



**SAMPLE MOCK MEDICAL RECORDS BY
PROPLAINTIFF.ai**

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October 20, 2025

Car Accidents
Case: Martinez v. Greenfield Logistics, Inc.

Cover Page
Martinez v. Greenfield Logistics, Inc.

Patient Name:	Sarah Martinez
Date of Birth (MM/DD/YYYY):	07/12/1990
Gender:	Not provided
Claim Number:	Not provided
Date of Loss (MM/DD/YYYY):	03/15/2024
Case Type:	Motor Vehicle Accident
Prepared By:	ProPlaintiff.ai
Date Prepared (MM/DD/YYYY):	10/20/2025

Accident Summary

Parameter	Details	Bates PDF Ref	Ref
Date and Time of Accident	March 15, 2024		
Location	Harbor Blvd and Maple St		

Parameter	Details	Bates Ref	PDF Ref
Direction of Travel			
Speed			
Scene of Accident (weather, road, lighting)			
Number of Vehicles/Parties Involved	2 vehicles; 3 parties (Sarah Martinez; Robert Chen; Greenfield Logistics, Inc.)		
Party Details	Sarah Martinez (driver, plaintiff) Robert Chen (driver of adverse vehicle) Greenfield Logistics, Inc. (owner of 2022 Ford F-550)		
Vehicle Details (model, year, color, VIN, policy number)	Plaintiff: 2019 Honda Accord; Color: ; VIN: ; Policy: Defendant: 2022 Ford F-550 (owned by Greenfield Logistics, Inc.); Color: ; VIN: ; Policy:		
Description of Accident	Collision at the intersection of Harbor Blvd and Maple St involving Ms. Martinez's 2019 Honda Accord and a 2022 Ford F-550 owned by Greenfield Logistics, Inc. and operated by Robert Chen. Liability is disputed based on conflicting accident reconstructions.		
Airbag Deployment			
Seat Belt Applied			
Seating Position	Driver (Sarah Martinez)		

Parameter	Details	Bates Ref	PDF Ref
Vehicle Damages/Vehicle Towed			
Property Loss			
Violation Code			
At Fault Party	Robert Chen / Greenfield Logistics, Inc. (disputed due to conflicting accident reconstructions)		
911 Called			
Who Arrived First			
Other Details	Police Department: Harbor Police Department. EMS timeline: arrived 14:55; immobilized 14:59; transported 15:01; hospital handoff 15:03. Reported injuries include a displaced mid-shaft left humerus fracture requiring ORIF (performed 03/16/2024), multiple left rib fractures, and a pulmonary contusion. Health insurance in place; initial treatment through St. Joseph's Medical Center.		01_EMS_Run_Sheet.pdf (pp. 1–6); 03_Radiology_Studies_Multi.pdf (p. 1); 04_Operative_Record_Detailed.pdf (p. 1)

Patient History

Past Medical History: No chronic medical conditions are documented prior to the March 15, 2024 collision. History is significant for traumatic injuries from that crash, including a left humeral shaft fracture, multiple rib fractures, and a pulmonary contusion requiring inpatient management. Post-injury reports note ongoing pain consistent with post-traumatic neuropathic and myofascial components under pain medicine care. A residual impairment of approximately 25% to the left upper extremity has been recorded.

Past Surgical History: No prior surgeries are documented. Following the collision, Ms. Martinez underwent open reduction and internal fixation (ORIF) of the left humerus on

March 16, 2024 at St. Joseph’s Medical Center. The procedure utilized a 10-hole LCP titanium plate with eight screws; estimated blood loss was 150 mL. General anesthesia was administered without complication. Follow-up imaging on March 18, 2024 confirmed appropriate hardware position and stable fixation.

Prior Occupational History: Employed full-time prior to the incident; specific prior positions, employer, and tenure are not documented.

Current Occupational Status: Employed full-time at the time of injury. She has missed work due to accident-related injuries and treatment. Records reflect initiation of short-term disability paperwork and arranged transportation for physical therapy, indicating functional and vocational impact during recovery. The precise dates and duration of lost time are not specified.

Family History: Not documented in the available materials.

Social History: Married. Education: Bachelor’s Degree. Health insurance coverage is in place. Tobacco, alcohol, and recreational drug use are not documented.

Mental Health History: No pre-incident mental health diagnoses are documented. After the collision, Ms. Martinez exhibited symptoms consistent with PTSD, including nightmares, avoidance, and hypervigilance. An initial psychological evaluation occurred on April 2, 2024, followed by 26 CBT-based therapy sessions through September 2024 with notable improvement in sleep and affect regulation. Prognosis is favorable with continued therapy and medication management.

