THE BEST LAW FIRM

Prepared for:
BEST ATTORNEY Esq

MED LEAGUE SAMPLE

CONFIDENTIAL

MEDICAL RECORDS ANALYSIS, SUMMARY, MEDICAL COST PROJECTION, AND CHRONOLOGY

MEDICAL RECORDS ANALYSIS SUMMARY AND CHRONOLOGY
MEDICAL COST PROJECTION

Name: Jane Doe
Date of Birth: 01/20/1998
Date of Injury: 11/20/2019

FACTS

Narrative Summary

On 11/20/2019, Ms. Doe female 24 years old was walking on a sidewalk while a vehicle pulled out of a driveway and ran over her right ankle/foot. This caused Ms. Doe to fall onto her left side and hit her left proximal shin on the ground. Ms. Doe was unable to ambulate on either leg secondary to the pain.

On 11/20/2019 Ms. Doe underwent an evaluation by Dr. Chris C. Smart, Emergency Medicine for pain in the right ankle, numbness on the right foot, and swollen left leg. During Dr. Smart's examination, he found a superficial abrasion to her right lateral dorsal hand approximately 1 cm x 0.4 cm. In addition to moderate swelling to the medial and lateral side of the right ankle, tender to palpation bilaterally, limited active/passive range of motion secondary to pain. Dr. Smart ordered radiology of the right ankle, right foot, and right tibia (leg) that showed a fracture on the right distal fibula. Ms. Doe was placed on a posterior splint with a stirrup. Dr. Smart recommended the use of crutches and a Podiatry evaluation and treatment. Ms. Chaaiya was discharged home on pain medications and anti-inflammatories, with the recommendation to keep her leg elevated, use ice 15-20 minutes times a day. Returning to the emergency room if worsens was highly recommended by Dr. Smart.

On 11/24/2019 Ms. Doe underwent an evaluation by Dr. Richard Thomas, a Podiatrist who recommended a surgical intervention to repair the fracture of the distal fibula. Dr. Thomas prescribed pain medications, reapplied the splint, and placed Ms. Doe in strict no weight bearing on the right leg. However, Ms. Doe's cultural requirements obligated her to pursue the surgery outside the United States and consequently traveled to Asia to obtain the surgery.

On 11/26/2019 Ms. Doe was evaluated by Dr. Strong Bones, Orthopedics Trauma, and Joint Replacement Surgeon, who found during his assessment a right lateral malleolus fracture with pain and minimal swelling of the left knee joint. Dr. Bones recommended an MRI of the left knee that was suggestive of fracture medial condyle proximal tibia displaced with a fracture in the intercondylar region. Ms. Doe was placed on total bed rest with complete non-weight-bearing, and to continue a long knee brace for 6 weeks.

On 11/29/2019 Ms. Doe was admitted for surgery. Dr. Bones performed an ORIF of the Fibula with an Anatomical Fibula plate (Stryker) implant placement and joint internal fixation on 02/24/2019. Ms. Doe's plate was fixated with 7 tocking and non-locking screws. Dr. Bones recommended continuing with physical therapy for 12 months and removal of the fibula plate in 1 year and a half.

There are no more medical records available for review.

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Medications related to the injury

- ✓ Acetaminophen with Codeine [Acetaminophen-Cod #3 Tablet] 1 tab PO Q6H PRN #15 tablet As needed Reason: Moderate Pain (4-6)

- ✓ Naproxen [Naprosyn] 500 mg PO BIDMEAL #30 tablet

Diagnosis and Symptoms

Preexisting Diagnosis:

- ✓ None

Diagnosis after the accident

- ✓ Closed fracture of the **right distal fibula**
- ✓ Fracture of the **left proximal tibia**
- ✓ Contusion of the left lower leg
- ✓ **Left ACL tear**[1] [Major knee ligament]
- ✓ Right ankle with tibial posterior malleolus fracture
- ✓ Other fractures of the lower leg
- ✓ **Right tibia fracture**

Preexisting Symptoms

- ✓ None

Symptoms after the accident

- ✓ Left knee swelling
- ✓ Positive for Swelling at the right ankle
- ✓ Positive for Tenderness at the right ankle
- ✓ Painful range of motion of the ankle
- ✓ Pain on the left knee
- ✓ Instability of the left knee
- ✓ Joint effusion of the left knee.
- ✓ Pain in the right leg
- ✓ Pain in the left leg
- ✓ Inability to stand

