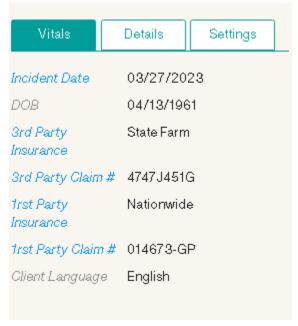# Case Review 101

1. When starting case review of any case the first details you must review are the "Project Vital's". This section will help you understand the  date of the accident, the clients Date of Birth, the clients main language, the at fault insurance company name and claim number, and the clients first party insurance company name and claim number.



2. Once you know the basic details, you should review the intake section. You want to review specifically how the accident happened, what the initial injury complaints were, if there were any other passengers in the vehicle, if the client has health insurance, where the accident occurred, the medical providers our client went to, if the client missed anytime from work, and any other important notes.
3. Next, go to the "Docs" section and make your way to the Correspondence folder. If there is a police report, review that next in detail. Pay attention to who was listed as the at fault driver, if anyone was issued a citation, the police officer's description of the accident, and the image of how the accident occurred.
4. Now we want to review the property damage photos. Navigate to the "PD" folder and look for any images that showcase the damage to our client's vehicle and the at fault parties vehicle. Make sure to take note of how much damage is on each vehicle.
5. The next step is to review the clients medical records. The best place to start with is any hospital or urgent care records. These records are usually from the day of the accident or within the first week and accurately depict the initial injuries/medical diagnosis our client suffered as a result of the accident. Navigate to the "Medical & Billing Records" folder. Open up records for any hospital or urgent care file you see.
6. These records can often be daunting and very lengthy, however if you know where to look you can avoid spending time reading information that is not important. When you open the record, the main items you are looking for are the medical providers statement/chief complaint, initial diagnosis (also labeled as impression), and treatment plan. It would also be important to see if the client was transported by ambulance or not. See examples below.

7. When reviewing this information, what you want to pay attention to is any severe injuries. Look for works such as "fracture, head injury, concussion, break, TBI, gash, bleeding, LOC (loss of consciousness), displacement, numbness/tingling". Other injuries that are not as serious to look out for o help get an understanding of what happened to your client are as follows, "contusion, swelling, sprain/strain, disc bulging, headache, ligt disorder, pain". Once you have an understanding of the clients injury that was originally diagnosed, then we can look at where our client received continued care at.

**XR TIBIA/FIBULA 2 VIEW RIGHT [641382588] (Final result)**

| XR TIBIA/FIBULA 2 VIEW RIGHT [641382588] | Resulted: 10/19/22 2159, Result status: Final result |
|---|---|
| Ordering provider: Ryan R Barlow, PA-C  10/19/22 2000<br>Resulted by: Anand Suresh, MD<br>Performed: 10/19/22 2101 - 10/19/22 2101<br>Resulting lab: MULTICARE RADIANT INTERFACE<br>Narrative: | Order status: Completed<br>Filed by: Radiant, Results Interface  10/19/22 2200<br>Accession number: 21886697 |

EXAM:  XR ANKLE 3+ VIEW COMPLETE RIGHT, XR TIBIA/FIBULA 2 VIEW RIGHT, 10/19/2022 9:20 PM

HISTORY: Pain; Pain

TECHNIQUE: 3 views ankle. 2 views tibia-fibula-fibula.

COMPARISON: No relevant comparisons at the time of interpretation.