Drug Allergy: No drug allergies are documented.

Other Allergies: No environmental or food allergies are documented.

Diagnostic Tests and Results

Diagnostic Workup Summary

The following table compiles the diagnostic tests and imaging studies documented in the available records following the March 15, 2024 collision. Where the ordering provider is not identified in the excerpts, this is noted accordingly.

Date	Test Type	Ordering Provider	Results/Findings
03/15/2024	CT Head/Neck	Not stated in records provided	No acute intracranial hemorrhage (radiology report dated 03/15/2024).
03/15/2024	Chest X-ray	Not stated in records provided	Left rib fractures involving ribs 6–8 (radiology report dated 03/15/2024).
03/15/2024	Left Humerus X-ray	Not stated in records provided	Displaced mid-shaft humeral fracture (radiology report dated 03/15/2024).

Date	Test Type	Ordering Provider	Results/Findings
03/18/2024	Left Humerus X-ray (postoperative)	Not stated in records provided	Appropriate hardware position post-ORIF (radiology addendum dated 03/18/2024).
04/02/2024	Psychological evaluation	Not specified	Nightmares, avoidance behavior, and hypervigilance consistent with PTSD; findings guided initiation of CBT-based therapy.

Laboratory Studies

No laboratory studies are included in the materials provided for review. If laboratory results exist, they were not contained in the available records excerpt.

Clinical Significance

The imaging confirmed a displaced left humeral shaft fracture and multiple left rib fractures, which informed the decision for operative fixation and guided postoperative management. This section will be supplemented upon receipt of complete radiology reports and any laboratory results from St. Joseph's Medical Center.

Executive Summary

Sarah Martinez initiated care on March 15, 2024, immediately after a motor vehicle collision. She was transported by EMS to St. Joseph's Medical Center, where emergency imaging identified a displaced mid-shaft fracture of the left humerus, multiple left rib fractures (ribs 6–8), and a pulmonary contusion. On March 16, 2024, she underwent open reduction and internal fixation of the left humerus with plate and screws under general anesthesia, followed by inpatient recovery with pain control and respiratory therapy (including incentive spirometry) appropriate for her rib and lung injuries. Follow-up radiographs on March 18, 2024 confirmed stable hardware and proper alignment, and daily postoperative wound care through March 19, 2024 showed no signs of infection.

Following hospital discharge, Ms. Martinez progressed to outpatient rehabilitation, completing a structured course of physical therapy from April 15 through May 3, 2024, with at least 19 sessions focused on range of motion and strengthening, and documented reductions in pain. Persistent thoracic pain was subsequently managed with fluoroscopy-guided thoracic epidural steroid injections on August 20, October 1, and November 12, 2024, which provided short-term relief. She also engaged in behavioral health treatment for collision-related PTSD symptoms. In total, the documented treatment spans March 15 through November 12, 2024. As of the most recent record, she remained under active interventional pain management, with the surgical fixation stable and ongoing symptom-driven care in place.

Medical Chronology

Acute Care and Hospitalization (March 2024)

Date	Provider/Facility	Event Type	Details
2024-03-15	EMS	On-scene assessment and transport	Post-motor vehicle collision at Harbor Blvd and Maple St. Serial vitals documented (HR 100–103 bpm, BP 135/80 to 132/83, RR 20, SpO2 95–96%). Patient stabilized, immobilized, and transported to the hospital.
2024-03-15	St. Joseph's Medical Center — Emergency Department	ED evaluation and imaging	Diagnoses: displaced mid-shaft left humerus fracture, left rib fractures (ribs 6–8), and pulmonary contusion. CT head/neck: no acute intracranial hemorrhage. Chest X-ray: left rib fractures. Left humerus X-ray: displaced diaphyseal fracture.
2024-03-15	St. Joseph's Medical Center — Inpatient Admission	Admission and acute management	Admitted to trauma/orthopedics. Neurovascular checks intact; incentive spirometry initiated. Pain documented 3/10–7/10. Analgesia: oxycodone 5/325 mg PO PRN administered at 17:50 and 21:50.
2024-03-16	Operating Room (Orthopedic Surgery)	Surgery — ORIF, left humeral shaft	Surgeon: Michael P. Stevens, M.D. Anterolateral approach; hardware: 10-hole LCP titanium plate with 8 screws. Estimated blood loss: 150 mL. Operative start 09:05; closure 11:05. Sponge count correct.
2024-03-16	Anesthesiology	General anesthesia for ORIF	Induction: propofol 200 mg, fentanyl 100 mcg, rocuronium 50 mg. Airway: 7.5 mm endotracheal tube. Uneventful extubation; stable intraoperative course.
2024-03-16	PACU	Post-anesthesia recovery	Vitals monitored per protocol; pain and nausea assessed. Transferred to floor at 11:40.
2024-03-16	St. Joseph's Medical Center — Inpatient Nursing	Postoperative care and analgesia	Neurovascular checks intact; continued incentive spirometry. Oxycodone 5/325 mg PO PRN administered at 01:50, 05:50, 09:50, 13:50, 17:50, and 21:50. Pain documented 3/10–7/10.
2024-03-16	St. Joseph's Medical Center — Inpatient Nursing	Wound care/dressing change	Dressing change performed; site clean, no purulence.
2024-03-17	St. Joseph's Medical Center — Inpatient Nursing	Wound care/dressing change	Dressing change performed; site clean, no purulence.

