure medications. Multiple imaging studies to follow progression of brain bleed included head CT x3, chest/abd/pelvis CT, chest XR, R knee XR. Transferred to general medical floor 10/10/16. Noted as stable on general floor with no focal neural deficits, awaited placement in traumatic brain injury rehab placement as early as 10/12/17. Consistently complained of headaches and right knee pain despite negative imaging, no orthopedic intervention necessary at time of discharge, would consider outpatient evaluation for meniscal tear if pain persisted. Demonstrated inconsistent/inappropriate behavior. At time of discharge claimant was ambulating with a cane; reported that his brain was 'not working right'; independent with all ADLs. No significant cognitive impairment noted but moderate cognitive linguistic impairment in areas of recall, attention/concentration, organization, and insight awareness. Discharged from OT 10/20/16, recommended daily OT and return home with family support, as deemed unsafe to be discharged home alone. Discharge delayed due to homelessness status and difficulty finding rehabilitation placement.

10/31/16: Wellcare Orthopedic Clinic. Right knee X-ray consistent with inflammatory process and small joint effusion, recommend elevation, NSAIDs, ice. Final diagnosis, knee MCL sprain, grade I, recommend ROM, strengthening exercises, brace as tolerated.

10/27/16 - 01/13/17: Total Community Healthcare. Traumatic brain injury (TBI) rehabilitation, participated in PT/OT and met all goals in behavioral control, compliant with medication and care, although displayed emotional lability (instability) and behavioral outbursts. Underwent neuropsychological evaluation. Continued mild cognitive impairment observed, scored 26/30 [pass] on Montreal Cognitive Assessment (MOCA). Received PT 10/24/16 - 11/24/16, advanced from care giver assist to independent with ambulation, transfers, and stairs. Discharged from PT on 11/24/16 with recommendation for HEP. OT discontinued 01/12/17 and recommended continued emotional regulation and vocational training. Discharged to home of ex-girlfriend on 01/13/17.

01/13/17 – 10/13/17: Community Health Partners. New PCP s/p loss. 4 encounters, concerns related to erectile dysfunction, right knee pain, smoking cessation, emotional regulation, and constipation. **Reported being struck as a pedestrian by a distracted driver.** Treatment of knee pain with oral steroids and NSAIDs. Ordered trials of PT/OT for right knee pain; claimant stated was completed, missing records.

## Primary Questions

- Is the injury related?

Yes.

Per photographs and reports to initial treaters, clmt was struck in front of car/on hood of car and was thrown forward. Speed of vehicle unknown at time but may have involved acceleration considering the report of the clmt's attempt to rob/steal the car. Movement of the head and knee striking the vehicle would generate the claimed injury.

- Was all the treatment necessary?

St. Luke's: Partially.

It was clearly documented at St. Luke's beginning 10/12/16 that he was medically stabilized, but discharge was delayed due to his homeless status and inability to find rehabilitation placement. PT and OT provided at St. Luke's, both of which he was discharged from prior to transfer to Braintree. PT was focused on ambulation issues due to right knee pain; OT was focused on cognitive impairment in areas of recall, attention/concentration, organization, and insight awareness. It can be argued that admission services from 10/13/16 – 10/27/16 were unnecessary as it was clearly documented that he was stable but only remained hospitalized due to inability to find a suitable rehabilitation center.

Community Health: Yes. However, although not directly stated, it appeared that in-patient rehabilitation was necessary due to the claimant's homeless status rather than necessitated by his condition. Treatment focused on a short course of PT and longer OT that geared towards neurocognitive recovery and emotional/behavioral regulation.

- Questionable Procedure: None identified.

- Unrelated Treatment: None identified.

- It is unknown if the behavioral issues are solely related to the loss because prior psychiatric records were not produced for review. Because of the claimant's significant psychiatric history, it should be strongly considered that behavioral issues predated the loss. Record review will be necessary to fully substantiate this question.

- Were there any issues encountered during the recovery process?

Prolonged behavioral lability and emotional dysregulations were noted; however, clmt had a significant preexisting psychiatric history, and **his level of functioning prior to the loss is unknown**.

- Recovery Complications

- No significant setbacks in the progress of the claimant during recovery. However, repeated psychosocial references to homelessness and poor family support were noted. It could be soundly presumed that had the clmt had stable psychosocial preexisting circumstances, his hospitalization would have been truncated to 3-4 days with outpatient PT/OT/counseling. Essentially, it is possible that the Braintree admission could have been replaced with services elsewhere on an outpatient basis.

- Has the claimant fully recovered from the injuries?

- Unclear. Emotional dysregulation and behavioral concerns/depression continued to be complaints as of 10/17. Current PCP records will need to be obtained to determine his current state of health and functioning. He has continued knee pain for which he underwent a course of outpatient PT [missing records]. No further diagnostic tests have been ordered since hospital discharge pertaining to knee strain.
  - Is there a claim that the claimant has a permanent impairment?  
Not at this time. Per Pltf Responses to Interrogatories, he claims not being fully recovered.
  - What degree of impairment is claimed? Not documented.
  - Was the AMA guideline for permanent impairment rating followed? No.

## Treatment Path to Major Outcomes

- How did the claimant's treatment lead to treatment at Braintree Manor Health Care?  
Clmt required rehabilitation for the traumatic brain injury/bleed which included a short course of PT and OT relating to neurocognitive deficits post loss.

## Other Observations (optional by request of adjuster)

- Pre-loss psych and PCP records will be critical to determine his level of functioning compared to post loss.
- Dr. Armagh of Franklin Street Clinic, treating psychiatrist.
- Records regarding ED visit for intoxication just prior to the subject loss.

## Medical Billing Analysis Summary

Provider	Billed	Reduced To	Reasons for Reduction
Stamford EMS	\$1,191	\$1,191	No reduction
St. Luke's	\$80,127.75	\$18,895 - \$34,555.26	<ul style="list-style-type: none"><li>• Reductions for unjustified duration (using a reasonable range of dates for treatment until either 10/13 or as long as 10/20) range from \$13,196.86 - \$27,552.06.</li><li>• Reductions to reasonable compensation for services provided include a range of \$32,375.63 – 33,680.69. There are numerous items for which charges exceed reasonable. These include charges for PT, OT, glucose monitoring, speech evaluation, medications, etc. Additional detail can be provided on request.</li></ul>
Total Health	\$60,790.80	\$59,808.80 - \$59,962.80	<ul style="list-style-type: none"><li>• There are minor reductions for therapeutic exercise charges.</li><li>• Note: The effect of pre-existing conditions on the need for inpatient treatment has not been evaluated as these records are not available.</li></ul>
Community Health Center	\$628.04	\$324 - \$472	<ul style="list-style-type: none"><li>• Established patient level 3 visit reduced from \$156 to \$81 - \$118</li><li>• Established patient level 4 visit reduced from \$158.42 to \$81 - \$118</li></ul>
Wellcare	\$717.08	\$632.10 – \$664.10	<ul style="list-style-type: none"><li>• Reduction of knee x-ray from \$110.98 to \$26 - \$58.</li></ul>