Clinical Forensic Injury Audit and Valuation Report

Comprehensive Assessment with Trauma Inventories and Impairment Ratings

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

Patient Name [redacted]	**Prepared By** [redacted]	**Date of Accident** March 19, 2025
Date of this Report September 8, 2026	**No. of Days Since Accident** 538	**Recipient**

This evaluation extends beyond the conventional medical narrative by measuring not only the diagnosed injury and impairment, but the documented effects of that injury upon human function and daily life.

Forensic Findings at a Glance

This summary synthesizes the principal findings derived from the analyses presented throughout this report. Each finding is developed and supported by the underlying data, evidence, and analysis detailed in the corresponding sections, providing a traceable underlying evidence/source for the conclusions summarized herein.

25%	DRE IV - 25%	44% - MODERATE	$186,341.50
WHOLE PERSON IMPAIRMENT	CERVICAL IMPAIRMENT	HUMAN-LIFE FUNCTION LOSS	TOTAL DAMAGES

The DRE category is an AMA spine informational reference; it does not add to the Whole Person Impairment total.

EVIDENCE LAYER	FINDING	WHAT IT ESTABLISHES
Pet Care	**100% loss**	Profound limitation of daily activity
Daily Travel	**79% loss**	Profound disruption of routine mobility
Household Management	**58% loss**	Severe limitation of daily activity
Food Preparation	**47% loss**	Moderate limitation of instrumental ADL
Household Services	**30% loss**	Mild limitation of daily activity
Obtaining Services	**15% loss**	Minimal limitation of daily activity
Vehicle Maintenance	**14% loss**	Minimal limitation of daily activity
Household Maintenance	**12% loss**	Minimal limitation of daily activity
Behavioral Health	**Moderate / Moderate–Marked**	Multi-domain post-injury functional effects
Karnofsky	**KPS 60 - Requires occasional assistance but is able to care for most personal needs**	Standardized functional performance scale (0–100)
Future Recurrence - Neck	**76-100% / Definite**	Recurrence probability derived from DRE class

EVIDENCE LAYER	FINDING	WHAT IT ESTABLISHES
Non-Economic Valuation (UQLV)	**$165,961.07 present value**	Standardized non-economic damage valuation derived from WPI and documented recovery duration

Assessment Scope & Methodology

CLINICAL OVERVIEW

This report provides a structured clinical assessment of injury-related functional loss based on physical examination findings, medical record review, standardized assessment instruments, and established impairment guidelines. The evaluation measures how the injury has affected the patient's ability to perform essential daily activities, including mobility, personal care, household responsibilities, and cognitive and emotional functioning. Functional impact is quantified using Whole Person Impairment standards and the Human Life Function Loss Index (HLFLI), a weighted model reflecting the percentage reduction in overall functional life capacity attributable to the injury. The sections that follow outline the clinical framework and standardized methodology used to derive these findings.

REPORTING STANDARDS & CLINICAL EVALUATION FRAMEWORK

This Evaluation Report is prepared using a structured clinical assessment framework designed to document objective findings, quantify functional impairment, and evaluate the impact of injury on daily life performance.

This report integrates:

- Clinical examination findings
- Medical record review
- Diagnostic studies (when applicable)
- Whole Person Impairment (WPI) analysis
- Standardized electronic patient-reported outcome measures (PROMs / ePROs)
- Functional capacity assessment
- Human Life Function Loss Index (HLFLI) modeling
- Clinical decision support analysis
- Reference to federal expectancy data

This methodology promotes:

- Consistent documentation
- Reliable measurement
- Transparent analytical structure
- Reproducible findings

The resulting analysis provides a clinically grounded representation of injury severity and functional limitation.

STRUCTURED TRAUMA INVENTORIES

Patient-Reported Evidence

Standardized PROM/ePRO Trauma Inventories capture injury consequences that may not be measurable through physical examination alone, including sleep, cognition, emotional response, social participation, activities of daily living and recreation. These findings are not treated as standalone impairment evidence; they are evaluated in conjunction with examination findings, diagnostics and the medical record.

IMPAIRMENT RATING

Objective Benchmark of Functional Loss

Whole Person Impairment (WPI) is calculated in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment and established Quality System (QS) standards. The impairment rating translates documented clinical findings into a percentage representing overall loss of functional capacity of the whole person. This standardized measure provides an objective benchmark of injury severity and establishes a measurable reference point for functional limitation. Impairment ratings quantify the degree of documented physiological loss. However, impairment alone does not fully describe how that loss affects practical daily function. To evaluate the broader functional consequences of injury-related impairment, structured functional modeling is applied through the Human Life Function Loss Index (HLFLI).

HUMAN LIFE FUNCTION LOSS INDEX (HLFLI)

Structured Functional Impact Modeling

The Human Life Function Loss Index (HLFLI) expands upon the impairment rating by assessing how documented injury-related limitations affect essential domains of daily living and human performance. Where impairment reflects medical loss, the HLFLI evaluates functional loss by measuring proportional reductions in the patient's ability to perform activities necessary for independent living, occupational engagement, and routine life participation. The impairment rating serves as the clinical foundation for this modeling, ensuring that HLFLI findings remain anchored to documented medical impairment rather than subjective reporting alone.

