Treatment Timeline / Course of Care

Case: test-case-5-6143587d0932ce510d808ba396be34fb

Case Header / Encounter Overview

Encounter dates: 12/15/2023 – 04/10/2024

Primary treating facility: Metro General Hospital

Sites of care: Metro General Hospital; Harlan Shoulder Clinic; Metro Neuro Associates; Quick Care Urgent Clinic; Riverside Family Medicine; Peak Motion Physical Therapy; Metro General Imaging; Mountain View Imaging Center

Primary providers: A. Nguyen, PA-C, M. Harlan, MD, K. Patel, MD, R. Okonkwo, MD, L. Cho, MD, J. Ruiz, DPT, S. Bernstein, MD

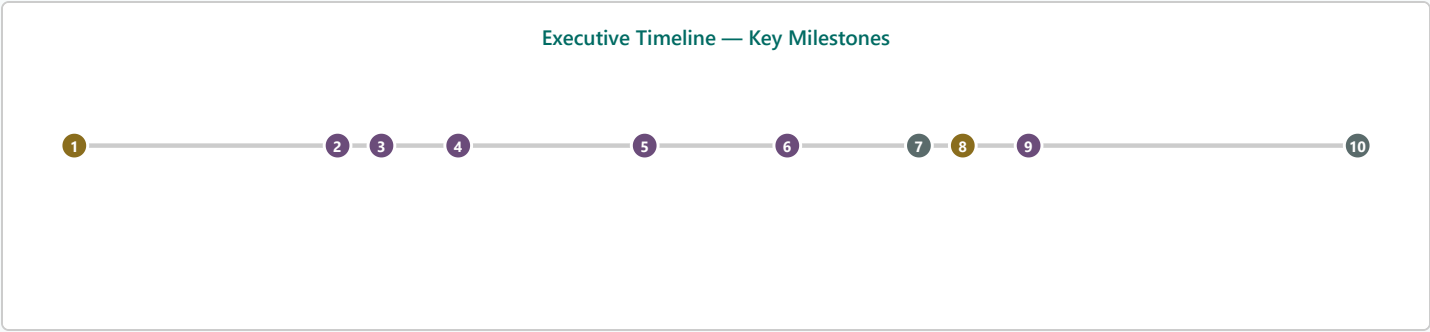
Chief complaint: Left shoulder pain after slipping on ice

Initial condition: Left shoulder pain after slipping on ice

> **QUALITY ASSURANCE: VERIFIED**
>
> RITA V1.3.1 - QA Verified

Executive Summary

Key litigation milestones (numbered key)



Timeline Key

Admission / Discharge Missed / Delay Other

1. Dec 15, 2023 — Discharge: MMI / RTW Summary Date: 04/10/2024
2. Jan 8, 2024 — Missed / absent PCP follow-up: Index fall; mild shoulder/hip; no imaging; PCP f/u not booked
3. Jan 12, 2024 — Missed / absent PCP follow-up: NO-SHOW / MISSED APPOINTMENT (care-gap)
4. Jan 19, 2024 — Missed / absent PCP follow-up: ED: MOI contradiction; vitals non-escalation; fake med/ICD; del...
5. Feb 5, 2024 — Delayed MRI: Delayed MRI (~12 days after ortho)
6. Feb 18, 2024 — Delayed MRI: MRI review; delayed neurology for hand tingling

7 Mar 1, 2024 — Abnormal vitals without escalation: Acute flare; abnormal vitals not escalated

8 Mar 5, 2024 — key event: True hospitalization admit/LOS/procedure/discharge

9 Mar 11, 2024 — Delayed neurologic evaluation / consult: Delayed neuro consult (~7 weeks after paresthesias)

10 Apr 10, 2024 — key event: MMI reached; return to work; demand/damages facts

Treatment Timeline

Date	Provider	Delay Delta	Functional / Pain	Referral	SOC Benchmark / Duty	Impact Statement	Primary Deviation	Treatment	ID
01/08/2024	A. Nguyen, PA-C				SOC: ED/UC disposition typically includes PCP follow-up within ~3–7 days for unresolved MSK/pain complaints [pattern-based (curated heuristic — not a published guideline citation); primary-care]	**Abnormal vitals without documented escalation elevates preventable-deterioration risk**	**Missed / absent PCP follow-up** **Legal Translation:** Abnormal vitals without timely escalation support a breach-of-duty / failure-to-rescue theory if causation to later harm is established	Index fall; mild shoulder/hip; no imaging; PCP f/u not booked	2024-01-08
01/12/2024							**Missed / absent PCP follow-up**	NO-SHOW / MISSED APPOINTMENT (care-gap)	2024-01-12
01/19/2024					SOC: ED/UC disposition typically includes PCP follow-up within ~3–7 days for unresolved MSK/pain complaints [pattern-based (curated heuristic — not a published guideline citation); primary-care]	**Abnormal vitals without documented escalation elevates preventable-deterioration risk**	**Missed / absent PCP follow-up** **Legal Translation:** Billed high-complexity ED E/M lacks supporting MDM on this record — upcoding / medical-necessity vulnerability for challenge or integrity leverage	ED: MOI contradiction; vitals non-escalation; fake med/ICD; delayed XR	2024-01-19
01/19/2024								Delayed XR left shoulder (delayed imaging key event)	2024-01-19
01/20/2024	R. Okonkwo, MD							CVS initial opioid + NSAID (days	2024-01-20_4034

Date	Provider	Delay Delta	Functional / Pain	Referral	SOC Benchmark / Duty	Impact Statement	Primary Deviation	Treatment	ID
								supply for early-refill math)	
01/24/2024	M. Harlan, MD				SOC (imaging): indicated MRI typically completed within ~7–14 days when red-flag or progressive deficit absent; sooner if neuro red flags [pattern-based (curated heuristic — not a published guideline citation)...			Ortho eval; MRI + PT ordered	2024-01-24
02/05/2024	L. Cho, MD	+12d			**[!] Delay observed 12d; expected ~7d. SOC: partial RTC — MRI within ~7 days of persistent/failed conservative symptoms (AAOS-oriented timing pattern) [pattern-based (curated heuristic — not a published guideline...**		● **Delayed MRI** **Legal Translation:** Care-timing delay (12d) outside expected So C window can frame causation (worsening attributable to lag) and damages amplification if sequela followed	Delayed MRI (~12 days after ortho)	2024-02-05
02/08/2024	J. Ruiz, DPT		Pain 8/10; ROM 85°					PT eval + multi-session plan (trajectory baseline)	2024-02-08
02/12/2024	J. Ruiz, DPT		Pain 5/10; ROM 105°			**Pain worsened from 5/10 to 7/10; chronology dates align**		Session improvement	2024-02-12
02/14/2024	M. Harlan, MD					**Pain worsened from 5/10 to 7/10; chronology dates align**	● **Pharmacy hopping / refill pattern** **Legal Translation:** Temporal	Walgreens early opioid refill + pharmacy hopping	2024-02-14