Impression:
FINDINGS/IMPRESSION:

Ankle: There is a mild to moderately displaced, oblique fracture at the lateral malleolus exiting at the level of the tibial plafond. No gross disruption of the mortise. There is tibiotalar osteoarthritis. There is

GOOD SAMARITAN HOSPITAL Coleman, Carmen R
401 15th Ave SE            MRN: 2899124, DOB: 9/4/1961, Sex: F
PUYALLUP WA 98372-3715   Adm: 10/19/2022, D/C: 10/20/2022

Printed by 403528 at 10/2/23  8:56 AM

| | | |
|---|---|---|
| Author: Ryan R Barlow, PA-C | Service: — | Author Type: Physician Assistant |
| Filed: 10/20/22 0041 | Date of Service: 10/19/22 2128 | Status: Signed |
| Editor: Ryan R Barlow, PA-C (Physician Assistant) | | |

## GOOD SAMARITAN EMERGENCY DEPARTMENT
## EMERGENCY DEPARTMENT

Patient Name: Carmen R Coleman
Medical Record Number: 2899124

Mode of Arrival:Ambulance Other
Accompanied by: EMS

Primary Care Provider: Shalini Ravi-Kumar, MD

History provided by: Patient
History/Exam limitations: none.

## HISTORY

**Chief Complaint**
Patient presents with complaint of Ankle Injury and Trauma

### HISTORY OF PRESENT ILLNESS (complete)
9:29 PM
Carmen R Coleman is a 61 year old female with a past medical history of hyperlipidemia, essential hypertension and osteoarthritis who presents to the emergency department with complaints right ankle injury that occurred just prior to arrival. The patient reports that she was on her motorized scooter crossing an intersection when a car hit her attempting to make a right hand turn. The cars back tire ran over her right foot. She adds that the car went onto the side walk and she jerked falling onto the ground. She denies hitting her head or any loss of consciousness. She uses her motorized scooter secondary to having arthritis of the knees. The patient denies having any episodes of nausea or vomiting following the incident. She does not take any pain medications regularly. There are no further complaints at this time. Pain is moderate

**Reason for Visit**

**Chief Complaints**
- Ankle Injury
- Trauma

**Visit Diagnosis**

| Name | Code | Is ED? |
|---|---|---|
| Closed fracture of right distal fibula (primary) | S82.831A | Yes |

**Visit Information**

**Admission Information**

| | | | | | | |
|---|---|---|---|---|---|---|
| Arrival Date/Time: | 10/19/2022 1938 | Admit Date/Time: | 10/19/2022 2114 | IP Adm. Date/Time: | | |
| Admission Type: | Emergency | Point of Origin: | Emergency Room | Admit Category: | | |
| Means of Arrival: | Ambulance Other | Primary Service: | Emergency Services | Secondary Service: | N/A | |
| Transfer Source: | | Service Area: | MULTICARE HEALTH SYSTEM | Unit: | | Good Samaritan Emergency Department |
| Admit Provider: | | Attending Provider: | Ryan R Barlow, PA-C | Referring Provider: | | |

8. Continued care is usually at a multitude of different establishments depending on the sevateity of the injury. For most back and neck pain, the treatment occurrs at a chiropractor, massage therapist, and physical therapist. For head injuries, there may be treatment at TBI diagnostics or a Neurology establishment. For other injuries, you may see MRI centers for imaging, or even

specialist's who evaluate for chronic pain or surgery reccomendations such a Mak Sports MD, OSIC, Uni Clinic etc.

9. Within these records, pay attention to length of treatment (when did first treatment happen, how long did the client treat at that location, when did treatment stop). Also you want to take note of any signifigatn gaps of treatment (more then 2-3 weeks in between appointments). The best place to understand this information is by reviewing the billing ledgers that show all of the dates of service.

10. You also want to understand what treatment reccomendations were given at these locations and try to figure out if the client followed that treatment plan of the client is scheduled for any future treatment.

11. After you have the big picture of our clients accident, injury, and treatment, you want to start focusing your attention on other factors. Such as if the client was unable to work and incurred any wage loss, the personal client story of how they were affected on a daily basis, if the client is still in pain and/or needs future treatment, and potentailly what client settlement expectations are.

12. The next item I review is the medical providers outstanidng billing. This is often in the form of a blance verification completed by the case manager. You are looking to undestand all current outstanind medical bills, if there are any payments in the form of PIP, Health Insurance, or Financial Aid.

13. Once you have all of this information, you are now in the best position to fully evaulate the nature of the case and what your approach should be in negotiations for settlement.