This analysis incorporates:

- Clinical examination findings
- Medical record review
- Diagnostic data
- Standardized patient-reported outcome measures
- Functional limitation assessment
- Clinical decision support evaluation

For each domain, the patient reports the time lost on a day the activity would normally be performed. That loss is measured against the average time spent on the same activity by persons who perform it, as published in the U.S. Bureau of Labor Statistics American Time Use Survey, and the resulting domain proportions are combined using the weighting shown in the domain table.

The HLFLI reflects the calculated reduction in functional life capacity attributable to the injury, expressed relative to normative time use for each domain assessed.

Medical Assessment & Treatment Record

MEDICAL TREATMENT RECORD	REVIEWED	ENCLOSED
Sources Of Medical History		
Medical Office Records	☑	☑
Hospital Records	☑	☑
From Other Sources	☑	☑
From Patient	☑	☑
Continuity And Timing Of Care		
Delay in Seeking Care	☑	☑

Gaps in Treatment	☑	☑
Additional Relevant History		
Prior Medical History	☑	☑
Medications & Compliance	☑	☑
Diagnostic Tests & Imaging	☑	☑
Rehabilitation / Therapy Records	☑	☑
Work / Functional History	☑	☑

Diagnoses

ICD-10 CODE	DESCRIPTION
HEAD & BRAIN	
R41.89	Other symptoms involving cognitive functions
CERVICAL SPINE & NECK	
M53.2X1	Spinal instabilities, occipito-atlanto-axial region
PSYCHOLOGICAL	
F41.1	Generalized anxiety disorder
F39	Unspecified mood disorder
F43.2	Adjustment disorders
F51.5	Nightmare disorder
R45.86	Behavioral and emotional concussion
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F45.42	Pain disorder with related psychological factors
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
GENERAL	
S06.0X0A	Concussion without loss of consciousness, initial encounter
F06.8	Other specified mental disorders due to known physiological condition
G93.9	Disorder of brain, unspecified
G62.9	Polyneuropathy, unspecified
R20.8	Other disturbances of skin sensation
V49.40XA	Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter
M54.2	Cervicalgia

ICD-10 CODE	DESCRIPTION
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
M50.22	Other cervical disc displacement, mid-cervical region
V43.52XA	Car driver injured in collision with other type car in traffic accident, initial encounter
Y04.0XXA	Assault by unarmed brawl or fight, initial encounter
G47.00	Insomnia, unspecified
Z59.82	Problems driving or riding in vehicles
G47.9	Sleep disorder, unspecified
M54.10	Radiculopathy, site unspecified

Functional Impact & Patient Complaints

Body Part Complaints

AREA / SYMPTOM	DETAILS (TYPE, INTENSITY, FREQUENCY, WORSENING EFFECTS)
Post Traumatic Headache (PTH)	**Type:** Dull, Throbbing, Stabbing | **Intensity:** 10 Emergency (ER Visit) | **Freq:** Occasional 25-50% of the day | **Worsens:** Stress, Noise, Light | **Location:** Left side, Right side, Back
Tension Headache	**Type:** Dull, Throbbing, Stabbing | **Intensity:** 1-3 Mild | **Freq:** Intermittent 0-25% of the day | **Worsens:** Noise, Light, Activity | **Location:** Top, Back
Eye	**Type:** Tunnel vision, Cracks in visual field, Colored spots | **Intensity:** 4-6 Moderate | **Freq:** Frequent 51-75% of the day | **Worsens:** Phone screen | **Location:** Right side
Face	**Type:** Nose, Burning | **Intensity:** 1-3 Mild | **Freq:** Constant 76-100% of the day | **Worsens:** Touch, Heat, Cold | **Location:** Left side, Right side
Shoulder	**Type:** Numbness | **Intensity:** 10 Emergency (ER Visit) | **Freq:** Intermittent 0-25% of the day | **Worsens:** Arm towards chest | **Location:** Left side, Right side
Chest	**Type:** Dull, Burning, Numbness | **Intensity:** 7-9 Intense | **Freq:** Constant 76-100% of the day | **Worsens:** Breathing, Pulling | **Location:** Left side, Center
Mid-back	**Type:** Burning | **Intensity:** 4-6 Moderate | **Freq:** Frequent 51-75% of the day | **Worsens:** Pulling | **Location:** Left side
Lower Arm Pain	**Type:** Increased sensitivity, Decreased sensitivity, Strain sprain | **Intensity:** 1-3 Mild | **Freq:** Frequent 51-75% of the day | **Worsens:** Repeated movement | **Location:** Left side, Right side
Wrist Pain	**Type:** Dull | **Intensity:** 10 Emergency (ER Visit) | **Freq:** Constant 76-100% of the day | **Worsens:** Twisting, Overuse | **Location:** Left side, Right side, Front
Upper Leg	**Type:** Throbbing, Burning | **Intensity:** 1-3 Mild | **Freq:** Intermittent 0-25% of the day | **Worsens:** Squat, Weight bearing | **Location:** Left side, Right side
Lower Leg	**Type:** Decreased sensitivity, Strain sprain | **Intensity:** 1-3 Mild | **Freq:** Frequent 51-75% of the day | **Worsens:** Walking | **Location:** Left side, Right side
Knee	**Type:** Aching, Throbbing | **Intensity:** 7-9 Intense | **Freq:** Intermittent 0-25% of the day | **Worsens:** Laterally bend knee out, Walking | **Location:** Right side

