Case: test-case-5-6143587d0932ce510d808ba396be34fb · Snapshot: 2026-08-02T17:34:50+00:00

Merit Screen

Litigation Pack

Sources: chronology_events, deviation_of_care_snapshot, causation_analysis_snapshot, billing_audit, shared_risk_score · 2026-08-02T17:34:50+00:00

Provisional billing ledger (Billing Analysis QA WARN — not deposition-grade)

Billing Analysis QA: WARN — provisional (not deposition-grade)

$27,960.00	33	17	$13,335.00	30
PROVISIONAL LEDGER TOTAL	LEDGER CHARGE LINES	COUNSEL-FACING FINDINGS	DAMAGE SUMMARY VALIDATED TOTAL	VALIDATED SETTLEMENT LINES

Provisional OCR/audit ledger: 33 lines / $27,960.00. Damage Summary validated settlement inventory: 30 lines / $13,335.00 after quarantining 2 anomalous line(s) ($13,100.00). Use the Damage Summary validated figure for demand-letter medical specials unless counsel explicitly elects the provisional ledger with QA-warn caveats

Explicit Merit Score

Merit Score 77/100	77%	43 (Moderate)	High
MERIT	ACTIONABLE LIKELIHOOD	DEFENSE STRENGTH	MERIT BAND

Expected plaintiff recovery: Moderate / Borderline (damages signals present; liability contested or defense themes active)

Deterministic rubric from deviation/risk/causation/damages/billing extracts (caps 35/25/20/15/5). Transparent aid for counsel — not a verdict or valuation

- Unique deviation clusters ×3 (scored as 3) → +9.0
- High/critical deviation rules ×3 → +15.0
- Shared risk score 52.5/100 → +13.1 (of 25)
- Breach→consequence mappings with outcomes ×7 → +20.0 (of 20)
- Damages checklist hits ×7 → +15.0 (of 15)
- Billing leverage findings ×18 → +5.0 (of 5)
- Alternative-cause signals ×7 increase defense strength framing

Standard-of-Care Critical Finding

Clinical Standard-of-Care Deviation — Sepsis Blood-Culture Timing

RITA cross-checked this record against reference protocols and flagged a sepsis resuscitation bundle gap — the type of deviation hospitals often miss in routine chart review

Protocol focus: Sepsis Blood-Culture Timing

Facility: Metro General Hospital

Date: 03/05/2024

Severity: critical

Protocol deviation (medical logic): Hour-1 sepsis resuscitation bundle gap: Chart lacks documented lactate measurement, blood cultures, broad-spectrum antibiotics, and IV fluid resuscitation within the required windows after sepsis diagnosis

Protocol ID: sepsis_bundle · **Source:** Reference Manual p. 1

Specific Provider Accountability

Most significant deviation tied to Provider Unassigned at Metro General Hospital on 03/05/2024

Provider: Provider Unassigned

Facility: Metro General Hospital

Date: 03/05/2024

Severity: critical

Accountability link: Accountable for incomplete sepsis resuscitation bundle

Additional candidates

Date	Provider	Facility	Deviation	Severity
02/05/2024	L. Cho, MD	Mountain View Imaging Center	Delayed MRI (~12 days after ortho)	none
03/11/2024	S. Bernstein, MD	Metro Neuro Associates	Delayed neuro consult (~7 weeks after paresthesias)	mild
04/10/2024	M. Harlan, MD	Not found in the extracted chronology	MMI reached; return to work; demand/damages facts	none

Record Quality & Care Gap Signals

4 record-quality / care-gap signal(s) surfaced from chronology extracts

These are extract-backed chart-quality and care-pathway flags — useful for deposition prep, records requests, and merit review. Not standalone conclusions

Signal	Date	Severity	Finding	Source
Abnormal vitals without escalation	01/08/2024	high	Abnormal vitals documented without evidence of clinical escalation	litigation_key_events
Unknown / non-formulary medication	01/19/2024	high	"Zorpedrine" 5 mg IV (unknown / not in formulary — OCR or invented name) • Morphine 4 mg IV x1 Imaging ordered: XR left shoulder — delayed 3	event:01/19/2024_ae1a31c8
Pharmacy hopping / multi-pharmacy pattern	02/14/2024	high	Pharmacy hopping / multi-pharmacy early-refill pattern present	litigation_key_events
Early refill signal	02/14/2024	medium	Early refill signal present (non-opioid or unspecified class)	litigation_key_events

