Future Care Projection

FILE IDENTIFIER: SAMPLE-2026-0002	DATE OF REPORT: 08/18/2026
Date of Loss: 03/07/2025	**Reviewing Physician:** John Doe, MD
Geozip (primary): 64108 — Kansas City, MO	**Most Recent Record:** 06/24/2026
Diagnoses (causally related): 6	**Regions / levels involved:** Lumbar L4-L5, L5-S1; Left knee
MMI status: Not reached	**Permanency:** Permanent
Whole-person impairment: Not rated of record	**Prognosis:** Plateaued — MMI not yet reached
Surgical recommendation: Under consideration	**Behavioral health diagnosis:** None documented

Illustrative sample. Facts, providers, and citations are fabricated for demonstration; no patient information is contained in this document.

1. CAUSALLY RELATED DIAGNOSES

On 03/07/2025 the patient fell from a loading dock ramp approximately four feet to a concrete surface, landing on the left leg with axial loading of the lumbar spine and valgus stress to the left knee.

ICD-10	DIAGNOSIS	CAUSATION	CONFIDENCE	PERM.	SOURCE
M51.26	Lumbar disc displacement, L4-L5	Caused by this accident	High	Perm	MRI, Midtown Imaging Partners, 05/25 p.96
M54.16	Radiculopathy, lumbar region, left	Caused by this accident	High	Perm	EMG/NCS, 08/25 p.168
M23.221	Derangement of posterior horn of medial meniscus, left knee	Caused by this accident	High	Perm	MRI left knee, 05/25 p.101
M25.562	Pain in left knee	Caused by this accident	High	Perm	Orthopedic consult, 06/25 p.118
M47.816	Spondylosis without myelopathy, lumbosacral	Aggravation of a pre-existing condition	Moderate	Perm	MRI, 05/25 p.96; prior films 2022 p.7
M62.830	Muscle spasm of back	Caused by this accident	High	Resolv	Physical therapy discharge, 01/26 p.244

Pre-incident baseline. The record contains a single 2022 lumbar radiograph reporting minimal degenerative change without radicular complaint, and no pre-loss knee imaging, treatment, or work restriction of any kind.

Causation. The mechanism, the immediate onset of low-back pain with left lower-extremity radiation and mechanical knee symptoms, and imaging obtained within nine weeks establish direct injury at L4-L5 and to the left medial meniscus, with aggravation of quiescent lumbar spondylosis.

2. TREATMENT TO DATE

Documented treatment spans 03/07/2025 through 06/24/2026.

- Emergency / acute — 03/2025 — ED evaluation, negative radiographs, discharged with analgesia and crutches.
- Orthopedic — 06/2025–06/2026 — serial evaluation of lumbar spine and left knee; arthroscopy discussed and deferred pending conservative trial.
- Interventional pain — 09/2025–04/2026 — two lumbar epidural steroid injection sessions and diagnostic medial branch blocks with concordant response.
- Physical therapy — 10/2025–01/2026 — 26 supervised visits addressing lumbar stabilization and knee mechanics; discharged to home program with residual deficit.
- Diagnostics — 05/2025, 08/2025 — lumbar and left knee MRI; lower-extremity EMG/NCS confirming L5 radiculopathy.
- Functional status — returned to modified duty 08/2025 with a 20-pound lifting restriction and no-ladder limitation still in force at the 06/24/2026 visit; reports stair difficulty, interrupted sleep, and cessation of recreational cycling. Not released from care.

3. PROJECTED FUTURE CARE

Physician opinion — future care. In my opinion the patient has reached a functional plateau but has not reached maximum medical improvement, and I expect the endpoint to be defined by the response to the interventional and arthroscopic decisions now pending rather than by the passage of further time. The documented structural findings at L4-L5 and in the left medial meniscus are permanent; meniscal tissue in this zone is avascular and does not heal, and the radicular pattern has persisted across every examination in the record. The probable course is continued interventional and rehabilitative management under orthopedic supervision, with periodic imaging to characterize progression and periodic electrodiagnostic study where the examination changes. Medial branch block response has been concordant, which makes radiofrequency ablation the probable next step and makes repeat ablation probable thereafter, since the nerve regenerates. A surgical pathway is under active consideration and is honestly characterized as contingent rather than probable: it becomes necessary if the interventional course fails to control radicular symptoms, if mechanical knee symptoms persist, or if the neurologic examination deteriorates. Should the patient proceed to lumbar decompression, hardware removal and neuromodulation are recognized downstream consequences of that decision and are projected on the same contingent basis.