Foot	**Type:** Throbbing, Shooting, Burning | **Intensity:** 1-3 Mild | **Freq:** Intermittent 0-25% of the day | **Worsens:** Walking, Putting on shoes | **Location:** Left side, Right side
Hip	**Type:** Dull, Shooting | **Intensity:** 4-6 Moderate | **Freq:** Constant 76-100% of the day | **Worsens:** Sitting, Twisting, Moving leg out | **Location:** Left side

Concussion / Post-Traumatic Symptoms

CATEGORY	REPORTED SYMPTOMS
Physical Symptoms	Loss of consciousness, Blurred vision, Double vision
Memory & Cognitive	Feeling slowed down mentally, Taking longer than usual to think, Confusion, Poor judgement or decision making
Mood & Emotional	Mood swings, Extreme worry or anxiety, Change in personality
Daily Life Impact	Feeling of doom or hopelessness, Change in hobbies or recreational interests, Difficulty with work or daily responsibilities, Feeling isolated or withdrawn
Stress & Trauma	Flashbacks or nightmares, Distressing dreams, Feeling like future is limited, General ongoing feeling of unease
Neck / Radiating Pain	Tension or knots in neck and shoulder, Shortness of breath, Shoulder stiffness, Numbness or tingling index middle ring
Neurological Symptoms	Vertigo, Sudden leg weakness or falling, Vision problems, Hearing disturbances or changes

Neurological & Spinal Findings

Radiculopathy

FINDINGS
R20.8 Other Disturbances of Skin Sensation

Understanding the 5th Edition Spinal Impairment Framework: DRE vs. ROM

Under Chapter 15 of the AMA Guides to the Evaluation of Permanent Impairment (5th Edition), spinal impairment is assessed using two distinct methodologies: the Diagnosis-Related Estimate (DRE) Model and the Range of Motion (ROM) Model. To ensure absolute procedural transparency for insurers, adjusters, and defense counsel, this report calculates and presents data under both frameworks side-by-side. These two models are mutually exclusive and are never combined or double-counted, as the 5th Edition strictly prohibits blending the methods to inflate a rating. They are presented together here solely to provide a comprehensive, 360-degree view of the plaintiff's pathology under every recognized standard of the Guides.

Alternative Whole Person Impairment Methodology
Presented for Comparison Only; Not Additive to DRE

BODY PART / FUNCTION	AMA EDITION	CHAPTER	TABLE	PAGE	CLASS	IMPAIRMENT %
AOMSI Spinal Instabilities - C1 or C2	5	15	15-3C	378-379	**4**	**25%**

BODY PART / FUNCTION	AMA EDITION	CHAPTER	TABLE	PAGE	CLASS	IMPAIRMENT %
Abnormal Deep Tendon Reflex Unilateral Spinal Nerve Root Motor Impairment/ Loss of Strength	5	15	15-7 IB	404	**3**	**10-15%**
Extreme Worry Feeling depressed or tearful Mood swings Poor judgement Problems driving or riding in vehicles Sleep Disorders Sleeping more than usual	5	13	13-8	325	**1**	**7%**
Radiculopathy	5	13	13-23 13-24	346-348	**2**	**10-25%**

Diagnosis-Related Estimates (DRE) Analysis

Selected Methodology - Reported Impairment Rating

DRE Cervical Category IV — 25% Impairment

Loss of motion segment integrity, bilateral or multi-level radiculopathy, compression fracture greater than 50%, developmental fusion.

Whole Body Impairment

Total Whole Body Impairment — 25% Impairment

INTERPRETATION OF WPI

Whole Person Impairment is the standardized medical benchmark of permanent physiological loss. It is distinct from disability, functional-life loss, or monetary damages. The WPI establishes the medical impairment foundation from which the patient's broader functional consequences are separately evaluated.

Karnofsky Performance Status Scale

The Karnofsky Performance Status Scale is a standardized measure used to quantify a patient's general functional ability on a scale of 0–100. It assesses the degree to which injury or illness affects daily performance, ability to work, and need for assistance or care. A higher score indicates greater functional independence.

PERFORMANCE LEVEL	DESCRIPTION

100	Normal; no complaints; no evidence of disease
90	Able to carry on normal activity; minor signs or symptoms of injury
80	Normal activity with effort; some signs or symptoms of injury
70	Cares for self; able to carry on normal activity or do active work
60 CURRENT LEVEL	**Requires occasional assistance but is able to care for most personal needs**
50	Requires considerable assistance and frequent medical or rehabilitative care
40	Disabled; requires special care and assistance
30	Severely disabled; hospitalization or intensive support may be indicated
20	Very sick; active supportive treatment necessary
10	Moribund; fatal processes progressing rapidly

MMI Status & Treatments Rendered

MMI for each Body Part

BODY PART	STATUS
Neck	**Stable**

Prescription

Medical Determination
99080 — Medical Validation

Prognosis & Causation Analysis

Prognosis Overall

The prognosis overall is ongoing complaints with ongoing treatment required.
The prognosis for stable body parts that are medically determined to have future occurrence, are listed in section XI of this report.
The prognosis is a body part is determined stable, in that it is not changing or fluctuating, however continued care is prescribed for that part at stable MMI as it is medically determined that further care will reduce future pain or prevent future incidence of worsening.
The prognosis reveals some body parts as static or stable as well some which are not yet at MMI.
The prognosis requires the need for treatment due to moderate injuries.
The prognosis requires the need for treatment due to ligamentous injuries.