Date	Provider/Facility	Event Type	Details
2024-03-18	Radiology Department	Postoperative X-ray	Follow-up imaging shows appropriate hardware position post-ORIF of the left humerus.
2024-03-18	St. Joseph's Medical Center — Inpatient Nursing	Wound care/dressing change	Dressing change performed; site clean, no purulence.
2024-03-19	St. Joseph's Medical Center — Inpatient Nursing	Wound care/dressing change	Dressing change performed; site clean, no purulence.

Outpatient Rehabilitation and Behavioral Health (April–December 2024)

Date	Provider/Facility	Event Type	Details
2024-04-02	Jennifer Wong, Psy.D.	Clinical psychology — initial evaluation	Symptoms included nightmares, avoidance behaviors, and hypervigilance consistent with PTSD.
April–September 2024	Jennifer Wong, Psy.D.	Psychotherapy — CBT (26 sessions)	Completed 26 CBT-based sessions with notable improvement in sleep and affect regulation; favorable prognosis with continued therapy and medication management.
2024-04-15	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 1	Focus: range of motion (ROM) and strengthening. Pain pre/post: 4/2.
2024-04-16	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 2	Focus: ROM and strengthening. Pain pre/post: 5/2.
2024-04-17	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 3	Focus: ROM and strengthening. Pain scores documented.
2024-04-18	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 4	Focus: ROM and strengthening. Pain scores documented.
2024-04-19	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 5	Focus: ROM and strengthening. Pain scores documented.
2024-04-20	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 6	Focus: ROM and strengthening. Pain scores documented.

Date	Provider/Facility	Event Type	Details
2024-04-21	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 7	Focus: ROM and strengthening. Pain scores documented.
2024-04-22	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 8	Focus: ROM and strengthening. Pain scores documented.
2024-04-23	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 9	Focus: ROM and strengthening. Pain scores documented.
2024-04-24	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 10	Focus: ROM and strengthening. Pain scores documented.
2024-04-25	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 11	Focus: ROM and strengthening. Pain scores documented.
2024-04-26	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 12	Focus: ROM and strengthening. Pain scores documented.
2024-04-27	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 13	Focus: ROM and strengthening. Pain scores documented.
2024-04-28	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 14	Focus: ROM and strengthening. Pain scores documented.
2024-04-29	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 15	Focus: ROM and strengthening. Pain scores documented.
2024-04-30	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 16	Focus: ROM and strengthening. Pain scores documented.
2024-05-01	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 17	Focus: ROM and strengthening. Pain scores documented.
2024-05-02	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 18	Focus: ROM and strengthening. Pain pre/post: 3/2.
2024-05-03	Outpatient Physical Therapy (provider not specified)	Physical therapy — session 19	Focus: ROM and strengthening. Pain pre/post: 3/2.

Date	Provider/Facility	Event Type	Details
April–October 2024	Outpatient Physical Therapy	Rehabilitation course — 72 sessions	Pain improved from 8/10 to 3/10. At six months post-injury, ROM ~70% of pre-injury mobility; strength/endurance improved but limited by scar tissue and nerve irritation. Patient reached maximal medical improvement; maintenance therapy indicated.
2024-08-20	Pain Management — Laura M. Chen, M.D.	Thoracic epidural steroid injection	Fluoro-guided injection with dexamethasone 10 mg for radicular thoracic pain. Short-term relief; baseline pain 3–4/10 with episodic flares; medication regimen stable.
2024-10-05	Pain Management — Laura M. Chen, M.D.	Thoracic epidural steroid injection	Repeat injection with transient improvement; episodic flares persisted.
2024-12-10	Pain Management — Laura M. Chen, M.D.	Thoracic epidural steroid injection	Third injection performed; short-term relief achieved. Long-term medication regimen remained stable.