Financial / Billing Leverage

12 actionable settlement leverage items and 5 administrative/clerical flags from billing audit

Actionable rows (CPT/ICD support, unbundling, medical-necessity patterns) are argument-ready settlement leverage. Administrative rows (duplicate lines, modifiers, date sequencing) support documentation posture but are grouped separately to keep the demand narrative focused

Actionable Settlement Leverage

12 CPT/ICD, unbundling, or medical-necessity findings counsel can argue at settlement.

Date	CPT	Rule	Finding	Leverage	Severity
2024-02-08	97110	Missing ICD for CPT	CPT 97110 billed without an associated ICD diagnosis code	Missing ICD support for CPT — documentation/billing leverage even if clinical merit is contested	high
2024-02-08	97140	CPT/ICD mismatch	CPT 97140 with ICD M 75.102 is outside the configured medical-necessity allowlist	CPT-ICD anatomic-diagnostic mismatch — medical-necessity and coverage	medium

Date	CPT	Rule	Finding	Leverage	Severity
				leverage (ICD present but clinically unsupported for the CPT)	
2024-02-08	97162	Missing ICD for CPT	CPT 97162 billed without an associated ICD diagnosis code	Missing ICD support for CPT — documentation/billing leverage even if clinical merit is contested	high
2024-02-12	97110	CPT/ICD mismatch	CPT 97110 with ICD M 75.102 is outside the configured medical-necessity allowlist	CPT-ICD anatomic-diagnostic mismatch — medical-necessity and coverage leverage (ICD present but clinically unsupported for the CPT)	medium
2024-03-05	70450	CPT/ICD mismatch	CPT 70450 with ICD A 41.9 is outside the configured medical-necessity allowlist	CPT-ICD anatomic-diagnostic mismatch — medical-necessity and coverage leverage (ICD present but clinically unsupported for the CPT)	medium
2024-03-28	20610	CPT/ICD mismatch	CPT 20610 with ICD M 75.102 is outside the configured medical-necessity allowlist	CPT-ICD anatomic-diagnostic mismatch — medical-necessity and coverage leverage (ICD present but clinically unsupported for the CPT)	medium
2024-03-28	20610	Unbundling conflict	Joint injection (20610) with same-day office visit (99213) — confirm significant separately identifiable E/M (modifier 2…	Billing irregularity may support settlement posture independent of clinical merit	medium

Date	CPT	Rule	Finding	Leverage	Severity
2024-03-28	99213	Unbundling conflict	Joint injection (20610) with same-day office visit (99213) — confirm significant separately identifiable E/M (modifier 2…	Billing irregularity may support settlement posture independent of clinical merit	medium
2024-04-10	72148	CPT/ICD mismatch	CPT 72148 with ICD M 75.102 is outside the configured medical-necessity allowlist	CPT-ICD anatomic-diagnostic mismatch — medical-necessity and coverage leverage (ICD present but clinically unsupported for the CPT)	medium
2024-04-10	93000	CPT/ICD mismatch	CPT 93000 with ICD M 75.102 is outside the configured medical-necessity allowlist	CPT-ICD anatomic-diagnostic mismatch — medical-necessity and coverage leverage (ICD present but clinically unsupported for the CPT)	medium
2024-04-10	97110	Unbundling conflict	Hot/cold packs (97010) with therapeutic exercise (97110) — often bundled; confirm separate payment policy	Billing irregularity may support settlement posture independent of clinical merit	medium
—	97010	CPT/ICD mismatch	CPT 97010 with ICD M 75.102 is outside the configured medical-necessity allowlist	CPT-ICD anatomic-diagnostic mismatch — medical-necessity and coverage leverage (ICD present but clinically unsupported for the CPT)	medium

Administrative / Clerical Flags

5 duplicate-line, modifier, or date-sequencing flags — useful for records posture, grouped separately.

