



# Medical Validation - [REDACTED]

To: [REDACTED]

From: [REDACTED]

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## Independent Medical Validation (IMV): An Essential Tool for Evidentiary Precision in Personal Injury Claims

### Purpose of Independent Medical Validation

- The Independent Medical Validation (IMV) process is designed to provide an impartial, evidence-based assessment framework for evaluating bodily injury claims, specifically for settlement and discovery purposes.
- The IMV adheres to strict medical and legal standards to meet high evidentiary requirements, presenting findings that withstand sufficiency challenges and establish a preponderance of evidence.
- This document is intended for use by insurance companies, legal professionals, adjusters, and administrators.
- Please note: This IMV report is prepared solely for settlement and discovery purposes. It is not intended for filing in court records.

### Legal and Regulatory Standards

The IMV process is grounded in medical and legal standards that ensure objectivity, credibility, and admissibility in judicial and insurance claim processes. The IMV report follows "Gold Standards" of medically accepted criteria, drawing upon sources including:

- AMA Guides to the Evaluation of Permanent Impairment – Providing impairment ratings that are widely recognized and respected in court for consistency and reliability.
- Abbreviated Injury Severity Scale (AIS) and New Injury Severity Scale (NISS) – Ensuring objective classification of injury severity, in line with established guidelines.
- Quality System (QS) Regulations – Following medical validation processes that include objective evidence, acceptable evaluation parameters, and specific criteria that produce consistent, reliable results.
- Diagnostic-Related Estimates (DRE) Categories and Diagnostic-Based Injuries (DBI) – For precise injury categorization and evidence-based evaluation.
- These standards ensure that each IMV report aligns with rigorous evidentiary requirements, producing unbiased findings and bolstering the claim's validity.

## IMV Process: Structured for Reliability, Precision, and Legal Sufficiency

### 1. Comprehensive Documentation Review

The IMV process begins with a detailed review of all medical records, diagnostic findings, treatment plans, and patient-reported outcomes. This exhaustive review identifies discrepancies, verifies consistency, and assesses whether prior medical evaluations adhered to established medical guidelines and regulatory requirements.

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## 2. Validation of Diagnosis and Treatment Consistency

Each diagnosis is meticulously evaluated for accuracy and alignment with industry standards. The IMV assesses the necessity, sufficiency, and adequacy of whole person impairments, ensuring they are consistent with the expected medical protocols.

## 3. Independent Impairment Rating and Functional Assessment

IMV provides an independent impairment rating based on AMA Guides and other accepted standards, evaluating how injuries impact the claimant's functional abilities, occupational duties, and daily life. This objective impairment rating is supported by detailed analysis of clinical findings, delivering a legally sufficient benchmark for determining impairment severity.

## Evidence-Based Documentation to Meet Preponderance Standards

The IMV report adheres to legal requirements for evidence-based reporting, presenting findings that withstand "greater weight" challenges, and establish the preponderance of evidence. Each IMV report includes:

- **Objective Clinical Findings** – Identification and documentation of clinical and laboratory findings relevant to the permanent impairment.
- **Analysis and Comparison with AMA Guidelines** – Analyzing specific clinical findings, assigning impairments then comparing results with AMA impairment criteria to provide a consistent, validated impairment rating.
- **Memorandum of Points** – Structured explanations to address legal sufficiency challenges, ensuring clarity and consistency when handling varying medical opinions or counterarguments.

Each report minimizes interpretative discrepancies and bolsters the claim's legitimacy by aligning with accepted regulatory and procedural guidelines.

## Declarations: Legal Authority and Adherence to Gold Standards

The IMV report includes critical declarations that align with AMA standards to uphold its legal sufficiency:

- **Preponderance of Medical Evidence:** Establishing clinical evidence with greater weight and credibility, minimizing opportunities for opposing interpretations.
- **Courts of Law:** As stipulated, the impairment report of a designated doctor shall carry "presumptive weight" unless the preponderance of other medical evidence contradicts it (Cain v. Bain, 709 S.W.2d 175 [Tex. 1986]).
- **AMA Guides Directives:** Evaluators who strictly follow AMA Guides and standards are likely to have their findings upheld by the court.

## Detailed Validation Points of IMV

IMV rigorously addresses all aspects of the injury's impact, offering an exhaustive evaluation of 26 specific points of validation and detailed assessment that covers:

- **Injury Types** – Evaluating body parts, functions, and systems impacted.

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- Physical Examination Findings – Objective tools used in evaluation.
- Loss of Function and Diagnostic Codes – Analysis based on ICF (International Classification of Functioning) and ICD Codes.
- Duties Under Duress and Loss of Enjoyment – Documenting the impact on daily life and quality of life referencing Federal expectancy data.
- Impairment Ratings – Whole Person Impairment, Regional Impairments, and Spine Impairment Summary.