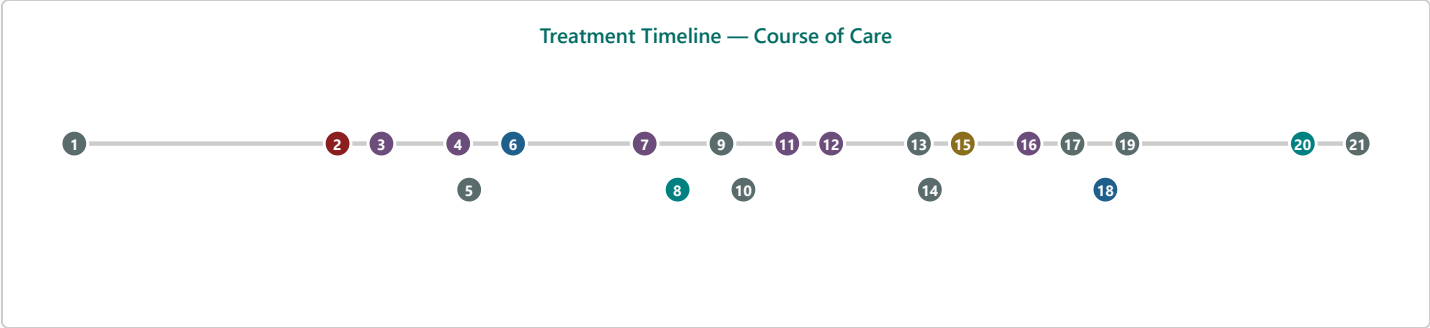
Date	Provider	Delay Delta	Functional / Pain	Referral	SOC Benchmark / Duty	Impact Statement	Primary Deviation	Treatment	ID
							clinical delta after the flagged encounter supports a causation narrative linking breach timing to measurable harm		
02/18/2024					SOC (imaging): indicated MRI typically completed within ~7–14 days when red-flag or progressive deficit absent; sooner if neuro red flags [pattern-based (curated heuristic — not a published guideline citation)...	**Pain worsened from 5/10 to 7/10; chronology dates align**	🔴 **Delayed MRI** **Legal Translation:** Care-timing delay outside expected So C window can frame causation (worsening attributable to lag) and damages amplification if sequela followed	MRI review; delayed neurology for hand tingling	2024-02-18
02/22/2024			Pain 7/10				🟠 **Missed appointment / care gap**	Missed appointment + regression language	2024-02-22
03/01/2024					**[!] SOC: abnormal vitals meeting rapid-response / escalation criteria should trigger timely escalation (ACEP/facility protocol pattern) [pattern-based (curated heuristic — not a published guideline citation); ACEP/facility]**	**Abnormal vitals without documented escalation elevates preventable-deterioration risk**	🔴 **Abnormal vitals without escalation** **Legal Translation:** Abnormal vitals without timely escalation support a breach-of-duty / failure-to-rescue theory if causation to later harm is established	Acute flare; abnormal vitals not escalated	2024-03-01_6663
03/02/2024	A. Nguyen, PA-C	+13503d					🟠 **Pharmacy hopping / refill pattern**	CVS refill; multi-pharmacy pattern continues	2024-03-02

Date	Provider	Delay Delta	Functional / Pain	Referral	SOC Benchmark / Duty	Impact Statement	Primary Deviation	Treatment	ID
03/05/2024					After Sepsis diagnosis / suspected sepsis, perform Blood cultures drawn within 60 minutes			True hospitalization admit/LOS/procedure/discharge	2024-03-05
03/11/2024	S. Bernstein, MD				SOC (CTS): electrodiagnostic testing commonly within ~2–4 weeks when conservative care fails or deficit progresses [pattern-based (curated heuristic — not a published guideline citation); CTS-pathway]		🟠 **Delayed neurologic evaluation / consult**	Delayed neuro consult (~7 weeks after paresthesias)	2024-03-11
03/15/2024					SOC (CTS): electrodiagnostic testing commonly within ~2–4 weeks when conservative care fails or deficit progresses [pattern-based (curated heuristic — not a published guideline citation); CTS-pathway]			Electrodiagnostics supporting CTS	2024-03-15
03/18/2024					SOC (imaging): indicated MRI typically completed within ~7–14 days when red-flag or progressive deficit absent; sooner if neuro red flags [pattern-based (curated heuristic — not a			Hip MRI dated after shoulder saga (chronology ordering stress)	2024-03-18

Date	Provider	Delay Delta	Functional / Pain	Referral	SOC Benchmark / Duty	Impact Statement	Primary Deviation	Treatment	ID
					published guideline citation)...				
03/20/2024	S. Bernstein, MD							Gabapentin start; return to CVS #4821	2024-03-20
04/05/2024	J. Ruiz, DPT		Pain 4/10; ROM 140°					PT plateau language for MMI/RTW	2024-04-05
04/10/2024	M. Harlan, MD		Pain 4/10					MMI reached; return to work; demand/damages facts	2024-04-10
12/15/2023	A. Nguyen, PA-C							Pre-index chronic LBP (pre-existing condition	2023-12-15

Visual Treatment Timeline

Complete chronological course of care (numbered key)



Timeline Key

Incident (MOI) · Imaging · Treatment / Procedure · Admission / Discharge · Missed / Delay · Other

1. Dec 15, 2023 — Riverside Family Medicine
2. Jan 8, 2024 — Urgent Care / Quick Care Urgent Clinic
3. Jan 12, 2024 — Urgent Care / Riverside Family Medicine
4. Jan 19, 2024 — Imaging / Metro General Hospital
5. Jan 20, 2024 — CVS initial opioid + NSAID (days supply for ear...
6. Jan 24, 2024 — Imaging / Harlan Shoulder Clinic
7. Feb 5, 2024 — Imaging / Mountain View Imaging Center
8. Feb 8, 2024 — PT / Peak Motion Physical Therapy
9. Feb 12, 2024 — Session improvement
10. Feb 14, 2024 — Walgreens early opioid refill + pharmacy hopping
11. Feb 18, 2024 — office
12. Feb 22, 2024 — Missed appointment + regression language
13. Mar 1, 2024 — Quick Care Urgent Clinic
14. Mar 2, 2024 — CVS refill
15. Mar 5, 2024 — Hospital / Metro General Hospital
16. Mar 11, 2024 — Metro Neuro Associates
17. Mar 15, 2024 — Electrodiagnostics supporting CTS
18. Mar 18, 2024 — Imaging / Mountain View Imaging Center

19 Mar 20, 2024 — Gabapentin start

20 Apr 5, 2024 — PT

21 Apr 10, 2024 — Ortho

Medication Administration Timeline

Date	Medication	Context	Dose	Route	Frequency	Missed/Delayed	Adverse Rxn	Event ID
01/08/2024	ibuprofen. Return if worsens. No imaging ordered. Home Medications (patient reported): - Lisinopril 10 mg PO daily	Home med	10 mg	PO	DAILY			2024-01-08_fe85a096
01/19/2024	Toradol 30 mg IM	Administered in facility	30 mg	IM				2024-01-19_ae1a31c8
01/19/2024	Acetaminophen 1,000 mg PO	Administered in facility	1000 mg	PO				2024-01-19_ae1a31c8
01/19/2024	Zorpedrine 5 mg IV Synthetic placeholder	Administered in facility	5 mg	IV				2024-01-19_ae1a31c8
01/19/2024	Morphine 4 mg IV	Administered in facility	4 mg	IV				2024-01-19_ae1a31c8
01/20/2024	Hydrocodone-Acetaminophen 5-325 mg		325 mg					2024-01-20_403400d7
01/20/2024	Ibuprofen 800 mg		800 mg					2024-01-20_403400d7
01/24/2024	Lisinopril 10 mg qhs	Home med	10 mg		AT_NIGHT			2024-01-24_4f543a45
01/24/2024	APAP 5-325 PRN (from ED) - Ibuprofen 800 mg TID	Home med	800 mg		TID			2024-01-24_4f543a45
01/24/2024	daily - Atorvastatin 20 mg	Home med	20 mg		DAILY			2024-01-24_4f543a45
01/24/2024	Hydrocodone-Acetaminophen 5-325 PRN (from ED) - Ibuprofen 800 mg TID		800 mg		TID			2024-01-24_4f543a45