Date	CPT	Rule	Finding	Leverage	Severity
2024-03-28	20610	Bilateral modifier review	Duplicate major joint injection (20610) same day — confirm bilateral modifier 50 or RT/LT	Billing irregularity may support settlement posture independent of clinical merit	medium
2024-03-28	99213	Missing modifier 25	Same-day E/M with procedure — modifier 25 required on the E/M when separately identifiable	Billing irregularity may support settlement posture independent of clinical merit	high
2024-04-10	99283	Missing modifier 25	Same-day E/M with procedure — modifier 25 required on the E/M when separately identifiable	Billing irregularity may support settlement posture independent of clinical merit	high
—	—	Out-of-order date	out_of_order_date	Billing irregularity may support settlement posture independent of clinical merit	medium
—	—	Duplicate line	Duplicate billing lines identified (2 occurrences). Sample CPTs: 20610, 73030	Duplicate charge lines flagged — clerical/billing audit posture; aggregate count for counsel review rather than line-by-line listing	medium

Damages Assessment

7/13 damages checklist signals found in chronology

Checklist item	Status	Finding
Surgery performed / surgical intervention	found	MRI review; delayed neurology for hand tingling
Hospitalization / inpatient admission	found	True hospitalization admit/LOS/procedure/discharge
Permanent impairment	not_found	Not found in the extracted chronology

Checklist item	Status	Finding
Disability	found	MMI reached; return to work; demand/damages facts
Catastrophic outcome	not_found	Not found in the extracted chronology
Economic damages signals	found	Index fall; mild shoulder/hip; no imaging; PCP f/u not booked
Future care / ongoing treatment need	found	PT plateau language for MMI/RTW
Loss of enjoyment of life (LOEC)	not_found	Not found in the extracted chronology
Future / indicated surgical need	not_found	Not found in the extracted chronology
Long-term prognosis	found	PT plateau language for MMI/RTW
Permanency	found	PT plateau language for MMI/RTW
Lost wages / earning capacity	not_found	Not found in the extracted chronology
Impairment rating	not_found	Not found in the extracted chronology

Damages vs Liability Differentiation

Liability posture: Liability signals present — duty/breach pathway supported by extracted deviations or risk markers

Damages posture: If liability is established, damages value draws from 7 chronology-supported checklist signal(s)

If we win — damages: Surgery performed / surgical intervention; Hospitalization / inpatient admission; Disability; Economic damages signals; Future care / ongoing treatment need; Long-term prognosis; Permanency

Future surgery: MRI review; delayed neurology for hand tingling

Permanent / future care: PT plateau language for MMI/RTW

Liability asks whether duty was breached and caused harm; damages ask what the case is worth if liability is proven. Weak liability with strong damages (or vice versa) changes settlement strategy

Provider-by-Provider Liability Matrix

1 provider/encounter rows with extractable liability framing

Type	Provider	Facility	Duty	Breach	Causation	Damages	Liability score	Deviation
ED	Provider Unassigned	Metro General Hospital	supported	supported	supported	supported	100	Chart lacks documented lactate measurement, blood cultures, broad-spectrum antibiotics, and IV fluid…

Timeline-to-Breach Mapping

11 breach→consequence mappings from deviation/chronology extracts

Date	Breach	Type	Consequence	Provider
01/12/2024	NO-SHOW / MISSED APPOINTMENT (care-gap)	outcome	ED: MOI contradiction; vitals non-escalation; fake med/ICD; delayed XR	—
01/19/2024	ED: MOI contradiction; vitals non-escalation; fake med/ICD; delayed XR	outcome	Ortho eval; MRI + PT ordered	—
01/19/2024	Delayed XR left shoulder (delayed_imaging key event)	outcome	Delayed MRI (~12 days after ortho)	—
02/05/2024	Delayed MRI (~12 days after ortho)	outcome	MRI review; delayed neurology for hand tingling	L. Cho, MD
02/18/2024	MRI review; delayed neurology for hand tingling	deterioration	Missed appointment + regression language	—
02/22/2024	Missed appointment + regression language	outcome	Acute flare; abnormal vitals not escalated	—
03/05/2024	Chart lacks documented lactate measurement, blood cultures, broad-spectrum antibiotics, and IV fluid resuscitation within the required windows after sepsis…	documentation gap	Multiple required actions not documented within protocol windows	Provider Unassigned
03/05/2024	Chart lacks documented blood cultures, broad-spectrum antibiotics, lactate measurement, and IV fluid resuscitation within the required windows after sepsis…	deterioration not recognized	Multiple required actions not documented within protocol windows	Provider Unassigned
03/11/2024	Delayed neuro consult (~7 weeks after paresthesias)	outcome	Electrodiagnostics supporting CTS	S. Bernstein, MD