Injuries after 11/20/2019 and related diagnosis:

The following injuries have been verified on the medical record:

1. Injury to the **right ankle** evidenced by:
   - ✓ Positive diagnostic studies
   - ✓ Positive doctor examination
   - ✓ Positive for Swelling
   - ✓ Positive for Tenderness
   - ✓ Painful range of motion of the ankle

2. Injury to the **right lower leg** evidenced by:
   - ✓ Positive x-ray that showed a fracture of the right distal fibula

3. Injury to the **left knee** evidenced by:
   - ✓ Effusion left knee
   - ✓ Intermittent Hydroarthrosis Knee
   - ✓ Knee Sprain Cruciate Ligament Anterior Complete Tear Left (ACL)
   - ✓ Synovial Cyst of Popliteal Space -left

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[1] ACL= Anterior Cruciate ligament is the major knee ligament that helps keep the knee stable and functional, it can be caused by a fall.

- ✓ Fracture with marrow edema/bone contusions maximum displacement is approx. 4 mm in the anteromedial cortex of the proximal tibia.
- ✓ MRI showed anterior cruciate ligament, anterior and posterior horn of lateral and medial meniscus appears attaching the fracture fragment involving the medial tibial condyle and intercondylar region without significant elevation or posterior rotation of fracture fragment.
- ✓ MRI showed subchondral and subcortical bone contusion noted in the central part of lateral femoral condyle and head of the fibula.

4. Injury to the **left leg** evidenced by :
   - ✓ Fracture of the left proximal tibial.
   - ✓ Injury to the left knee
   - ✓ Swelling on the leg

Functional Limitations due to the injuries listed above:

1. Gait Impairment
2. Unable to drive
3. Assistance and supervision for activities of daily living
4. Movement, [Increase pain]
5. Standing, [Increase pain]
6. Ambulating [Increase pain]
7. Inability to work
8. Difficulties with activities of daily living
9. [This list might change upon discovery]

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Pain and Suffering

Ms. Doe's pain and suffering are evidenced by the worsening of the pain in both legs. Ms. Doe's physicians documented her initial and constant complaint of pain on the right ankle, right leg, left knee, and left leg. The swelling and edema in both legs were visible. The initial plan of care included aggressive pain management with narcotics, immobilization, and heat/cold compresses. Upon trauma surgeon evaluation Ms. Doe underwent painful surgery and recovery. The surgical procedure included intravenous catheter insertion, foley catheter insertion, blood draws, skin cut, bone cut, muscle cuts, closure with stitches, wound care, intravenous medications, narcotics, and blood transfusion due to blood loss during surgery. Ms. Doe experienced pain and had other sources of discomfort such as being immobile unable to walk or perform activities of daily living by herself. The pain was present before and after the surgery and it was properly documented by the physicians that treated Ms. Doe. However, Ms. Doe must suffer the recovery and surgical pain once more. Because plate removal is imperative.

Legal Nurse Comments:

To a reasonable degree of medical certainty, it is our nursing opinion that we have the evidence in the medical records that support and show the causation regarding that Ms. Doe sustained different injuries [listed above] after her accident on 11/20/2019. Please schedule a call with our legal nurse after your review to discuss this case. To further strengthen your case, We recommend the following:

- ✓ **Expert Location and Screening:** Seek an expert in orthopedics surgery able to answer the defense questions regarding the technique used by Dr. Strong Bones and the importance of following this doctor's recommendation about removing the plate/implant and the physical therapy.

  Your Legal Nurse can help find and facilitate experts for your case.

Possible Defenses:

1. Ms. Doe has noncompliance with physical therapy.
2. Ms. Doe's surgery was in Asia which care is distal from United States care.
3. Ms. Doe's refusal to obtain surgery in the United States delayed proper medical decisions and proper care.