Date	Medication	Context	Dose	Route	Frequency	Missed/Delayed	Adverse Rxn	Event ID
02/14/2024	Cyclobenzaprine 10 mg		10 mg					2024-02-14_3ad83334
02/14/2024	Hydrocodone-Acetaminophen 5-325 mg		325 mg					2024-02-14_3ad83334
02/18/2024	Gastrozex Synthetic placeholder							2024-02-18_ab811ef1
02/18/2024	Painsolve Synthetic placeholder							2024-02-18_ab811ef1
03/01/2024	Ketorolac 60 mg IM	Administered in facility	60 mg	IM				2024-03-01_66635856
03/01/2024	Toradol 60 mg		60 mg					2024-03-01_66635856
03/02/2024	Ibuprofen 800 mg		800 mg					2024-03-02_eeb399fa
03/02/2024	ondansetron 4 mg		4 mg					2024-03-02_eeb399fa
03/05/2024	Vancomycin 1 g IV	Administered in facility	1 g	IV				2024-03-05_a84ed8be
03/05/2024	Cefepime 2 g IV	Administered in facility	2 g	IV				2024-03-05_a84ed8be
12/15/2023	Lisinopril 10 mg PO daily	Home med	10 mg	PO	DAILY			2023-12-15_58bca055
12/15/2023	Atorvastatin 20 mg PO	Home med	20 mg	PO				2023-12-15_58bca055

Procedure & Intervention Summary

Date	Category	Description	Provider	Facility	Event ID
01/19/2024	procedure	shoulder		Metro General Hospital	2024-01-19_ae1a31c8
02/08/2024	procedure	shoulder		Peak Motion Physical Therapy	2024-02-08_371c582c
02/18/2024	procedure	shoulder			2024-02-18_ab811ef1
03/05/2024	procedure	shoulder		Metro General Hospital	2024-03-05_a84ed8be
03/11/2024	procedure	cervical spine		Metro Neuro Associates	2024-03-11_667cb6c7
04/10/2024	procedure	shoulder			2024-04-10_d156fa3d

Clinical Course Narrative

Presenting complaint: Left shoulder pain after slipping on ice. Course includes 22 chronology-linked treatment row(s) (13 with an attributed provider; visual timelines may collapse same-day rows). 9 key treatment flags identified in the record

Discharge Course & Follow-Up Plan

Discharge condition: MMI / RTW Summary Date: 04/10/2024

Key Treatment Events / Flags

Date	Flag	Severity	Summary	Event ID
01/08/2024	Missed / absent PCP follow-up	moderate	Index fall; mild shoulder/hip; no imaging; PCP f/u not booked	2024-01-08_fe85a096
01/12/2024	Missed / absent PCP follow-up	moderate	NO-SHOW / MISSED APPOINTMENT (care-gap)	2024-01-12_c4af5662
01/19/2024	Missed / absent PCP follow-up	mild	ED: MOI contradiction; vitals non-escalation; fake med/ICD; delayed XR	2024-01-19_ae1a31c8
02/05/2024	Delayed MRI	minimal	Delayed MRI (~12 days after ortho)	2024-02-05_2cbdae98
02/18/2024	Delayed MRI	mild	MRI review; delayed neurology for hand tingling	2024-02-18_ab811ef1
03/01/2024	Abnormal vitals without escalation	mild	Acute flare; abnormal vitals not escalated	2024-03-01_66635856
03/05/2024	key event	moderate	True hospitalization admit/LOS/procedure/discharge	2024-03-05_a84ed8be
03/11/2024	Delayed neurologic evaluation / consult	minimal	Delayed neuro consult (~7 weeks after paresthesias)	2024-03-11_667cb6c7
04/10/2024	key event	moderate	MMI reached; return to work; demand/damages facts	2024-04-10_d156fa3d

Document Index

Date	Source File	Encounter	Provider	Facility	Event ID
01/08/2024	RITA_Synthetic_Full Case_[Name].json	Urgent Care Visit	A. Nguyen, PA-C	Quick Care Urgent Clinic	2024-01-08_fe85a096
01/12/2024	RITA_Synthetic_Full Case_[Name].json	Primary Care Office		Riverside Family Medicine	2024-01-12_c4af5662
01/19/2024	RITA_Synthetic_Full Case_[Name].json	EMERGENCY Department Visit		Metro General Hospital	2024-01-19_ae1a31c8
01/19/2024	RITA_Synthetic_Full Case_[Name].json	Radiology / Imaging Report		Metro General Imaging	2024-01-19_b1bc6979
01/20/2024	RITA_Synthetic_Full Case_[Name].json	Pharmacy Fill Record	R. Okonkwo, MD		2024-01-20_403400d7

Date	Source File	Encounter	Provider	Facility	Event ID
01/24/2024	RITA_Synthetic_Full Case_[Name].json	Orthopedic Clinic	M. Harlan, MD	Harlan Shoulder Clinic	2024-01-24_4f543a45
02/05/2024	RITA_Synthetic_Full Case_[Name].json	MRI Imaging	L. Cho, MD	Mountain View Imaging Center	2024-02-05_2cbdae98
02/08/2024	RITA_Synthetic_Full Case_[Name].json	Physical Therapy Evaluation	J. Ruiz, DPT	Peak Motion Physical Therapy	2024-02-08_371c582c
02/12/2024	RITA_Synthetic_Full Case_[Name].json	Physical Therapy Progress	J. Ruiz, DPT		2024-02-12_bb95c8cc
02/14/2024	RITA_Synthetic_Full Case_[Name].json	Pharmacy Fill Record	M. Harlan, MD		2024-02-14_3ad83334
02/18/2024	RITA_Synthetic_Full Case_[Name].json	Orthopedic Follow-up			2024-02-18_ab811ef1
02/22/2024	RITA_Synthetic_Full Case_[Name].json	Physical Therapy Progress			2024-02-22_8726caa7
03/01/2024	RITA_Synthetic_Full Case_[Name].json	Urgent Care Visit		Quick Care Urgent Clinic	2024-03-01_66635856
03/02/2024	RITA_Synthetic_Full Case_[Name].json	Pharmacy Fill Record	A. Nguyen, PA-C		2024-03-02_eeb399fa
03/05/2024	RITA_Synthetic_Full Case_[Name].json	Hospital Admission — Inpatient		Metro General Hospital	2024-03-05_a84ed8be
03/11/2024	RITA_Synthetic_Full Case_[Name].json	Neurology Consult	S. Bernstein, MD	Metro Neuro Associates	2024-03-11_667cb6c7
03/15/2024	RITA_Synthetic_Full Case_[Name].json	EMG / Nerve Study			2024-03-15_9c1fa928
03/18/2024	RITA_Synthetic_Full Case_[Name].json	MRI Hip (Out-of-Order Date Stress)		Mountain View Imaging Center	2024-03-18_f1d29417
03/20/2024	RITA_Synthetic_Full Case_[Name].json	Pharmacy Fill Record	S. Bernstein, MD		2024-03-20_c8154c83
04/05/2024	RITA_Synthetic_Full Case_[Name].json	Physical Therapy Progress — Plateau / MMI path	J. Ruiz, DPT		2024-04-05_593f7466
04/10/2024	RITA_Synthetic_Full Case_[Name].json	Orthopedic MMI / RTW Summary	M. Harlan, MD		2024-04-10_d156fa3d
12/15/2023	RITA_Synthetic_Full Case_[Name].json	Primary Care — Pre-Existing	A. Nguyen, PA-C	Riverside Family Medicine	2023-12-15_58bca055

Risk Score

High Score: 52.5/100

What 0–100 means: Low (0–24) = limited case concern on this record; Moderate (25–49) = some concerning patterns worth review; High (50–74) = elevated case concern for attorney/clinical review; Critical (75–100) = multiple severe drivers stacked. This score is a litigation-review aid from documented chronology signals — not a medical diagnosis or prognosis. This case scored 52.5/100 (High). High 52.5/100 means elevated case concern for attorney/clinical review of the chronology — not a medical diagnosis. How this score was built: Peak event severity 4.5/10 → +31.5; High-severity emergency/urgent encounters ×2 → +6.0; Missed/delayed-care signals ×11 → +15.0

Score 52.5/100. Computed by the shared deterministic scorer. Key drivers: Peak event severity 4.5/10 → +31.5; High-severity emergency/urgent encounters ×2 → +6.0; Missed/delayed-care signals ×11 → +15.0

Clinical Course Intelligence

Treatment Course Intelligence v1.2.0: 19 section(s) populated

Trajectory Analysis

Pain scores extractable on 5 encounter(s): 8.0/10 (02/08/2024) → 4.0/10 (04/10/2024). ROM figures extractable on 3 encounter(s): 85.0° → 140.0°