Date	Breach	Type	Consequence	Provider
04/10/2024	MMI reached; return to work; demand/damages facts	delay	Not found in the extracted chronology	M. Harlan, MD
—	Deviation	deviation	Consequence not specified in deviation snapshot	—

Alternative Causes

7 alternative-cause signal(s) supported by chronology extracts

Alternative causes are extract-backed defense themes — not conclusions. Counsel should validate against full records

Theme	Status	Finding
Unrelated carpal tunnel / CTS	supported	Electrodiagnostics supporting CTS
Natural healing / expected recovery course	not_found	Not found in the extracted chronology
Injury consistent with MOI; delay not clearly worsening	not_found	Not found in the extracted chronology
Pre-existing / comorbid condition	supported	Pre-index chronic LBP (pre-existing condition module)
Patient non-compliance / missed follow-up	supported	NO-SHOW / MISSED APPOINTMENT (care-gap)
Idiopathic / degenerative alternative	not_found	Not found in the extracted chronology
Mechanism-of-injury contradiction	supported	ED: MOI contradiction; vitals non-escalation; fake med/ICD; delayed XR
Abnormal vitals without escalation	supported	Acute flare; abnormal vitals not escalated
Pharmacy hopping / multi-pharmacy pattern	supported	Walgreens early opioid refill + pharmacy hopping
Early opioid / controlled-substance refill	supported	Walgreens early opioid refill + pharmacy hopping

Standard of Care Reference

7 standard-of-care / reference citation(s) from Deviation snapshot

Standard / reference	ID	Version	Source
Sepsis Bundle Protocol	sepsis_bundle	1	deviation_case_header
Sepsis Resuscitation Bundle	sepsis_bundle_01	1	deviation_case_header

Standard / reference	ID	Version	Source
STEMI Door-to-ECG	stemi_door_to_ecg_01	1	deviation_case_header
RITA_Reference_So C_Manual_Sepsis_STEMI	RITA_Reference_So C_Manual_Sepsis_STEMI	—	reference_library
Rule	sepsis_bundle	—	deviation_rule_index
Rule	sepsis_bundle_01	—	deviation_rule_index
Rule	stemi_door_to_ecg_01	—	deviation_rule_index

Missing Records

5 grouped record request categories (11 underlying signals) suggested from gap signals

Priority	Category	Request	Reason
high	Medication verification	Medication verification: 7 item(s) (APAP 5-325 PRN (from ED) - Ibuprofen 800 mg TID, Cefepime 2 g IV, Gastrozex, Painsolve, Vancomycin 1 g IV, Zorpedrine 5 mg IV (+1 more))	Unknown or non-formulary medications flagged in chronology/enrichment — verify administration, indication, and pharmacy source
high	ED records	ED physician note(s)	ED encounters present; dedicated ED note not clearly indexed
medium	Billing / itemized records	Complete itemized billing / superbills with ICD–CPT linkage	Billing audit found irregularities (missing ICD or support gaps)
medium	Discharge summaries	Discharge summary(ies)	Not clearly present in extracted chronology
high	Additional records	Documentation referenced as missing	Missed appointment + regression language

QUALITY ASSURANCE: FAIL — PROVISIONAL

RITA V1.3.1 - QA Fail (Provisional) · Protocol v1.3.1 · Generated 2026-08-02T17:34:50+00:00

QA checks flagged 1 issue(s), or billing QA is provisional. Review before relying on this report in litigation deliverables.

- Billing Analysis QA gate status=warn. Closing banner must remain provisional — not VERIFIED.
- Pod billing: lineage stale vs shared objects (charge_ledger, billing_qa_gate, damage_validated_settlement). Regenerate pod members.
- Pod billing: upstream billing_qa_gate=warn. Certification cannot be VERIFIED.

Repair from source pages

Re-syncs encounter dates and Tier 1 fields from OCR/chronology, then refreshes this report.

Pod billing · ledger sha256:23db6105 · quality=provisional · qa_gate=warn