Medical Records Reviewed:

1. Doe- Medical Records
2. Doe- Billing Records

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PAST MEDICAL COST

DATE OF SERVICE	TREATING PHYSICIAN(S) / FACILITY	CODES	DESCRIPTION OF TREATMENT	TOTAL CHARGES ASIA PRICE	TOTAL CHARGES USA PRICE
2/6/2019	Tempe St Luke's Hospital	N/A	Ibuprophen 600 mg Tab		$1.25
2/6/2019	Tempe St Luke's Hospital	N/A	Oxycodone 5 mg tab		$6.50
2/6/2019	Tempe St Luke's Hospital	73590	X-ray of the lower leg		$1,542.60
2/6/2019	Tempe St Luke's Hospital	73610	X-ray exam ankle		$1,542.60
2/6/2019	Tempe St Luke's Hospital	73620	X-ray exam foot		$1,500.92
2/6/2019	Tempe St Luke's Hospital	99284	ER Level 4		$1,092.78
2/6/2019	Tempe St Luke's Hospital	N/A	Apply short leg splint rt		$629.58
2/6/2019	Mirage Podiatry	73610	Foot X rays		$68.18

MEDICAL RECORDS ANALYSIS SUMMARY AND CHRONOLOGY
MEDICAL COST PROJECTION

DATE OF SERVICE	TREATING PHYSICIAN(S) / FACILITY	CODES	DESCRIPTION OF TREATMENT	TOTAL CHARGES ASIA PRICE	TOTAL CHARGES USA PRICE
2/6/2019	Mirage Podiatry	99203	Podiatry Evaluation		$2,810.34
2/17/2019	Dr.Strong Bones Synergy Hospital	99213	Orthopedics Evaluation	$750.00	$256.51
2/17/2019	Dr.Strong Bones/ Synergy Hospital	99213	Orthopedist Follow up		$2810.34
2/17/2019	Dr.Strong Bones/ Synergy Hospital	73610	Ankle X-ray AP Right Lateral	$350.00	$1542.00
2/17/2019	Dr.Strong Bones/ Synergy Hospital	73590	X-Ray Knee With Tibia Fibula AP Lateral - Left	$350.00	$1542.00
2/17/2019	Dr.Strong Bones/ Synergy Hospital	73590	X-Ray Knee With Tibia Fibula AP Lateral - Left	$350.00	$1542.00
2/17/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Cyra 20 mg [Rabeprazole] 15 tab	$33.00	N/A
2/17/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Rolosol 20 tab	$245.00	N/A
2/17/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Chymoral Forte	$385.90	N/A
2/17/2019	Dr.Strong Bones/ Synergy Hospital	27702	CT Ankle Joint - Right	$3,000.00	$5402.27
2/23/2019	Dr.Strong Bones/ Synergy Hospital	36430	Blood Transfusion LR RCC	$1,820.00	$3460.40
2/23/2019	Dr.Strong Bones/ Synergy Hospital	99222 99232 99238	Bed Charges	$5,600.00	$5996.00
2/23/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Admission Charges	$500.00	N/A
2/23/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Medications	$34,935.81	N/A
2/23/2019	Dr.Strong Bones/ Synergy Hospital	97802	Dietary Assessment x 3	$750.00	$406.62
2/23/2019	Dr.Strong Bones/ Synergy Hospital	N/A	MRD	$500.00	N/A
2/23/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Nursing Services	$700.00	N/A
2/23/2019	Dr.Strong Bones/ Synergy Hospital	N/A	BGRh	$200.00	N/A
2/23/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Dressing change	$300.00	Allowance
2/23/2019	Dr.Strong Bones/ Synergy Hospital	73610	X Rays of the Ankle	$840.00	$1542.00

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DATE OF SERVICE	TREATING PHYSICIAN(S) / FACILITY	CODES	DESCRIPTION OF TREATMENT	TOTAL CHARGES ASIA PRICE	TOTAL CHARGES USA PRICE
2/23/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Rehab Treatment	$330.00	$3018.58
2/23/2019	Dr.Strong Bones/ Synergy Hospital	N/A	RMO	$700.00	N/A
2/23/2019	Dr.Strong Bones/ Synergy Hospital	01480	Anesthesia Level 5	$5,800.00	$2606.00
2/23/2019	Dr.Strong Bones/ Synergy Hospital	N/A	OT level 5	$17,400.00	N/A
2/23/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Routine Visit	$101,806.00	$256.51
2/24/2019	Dr.Strong Bones/ Synergy Hospital	20932[2]	Trauson Distal Lateral Fibural plate VI 5H Right	$16,748.00	$4020.74
2/24/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Medical and Surgical Supplies	$15,812.19	N/A
2/24/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Locking Screw 3.5 mm (5)	$1,502.00	N/A
2/24/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Cortex screw 3.5 mm (2)	$520.00	N/A
2/24/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Medications	$1,406.00	N/A
3/6/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Wound Care Supplies	$599.00	N/A
3/6/2019	Dr.Strong Bones/ Synergy Hospital	N/A	Orthopedist Follow up	$500.00	362.47
3/6/2019	Dr.Strong Bones/ Synergy Hospital	73723	Knee MRI	$4,500.00	$2499.13
			TOTAL	**$219,232.90**	**$46,458.32 USD**
			Exchange currency 73.9564 Asian Rupee per dollar.	**$2,964.40 USD**	

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This total comes from the billing review. This number might vary with the discovery of new billing statements. The United States prices were costed using the Practice Management Information Corporation (PMIC), an e-book published under the agreement of the American Medical Association.