Pain trajectory

Date	Score	Event ID
02/08/2024	8/10	2024-02-08_371c 582c
02/12/2024	5/10	2024-02-12_bb 95c8 cc
02/22/2024	7/10	2024-02-22_8726 caa7
04/05/2024	4/10	2024-04-05_593f 7466
04/10/2024	4/10	2024-04-10_d 156 fa3d

ROM trajectory

Date	Degrees	Event ID
02/08/2024	85°	2024-02-08_371c 582c
02/12/2024	105°	2024-02-12_bb 95c8 cc
04/05/2024	140°	2024-04-05_593f 7466

Decision-Point Mapping

10 decision-point signal(s) located in extracts

Date	Provider	Decision	Facility	Evidence	Event ID
01/08/2024	A. Nguyen, PA-C	Vitals non-escalation	Quick Care Urgent Clinic	ENCOUNTER 02 — Urgent Care Visit Date: 01/08/2024 | Purpose: Index fall; mild shoulder/hip; no imaging; PCP f/u not booked BATES-000002 FACILITY: Quick Care Urgent Clinic…	2024-01-08_fe 85a 096
01/19/2024		ED sling / PT	Metro General Hospital	ENCOUNTER 04 — EMERGENCY Department Visit Date: 01/19/2024 | Purpose: ED: MOI contradiction; vitals non-escalation; fake med/ICD; delayed XR BATES-000004 FACILITY: Metro General Hospital — EMERGENCY DEPT Arrival…	2024-01-19_ae1a 31c8
01/19/2024		Vitals non-escalation	Metro General Hospital	ENCOUNTER 04 — EMERGENCY Department Visit Date: 01/19/2024 | Purpose: ED: MOI contradiction; vitals non-escalation; fake med/ICD; delayed XR BATES-000004 FACILITY: Metro General Hospital — EMERGENCY DEPT Arrival…	2024-01-19_ae1a 31c8
01/24/2024	M. Harlan, MD	ED sling / PT	Harlan Shoulder Clinic	ENCOUNTER 07 — Orthopedic Clinic Date: 01/24/2024 | Purpose: Ortho eval; MRI + PT ordered BATES-000007 FACILITY: Harlan Shoulder Clinic — Orthopedics Visit Date: 01/24/2024 Patient: [Name]	2024-01-24_4f 543a 45
01/24/2024	M. Harlan, MD	MRI ordered	Harlan Shoulder Clinic	ENCOUNTER 07 — Orthopedic Clinic Date: 01/24/2024 | Purpose: Ortho eval; MRI + PT ordered BATES-000007 FACILITY: Harlan Shoulder Clinic — Orthopedics Visit Date: 01/24/2024 Patient: [Name]	2024-01-24_4f 543a 45
02/18/2024		Delayed neurologic evaluation	—	ENCOUNTER 12 — Orthopedic Follow-up Date: 02/18/2024 | Purpose: MRI review; delayed neurology for hand tingling BATES-000012 Harlan Shoulder Clinic — FOLLOW-UP Visit Date: 02/18/2024 Patient: [Name]	2024-02-18_ab 811 ef1
02/18/2024		Injection vs surgery decision	—	ENCOUNTER 12 — Orthopedic Follow-up Date: 02/18/2024 | Purpose: MRI review; delayed neurology for hand tingling BATES-000012 Harlan Shoulder Clinic — FOLLOW-UP Visit Date: 02/18/2024 Patient: [Name]	2024-02-18_ab 811 ef1
03/01/2024		Vitals non-escalation	Quick Care Urgent Clinic	ENCOUNTER 14 — Urgent Care Visit Date: 03/01/2024 | Purpose: Acute flare; abnormal vitals not escalated BATES-000014 FACILITY: Quick Care Urgent Clinic Visit Date: 03/01/2024 Patient: [Name]	2024-03-01_66635856
03/11/2024	S. Bernstein, MD	Delayed neurologic evaluation	Metro Neuro Associates	ENCOUNTER 18 — Neurology Consult Date: 03/11/2024 | Purpose: Delayed neuro consult (~7 weeks after paresthesias) BATES-000018 FACILITY: Metro Neuro Associates Consult Date: 03/11/2024 Patient: [Name]	2024-03-11_667 cb6c7
03/18/2024		MRI ordered	Mountain View	ENCOUNTER 20 — MRI Hip (Out-of-Order Date Stress) Date: 03/18/2024 | Purpose: Hip MRI dated after shoulder saga (chronology	2024-03-18_f1d 29417

Date	Provider	Decision	Facility	Evidence	Event ID
			Imaging Center	ordering stress) BATES-000020 FACILITY: Mountain View Imaging Center Patient: [Name]	

Data-limited — populated only from extractable chronology signals.

Expected vs Actual Care Pathway

4 major diagnosis pathway(s) matched from extracts (RTC/CTS/cervical/etc. enrichment: expected vs actual interventions)

Diagnosis	Expected (days)	Actual span	Variance score	Present	Missing	Divergence	Alt causes
Rotator cuff tear / shoulder RTC pathway	14–90	117	16.7	MRI, PT	ortho referral, injection	Missing expected interventions: ortho referral, injection	Pre-Existing; pre-existing; unrelated to
Carpal tunnel syndrome pathway	21–120	117	56	EMG/NCS, PT, surgery	injection	Missing expected interventions: injection	Pre-Existing; pre-existing; unrelated to
Lumbar / radiculopathy pathway	14–90	117	16.7	MRI, PT, neuro consult		Core expected interventions appear present in extracts	Pre-Existing; pre-existing; unrelated to
Cervical spine pathway	14–90	117	16.7	MRI, PT, neuro consult		Core expected interventions appear present in extracts	Pre-Existing; pre-existing; unrelated to

Data-limited — populated only from extractable chronology signals.

Provider Performance Comparison

Provider performance comparison is a care-quality matrix (timeliness, documentation, escalation, medication stewardship, referral, So C alignment) — not a liability or negligence determination

Quality + accountability matrix for 6 provider(s) — includes deviation flags, missed opportunities, So C alignment, causation contribution (quality framing, not liability)

Provider	Encounters	Timeliness	Docs	Escalation	Med steward	Referral	SoC align	Causation	Deviations
A. Nguyen, PA-C	3	76	100	0	70	0	48	elevated	3
J. Ruiz, DPT	3	100	100	0	40	0	100	not supported	0
M. Harlan, MD	3	92	100	0	60	0	80	possible	1
S. Bernstein, MD	2	69	100	0	40	0	68	elevated	2

Provider	Encounters	Timeliness	Docs	Escalation	Med steward	Referral	SoC align	Causation	Deviations
L. Cho, MD	1	77	100	0	40	0	80	possible	1
R. Okonkwo, MD	1	100	100	0	50	0	100	not supported	0

Data-limited — populated only from extractable chronology signals.

Provider Accountability Summary

Provider performance comparison is a care-quality matrix (timeliness, documentation, escalation, medication stewardship, referral, So C alignment) — not a liability or negligence determination

6 provider row(s) with encounter counts, deviation flags, and primary risk

Provider	Encounters	Deviation flags	Primary risk	SoC align	Causation
A. Nguyen, PA-C	3	Missed / absent PCP follow-up; Abnormal vitals without escalation; Pharmacy hopping / refill pattern	Facility/provider: Riverside Family Medicine — deviations×3, missed×2, So C alignment	48	elevated
J. Ruiz, DPT	3	Not found in the extracted chronology	Facility/provider: Peak Motion Physical Therapy — no elevated risk signals	100	not supported
M. Harlan, MD	3	Pharmacy hopping / refill pattern	Facility/provider: Harlan Shoulder Clinic — deviations×1, missed×1	80	possible
S. Bernstein, MD	2	Delayed neurologic evaluation / consult; Indicated specialty referral missed / delayed	Facility/provider: Metro Neuro Associates — deviations×2, missed×1, timeliness, So C alignment	68	elevated
L. Cho, MD	1	Delayed MRI	Facility/provider: Mountain View Imaging Center — deviations×1, missed×1	80	possible
R. Okonkwo, MD	1	Not found in the extracted chronology	Facility/provider: Not found in the extracted chronology — no elevated risk signals	100	not supported

Data-limited — populated only from extractable chronology signals.