Expert Evaluations and Future Care (2025)

Date	Provider/Facility	Event Type	Details
2025-10-20	Michael P. Stevens, M.D.	Orthopedic expert evaluation	Assessed residual impairment of approximately 25% to the left upper extremity. Concluded humeral fracture, rib fractures, and pulmonary contusion were caused by the collision and treatment was medically necessary.
2025-10-20	Lisa Nguyen, M.D.	Anesthesiology expert review	Confirmed anesthetic management met standards of care with no anesthesia-related complications or extended recovery attributable to anesthesia.
2025-10-20	Daniel Ross, PT, DPT	Physical therapy expert review	Confirmed 72 outpatient sessions (April–October 2024); patient reached maximal medical improvement with ongoing need for maintenance therapy.
2025-10-20	Laura M. Chen, M.D.	Pain management expert report	Chronic pain is post-traumatic with neuropathic/myofascial components; recommended periodic interventional pain management every 6–12 months.

Date	Provider/Facility	Event Type	Details
2025-10-20	Jennifer Wong, Psy.D.	Clinical psychology expert report	PTSD and anxiety symptoms directly related to the collision; prognosis favorable with continued therapy and medication management.
2025-10-20	Rebecca Morrison, RN, CLCP	Life care plan	Projected periodic follow-up, intermittent pain interventions, and maintenance therapy; estimated future medical care cost at \$127,000 (present value).

Healthcare Providers Summary

Treating Providers and Facilities

The following table summarizes the healthcare providers and facilities involved in Ms. Martinez’s post-collision care, the timeframe of their services, and the scope of treatment rendered.

Provider/Facility Name	Specialty/Type	Dates of Service	Summary of Care Provided
EMS / Ambulance Service	Emergency Medical Services	March 15, 2024	On-scene assessment with serial vitals, stabilization and immobilization, transport, and handoff to hospital staff.
St. Joseph’s Medical Center — Emergency Department	Emergency Department	Not specified	Triage, physician evaluation, and nursing care with initiation of diagnostic workup and stabilization following the collision.
St. Joseph’s Medical Center — Radiology Department	Radiology/Imaging	March 15 & March 18, 2024	CT head/neck negative for acute intracranial hemorrhage; chest X-ray identified left rib fractures (ribs 6–8); left humerus X-ray showed displaced mid-shaft fracture; post-ORIF imaging confirmed appropriate hardware position.
Michael P. Stevens, M.D.	Orthopedic Surgery	March 16, 2024	Open reduction and internal fixation (ORIF) of the left humerus using a 10-hole plate and eight screws; estimated blood loss 150 mL.
Lisa Nguyen, M.D.	Anesthesiology	March 16, 2024	General anesthesia for the ORIF procedure; induction and emergence were uncomplicated; no

Provider/Facility Name	Specialty/Type	Dates of Service	Summary of Care Provided
			anesthesia-related complications reported.
Post-Anesthesia Care Unit (PACU)	Post-operative Recovery	Not specified	Post-operative monitoring with frequent vital signs and symptom assessments; transfer to inpatient floor after stabilization.
St. Joseph's Medical Center	Acute Care Hospital	March 15–19, 2024	Emergency evaluation and hospitalization; diagnostic imaging; surgical management of left humerus fracture; anesthesia and PACU recovery; inpatient nursing care with neurovascular checks, pain assessments, incentive spirometry; medication administration and wound care; discharge planning.
Daniel Ross, PT, DPT	Physical Therapy	April–October 2024	Outpatient rehabilitation focused on range of motion and strengthening; documented pain reduction with residual range-of-motion limitations; maintenance therapy recommended.
Laura M. Chen, M.D.	Pain Management / PM&R	August 20, October 5, December 10, 2024	Fluoroscopy-guided thoracic epidural steroid injections with short-term relief of thoracic pain; continued medication management and recommendation for periodic interventional care.
Jennifer Wong, Psy.D.	Clinical Psychology	April 2–September 2024	CBT-based psychotherapy addressing PTSD and anxiety symptoms; noted improvement in sleep and affect regulation with continued therapy advised.
Social Work & Case Management	Clinical Case Management	Not specified	Coordinated transportation for therapy, initiated short-term disability paperwork, and provided community resources.

Missing Records
Record Index

The items below appear absent from the current production. They are organized to facilitate targeted requests and retrieval for Sarah Martinez (DOB 07/12/1990) relating to the 03/15/2024 hospitalization and subsequent care.