[2] 20932 =Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure) On zip code 94087 this procedure cost **$4020.74**

MEDICAL COST PROJECTION

The Medical Cost Projection is an approximation of future medical costs based on usual, customary, and reasonable charges (UCR) within the client's geographical location. The Medical Cost Projection was developed using actual provider bills and recognized costing databases, such as the Physicians Fee Reference, PMIC Medical Fees Directory, MeData, FAIR Health, Veterans Affairs Pricing Tool, et cetera. These databases determine a fair reimbursement rate based on actual provider charges. A reasonable, fair reimbursement rate is typically between the 70th and 80th percentile. Based on an extensive review of actual provider bills and researching costing databases in cases with similar medical diagnoses, the projected costs below in the tables reflect the median from high and low ranges within the client's geographical location, in this case, California, zip code 94087.

Life Expectancy

The Centers for Disease Control and Prevention (CDC) National Vital Statistics Report (Volume 69, Number 12, November 17, 2020, Table 1) yields an average life span of a **24-year-old** to be **55.7** remaining years. Therefore, a life expectancy of **55** additional years (rounded off to the nearest whole number) was utilized in determining the cost of future medical care in this Medical Cost Projection.

MED LEAGUE SAMPLE

									Medical Subtotal:	**$190,300.00**
									Meds Subtotal:	**$150.00**
Name: Jane Doe				**Life Expectancy**	**55**				**Lifetime Total:**	**$190,450.00**
Jurisdiction: California				**Zip**	**94187**				**Pricing Schedule:**	**Actual/UCR**
Medical Allocation										
Future Medical	**CPT/ Code**		**Frequency & Duration**		**Per Unit Cost**	**Units Per Year**	**Annual Cost**	**Total of Years**	**Cost Over Life Expectancy**	
PHYSICIANS:										
Primary Care Provider	99213	2	Per	year	$256.51	2	$513.02	55	$28,216.00	
Orthopedics Surgeon Preop-postop	99214	4	Every	3 years	$362.47	4	$1,449.88	18	$26,098.00	
							Physician Subtotal:		**$54,314.00**	
DIAGNOSTIC TESTING:										
Ankle X-ray	73610	1	every	7 years	$1,542.00	1	$1,542.00	7	$10,794.00	
Ankle MRI	73721	1	every	7 years	$2,151.95	1	$2,151.95	7	$15,064.00	
Knee MRI	73723	1	every	7 years	$2,499.13	1	$2,499.13	7	$17,494.00	
Lower Leg x-ray	73590	1	every	7 years	$1,542.00	1	$1,542.00	7	$10,794.00	
Lower Leg MRI	73718	1	every	7 years	$1,418.54	1	$1,418.54	7	$9,930.00	
Knee X rays	73562	1	Per	7 years	$227.45	1	$227.45	7	$1,592.00	
Chest X rays preop	71046	1	Per	Total	$185.36	1	$185.36	1	$185.00	
							Diagnostic Subtotal:		**$65,853.00**	