Treatment Efficacy Scoring

Efficacy heuristics for 3 modality(ies) using each modality's own treatment window (not case-wide pain/ROM alone)

Modality	Efficacy	Rationale
PT	88	8 modality-linked encounter(s); window pain Δ -4.0; window ROM Δ +55°; PT session mentions ×6; PT attendance/compliance concern
NSAIDs	63	4 modality-linked encounter(s); window pain Δ -1.0; window ROM Δ +20°; refill continuity ×3

Modality	Efficacy	Rationale
gabapentin	46	1 modality-linked encounter(s); window pain/ROM sparse — modality signals only

Missed Opportunities Analysis

9 care-improvement opportunity signal(s). Framed for quality improvement — not breach or liability

Date	Opportunity	Category	Framing	Event ID
01/08/2024	Missed / absent PCP follow-up	missed / absent pcp follow-up	care improvement opportunity (not breach/liability)	2024-01-08_fe 85a 096
02/05/2024	Delayed MRI	delayed mri	care improvement opportunity (not breach/liability)	2024-02-05_2 cbdae 98
03/11/2024	Delayed neurologic evaluation / consult	delayed neurologic evaluation / consult	care improvement opportunity (not breach/liability)	2024-03-11_667 cb6c7
01/08/2024	Abnormal vitals without escalation	vitals non escalation	care improvement opportunity (not breach/liability)	2024-01-08_fe 85a 096
01/24/2024	Indicated workup may lack documented completion	incomplete workup	care improvement opportunity (not breach/liability)	2024-01-24_4f 543a 45
02/18/2024	Indicated specialty referral missed / delayed	missed referral	care improvement opportunity (not breach/liability)	2024-02-18_ab 811 ef1
	RTC pathway: MRI mentioned/ordered but completion not clearly documented in chronology	delayed mri cross case	care improvement opportunity (not breach/liability)	
	PCP follow-up referenced or expected but completed PCP visit not clearly documented	missed pcp cross case	care improvement opportunity (not breach/liability)	
	Neurologic symptoms present without documented neurology consult in extracted chronology	delayed neuro cross case	care improvement opportunity (not breach/liability)	

Treatment Cohesion Score

Single composite quality metric from transparent extract heuristics — not a legal or clinical verdict

Case-wide cohesion 48.4/100 (moderate)

Score: 48.4 (moderate)

- trajectory improving: 15
- pathway variance: -4.7

- modality efficacy: 3.1
- missed opportunities: -25
- documentation density: 5

Outcome Projection

Pattern-based projection from extracted chronology only — not medical advice, not a prognosis, and not a substitute for clinician or expert opinion

Pattern-based: recovery=possible; surgery likelihood=moderate; chronic pain=not clearly supported; impairment=signals present

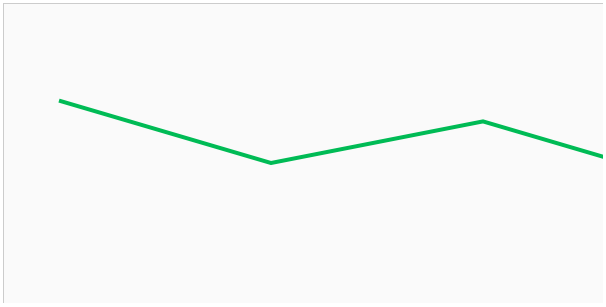
- **recovery_pattern:** possible
- **surgery_likelihood:** moderate
- **chronic_pain_risk:** not clearly supported
- **impairment_signals:** signals present

Data-limited — populated only from extractable chronology signals.

Visual Clinical Course Graphs

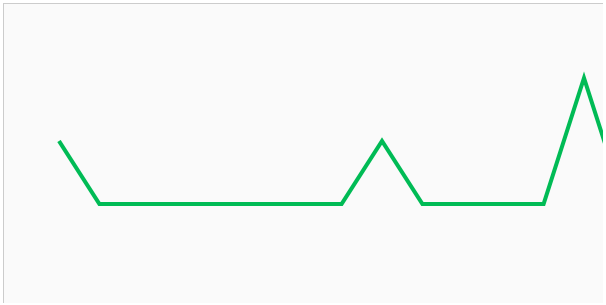
SVG charts generated where series length ≥ 2; med coverage listed when present

Pain score over time

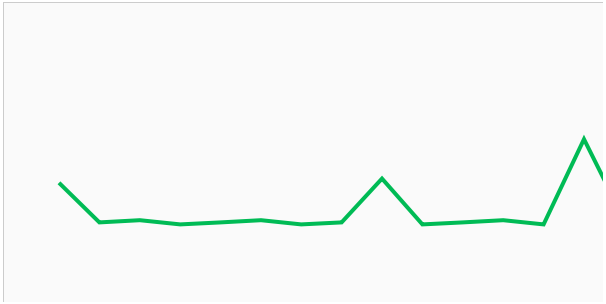


ROM over time

Encounter severity (heuristic)



Risk-over-time (heuristic)



Medication coverage

Date	Medication	Event ID
01/08/2024	ibuprofen. Return if worsens. No imaging ordered. Home Medications (patient reported): - Lisinopril 10 mg PO daily	2024-01-08
01/19/2024	Toradol 30 mg IM	2024-01-19
01/19/2024	Acetaminophen 1,000 mg PO	2024-01-19
01/19/2024	Zorpedrine 5 mg IV	2024-01-19
01/19/2024	Morphine 4 mg IV	2024-01-19
01/20/2024	Hydrocodone-Acetaminophen 5-325 mg	2024-01-20_403400d7
01/20/2024	Ibuprofen 800 mg	2024-01-20_403400d7
01/24/2024	Lisinopril 10 mg qhs	2024-01-24
01/24/2024	APAP 5-325 PRN (from ED) - Ibuprofen 800 mg TID	2024-01-24
01/24/2024	daily - Atorvastatin 20 mg	2024-01-24
01/24/2024	Hydrocodone-Acetaminophen 5-325 PRN (from ED) - Ibuprofen 800 mg TID	2024-01-24
02/14/2024	Cyclobenzaprine 10 mg	2024-02-14
02/14/2024	Hydrocodone-Acetaminophen 5-325 mg	2024-02-14
02/18/2024	Gastrozex	2024-02-18
02/18/2024	Painsolve	2024-02-18
03/01/2024	Ketorolac 60 mg IM	2024-03-01_66635856
03/01/2024	Toradol 60 mg	2024-03-01_66635856

Date	Medication	Event ID
03/02/2024	Ibuprofen 800 mg	2024-03-02
03/02/2024	ondansetron 4 mg	2024-03-02
03/05/2024	Vancomycin 1 g IV	2024-03-05
03/05/2024	Cefepime 2 g IV	2024-03-05
12/15/2023	Lisinopril 10 mg PO daily	2023-12-15
12/15/2023	Atorvastatin 20 mg PO	2023-12-15

Treatment Adequacy vs Standard of Care

Treatment adequacy vs standard-of-care language is a transparent heuristic from available extracts and curated protocol notes — not a formal So C determination or liability conclusion

Verdict: below soc (below pattern-based So C timing/escalation expectations on key signals). Cohesion 48.4/100; missed-opportunity signals ×9; trajectory=improving. Verdict mapped as 'below soc' — below pattern-based So C timing/escalation expectations on key signals

Verdict: below soc — below pattern-based So C timing/escalation expectations on key signals