AOMSI / Derangement Fracture

The applicable AMA Guides DRE classification provides a 25% Whole Person Impairment value when the documented findings satisfy the criteria for the applicable Category IV spinal condition. The impairment determination should correspond to the specific spinal region and findings documented by the physician.
When flexion and extension radiographs are subjected to Computerized Radiographic Mensuration Analysis (CRMA), the resulting measurements may provide objective quantitative data for the physician's evaluation of spinal motion and potential alteration of motion segment integrity.
The clinical significance of AOMSI extends beyond the immediate presentation because persistent alteration of spinal motion-segment integrity may contribute to chronic pain, functional limitation, and progressive degenerative changes. The extent of any future progression should be based upon the physician's prognosis and the applicable medical evidence.
Quantitative radiographic measurement provides an objective means of assessing spinal translation and angular motion. The clinical significance of the measurements must be determined by the qualified physician using the applicable AMA Guides criteria and the client's complete clinical history.

Prognosis of Probability for Future Recurrence

BODY PART	PROBABILITY
Neck	**76-100% Definite**

Stability of Medical Condition

Stabilization Timeframe

18 to 24 months

Medical Determination of Future Treatment

Future treatment is definite, with a 76-100% medical certainty of occurring.
Due to the nature of the injuries, future passive care must remain an option.
MMI exists however, future care of involved stable body part(s) is/are required.
MMI is attained on parts listed with future care for chronic/stable body parts.

Human Life Function Loss Index (HLFLI) — Functional Capacity Impact Analysis

FUNCTIONAL METRICS

Loss of Food Preparation & Cleanup	47%
Loss of Household Services	30%
Loss of Household Management	58%
Loss of Daily Travel	79%
Loss of Obtaining Services	15%
Loss of Household Maintenance	12%
Loss of Vehicle Maintenance	14%
Loss of Pet Care	100%

RISK LEVEL: MODERATE

CASE ANALYSIS

DOMAIN	SCORE	WEIGHT	WEIGHTED
Loss of Food Preparation & Cleanup	47	25.0%	11.8
Loss of Household Services	30	20.0%	6.0
Loss of Household Management	58	15.0%	8.7
Loss of Daily Travel	79	15.0%	11.9
Loss of Obtaining Services	15	10.0%	1.5
Loss of Household Maintenance	12	7.5%	0.9
Loss of Vehicle Maintenance	14	5.0%	0.7
Loss of Pet Care	100	2.5%	2.5

HLFLI CALCULATION

HLFLI = SUM (Domain Score x Domain Weight)

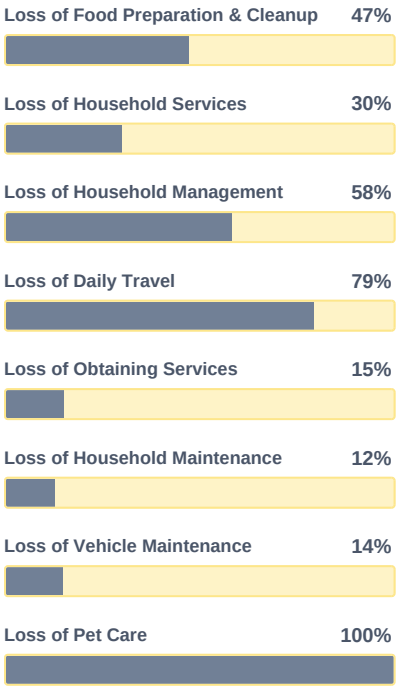
Example (Loss of Pet Care):
100 x 0.025 = 2.5
Shown as 2.5 in the table.

HLFLI Functional Impact Profile

The domain percentages presented represent measurable reductions in the patient's ability to perform normal life functions attributable to the injury. Each domain reflects a distinct area of functional capacity essential to independent living, occupational performance, and routine daily activity. The combined index represents the cumulative percentage of functional capacity loss resulting from injury-related impairment.

HUMAN LIFE FUNCTION LOSS INDEX (HLFLI)

FUNCTIONAL METRICS



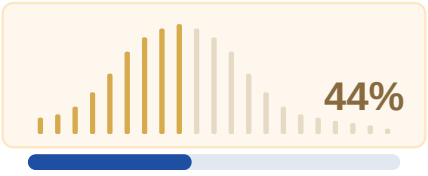
FUNCTIONAL IMPACT LEVEL **MODERATE 44%**

HLFLI

44

TOTAL WEIGHTED LOSS

METRIC VARIANCE	IMPACT INDEX
44%	44%



CASE ANALYSIS

DOMAIN	SCORE	WEIGHT	WEIGHTED
Loss of Food Preparation & Cleanup	47	25.0%	11.8
Loss of Household Services	30	20.0%	6.0
Loss of Household Management	58	15.0%	8.7
Loss of Daily Travel	79	15.0%	11.9
Loss of Obtaining Services	15	10.0%	1.5
Loss of Household Maintenance	12	7.5%	0.9
Loss of Vehicle Maintenance	14	5.0%	0.7
Loss of Pet Care	100	2.5%	2.5
TOTAL			**44**

WHAT THIS MEANS

The HLFLI does not represent an additional impairment rating. It measures a different consequence of injury: the degree to which documented impairment has reduced the patient's ability to perform ordinary human-life functions. In this case, the **44% HLFLI** represents a **Moderate** functional-life impact based upon the weighted domains shown above. The calculation integrates structured patient-reported functional loss with clinical findings and normative U.S. Bureau of Labor Statistics time-use data.