MEDICAL RECORDS ANALYSIS SUMMARY AND CHRONOLOGY
MEDICAL COST PROJECTION

THERAPY:									
Physical Therapy Eval	97162	1	Every	5 years	$258.46	1	$258.46	1	$258.00
Physical Therapy (x 3)	97113	12	Every	5 years	$230.01	12	$2,760.12	12	$33,121.00
							Therapy Subtotal:		**$33,379.00**
LABORATORY TESTING:									
Preop -Post Op CBC	85025	2	per	Total	$45.59	2	$91.18	2	$182.00
Preop-Post Op CMP	80053	2	per	Total	$88.27	2	$176.54	2	$353.00
Venipuncture	36415	2	per	Total	$21.34	2	$42.68	2	$85.00
Preop Urinalysis	81000	1	per	Total	$21.32	1	$21.32	1	$21.00
Preop EKG	93000	1	per	Total	$100.51	1	$100.51	1	$101.00
Preop -Post-op PT	85210	2	Per	Total	$65.73	2	$131.46	2	$263.00
Preop-Postop PTT	85730	2	Per	Total	$30.20	2	$60.40	2	$121.00
Sed Rate	85652	1	Per	Total	$14.21	1	$14.21	1	$14.00
							Lab Subtotal:		**$1,140.00**
PROCEDURES:									
Blood Transfusion	36430	1	per	Total	$3,460.00	1	$3,460.00	1	$3,460.00
							Procedure Subtotal:		**$3,460.00**
SURGERIES:									
surgical preparation (trunk/extrem. -1st 100)	15002	1	per	Total	$2,137.74	1	$2,137.74	1	$2,138.00
hospital (initial day) +	99222	1	per	Total	$557.46	1	$557.46	1	$557.00
hospital (2nd day) +	99232	1	per	Total	$195.97	1	$195.97	1	$196.00
hospital (3rd day)	99232	1	per	Total	$195.97	1	$195.97	1	$196.00
hospital (discharge)	99238	1	per	Total	$303.36	1	$303.36	1	$303.00
Anesthesia	01480	1	per	Total	$2,606.00	1	$2,606.00	1	$2,606.00
Removal of Ankle Implant	27704	1	per	Total	$20,949.36	1	$20,949.36	1	$20,949.00
							Surgery Subtotal:		**$26,945.00**
HOME HEALTH:									
Home Health New Patient	99343	1	Per	Total	$336.48	1	$336.48	1	$336.00
Home Health Follow up	99347	5	Per	Total	$147.85	5	$739.25	5	$3,696.00
							Home Health Subtotal:		**$4,032.00**
DME:									
Crutches	E0114	1	Per	Total	$147.29	1	$147.29	1	$147.00
Leg Splint Right	St Luke's	1	Per	Total	$629.58	1	$629.58	1	$630.00
							DME Subtotal:		**$777.00**
MEDICATIONS AND WOUND CARE SUPPLIES									
Antibiotics allowance		1	per	Total	$50.00	1	$50.00	1	$50.00
Pain medications allowance		1	Per	Total	$50.00	1	$50.00	1	$50.00

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Wound care supplies allowance		1	Per	Total	$250.00	1	$250.00	1	$250.00
Creams and ointments allowance		1	Per	Total	$50.00	1	$50.00	1	$50.00

Other Subtotal: $400.00

Medical Total $190,300.00
Meds Total $150.00
Lifetime Total: $190,450.00

Surgery Cost [Removal of ankle implant]

Removal of a total ankle implant is performed for pain, mechanical complications, failure of the implant, or for other complications such as infection. A long incision is made over the ankle. Soft tissues are dissected taking care to protect nerves and blood vessels. The implant components are removed. The damaged and infected tissue is debrided. If the procedure is performed for infection, an antibiotic infiltrated spacer may be placed. Alternatively, a separately reportable ankle arthrodesis may be performed. The surgical wound is closed in layers over a suction drain.[3] [Find-a-code]
Major Surgery [Preoperative charges]+ [Intraoperative charges]+[Postoperative charges].

Research and Summarization of Authoritative Literature:

- ✓ Find a Code. https://www.findacode.com/index.html [FindACode.com is an online database of medical billing codes and information]
- ✓ Fair Health Consumer. https://www.fairhealthconsumer.org/
- ✓ Anesthesia Business Consultants. https://www.anesthesiallc.com/publications/cpt-codes-for-anesthesia-procedures-services
- ✓ Good Rx. https://www.goodrx.com/ [Prescription prices]
- ✓ Ortho Info. https://orthoinfo.aaos.org/

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Best Regards,

XXXX RN, BS, CRRN, CLNC.

Note: Information is based on medical records received to date. This report is subject to change if additional documents are received. Med League reserves the right to amend this report with the discovery of further records.

[3] The information shown above is provided by and copyright ©2021 American Medical Association - All Rights Reserved. Information in other sections of this page is from other non-AMA sources unless otherwise specified.