1. LUMBAR SPINE — Interventional Pain Management

Basis: Conservative pathway — required on a more-likely-than-not basis

- Lumbar epidural steroid injection series; CPT 62323
- Lumbar medial branch block to radiofrequency ablation pathway; CPT 64635

Clinical justification: Concordant diagnostic block response and imaging-confirmed L4-L5 pathology establish the predicate for a maintained interventional course at reasonable medical probability.

2. LEFT KNEE — Injection and Rehabilitative Care

Basis: Conservative pathway — required on a more-likely-than-not basis

- Major joint injection, left knee; CPT 20610
- Manual therapy, therapeutic exercise, and ultrasound; CPT 97140, 97110, 97035
- Custom knee orthosis; HCPCS L1832

Clinical justification: A persistent unrepaired medial meniscal tear with documented mechanical symptoms supports continued intra-articular injection and rehabilitative management directed at the involved compartment.

3. BOTH REGIONS — Surveillance, Diagnostics, and Physician Management

Basis: Conservative pathway — required on a more-likely-than-not basis

- Established-patient orthopedic and pain management evaluation; CPT 99214
- Lumbar spine and left knee MRI without contrast; CPT 72148, 73721
- Needle electromyography, per extremity; CPT 95886
- Trigger point injection, three or more muscles; CPT 20553
- Acute symptomatic flare requiring emergency evaluation; CPT 99284

Clinical justification: Permanent structural pathology under active interventional management requires periodic clinical, imaging, and electrodiagnostic reassessment to detect progression.

4. LUMBAR SPINE AND LEFT KNEE — Surgical Pathway

Basis: Surgical pathway — required if conservative care fails and the clinical trigger occurs

- Lumbar microdiscectomy / decompression; CPT 63030
- Knee arthroscopy with partial medial meniscectomy; CPT 29881
- Deep spinal hardware removal; CPT 20680
- Spinal cord stimulator, trial to permanent implant; CPT 63650

Clinical justification: Surgical consultation is documented and deferred only pending conservative trial; failure of that trial, persistent mechanical knee symptoms, or neurologic deterioration moves this patient onto the operative pathway.

EXHIBIT A — FUTURE MEDICAL COST PROJECTION

Future care is presented as two clinically distinct treatment pathways. Each pathway is a complete, standalone projected course of care for this patient, and the two totals are alternative values — they are not additive, and no combined figure is stated.

COST METHODOLOGY STATEMENT

All future care costs reflect the estimated reasonable and customary billed charges for each item of care, adjusted to the patient's treating region where it is documented in the records, applied at 100% with no probability weighting. Future care is presented as two clinically distinct treatment pathways. The Conservative Pathway itemizes the care this patient requires on a more-likely-than-not basis under the treatment course now under way. The Surgical Pathway itemizes the complete course of care this patient requires in the event the clinical trigger described below occurs; it is a standalone projection of that clinical course, not an increment added to the Conservative Pathway. Items of care required regardless of surgical status — such as office management and therapeutic exercise — appear in both pathways at the quantities clinically appropriate to each. Because the two pathways describe alternative clinical courses for the same patient, their totals are alternative values; they are not additive, and no combined figure is stated. Present-value adjustment, if applicable, is performed by the retained forensic economist.

COST TABLE — CONSERVATIVE PATHWAY

SERVICE	CPT	UNIT COST	CONSERVATIVE QTY	CONSERVATIVE COST	SURGICAL QTY	SURGICAL COST
Established office visit, moderate complexity	99214	$325	20	$6,500	—	not indicated
Therapeutic exercise	97110	$70	44	$3,080	—	not indicated
Manual therapy	97140	$70	24	$1,680	—	not indicated
Ultrasound therapy	97035	$45	12	$540	—	not indicated
Trigger point injection, 3+ muscles	20553	$400	6	$2,400	—	not indicated
Major joint injection, left knee	20610	$450	8	$3,600	—	not indicated
Needle EMG, complete, per extremity	95886	$650	2	$1,300	—	not indicated
Lumbar spine MRI without contrast	72148	$2,800	2	$5,600	—	not indicated
Left knee MRI without contrast	73721	$2,800	1	$2,800	—	not indicated
Lumbar epidural steroid injection — series	62323	$5,070	2	$10,140	—	not indicated
Lumbar facet pathway — MBB to RFA	64635	$7,700	3	$23,100	—	not indicated
Acute flare requiring emergency evaluation	99284	$6,000	1	$6,000	—	not indicated
Custom knee orthosis	L1832	$1,200	1	$1,200	—	not indicated
Conservative Pathway total — care required on a more-likely-than-not basis				**$67,940**		