HLFLI CALCULATION

HLFLI = SUM (Domain Score x Domain Weight)

Example (Loss of Pet Care):
100 x 0.025 = 2.5
Shown as 2.5 in the table.

HLFLI Scoring Structure & Interpretation

Each domain percentage reflects the degree of functional loss identified within that specific category. General interpretation guidelines:

0–15% — Minimal
16–35% — Mild
36–55% — Moderate
56–75% — Severe
76–100% — Profound

These percentages quantify the magnitude of impairment within each functional domain in a standardized and reproducible manner.

Domain Weighting Methodology

Each functional domain is assigned a proportional weight based on empirically observed time allocation and the methodology defined for this index. The weighting methodology incorporates U.S. Bureau of Labor Statistics/American Time Use Survey data where applicable. Domain weights are normalized so that the combined weights equal 100%.

Total Weighted Score (Human Life Function Loss Index)

The total weighted score represents the cumulative functional loss across all evaluated domains. This value reflects the overall percentage reduction in functional life capacity resulting from injury-related conditions.

For example: An HLFLI score of 35% indicates that approximately 35% of the patient's overall functional life capacity has been reduced due to injury-related impairment.

HLFLI Summary Interpretation

HLFLI Score: 44%

Interpretation:
The patient demonstrates moderate loss of functional independence across instrumental daily living domains, with the greatest impairment in loss of pet care and loss of daily travel functions.

Loss of Service

The number of days [redacted] is reasonably expected to endure future estimates for care requirements or the likelihood of ongoing pain, suffering, and emotional and cognitive distress, are based on the AMA Guidelines' impairment ratings derived from the Range of Motion (ROM) values associated with each documented injury. Diagnostic Related Estimates (DRE) categories are presented as supporting reference where applicable. For further details, please refer to the impairment rating table.

	WEEKS CLAIMED	LOSS OF WEEKLY FOOD, COOKING AND CLEANUP HOURS	TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
WEEKLY FOOD, COOKING AND CLEANUP	76.86	3.50	269.01	$9.63	**$2,590.57**

WEEKLY HOUSEHOLD SERVICES	WEEKS CLAIMED	LOSS OF WEEKLY HOUSEHOLD SERVICES HOURS	TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	76.86	2.00	153.72	$10.00	**$1,537.20**

WEEKLY HOUSEHOLD MANAGEMENT	WEEKS CLAIMED	LOSS OF WEEKLY HOUSEHOLD MANAGEMENT HOURS	TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	76.86	1.50	115.29	$14.22	**$1,639.42**

WEEKLY HOUSEHOLD TRAVEL	WEEKS CLAIMED	LOSS OF WEEKLY TRAVEL HOURS	TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	76.86	2.50	192.15	$11.69	**$2,246.23**

WEEKLY SHOPPING, BANKING AND ERRANDS	WEEKS CLAIMED	LOSS OF WEEKLY OBTAINING SERVICES HOURS	TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	76.86	0.50	38.43	$12.65	**$486.14**

WEEKLY POOL, LAWN, GARDEN CARE	WEEKS CLAIMED	LOSS OF WEEKLY POOL, LAWN, GARDEN CARE HOURS	TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	76.86	0.25	19.22	$16.94	**$325.59**

WEEKLY VEHICLE MAINTENANCE	WEEKS CLAIMED	LOSS OF WEEKLY VEHICLE MAINTENANCE HOURS	TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	76.86	0.13	9.61	$11.69	**$112.34**

WEEKLY PET CARE	WEEKS CLAIMED	LOSS OF WEEKLY PET CARE HOURS	TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	76.86	5.25	403.52	$11.63	**$4,692.94**

TOTAL LOSS OF SERVICE VALUATION	**$13,630.43**

Behavioral Health Impact — Summary

Standardized psychometric inventories were administered to quantify post-injury symptoms related to mood, anxiety, sleep disturbance, and functional limitation.

Results indicate mild-to-moderate behavioral health impact, with symptoms including anxiety, depressive features, sleep disruption, and activity avoidance. These findings are consistent with post-traumatic presentations and are temporally associated with the subject accident.

These measures are based on patient report but were interpreted in conjunction with clinical findings and functional assessment. They are not used independently to determine impairment, but support the overall evaluation of functional loss and reduced quality of life.

Within a reasonable degree of medical probability, the behavioral health findings are functionally significant and contribute to the patient's documented limitations in daily activity and life participation.

The following tables present a multi-layered behavioral health analysis, integrating symptom severity, domain distribution, functional impact, and clinical interpretation to provide a comprehensive assessment of post-injury behavioral health effects.