Hospital/Medical Provider	Date/Time Period	Is Record Missing (Yes/No)
St. Joseph's Medical Center – Admission History & Physical (H&P)	03/15/2024 (admission)	Yes
St. Joseph's Medical Center – Discharge Summary	On/after 03/19/2024	Yes
St. Joseph's Medical Center – Physician daily progress/consult notes (Hospitalist/Trauma/Orthopedics)	03/15/2024–03/19/2024	Yes
St. Joseph's Medical Center – Physician orders (admit, post-op, discharge)	03/15/2024–03/19/2024	Yes
St. Joseph's Medical Center – Medication Administration Record (MAR)	03/15/2024–03/19/2024	Yes
St. Joseph's Medical Center – Laboratory results (ED, pre-op, post-op)	03/15/2024–03/16/2024	Yes
Radiology – Post-operative left humerus X-ray standalone report	03/18/2024	Yes
Radiology – DICOM image files for all ED/peri-operative studies	03/15/2024 and 03/18/2024	Yes
Orthopedic Surgery Clinic – Post-op follow-up notes and PT prescription/orders	Late March–April 2024	Yes
Inpatient Rehabilitation – Physical/Occupational Therapy evaluations and daily notes	03/16/2024–03/19/2024	Yes
Respiratory Therapy/Pulmonology – RT evaluation/flowsheets or consult	03/15/2024–03/19/2024	Yes
Case Management/Social Work – Discharge planning notes	03/17/2024–03/19/2024	Yes
Anesthesiology – Pre-anesthesia evaluation	03/16/2024 (pre-op)	Yes
Anesthesiology – Post-anesthesia evaluation/attestation	03/16/2024 (post-op)	Yes
Operating Room – Implant stickers/UDI (hardware labels)	03/16/2024 (ORIF)	Yes
Hospital Billing – Itemized statement and UB-04/CMS-1450 (facility and professional)	03/15/2024–03/19/2024 (encounter)	Yes

Hospital/Medical Provider	Date/Time Period	Is Record Missing (Yes/No)
EMS Agency – Transport billing/invoice	03/15/2024	Yes
Outpatient Physical Therapy – Initial Evaluation/Plan of Care and Discharge Summary	Beginning 04/15/2024 through course completion	Yes
Pain Management Provider – Procedure reports and recovery documentation	08/20/2024; 10/01/2024; 11/12/2024	Yes
Behavioral Health/Psychology – Complete dated, signed SOAP notes	Dates not specified	Yes

Supporting Hints and References

Hospital/Medical Provider	Confirmatory or Probable Hint/Clue that Records are Missing	Bates Ref	PDF Ref
St. Joseph's – Admission H&P	Inpatient nursing packet reflects a multi-day admission; no H&P located in the production.	N/A	02_ED_Chart_Complete.pdf; 07_Inpatient_Nursing_Shifts.pdf
St. Joseph's – Discharge Summary	Four-day stay indicated; no discharge summary present.	N/A	07_Inpatient_Nursing_Shifts.pdf
St. Joseph's – Physician Progress/Consult Notes	No daily hospitalist/trauma/orthopedic notes included; only ED/OR/nursing materials appear.	N/A	02_ED_Chart_Complete.pdf; 07_Inpatient_Nursing_Shifts.pdf
St. Joseph's – Physician Orders	No admit, postoperative, or discharge orders within provided PDFs.	N/A	02_ED_Chart_Complete.pdf; 04_Operative_Record_Detailed.pdf; 07_Inpatient_Nursing_Shifts.pdf
St. Joseph's – MAR	Inpatient MAR not provided or ends before discharge despite continued inpatient care.	N/A	07_Inpatient_Nursing_Shifts.pdf; 09_Medication_Administration_Record_Long.pdf
St. Joseph's – Laboratory Results	No ED, pre-op clearance, type &	N/A	02_ED_Chart_Complete.pdf; 08_Laboratory_Sequential_Panels.pdf

Hospital/Medical Provider	Confirmatory or Probable Hint/Clue that Records are Missing	Bates Ref	PDF Ref
	screen, or post-op labs found.		
Radiology – 03/18/2024 XR report	Report addendum references a 03/18 post-op study; no standalone report included.	N/A	03_Radiology_Studies_Multi.pdf
Radiology – DICOM images	Narrative reports only; no imaging files produced.	N/A	03_Radiology_Studies_Multi.pdf
Orthopedic Clinic – Post-op notes	Surgery on 03/16; outpatient PT begins 04/15; typical post-op clinic notes and PT prescription are absent.	N/A	11_Physical_Therapy_Sessions.pdf
Inpatient PT/OT	Nursing references to functional care (e.g., incentive spirometry); no PT/OT evaluations or daily notes included.	N/A	07_Inpatient_Nursing_Shifts.pdf
Respiratory Therapy/Pulmonology	Rib fractures and pulmonary contusion documented; no RT/pulmonary notes or flowsheets produced.	N/A	07_Inpatient_Nursing_Shifts.pdf
Case Management/Social Work	Multi-day admission ordinarily includes discharge planning; none included.	N/A	07_Inpatient_Nursing_Shifts.pdf
Anesthesiology – Pre-anesthesia evaluation	Operative care present; pre-anesthesia assessment not found.	N/A	05_Anesthesia_Record.pdf
Anesthesiology – Post-anesthesia evaluation	No post-anesthesia/PACU evaluation note located.	N/A	05_Anesthesia_Record.pdf; 06_PACU_Recovery_Notes.pdf
Operating Room – Implant stickers/UDI	Operative report describes plate/screws but implant	N/A	04_Operative_Record_Detailed.pdf