Deviation → SoC mapping

Gap / Deviation	SoC language	Source
Missed / absent PCP follow-up	SOC: ED/UC disposition typically includes PCP follow-up within ~3–7 days for unresolved MSK/pain complaints [pattern-based (curated heuristic — not a published guideline citation); primary-care]	curated heuristic
Delayed MRI	After Sepsis diagnosis / suspected sepsis, perform Blood cultures drawn within 60 minutes	deviation rule index
Delayed neurologic evaluation / consult	SOC (neuro): progressive neurologic deficit / red-flag symptoms warrant prompt neuro evaluation (often ≤24–48h) — ACEP/neuro timing pattern [pattern-based (curated heuristic — not a published guideline citation); ACEP/neuro-oriented]	curated heuristic
Abnormal vitals without escalation	After Sepsis diagnosis / suspected sepsis, perform Blood cultures drawn within 60 minutes	deviation rule index
Indicated workup may lack documented completion	After Sepsis diagnosis / suspected sepsis, perform Blood cultures drawn within 60 minutes	deviation rule index
Indicated specialty referral missed / delayed	After Sepsis diagnosis / suspected sepsis, perform Blood cultures drawn within 60 minutes	deviation rule index
RTC pathway: MRI mentioned/ordered but completion not clearly documented in chronology	SOC: partial RTC — MRI within ~7 days of persistent/failed conservative symptoms (AAOS-oriented timing pattern) [pattern-based (curated heuristic — not a published guideline citation); AAOS-oriented]	curated heuristic

Gap / Deviation	SoC language	Source
PCP follow-up referenced or expected but completed PCP visit not clearly documented	After Sepsis diagnosis / suspected sepsis, perform Blood cultures drawn within 60 minutes	deviation rule index
Neurologic symptoms present without documented neurology consult in extracted chronology	SOC (neuro): progressive neurologic deficit / red-flag symptoms warrant prompt neuro evaluation (often ≤24–48h) — ACEP/neuro timing pattern [pattern-based (curated heuristic — not a published guideline citation); ACEP/neuro-oriented]	curated heuristic

Protocol / timing references: RITA_Reference_So C_Manual_Sepsis_STEMI p.1: incomplete Hour-1 bundle (late lactate, cultures after abx, under-documented fluids); Ref_Manual_A_Page_42; Ref_Manual_A_Page_44; Ref_Manual_A_Page_43; Ref_Manual_A_Page_46; STEMI_Manual_Page_12; STEMI_Manual_Page_18

Discovery Request Priority

9 prioritized record request(s): P1 liability-critical / P2 damages / P3 completeness

Priority	Record	Why / Strategy	Strategy
P1	Complete MRI order, scheduling, and radiology report/disc	Imaging delay/gap supports liability-critical breach→harm timeline	liability-critical
P1	Documentation referenced as missing	Chronology documentation-gap language	liability-critical
P1	ED/UC physician note(s) and disposition instructions	Index encounters present; dedicated note may be incomplete	liability-critical
P1	Full vital-sign flowsheets and rapid-response / escalation logs	Non-escalation of abnormal vitals is liability-critical	liability-critical
P1	Neurology / neurosurgery consult notes and timing	Delayed neuro evaluation is liability-critical when deficits documented	liability-critical
P1	PCP follow-up notes and scheduling/attempt records	Missed PCP continuity supports breach and damages duration theories	liability-critical
P2	PT evaluation and progress notes (full series)	Functional trajectory / damages (ADL, work, lifting) often live in therapy charts	damages
P3	Discharge summary(ies)	Continuity and follow-up instructions often missing from extracts	completeness
P3	Itemized billing / superbills with ICD–CPT linkage	Supports financial exposure and damages quantum crosswalk	damages-quantum

Data-limited — populated only from extractable chronology signals.

Causation Analysis (Clinical→Legal)

Clinical→legal causation chains are grounded only when chronology dates and extracts support each link; unsupported links abstain

16 chain(s); 14 grounded with extractable consequence links; others abstain on unsupported damages impact

Deviation	Mechanism	Medical consequence	Damages impact	Date
Missed / absent PCP follow-up	Care delay/deviation (timing gap) relative to expected pathway	Abnormal vitals without documented escalation elevates preventable-deterioration risk	Not found in the extracted chronology	01/08/2024
Delayed MRI	Care delay/deviation (+12d) relative to expected pathway	Trajectory improving	Not found in the extracted chronology	02/05/2024
Session improvement	Care delay/deviation (timing gap) relative to expected pathway	Pain worsened 5→7; dates align	Extended / increased pain duration supporting non-economic damages	02/12/2024
Pharmacy hopping / refill pattern	Care delay/deviation (timing gap) relative to expected pathway	Pain worsened 5→7; dates align	Extended / increased pain duration supporting non-economic damages	02/14/2024
Delayed MRI	Care delay/deviation (timing gap) relative to expected pathway	Pain worsened 5→7; dates align	Extended / increased pain duration supporting non-economic damages	02/18/2024
Abnormal vitals without escalation	Care delay/deviation (timing gap) relative to expected pathway	Abnormal vitals without documented escalation elevates preventable-deterioration risk	Not found in the extracted chronology	03/01/2024
Pharmacy hopping / refill pattern	Care delay/deviation (+13503d) relative to expected pathway	Trajectory improving	Not found in the extracted chronology	03/02/2024
Missed / absent PCP follow-up	Missed primary-care continuity → prolonged unmanaged symptoms	Observed trajectory: improving	Pain prolongation / functional limits / possible escalated intervention need	01/08/2024
Delayed MRI	Delayed diagnostic imaging → prolonged diagnostic uncertainty	Observed trajectory: improving	Pain prolongation / functional limits / possible escalated intervention need	02/05/2024
Delayed neurologic evaluation / consult	Delayed neurologic evaluation → untreated progressive deficit risk	Observed trajectory: improving	Pain prolongation / functional limits / possible escalated intervention need	03/11/2024
Abnormal vitals without escalation	Failure to escalate abnormal vitals → preventable deterioration risk	Observed trajectory: improving	Pain prolongation / functional limits / possible escalated intervention need	01/08/2024
Indicated workup may lack documented completion	Missed or delayed indicated intervention	Observed trajectory: improving	Pain prolongation / functional limits /	01/24/2024

Deviation	Mechanism	Medical consequence	Damages impact	Date
			possible escalated intervention need	
Indicated specialty referral missed / delayed	Missed or delayed indicated intervention	Observed trajectory: improving	Pain prolongation / functional limits / possible escalated intervention need	02/18/2024
RTC pathway: MRI mentioned/ordered but completion not clearly documented in chronology	Delayed diagnostic imaging → prolonged diagnostic uncertainty	Observed trajectory: improving	Pain prolongation / functional limits / possible escalated intervention need	
PCP follow-up referenced or expected but completed PCP visit not clearly documented	Missed primary-care continuity → prolonged unmanaged symptoms	Observed trajectory: improving	Pain prolongation / functional limits / possible escalated intervention need	
Neurologic symptoms present without documented neurology consult in extracted chronology	Delayed neurologic evaluation → untreated progressive deficit risk	Observed trajectory: improving	Pain prolongation / functional limits / possible escalated intervention need	

Data-limited — populated only from extractable chronology signals.