MCP Disclaimer

The purpose of this Medical Cost Projection is to outline treatment recommendations providing this client with the best outcomes to return to a productive life. This Medical Cost Projection is an approximation of future medical costs based on usual, customary, and reasonable charges (UCR). The recommendations included in this report are based on a reasonable degree of certainty to manage symptoms, reduce complications/secondary diagnosis, maintain function, and optimize independence throughout the client's lifespan. This Medical Cost Projection does not render opinions regarding liability/causality, medical diagnosis, appropriateness of past medical treatment, or life expectancy. This Medical Cost Projection is subject to change as the client's medical condition changes or additional medical records become available for review. Med League reserves the right to make any changes or additions to the report as more information becomes available and/or the client continues to undergo treatments. The costs associated with the treatment of anticipated complications have not been included in this Medical Cost Projection. The Medical Cost Projection does not take the place of a Life Care Plan or a Medicare Set-Aside. An Independent Medical Examination (IME) may be considered if further information is necessary for a medical diagnosis or clarification of treatment recommendations over the client's lifespan. Since a client assessment has not been conducted, this Medical Cost Projection is not considered an expert witness document. Therefore, Med League is not agreeable to expert witness designation or testimony (deposition and trial). A Life Care Plan should be considered if interested in expert witness designation and testimony.

MED LEAGUE SAMPLE

Date/ Time	Source- Bates Provider	Chart Notation / Narrative of Events [Findings, Symptoms, Diagnosis, etc.]	Comments
11/20/2019	**Tempe St Luke Medical Center** Dr: Chris C. Smart MD Andrew D Dybala, PAC Doe -Medical Records 00002-00004	**Emergency Room Progress Note** Triage Note: Pt. states car ran over her R-foot one hour ago **Chief Complaint** Extremity injury, lower **History of Present Illness** The patient reports she was walking on the sidewalk approximately 1-1/2 hours ago. A car was pulling out of a driveway and ran over her right ankle/foot. The patient reports this caused her to fall onto her left side and hit her left proximal shin on the ground. The patient reports he has been unable to ambulate on either leg secondary to the pain. The patient reports not much pain in the right ankle but her foot is feeling numb. The patient reports no previous injuries to these areas. **Assessment** ✓ Right ankle: Moderate swelling to the medial and lateral side, tender to palpation bilaterally, limited active/passive range of motion secondary to pain. ✓ Left lower leg: **Mild** tenderness and swelling to the proximal medial portion. **Diagnoses** **Plan** ✓ XR ankle RT min 3V Stat ✓ XR foot RT min 3V Stat ✓ XR tibia fibula LT 2V Stat ✓ Splinting/Casting: Splint applied by ER tech, neurovascularly intact post splint application examined by myself ✓ Use crutches	

MED LEAGUE SAMPLE

Date/ Time	Source- Bates Provider	Chart Notation / Narrative of Events [Findings, Symptoms, Diagnosis, etc.]	Comments
		✓ Additional Comments: Acetaminophen with Codeine [Acetaminophen-Cod #3 Tablet] 1 tab PO Q6H PRN #15 tablet and Naproxen [Naprosyn] 500 mg PO BIDMEAL #30 tablet ✓ Referrals: Larson, David, DPM **MEDICAL DECISION** The patient had a negative x-ray of her left tib-fib. The patient did have a negative x-ray of her right foot but did have any right distal fibula fracture. The patient was placed in a posterior splint with a stirrup and provided with crutches and given a Podiatry number for follow-up. The patient will be sent home with pain medication and anti-inflammatories. Discussed keeping the leg elevated, icing it 15-20 minutes times a day, close follow-up, and warning signs when returning to the ER.	

MED LEAGUE SAMPLE

Date/ Time	Source- Bates Provider	Chart Notation / Narrative of Events [Findings, Symptoms, Diagnosis, etc.]	Comments
11/20/2019	**Atul J Patel, MD** Doe -Medical Records 00006	**Right Ankle Radiology 3 views** **Findings:** Bones/joints. ACUTE OBLIQUE displaced fracture through distal RIGHT fibular metaphyses. Soft tissues: Moderate lateral malleolar soft tissue swelling. **Impression:** **ACUTE OBLIQUE displaced fracture** through distal RIGHT fibular metaphyses.	
11/24/2019	Richard J Thomas III MD Doe -Medical Records 00009	**Progress Note-Podiatry [Feet doctor]** **History of Present Illness** This is a 23-year-old female who is being seen for a chief complaint of Fracture, involving the right distal fibula. This occurred in the context of being involved in a motor vehicle accident on 11/20/2019 where the patient was a pedestrian walking on the sidewalk when she was hit by a car The patient does not report loss of consciousness. The patient is pursuing legal action. Emergency services were on the scene. Emergency Room Evaluation: X-Ray. She has been seen and evaluated by Emergency Room (Tempe St Luke's) who referred the patient for follow up care and has been treated with narcotics, Tylenol with codeine every 6 hours for a total of 5 tabs per day that completely alleviates symptoms, NSAIDs, naproxen, and splint. She has had the following diagnostic studies: plain radiographs. The pain has been present for 4 days. The ankle pain is swelling and numbness and is associated with bruising, limited range of motion, numbness, and swelling. The ankle pain is 0 out of 10 currently and 3 out of 10 on a bad day. ***She reports difficulty standing, difficulty walking, difficulty sitting, difficulty getting up from a chair, difficulty with AOL's, requiring constant assistance, and inability to work.*** **Assessment**	