Hospital/Medical Provider	Confirmatory or Probable Hint/Clue that Records are Missing	Bates Ref	PDF Ref
	labels/stickers are not included.		
Hospital Billing – Itemized/UB-04	No facility or professional billing produced; necessary to substantiate economic damages.	N/A	Not found in provided PDFs
EMS – Billing/Invoice	Clinical run sheet is present; billing records are not.	N/A	01_EMS_Run_Sheet.pdf (clinical only)
Outpatient PT – Initial Eval/POC & Discharge	Session notes present; formal initial evaluation/plan of care and discharge summary not included.	N/A	11_Physical_Therapy_Sessions.pdf
Pain Management – Procedures & Recovery	Procedure entries repeatedly truncate at “Recov”; recovery/complete reports appear incomplete.	N/A	12_Pain_Management_Procedures.pdf
Behavioral Health/Psychology – SOAP notes	SOAP entries lack dates/signatures and full session detail; full clinical notes should be produced.	N/A	13_Psychology_Soap_Notes.pdf

Locating Details

- Primary identifiers for requests: Sarah Martinez; DOB 07/12/1990. Facility: St. Joseph’s Medical Center. Admission date: 03/15/2024. Surgery: ORIF left humerus on 03/16/2024 (surgeon referenced in records as Michael P. Stevens, M.D.).
- Departments to contact: Health Information Management/Medical Records: Request complete inpatient chart for 03/15/2024 through discharge, including H&P, progress/consult notes, all orders, nursing flowsheets, MAR, labs, discharge summary. Operating Room/Surgery: Request implant stickers/UDI log for the 03/16/2024 ORIF. Anesthesiology: Request pre-anesthesia evaluation and post-anesthesia/PACU evaluation linked to the 03/16/2024 case. Radiology File Room: Request final signed reports and DICOM images for all studies on 03/15/2024 and 03/18/2024 (left humerus, chest, and any trauma imaging). Orthopedic Surgery Clinic: Request post-op clinic notes and PT prescription/orders for late March–April 2024. Rehabilitation Services: Request inpatient PT/OT evaluations, daily notes, and discharge recommendations. Respiratory Therapy and Case

Management/Social Work: Request RT evaluations/flowsheets and discharge planning notes. Hospital Billing: Request itemized statements and UB-04/CMS-1450, and any professional bills for the 03/15–03/19/2024 encounter. EMS Billing: Request transport invoice associated with the 03/15/2024 incident. Outpatient Providers: Evergreen Physical Therapy Associates (initial eval/POC and discharge); Pain Management (08/20, 10/01, 11/12/2024 procedures and recovery); Behavioral Health/Psychology (complete dated, signed SOAP notes).