COST TABLE — SURGICAL PATHWAY

SERVICE	CPT	UNIT COST	CONSERVATIVE QTY	CONSERVATIVE COST	SURGICAL QTY	SURGICAL COST
Lumbar microdiscectomy / decompression	63030	$39,400	—	not indicated	1	$39,400
Knee arthroscopy with partial medial meniscectomy	29881	$18,500	—	not indicated	1	$18,500
Deep spinal hardware removal	20680	$17,300	—	not indicated	1	$17,300
Spinal cord stimulator — trial to permanent	63650	$32,500	—	not indicated	1	$32,500
Established office visit, moderate complexity	99214	$325	—	not indicated	12	$3,900
Post-operative therapeutic exercise	97110	$70	—	not indicated	48	$3,360
Manual therapy	97140	$70	—	not indicated	24	$1,680
Lumbar spine MRI without contrast	72148	$2,800	—	not indicated	2	$5,600
Trigger point injection, 3+ muscles	20553	$400	—	not indicated	4	$1,600
Needle EMG, complete, per extremity	95886	$650	—	not indicated	2	$1,300
Major joint injection, left knee	20610	$450	—	not indicated	2	$900
Lumbosacral orthosis	L0650	$900	—	not indicated	1	$900
Surgical Pathway total — care required to a reasonable degree of medical probability in the event the clinical trigger occurs						**$126,940**

SERVICE	CPT	UNIT COST	CONSERVATIVE QTY	CONSERVATIVE COST	SURGICAL QTY	SURGICAL COST
Total projected future care — alternative pathway projections, never summed				**$67,940**		**$126,940**

SUMMARY OF PROJECTED FUTURE MEDICAL COST

Conservative Pathway: $67,940. The care this patient requires on a more-likely-than-not basis under the treatment course now under way.

Surgical Pathway: $126,940. The complete course of care this patient requires to a reasonable degree of medical probability in the event the clinical trigger described above occurs.

These figures are alternative projections of the same patient's future care under two clinical courses. They are not additive, and no combined total is stated.

The surgical pathway turns on the documented response to the lumbar interventional course now under way and on the persistence of mechanical knee symptoms; failure of that pathway, or deterioration of the radicular examination, is the clinical trigger. The two pathways are alternative projections of this patient's future care and are never summed.

4. PHYSICIAN ATTESTATION

All of the opinions expressed in this letter are to a reasonable degree of medical certainty. The future care described herein is reasonable, medically necessary, and causally related to the injuries sustained on 03/07/2025. These opinions are limited to future medical care only and exclude lost earnings, household services, or non-economic damages. These opinions are further limited to the records reviewed as of the report date; material new information may require revision of these opinions.

5. RECORDS REVIEWED

The opinions expressed in this letter are based on my review of the following records.

#	Provider / Facility	Record Type	Date(s)	Pages	Count
1	Riverbend Regional Medical Center	Emergency department records	03/07/2025	p.1–29	29
2	Riverbend Regional Medical Center	Radiology — lumbar spine and left knee	03/07/2025	p.30–36	7
3	Midtown Imaging Partners	MRI lumbar spine and left knee	05/2025	p.96–108	13
4	Westport Orthopedic Associates	Consultation and follow-up notes	06/2025–06/2026	p.109–150	42
5	Crossroads Neurology	Consultation and EMG/NCS report	08/2025	p.151–180	30
6	Riverbend Interventional Pain	Procedure and follow-up records	09/2025–04/2026	p.181–232	52
7	Union Hill Physical Therapy	Evaluation, treatment, discharge summary	10/2025–01/2026	p.233–258	26
8	Northland Occupational Health	Work status and restriction forms	08/2025–06/2026	p.259–284	26
9	Westport Community Pharmacy	Prescription dispensing history	03/2025–06/2026	p.285–298	14
				Total pages reviewed	**298**

ELECTRONIC SIGNATURE

The undersigned physician has reviewed the foregoing Future Care & Cost Projection and adopts the opinions expressed herein as their own. This electronic signature has the same legal effect as a handwritten signature under the ESIGN Act (15 U.S.C. § 7001 et seq.) and UETA.

SIGNATURE

DATE SIGNED

John Doe, MD
NPI Number: 1234567890 · Specialty: Orthopedics