Severity Levels: *Mild = minimal functional interference; Moderate = noticeable limitation; Moderate–Marked = frequent functional limitation affecting performance and participation; Marked = consistent functional interference affecting daily activity and participation.*

PURPOSE AND INTERPRETATION OF THE BEHAVIORAL HEALTH ASSESSMENT AND FUNCTIONAL IMPACT TABLES

These tables do not merely list reported behavioral-health symptoms. They systematically synthesize findings across the administered inventories to characterize severity, functional consequences, cross-domain consistency, and clinical correlation with the broader injury findings. Collectively, they provide a structured basis for evaluating the magnitude, functional significance, and clinical coherence of the reported behavioral-health impact and its relationship to the overall impairment picture.

Table 1 — Behavioral Health Severity Overview

High-level severity read across all administered inventories.

DOMAIN CATEGORY	SEVERITY LEVEL	FUNCTIONAL IMPACT SUMMARY
Sleep	**Moderate**	Disrupted sleep limiting recovery and daytime energy.
Mood	**Moderate–Marked**	Reduced mood and motivation affecting engagement.
Anxiety	**Moderate–Marked**	Increased stress reactivity and vigilance.
Activity Participation	**Moderate**	Limited activity engagement with protective avoidance.
Quality of Life	**Moderate**	Reduced enjoyment and meaningful participation.

Table 2 — Domain Distribution Profile

Qualitative elevation across aggregated behavioral health domains.

DOMAIN AREA	RELATIVE ELEVATION	FUNCTIONAL RELEVANCE
Sleep	**Moderate–High**	Disrupted overnight recovery with reduced daytime energy and sustained performance.
Mood	**Moderate–High**	Reduced day-to-day engagement, motivation, and emotional recovery capacity.
Anxiety	**Moderate–High**	Increased arousal with reduced tolerance for routine demands and triggers.
Activity Participation	**Moderate**	Limited engagement in daily, occupational, and physical activity, with avoidance of perceived triggers.
Quality of Life	**Moderate**	Reduced satisfaction, social engagement, and meaningful participation.

Table 3 — Functional Impact Matrix

Translation of symptom clusters into claims-relevant functional consequences.

FUNCTIONAL AREA	IMPACT LEVEL	DESCRIPTION
Activity Participation	**Moderate**	Reduced ease and consistency in routine household, self-care, and daily tasks, with some activity avoidance.
Concentration	**Moderate–Marked**	Reduced attention and efficiency on mentally demanding tasks.
Sleep	**Moderate**	Disrupted sleep with reduced daytime energy and slower physical recovery.
Social Participation	**Moderate**	Reduced frequency and quality of family, social, and community engagement.
Activity Tolerance	**Moderate**	Limited endurance for sustained physical or occupational demand.

Table 4 — Cross-Domain Consistency Profile

Proprietary pattern-level analysis of symptom distribution, consistency, and coherence.

PATTERN INDICATOR	FINDING	INTERPRETATION
Symptom Distribution	**Multi-domain elevation**	Indicates whether post-injury symptoms span multiple behavioral health domains or remain localized, informing the breadth of functional impact.
Pattern Consistency	**High consistency**	Consistent cross-domain reporting is clinically aligned with a unified post-traumatic response rather than isolated symptom variability.
Functional Convergence	**Present**	Symptom clusters converge on functional limitations identified elsewhere in the clinical evaluation, supporting the integrated impairment picture.
Behavioral Response	**Avoidance pattern**	Fear-avoidance indicators reflect protective behavioral adaptations that commonly prolong deconditioning and reduce participation.
Domain Breadth	**Broad distribution**	Reflects how widely symptoms are reported across mood, anxiety, sleep, activity participation, and quality of life.
Internal Coherence	**Clustered response pattern**	Coherent cross-inventory reporting is consistent with genuine symptom expression when interpreted in conjunction with clinical findings.

Table 5 — Clinical Integration Summary

Integration of behavioral health findings with clinical review and causation logic.

COMPONENT	FINDING	CLINICAL SIGNIFICANCE
Temporal Relationship	**Post-accident onset**	Symptom emergence is temporally associated with the subject accident, supporting injury-related attribution when interpreted in conjunction with clinical history.
Symptom Pattern	**Trauma-consistent pattern**	The profile of anxiety, depressive features, sleep disturbance, and avoidance is clinically aligned with recognized post-traumatic presentations.
Functional Correlation	**Supported**	Self-reported behavioral health findings correlate with functional limitations documented in the clinical and HLFLI analysis.
Clinical Consistency	**Consistent**	Inventory findings are coherent with examination, history, and observed functional performance.
Behavioral Overlay	**Sleep and anxiety overlay**	Overlapping sleep disruption and anxious arousal contribute to the functional profile and are interpreted in conjunction with physical findings.
Recovery Impact	**Present**	Behavioral health burden reduces pacing, compliance, and tolerance for rehabilitative activity, supporting the overall impairment interpretation.

Pain and Suffering, Past and Future

The documented impairment rating, treatment history, prognosis findings, and functional loss profile support analysis of past and future pain-related limitations. The current Whole Person Impairment is 25%, and the HLFLI classification is Moderate.