- Health Information Management/Medical Records: Request complete inpatient chart for 03/15/2024 through discharge, including H&P, progress/consult notes, all orders, nursing flowsheets, MAR, labs, discharge summary.
- Operating Room/Surgery: Request implant stickers/UDI log for the 03/16/2024 ORIF.
- Anesthesiology: Request pre-anesthesia evaluation and post-anesthesia/PACU evaluation linked to the 03/16/2024 case.
- Radiology File Room: Request final signed reports and DICOM images for all studies on 03/15/2024 and 03/18/2024 (left humerus, chest, and any trauma imaging).
- Orthopedic Surgery Clinic: Request post-op clinic notes and PT prescription/orders for late March–April 2024.
- Rehabilitation Services: Request inpatient PT/OT evaluations, daily notes, and discharge recommendations.
- Respiratory Therapy and Case Management/Social Work: Request RT evaluations/flowsheets and discharge planning notes.
- Hospital Billing: Request itemized statements and UB-04/CMS-1450, and any professional bills for the 03/15–03/19/2024 encounter.
- EMS Billing: Request transport invoice associated with the 03/15/2024 incident.
- Outpatient Providers: Evergreen Physical Therapy Associates (initial eval/POC and discharge); Pain Management (08/20, 10/01, 11/12/2024 procedures and recovery); Behavioral Health/Psychology (complete dated, signed SOAP notes).
- Health Information Management/Medical Records: Request complete inpatient chart for 03/15/2024 through discharge, including H&P, progress/consult notes, all orders, nursing flowsheets, MAR, labs, discharge summary.
- Operating Room/Surgery: Request implant stickers/UDI log for the 03/16/2024 ORIF.
- Anesthesiology: Request pre-anesthesia evaluation and post-anesthesia/PACU evaluation linked to the 03/16/2024 case.
- Radiology File Room: Request final signed reports and DICOM images for all studies on 03/15/2024 and 03/18/2024 (left humerus, chest, and any trauma imaging).
- Orthopedic Surgery Clinic: Request post-op clinic notes and PT prescription/orders for late March–April 2024.
- Rehabilitation Services: Request inpatient PT/OT evaluations, daily notes, and discharge recommendations.
- Respiratory Therapy and Case Management/Social Work: Request RT evaluations/flowsheets and discharge planning notes.
- Hospital Billing: Request itemized statements and UB-04/CMS-1450, and any professional bills for the 03/15–03/19/2024 encounter.
- EMS Billing: Request transport invoice associated with the 03/15/2024 incident.
- Outpatient Providers: Evergreen Physical Therapy Associates (initial eval/POC and discharge); Pain Management (08/20, 10/01, 11/12/2024 procedures and recovery); Behavioral Health/Psychology (complete dated, signed SOAP notes).

Comments

- Reviewer's Comment: Liability is disputed based on conflicting accident reconstructions. Obtain and preserve all reconstruction materials for both sides, including underlying measurements, photographs, calculations, diagrams, data downloads, and expert analyses to evaluate fault, causation, and impact mechanics.
- Reviewer's Comment: Police report number is missing. Secure the complete Harbor Police Department report, CAD/dispatch logs, witness statements, scene photos, supplemental reports, and any intersection camera footage to clarify collision dynamics and fault allocation.
- Reviewer's Comment: Adverse party/vehicle evidence preservation is time-sensitive. Issue spoliation notices to Greenfield Logistics, Inc. for ELD/HOS logs, driver qualification and training files, vehicle maintenance/inspection records, and ECM/EDR data from the Ford F-550.
- Reviewer's Comment: Insurance information is incomplete: at-fault carrier, policy number, adjuster, and insurer address are unknown; policy limits undisclosed. Identify carriers for Robert Chen/Greenfield Logistics, Inc., request coverage disclosures, and confirm limits.
- Reviewer's Comment: Plaintiff's auto insurer and policy number are unknown; health insurance policy number is not provided. Confirm all coverage details and obtain lien/subrogation information to coordinate benefits and settlement allocations.
- Reviewer's Comment: Client contact fields are incomplete (no phone or full address). Obtain current contact information to facilitate record requests, authorizations, and litigation notices.
- Reviewer's Comment: Core medical evidence is missing: no ED/trauma notes, operative report for the left humerus ORIF, anesthesia record, or radiology reports confirming rib fractures or pulmonary contusion. Request certified copies from St. Joseph's Medical Center.
- Reviewer's Comment: Pulmonary contusion is reported in the case description, but imaging confirming this diagnosis is not included. Obtain CT chest or treating physician documentation to substantiate the claimed lung injury.
- Reviewer's Comment: Treating-provider causation opinions tying injuries and later interventions (PT, injections) to the 03/15/2024 collision are not in the materials. Secure narrative reports addressing causation, medical necessity, permanency, impairment, and future care.
- Reviewer's Comment: Orthopedic follow-up is incomplete. Obtain postoperative clinic notes, physical therapy referrals/orders, prognosis statements, and any impairment ratings and future care plans to support future medical specials.
- Reviewer's Comment: Records are inconsistent: some excerpts reference a left upper extremity impairment rating and an anesthesia provider for the ORIF, while other parts state such records are absent. Reconcile by obtaining certified operative, anesthesia, and orthopedic reports.
- Reviewer's Comment: Emergency Department triage/physician/nursing entries contain generic or placeholder text without a documented mechanism of injury or initial complaints. Request the complete ED chart with full narrative notes.
- Reviewer's Comment: EMS run sheets include formatting/data-entry anomalies (e.g., duplicated punctuation, inconsistent "SpO2/Sp02"). Obtain the original narrative to ensure accuracy of prehospital observations and mechanism-of-injury details.
- Reviewer's Comment: Inpatient nursing flowsheets for 03/15–03/16 show inconsistent pain scores for overlapping time periods. Request certified flowsheets and an EMR audit trail to reconcile duplicate or conflicting entries.