Functional Outcome Trajectory

5 functional domain(s) extractable; pain 8.0/10 (02/08/2024) → 4.0/10 (04/10/2024); ROM 85.0° (02/08/2024) → 140.0° (04/05/2024)

Domain	Mentions	First	Last	Latest excerpt
PT milestones	3	02/12/2024	04/05/2024	ENCOUNTER 23 — Physical Therapy Progress — Plateau / MMI path Date: 04/05/2024
Work / duty status	1	04/10/2024	04/10/2024	return to work
Sleep / night pain	2	01/19/2024	04/10/2024	sleep interrupted by night pain (improved from unrelenting)
Lifting / overhead	4	01/24/2024	04/10/2024	Cleared for return to work with permanent restriction: no lifting >25 lb overhead
Injection response	2	03/05/2024	04/10/2024	Harlan, MD Impression: Partial-thickness left RTC tear status post injection and PT

Domain mention timeline

Date	Domain	Provider	Excerpt	Event ID
02/12/2024	PT milestones	J. Ruiz, DPT	ENCOUNTER 10 — Physical Therapy Progress Date: 02/12/2024	2024-02-12_bb 95c8 cc
02/22/2024	PT milestones	Provider Unassigned	ENCOUNTER 13 — Physical Therapy Progress Date:	2024-02-22_8726 caa7

Date	Domain	Provider	Excerpt	Event ID
			02/22/2024	
04/05/2024	PT milestones	J. Ruiz, DPT	ENCOUNTER 23 — Physical Therapy Progress — Plateau / MMI path Date: 04/05/2024	2024-04-05_593f 7466
04/10/2024	Work / duty status	M. Harlan, MD	return to work	2024-04-10_d 156 fa3d
01/19/2024	Sleep / night pain	Provider Unassigned	night pain • Mild headache Vitals: BP 162/98, HR 122, Temp 99.1 F, Sp O2 97% ALERT: Tachycardia + hypertensive	2024-01-19_ae1a 31c8
04/10/2024	Sleep / night pain	M. Harlan, MD	sleep interrupted by night pain (improved from unrelenting)	2024-04-10_d 156 fa3d
01/24/2024	Lifting / overhead	M. Harlan, MD	Restrictions: no heavy lifting	2024-01-24_4f 543a 45
02/08/2024	Lifting / overhead	J. Ruiz, DPT	Objective: Flexion AROM 95 Abduction 85 ER 25 (painful) MMT 3+/5 abd +Neer +Hawkins Difficulty lifting arm overhead	2024-02-08_371c 582c
03/01/2024	Lifting / overhead	Provider Unassigned	Date: 03/01/2024 Patient: [Name]	2024-03-01_66635856
04/10/2024	Lifting / overhead	M. Harlan, MD	Cleared for return to work with permanent restriction: no lifting >25 lb overhead	2024-04-10_d 156 fa3d
03/05/2024	Injection response	Provider Unassigned	post-injection concern	2024-03-05_a 84 ed8 be
04/10/2024	Injection response	M. Harlan, MD	Harlan, MD Impression: Partial-thickness left RTC tear status post injection and PT	2024-04-10_d 156 fa3d

Pain/ROM series shown under Trajectory Analysis (charts under Visual Clinical Course Graphs).

Integrated Timeline Narrative

Course spans 12/15/2023 → 04/10/2024 across 22 dated encounter(s). Overall clinical trajectory from extracts: improving. Pain arc 8.0/10 (02/08/2024) → 4.0/10 (04/10/2024). Inflection points / delay→outcome links: 01/08/2024: Abnormal vitals without documented escalation elevates preventable-deterioration risk | 01/19/2024: Abnormal vitals without documented escalation elevates preventable-deterioration risk | 02/05/2024: delay +12d (Delay observed 12d; expected ~7d. SOC: partial RTC — MRI…

Inflection points

- 01/08/2024: Abnormal vitals without documented escalation elevates preventable-deterioration risk
- 01/19/2024: Abnormal vitals without documented escalation elevates preventable-deterioration risk
- 02/05/2024: delay +12d (Delay observed 12d; expected ~7d. SOC: partial RTC — MRI within ~7 days of persistent/failed conserv)
- 02/12/2024: Pain worsened 5→7; dates align
- 02/14/2024: Pain worsened 5→7; dates align
- 02/18/2024: Pain worsened 5→7; dates align
- 03/01/2024: Abnormal vitals without documented escalation elevates preventable-deterioration risk

- 03/02/2024: delay +13503d (So C timing)
- 01/08/2024: Missed / absent PCP follow-up
- 02/05/2024: Delayed MRI
- 03/11/2024: Delayed neurologic evaluation / consult
- 01/08/2024: Abnormal vitals without escalation

Damages Integration

7 delay/course → damages theme link(s) from extracts

Damages theme	Connection	Support
surgery risk	Surgery mentioned / recommended — elevated future medical + impairment exposure	surgery language
functional work	work limitation language extractable: return to work	functional outcome trajectory
functional sleep	sleep limitation language extractable: sleep interrupted by night pain (improved from unrelenting)	functional outcome trajectory
functional lifting	lifting limitation language extractable: Cleared for return to work with permanent restriction: no lifting >25 lb overhead	functional outcome trajectory
cts functional limits	CTS pathway present — hand function / work capacity damages theories	diagnosis keyword
shoulder functional limits	Shoulder/RTC pathway — overhead/lifting/ADL damages theories	diagnosis keyword
delay linked damages	Care gap may extend pain/functional impairment: Missed / absent PCP follow-up	missed opportunity

Data-limited — populated only from extractable chronology signals.

Litigation-Ready Summary

Litigation-ready summary is an extract-grounded briefing aid for counsel review — not legal advice, not a liability verdict, and not a substitute for expert opinion

Course of care extracts tend to support further liability investigation (missed signals + grounded chains + adequacy 'below soc'). Litigation-ready summary is an extract-grounded briefing aid for counsel review — not legal advice, not a liability verdict, and not a substitute for expert opinion

Plaintiff strengths

- Care-improvement / missed-opportunity signals ×9 in chronology
- Adequacy verdict 'below soc' vs pattern-based So C expectations
- Grounded clinical→legal causation chain(s) ×14
- Damages-integration themes ×7

Defense strengths

- Alternative / pre-existing / degenerative cause language present in extracts
- Compliance / AMA / missed-appointment language present
- Trajectory improving — may undermine prolonged-damages narrative

Neutral facts

- 22 chronology event(s) analyzed
- Pathway RTC: actual span 117d vs expected 14–90d
- Pathway CTS: actual span 117d vs expected 21–120d
- Pathway Lumbar: actual span 117d vs expected 14–90d
- Pathway Cervical: actual span 117d vs expected 14–90d
- Pain scores 8.0→4.0 across dated extracts

Missing records

- P1: Complete MRI order, scheduling, and radiology report/disc
- P1: Documentation referenced as missing
- P1: ED/UC physician note(s) and disposition instructions
- P1: Full vital-sign flowsheets and rapid-response / escalation logs
- P1: Neurology / neurosurgery consult notes and timing
- P1: PCP follow-up notes and scheduling/attempt records
- P2: PT evaluation and progress notes (full series)
- P3: Discharge summary(ies)

Next steps

- Prioritize P1 discovery requests before expert retention
- Have counsel/expert review — this summary is not a liability determination

Course of care extracts tend to support further liability investigation (missed signals + grounded chains + adequacy 'below soc'). Litigation-ready summary is an extract-grounded briefing aid for counsel review — not legal advice, not a liability verdict, and not a substitute for expert opinion

Data-limited — populated only from extractable chronology signals.

Proactive Rebuttal / Anticipated Defense Arguments

5 anticipated defense argument signal(s) from extracts

Date	Anticipated argument	Record anchor	Event ID
12/15/2023	Anticipated defense: pre-existing condition	ENCOUNTER 01 — Primary Care — Pre-Existing Date: 12/15/2023 | Purpose: Pre-index chronic LBP (pre-existing condition module) BATES-000001 FACILITY: Riverside…	2023-12-15_58 bca 055
12/15/2023	Anticipated defense: alternative cause	ENCOUNTER 01 — Primary Care — Pre-Existing Date: 12/15/2023 | Purpose: Pre-index chronic LBP (pre-existing condition module) BATES-000001 FACILITY: Riverside…	2023-12-15_58 bca 055

Date	Anticipated argument	Record anchor	Event ID
01/12/2024	Anticipated defense: patient noncompliance	ENCOUNTER 03 — Primary Care Office Date: 01/12/2024 | Purpose: NO-SHOW / MISSED APPOINTMENT (care-gap) BATES-000003 FACILITY: Riverside Family Medicine Patient: [Name]	2024-01-12_c4 af 5662
02/22/2024	Anticipated defense: patient noncompliance	ENCOUNTER 13 — Physical Therapy Progress Date: 02/22/2024 | Purpose: Missed appointment + regression language BATES-000013 PT NOTE — Peak Motion Date: 02/22/2024 Pt: [Name] — L shldr Scheduled session: MISSED…	2024-02-22_8726 caa7
02/22/2024	Anticipated defense: documentation incomplete ≠ breach	ENCOUNTER 13 — Physical Therapy Progress Date: 02/22/2024 | Purpose: Missed appointment + regression language BATES-000013 PT NOTE — Peak Motion Date: 02/22/2024 Pt: [Name] — L shldr Scheduled session: MISSED…	2024-02-22_8726 caa7

Data-limited — populated only from extractable chronology signals.