Unified Quality of Life Valuation - Standardized Non-Economic Damage Framework

The following valuation components represent the quantified application of the documented findings to the defined recovery periods. The acute component reflects the finite period of elevated injury-related pain, suffering, and functional disruption. The residual component reflects the continuing effects documented following stabilization, including diminished quality of life and persistent functional limitations. Duration, severity weighting, valuation basis, and applicable present-value adjustments are identified for each component to permit independent review of the calculation.

UNIFIED QUALITY OF LIFE VALUATION COMPONENTS

COMPONENT	BASIS	DURATION	PRESENT VALUE
Acute Pain and Suffering Recovery Phase	Elevated symptom pain and suffering disruption during recovery	538 days	**$110,547.95**
Finite Post-Stabilization Residual Impairment Phase	Post-stabilization diminished quality of life, emotional distress, cognitive effects, and functional limitation collectively	548 days	**$55,413.13**
		TOTAL VALUATION (PRESENT VALUE)	**$165,961.07**

The Unified Quality of Life Valuation consolidates the documented injury-related effects established throughout this assessment into a standardized, phase-based quantification of non-economic impact. The valuation is derived from the documented clinical findings, functional consequences, severity measures, and duration of impairment established in the preceding sections of the report.

The assessment separates the injury course into two defined periods: the acute recovery phase, representing the documented period of elevated pain, suffering, and disruption during recovery, and the post-stabilization residual phase, representing the documented persistence of diminished quality of life, functional limitation, and associated emotional or cognitive effects following stabilization. Each phase is evaluated according to its documented duration and assigned severity weighting, with the resulting values calculated against the established valuation basis and, where applicable, adjusted to present value.

Accordingly, the valuation is not based upon an undifferentiated subjective estimate. Each quantified component is traceable to the clinical, functional, temporal, and severity findings documented elsewhere in this report. The resulting present-value amounts provide a consolidated representation of the magnitude and duration of the documented non-economic impact across the periods assessed.

UNIFIED QUALITY OF LIFE VALUATION CALCULATION DETAILS

ACUTE PHASE FORMULA

(da x V / 365) x Tpast

(0.5000 x $150,000 / 365) x 538 days

RESIDUAL PHASE FORMULA

(dr x V / 365) discounted at r% over Tr days

(0.2500 x $150,000 / 365) at 2.00% over 548 days

** V (Value per QALY) = $150,000*

Structural Clarification

The non-economic damages presented above reflect a unified valuation of diminished quality of life resulting from the combined effects of physical pain, emotional distress, cognitive impairment, and functional limitations arising from the subject accident.

These components are not valued independently to avoid duplication. Rather, they are collectively captured within a structured two-phase quality-of-life framework consisting of:

- An acute recovery phase, and

- A finite post-stabilization residual impairment phase.

This consolidation ensures methodological consistency, prevents stacking of overlapping categories of harm, and aligns valuation with the documented stabilization timeline and impairment findings.

Valuation Assumptions and Parameters

Stabilization Horizon.
The acute recovery period is limited to the documented medical stabilization range of 18-24 months. The valuation does not attribute additional acute-phase non-economic loss to an ongoing recovery period after the established stabilization point.

Residual Impairment Horizon.
Following stabilization, residual non-economic impact is evaluated over a finite period corresponding to the documented persistence of functional impairment. The residual horizon is intentionally limited to the defined assessment period rather than assuming lifelong persistence of the documented effects.

Severity Parameters.
Phase-specific severity parameters are bounded and explicitly identified within the calculation. The residual severity parameter is anchored to the documented impairment findings, including the reported Whole Person Impairment (WPI), and is not assigned independently of those findings.

Valuation Parameter.
The valuation basis is established at $150,000 per quality-adjusted life year (QALY) for purposes of the standardized calculation. The selected parameter is identified separately from the clinical findings so that the underlying clinical evidence and the economic conversion factor remain independently reviewable.

Discount Rate.
Future residual non-economic impact is discounted to present value using a 2.00% real discount rate. The discounting adjustment is applied only to the future component of the valuation and does not alter the underlying clinical or functional findings.

Non-Economic Damage Elements

ELEMENT	AMOUNT
Weekly food, cooking and cleanup	$2,590.57
Weekly household services	$1,537.20
Weekly household management	$1,639.42
Weekly household travel	$2,246.23
Weekly shopping, banking and errands	$486.14
Weekly pool, lawn, garden care	$325.59
Weekly vehicle maintenance	$112.34
Weekly pet care	$4,692.94
Unified Quality of Life Valuation - Standardized Non-Economic Damage Framework	$165,961.07
Total Non-Economic Damages	**$179,591.50**

Future Medical Expenses

Future Primary Treatment Cost	$2,700.00
Future Therapies / Modalities Cost	$4,050.00
TOTAL	**$6,750.00**

Economic Damage Elements

ELEMENT	AMOUNT
Future Medical Expenses	$6,750.00
Total Economic Damages	**$6,750.00**

Total Damages

ELEMENT	AMOUNT
Total Economic Damages	**$6,750.00**
Total Non-Economic Damages	**$179,591.50**
Total Damages	**$186,341.50**

Per Diem Analysis

An analysis determines the claim for past and future pain & suffering has a valuation of $165,961.07. The figures are based on per diem analysis as both conservative and reasonable value vs the market value or the replacement value.