- Reviewer's Comment: Multiple nursing/respiratory entries are truncated (e.g., “Respiratory: incentive sp...”). Replace with complete, legible copies to ensure full clinical context, especially for rib fracture management.
- Reviewer's Comment: Medication Administration Records list identical oxycodone timestamps across pages with varying nurse initials. Obtain certified MAR/eMAR printouts and pharmacy dispense logs to confirm actual administrations.
- Reviewer's Comment: Wound care logs for 03/16–03/19 are repeated verbatim. Verify authenticity and request original daily wound assessments, including photographs if available.
- Reviewer's Comment: Laboratory “Panels & Trending” are labeled mock/testing content without real values or sign-offs. Obtain certified lab reports (CBC, CMP, ABG, coagulation) with dates and clinician signatures.
- Reviewer's Comment: Physical therapy documentation contains discrepancies in session numbering, dates, and pre/post pain scores. Request certified PT daily notes with objective measures (ROM, strength), therapist signatures, and billing logs.
- Reviewer's Comment: There is approximately a one-month gap between the collision (03/15/2024) and first documented PT session. Ensure records explain the gap (e.g., postoperative immobilization) and include physician referral/orders to mitigate “gap in care” arguments.
- Reviewer's Comment: Pain management records show thoracic epidural steroid injections but have truncated outcome fields and lack indications, imaging guidance, and relief percentages. Additionally, injection dates conflict across excerpts. Obtain complete procedure reports, imaging documentation, consents, and follow-up notes and reconcile dates.
- Reviewer's Comment: Behavioral health SOAP notes repeat boilerplate language without dates, provider details, formal diagnosis, or treatment plan. Request complete psychotherapy records with DSM diagnosis, session dates, provider credentials, and a causation opinion.
- Reviewer's Comment: No pre-injury baseline records are included for the left arm/shoulder, thoracic region, or mental health. Obtain 3–5 years of pertinent pre-incident records to address pre-existing conditions and apportionment defenses.
- Reviewer's Comment: Some materials are explicitly labeled “mock,” “for testing,” or otherwise non-authentic, including imaging and life care plan excerpts. Replace with certified, final clinical and expert records suitable for evidentiary use.
- Reviewer's Comment: Itemized medical bills and comprehensive ledgers are missing. Obtain UB-04/HCFR statements, CPT/ICD coding, pharmacy invoices, and provider ledgers to quantify economic damages using billed amounts.
- Reviewer's Comment: Billing summaries list numerous CPT codes without dates, providers, or linkage to collision-related care. Secure itemized statements and treating-provider necessity opinions tying services to the injuries.
- Reviewer's Comment: Life Care Plan excerpts repeat line items and are marked as mock/testing, lacking methodology, assumptions, and discount/inflation rates. Obtain a finalized plan with itemized costs and calculation details.
- Reviewer's Comment: Wage loss is reported (“missed work: yes”), but there are no employer verifications, pay records, tax forms, work-status notes, or physician disability slips. Collect employer letters, pay stubs, PTO logs, and doctor-issued restrictions to substantiate lost wages and earning capacity.
- Reviewer's Comment: Property damage documentation (vehicle photographs, repair estimates) and scene photographs are absent. Obtain to corroborate crash severity and support causation.

- Reviewer's Comment: Witness information is not included. Identify, locate, and obtain statements from any eyewitnesses and first responders.
- Reviewer's Comment: Multiple pages display scanning/OCR artifacts, garbled headings, truncated words, and unexplained check/initial notations without a legend. Request clearer, certified copies and, if available, native EMR exports to eliminate transcription errors.
- Reviewer's Comment: Imaging file naming inconsistencies (e.g., extension discrepancies) raise record-integrity concerns. Reconcile with the custodian and replace with authenticated copies.
- Reviewer's Comment: MMI versus ongoing interventions: PT notes suggest MMI around six months post-loss, yet additional injections are documented thereafter. Clarify whether ongoing care is palliative or curative and update the prognosis accordingly.
- Reviewer's Comment: Impairment versus function: reconcile any assigned impairment rating with documented functional limitations from PT to ensure consistent testimony and avoid juror confusion.
- Reviewer's Comment: Expert materials are labeled “Mock Expert Report – For AI Testing Use Only” and show “Engaged by: Plaintiff Counsel” without signed final reports. Obtain finalized, signed expert reports specific to this case with full bases, reliance materials, and attachments.

Prepared by:

Jon

Medical Chronology Department