MED LEAGUE SAMPLE

Date/ Time	Source- Bates Provider	Chart Notation / Narrative of Events [Findings, Symptoms, Diagnosis, etc.]	Comments
		✓ The patient declined the right ankle ROM exam secondary to pain. ✓ The patient declined right foot ROM exam secondary to pain ✓ Right Foot and Ankle: ankle (lateral) swelling and distal fibula TTP Appropriate TTP and edema overlying distal fibula fracture and lateral ankle ligaments **Diagnoses** ✓ Fracture, Distal Fibula, Closed, Right ✓ Displaced fracture of lateral malleolus of right fibula distributed on the right ankle joint and right distal fibula. **Plan** ✓ Operative treatment is used to treat displaced fractures. Several constructs can be used to stabilize the fracture. A plate and screw construct is used for the majority of cases. Weight-bearing may be protected initially and will be progressively increased as fracture healing occurs. ✓ Contact the office if you have persistent, severe pain, numbness, or tingling in your foot, or if you notice your skin or toenails below the injury tum blue or grey, or feel cold. ✓ Rx Norco 5/325 #30 for severe pain only. ✓ Posterior splint reapplied. RICE. Strict NWB RLE. ✓ Follow up in 1 week for New radiographs, Postop check -30 minutes	
11/26/2019	Doe -Medical Records 00013 Dr. Strong Bones MS Orthopedics Trauma and Joint Replacement Surgeon	**CT Scan of Right Ankle** ***Mildly comminuted displaced fracture of lower wear shaft & lateral malleolus of the right fibula with small displaced fracture fragment*** seen inferior to it. Linear minimally ***displaced fracture***, seen of the posteroinferior corner of inferior most of ***the right tibia*** with intravascular extension seen of the tibiotalar joint without dislocation.	*Due to cultural preferences, the patient traveled to Asia to obtain medical care in her country of origin.*

MED LEAGUE SAMPLE

Date/ Time	Source- Bates Provider	Chart Notation / Narrative of Events [Findings, Symptoms, Diagnosis, etc.]	Comments
11/29/2019	Synergy Superspecialty Hospital Dr. Strong Bones MS Orthopedics Trauma and Joint Replacement Surgeon Doe -Medical Records 00014-00016	**Progress Note Surgical Orthopedics** **Chief Complaint** The patient admitted for surgery **Diagnosis** ✓ Fracture of lateral malleolus right ✓ Other fractures of the lower leg ORIF Fibula with an Anatomical Fibula plate (Stryker) done by Dr.Strong Bones. Post-surgery patient shifted toward. All Orders followed. Gradually orally diet started, she tolerated it well. Post-Op X-ray right ankle joint: Internal fixator is seen in situ for fracture of lower shaft & lateral malleolus of the right fibula. Surgical staple pins are seen in situ. Staple pins are seen. An undisplaced fracture involving the ulnar styloid process.	
11/29/2019	Dr. Strong Bones MS Orthopedics Trauma and Joint Replacement Surgeon	**Surgical Procedure Note** **Surgery: ORIF Fibula with Anatomical Fibula plate (Stryker)** Surgeon: Dr. Strong Bones Ass. Surgeon: Dr. Vicky Pethapara Anesthetic: Dr. Sagar Pithiya Anesthesia: Spinal Anatomical locking fibula plate (Stryker) plate fixed with tocking and non-locking screw. Plan ✓ Walk with Walker. Non-weight-bearing. ✓ Right Lower limb elevation.	*https://www.stryker.com/us/en/trauma-and-extremities/systems/plating.html* *https://medcraze.com/technology/anatomic-distal-*