Evidentiary Conclusion

The available clinical assessment data, record review, diagnosis confirmation, impairment analysis, prognosis findings, and functional-loss measurements provide a structured evidentiary basis for evaluating injury-related damages.

Elements of Damage

Using standardized biological and psychosocial function measures, [redacted]'s life has permanently and dramatically changed since the accident.

The injuries [redacted] suffered have impaired their ability in a range of basic and fundamental activities of daily living as well as performing specific duties while under duress. Functional loss of services interferes with activities, causing a loss of enjoyment of [redacted]'s life before the accident. Assessments made also allow for predictors of future losses.

Assessments reveal that [redacted] has a projected value for damages as described in the categories listed below to which [redacted] has not been able to contribute to labor due to injuries sustained in the accident.

Estimates and calculations are made using categorized tables of values from large sample research and applying a reasonable deviation from a standard mean value. We strive to minimize the effects of bias and make as perfect or 'intelligible' determination as possible while remaining subject to reasonable budget constraints and considering the variables listed here:

1. Approximations are that [redacted] contributed an average of 2.00 hours of services listed per day before the accident, which is in concert with the U.S. Bureau of Labor Statistics National average household contributions of persons of similar gender and age. 6
2. The monetary value of [redacted] work performed at home was determined by the Time Use Survey and Dollar of the Day values for Loss Of Services in the categories listed below. As reported in May 2021 by the Bureau Of Labor Statistics and Occupational Employment Survey, such findings reveal the average hourly wages for the individual categories. 7,8,9 3.
3. The overall determination is that there was a total loss in the categories listed below, lasting 538 claimable days.

1. Katz S, Ford A, Moskowitz R, Jackson B, Jaffe M. Studies of illness in the aged: the index of ADL, a standardized measure of biological and psychosocial function. JAMA. 1963:914 919. (PubMed) (Google Scholar)
2. Analysis of Variance (ANOVA) and The Abbreviated Injury Scale (AIS)33 to code injuries and The Injury Severity Score (ISS) and New Injury Severity Score (NISS) are used as measures of injury severity.
3. Association for the Advancement of Automotive Medicine. The Abbreviated Injury Scale, 1990 Revision, Update 98. Barrington, Illinois: Association for the Advancement of Automotive Medicine; 1998.
4. Baker SP, O'Neill B, Haddon W, Jr, Long WB. The injury severity score: a method for describing patients with multiple injuries and evaluating emergency care. J Trauma. 1974;14(3):18796. doi: 10.1097/00005373-197403000-00001. (PubMed) (CrossRef) (Google Scholar)
5. Motor vehicle related orthopaedic trauma contributes significantly to the burden of disease and injury. World Health Organization; 2009. (Google Scholar)
6. U.S. Bureau of Labor Statistics - Charts by Topic; Household activities - Last online update = December 20, 2016, @https://www.bls.gov/tus/charts/household.htm
7. May 2021 Survey Methods and Reliability Statement @ www.bls.gov/oes/methods_21.pdf .
8. Occupational Employment And Wages - MAY 2021 https://www.bls.gov/news.release/pdf/ocwage.pdf
9. Occupational Employment and Wage Statistics - May 2021 https://www.bls.gov/oes/tables.htm

Clinical Context of Functional Loss

While this report does not assign monetary values or determine legal damages, the HLFLI provides a structured and measurable representation of functional life impact. In insurance and claim review contexts, quantified functional loss assists reviewers in understanding the practical consequences of injury on daily living capacity, role performance, and long-term functional stability.

CLINICAL TRAUMA INVENTORY ASSESSMENT

Structured Functional Input Measures

Standardized electronic patient-reported outcome measures (PROMs / ePROs) were administered as structured clinical input instruments supporting the functional impact analysis reflected in the HLFLI. These instruments document the patient's reported experience of injury-related limitations across multiple domains, including:

- Physical function
- Cognitive performance
- Emotional regulation
- Behavioral stability
- Sleep quality
- Social interaction
- Activities of daily living
- Recreational participation

These assessments measure:

- Symptom frequency
- Symptom severity
- Symptom duration
- Functional interference

Trauma inventory findings are integrated with clinical examination, diagnostic findings, and impairment analysis to inform HLFLI domain scoring. They serve as supplemental clinical data points and do not independently determine impairment percentages or functional loss values. This layered assessment approach strengthens the reliability of functional modeling by combining objective findings with structured patient-reported information.

CLINICAL CLARIFICATION

This report provides clinical analysis of injury-related functional impairment based on structured assessment methodology.

This report:

- Does not determine legal liability
- Does not determine legal damages

Any legal determination remains the responsibility of the appropriate decision-making authority.

Clinical Certification

The findings and clinical opinions contained in this report are based upon:

- Professional education
- Clinical training
- Clinical experience
- Clinical examination
- Medical record review
- Standardized functional assessment data

The conclusions expressed are based on professional clinical judgment and standardized assessment methodology.

[redacted]
Clinical Examiner
Injury Claim Auditor

Clinical Attestation

This report is prepared using a structured clinical methodology for injury impact analysis and functional loss documentation.

Audit Summary

Based upon all elements and component parts of this audit, the calculation of losses in the amount of $186,341.50 is considered to be both conservative and reasonable.