Total Financial Exposure

Provisional billed ledger $27,960.00 across 33 unique audited line(s) (Billing Analysis extract — not Damage Summary validated settlement); unsupported charge mass $1,705.00. Caveat: line-item attribution is incomplete (facility 25/33 missing; provider 16/33 missing; present: provider on 17/33, facility on 8/33) — totals are charge-ledger amounts, not fully encounter-matched clinical attribution. Prefer Damage Summary validated settlement inventory for demand-letter medical specials when that…

Date	Facility	Provider	CPT	Amount
2024-02-08	Peak Motion Physical Therapy	J. Ruiz, DPT	97162	165
2024-02-08	Not found in the extracted chronology	J. Ruiz, DPT	97110	85
2024-02-08	Not found in the extracted chronology	Provider Unassigned	97140	75
2024-02-12	Not found in the extracted chronology	J. Ruiz, DPT	97110	170
2024-02-22	Not found in the extracted chronology	Provider Unassigned	97110	245
2024-03-01	Quick Care Urgent Clinic	Provider Unassigned	99214	240
2024-03-05	Not found in the extracted chronology	Provider Unassigned	70450	980
2024-03-05	Not found in the extracted chronology	Provider Unassigned	99223	485
	Not found in the extracted chronology	Provider Unassigned	99233	310
	Not found in the extracted chronology	Provider Unassigned	11042	1120
	Not found in the extracted chronology	Provider Unassigned	99239	275
2024-03-11	Metro Neuro Associates	S. Bernstein, MD	99243	375
2024-03-28	Not found in the extracted chronology	Provider Unassigned	20610	285
2024-03-28	Not found in the extracted chronology	Provider Unassigned	99213	165
2024-04-05	Not found in the extracted chronology	J. Ruiz, DPT	97110	170

Date	Facility	Provider	CPT	Amount
2024-04-10	Not found in the extracted chronology	M. Harlan, MD	99455	275
2024-04-10	Not found in the extracted chronology	M. Harlan, MD	99283	250
2024-04-10	Not found in the extracted chronology	M. Harlan, MD	97110	4950
2024-04-10	Not found in the extracted chronology	M. Harlan, MD	20610	285
2024-04-10	Not found in the extracted chronology	M. Harlan, MD	72148	1200
2024-04-10	Not found in the extracted chronology	M. Harlan, MD	62323	800
2024-04-10	Not found in the extracted chronology	M. Harlan, MD	93000	85
2024-01-19	Metro General Hospital	Provider Unassigned	99285	1240
2024-01-19	Not found in the extracted chronology	Provider Unassigned	96372	95
2024-01-19	Not found in the extracted chronology	K. Patel, MD	73030	210
2024-01-24	Not found in the extracted chronology	Provider Unassigned	99204	320
2024-02-05	Mountain View Imaging Center	L. Cho, MD	73221	1850
2023-12-15	Riverside Family Medicine	A. Nguyen, PA-C	99213	185
2024-01-08	Quick Care Urgent Clinic	A. Nguyen, PA-C	99213	185
2024-02-18	Not found in the extracted chronology	Provider Unassigned	99213	195
2024-03-15	Not found in the extracted chronology	Provider Unassigned	95908	890
2024-03-18	Mountain View Imaging Center	Provider Unassigned	73721	1650
2024-04-10	Not found in the extracted chronology	M. Harlan, MD	97010	8150

Total: $27,960 (charge-ledger total; provider/facility linkage incomplete)

Data-limited — populated only from extractable chronology signals; billing totals should not be read as fully encounter-matched.

CONSULTANT'S BOTTOM LINE

The clinical course shows a pattern of non-escalation relative to extractable timing and escalation signals. Billing extracts flag unsupported charges of $1,705.00 (audit-derived; not an independent valuation). Recommended next step for counsel: subpoena the complete clinical notes for the dates of service listed above, including order/scheduling logs and escalation flowsheets where vitals or delayed imaging are at issue. This is tool-generated workup guidance, not personal professional judgment

Grounded from cohesion / adequacy / missed-opportunity / billing signals in this report — not a liability verdict.

Concluding Summary

12 primary deviation signal(s) identified. 16 causation pathway link(s) grounded in extracts. MMI / RTW documentation on 3 date(s). Treatment adequacy verdict: below soc

Key Deviations

- **01/08/2024** · A. Nguyen, PA-C — Missed / absent PCP follow-up
- **02/05/2024** · L. Cho, MD — Delayed MRI
- **02/14/2024** · M. Harlan, MD — Pharmacy hopping / refill pattern
- **02/22/2024** · Provider N/A — Missed appointment / care gap
- **03/01/2024** · Provider N/A — Abnormal vitals without escalation
- **03/11/2024** · S. Bernstein, MD — Delayed neurologic evaluation / consult
- **02/12/2024** · Provider N/A — Session improvement
- **01/24/2024** · Provider N/A — Indicated workup may lack documented completion
- **02/18/2024** · Provider N/A — Indicated specialty referral missed / delayed
- **—** · Provider N/A — RTC pathway: MRI mentioned/ordered but completion not clearly documented in chronology
- **—** · Provider N/A — PCP follow-up referenced or expected but completed PCP visit not clearly documented
- **—** · Provider N/A — Neurologic symptoms present without documented neurology consult in extracted chronology

Causation Pathways

01/08/2024: Missed / absent PCP follow-up → Care delay/deviation (timing gap) relative to expected pathway

02/05/2024: Delayed MRI → Care delay/deviation (+12d) relative to expected pathway

02/12/2024: Session improvement → Care delay/deviation (timing gap) relative to expected pathway (Extended / increased pain duration supporting non-economic damages)

02/14/2024: Pharmacy hopping / refill pattern → Care delay/deviation (timing gap) relative to expected pathway (Extended / increased pain duration supporting non-economic damages)

02/18/2024: Delayed MRI → Care delay/deviation (timing gap) relative to expected pathway (Extended / increased pain duration supporting non-economic damages)

03/01/2024: Abnormal vitals without escalation → Care delay/deviation (timing gap) relative to expected pathway

03/02/2024: Pharmacy hopping / refill pattern → Care delay/deviation (+13503d) relative to expected pathway

01/08/2024: Missed / absent PCP follow-up → Missed primary-care continuity → prolonged unmanaged symptoms (Pain prolongation / functional limits / possible escalated intervention need)

Treatment Trajectory

Pain scores extractable on 5 encounter(s): 8.0/10 (02/08/2024) → 4.0/10 (04/10/2024). ROM figures extractable on 3 encounter(s): 85.0° → 140.0°

MMI / Return-to-Work Confirmation

04/05/2024: ENCOUNTER 23 — Physical Therapy Progress — Plateau / MMI path Date: 04/05/2024 | Purpose: PT plateau language for MMI/RTW BATES-000023 Peak Motion Physical…

04/10/2024: ENCOUNTER 24 — Orthopedic MMI / RTW Summary Date: 04/10/2024 | Purpose: MMI reached; return to work; demand/damages facts BATES-000024 Harlan Shoulder Clinic…

04/10/2024: MMI reached; return to work; demand/damages facts key event 04/10/2024

4 major diagnosis pathway(s) matched from extracts (RTC/CTS/cervical/etc. enrichment: expected vs actual interventions)

Extract-grounded synthesis for counsel review — not a liability verdict or expert opinion.

QUALITY ASSURANCE: VERIFIED

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