MED LEAGUE SAMPLE

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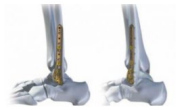
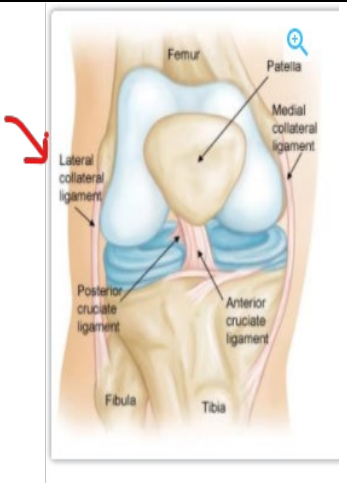
		✓ Inform SOS in case of fever, sudden extreme pain, discharge from the operative site. ✓ Follow up with Dr. N G Bones after 7 days. ✓ MRI left knee on follow up	*fibula-plate/*  Technology Spotlight STRYKER VARIAX DISTAL FIBULA PLATE
02/25/2019	Dr. Strong Bones MS Orthopedics Trauma and Joint Replacement Surgeon Doe -Medical Records 00014	**Discharge Summary** 17 days Old Fracture Lateral malleolus Right Ankle with tibial posterior malleolus fracture. ✓ Left ACL tear Pain and swelling of right ankle and left knee **Assessment** **Right Ankle** ✓ Swelling Present+ ✓ Tenderness present+ ✓ ROM Ankle Painful ✓ Distal pulse present **Left knee** ✓ Swelling positive ✓ Tenderness positive ✓ Instability positive	 *https://orthoinfo.aaos.org/en/diseases--conditions/anterior-cruciate-ligament-acl-injuries/*

MED LEAGUE SAMPLE

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02/25/2019	Dr. Strong Bones MS Orthopedics Trauma and Joint Replacement Surgeon Doe -Medical Records 00015	**Progress Note** **Hospital Course** ✓ Admitted for Surgery. Her Required pre-Op Blood and Radiological ✓ The patient was treated with IV Antibiotics, Antacid, Antiemetic, Analgesic, IV Fluid, and other supportive treatments. ✓ Dressing Done by Dr.Strong Bones with all aseptic precautions. ✓ Discharged with a hemodynamically stable condition with advice following medicines.	
03/06/2019	Or Bhavik Daraniya M.O. (Radiodiagnosis) Doe -Medical Records 00018	**MRI Left Knee** Fracture with marrow edema/bone contusions noted in the proximal tibia with extension up to the articular surface in the posterior part of the medial tibial condyle, anterior part of the lateral tibial condyle, and intercondylar region without significant depression, the maximum displacement is approx. 4 mm in the anteromedial cortex of the proximal tibia. Anterior cruciate ligament, anterior and posterior horn of lateral and medial meniscus appears attaching the fracture fragment involving the medial tibial condyle and intercondylar region without significant elevation or posterior rotation of fracture fragment. Subchondral and subcortical bone contusion was noted in the central part of the lateral femoral condyle and head of the fibula. Mild joint effusion is seen. minimal edema was noted in the muscles of the anterior and posterior compartment of the upper leg with minimal subcutaneous edema. **Impression :** ***Fracture in the proximal tibia as detailed***.	

MED LEAGUE SAMPLE

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07/24/2019	Dr. Strong Bones MS Orthopedics Trauma and Joint Replacement Surgeon Doe -Medical Records 00019	**Progress Note** On examination, the patient had a right lateral malleolus fracture with pain and minimal swelling of the left knee joint. The patient was managed with open reduction internal fixation of right lateral malleolus with anatomic fibular plate (Stryker implant) and long knee brace for the left knee. On follow-up of 06/03/2019, all sutures were removed. On complaint of persistent pain in the left knee, she was advised for MRI left knee which was suggestive of fracture medial condyle proximal tibia undisplaced with fracture in the intercondylar region. The patient was advised total bed rest, complete non-weight-bearing, and to continue a long knee brace for 6 weeks from the day of diagnosis. Full recovery time would be around 12 weeks from the date of injury. She is advised to do muscle-strengthening exercises for kn and ankle for a period of 1 2 months under the guidance of a physiotherapist. After 1.5 years fibula plate can be removed depending fracture has healed well.	

MED LEAGUE SAMPLE