Each point is rigorously evaluated, documented, and aligned with regulatory requirements to eliminate ambiguities, establish clarity, and produce a legally sufficient report.

## Quality Assurance and Data Integrity

IMV follows strict data security and quality standards, ensuring:

- HIPAA Compliance for data privacy.
- Repeatability and Precision in findings to maintain consistency.
- Reliability and Security in data handling and reporting, meeting all regulatory requirements for data integrity and high-level security.

## Conclusion

The Independent Medical Validation (IMV) process delivers a legally robust, impartial assessment designed to support fair injury claim valuations. By adhering to industry “Gold Standards,” quality systems, and regulatory criteria, IMV serves as a critical tool in establishing the preponderance of evidence. Insurance companies, legal professionals, and adjusters can rely on IMV’s independent, data-driven findings to confidently determine claim sufficiency and just compensation.

[REDACTED] *have not provided direct care to this patient but have conducted a **comprehensive independent medical review** of all available medical records, clinical evaluations, imaging, laboratory findings, and relevant medical documentation. My analysis follows established **peer-reviewed methodologies, evidentiary medical standards, and authoritative guidelines** for determining medical impairment and future medical needs. I have systematically validated 26 key case factors, including **causation, impairment ratings, prognosis, maximum medical improvement (MMI), and future medical requirements**. The findings and conclusions presented herein are submitted in **admissible legal format**, following governing **medical-legal authorities and evidentiary rules**, to establish a preponderance of the evidence. Based on my review, I conclude to a **reasonable degree of medical certainty** that the **injuries, diagnoses, impairments, functional losses, and prognostic determinations** listed below resulted directly and proximately from the accident in question.*

# Medical Validation - [REDACTED]

## I. Medical History Documents:

### 1.01 Medical Office records

Reviewed	Enclosed
X	X

### 1.02 Hospital Records

Reviewed	Enclosed

### 1.03 From Other Source

Reviewed	Enclosed
X	X

### 1.04 From Client

Reviewed	Enclosed
X	X

### 1.05 Delay in Seeking Care

Reviewed	Enclosed

### 1.06 Gaps in Treatment

Reviewed	Enclosed

## II. Clinical Evaluation Documents:

### 2.01 Physical Examination

Reviewed	Enclosed
X	X

### 2.02 Injuries - ICD Codes Required

Reviewed	Enclosed
X	X

### 2.03 Symptoms Documented

Reviewed	Enclosed
X	X

### 2.04 Laboratory Tests

Reviewed	Enclosed

### 2.05 Special Tests

Reviewed	Enclosed

### 2.06 Diagnostic Procedures

Reviewed	Enclosed
X	X

### 2.07 Specialist's Evaluation

Reviewed	Enclosed
X	X

### 2.08 Medical Validation Determination

Reviewed	Enclosed
X	X

## Diagnoses

- 1 F43.2 Adjustment disorders in Enjoyment of Life
- 2 M99.84 - Other biomechanical lesions of the sacral region
- 3 S16.1XXA - CERVICAL SPINE SPRAIN, SUBSEQUENT ENCOUNTER
- 4 M54.9 - BACK PAIN
- 5 R45.86 Behavioral and Emotional Concussion

# Medical Validation - [REDACTED]

## Diagnoses

- 6 F98.9 Emotional Disorders
- 7 S06.0X0 Concussion without loss of consciousness
- 8 S09.90XA: Closed Head Injury
- 9 Concussions need not be visible on MRI's
- 10 Concussions can occur without loss of consciousness
- 11 The concussion has been determined by medically accepted standards
- 12 The patient exhibits Behavioral and Emotional Concussion symptoms
- 13 F43.11 Post-traumatic stress disorder, acute
- 14 G47.9: Sleep disturbance
- 15 The findings are found to include reasonable medical probability.
- 16 Symptoms, complaints and diagnoses are causally related to the accident
- 17 V43.5 Driver of a car driver injured in collision with another vehicle
- 18 M54.12 Cervical Radiculopathy
- 19 S13.4XXA Cervical Sprain/Strain
- 20 M53.0: Cervical Spinal Sympathetic Syndrome
- 21 M67.40 Chain Ganglia Injury/Sympathetic Syndrome
- 22 M54.5 Lumbar pain/ lumbalgia
- 23 M 99.03 Lumbar Segmental Dysfunction
- 24 M54.17 Radiculopathy Lumbosacral

# Medical Validation -

## Diagnoses

- 25 M99.05 SI Segmental Dysfunction lumbar
- 26 M54.32 Sciatica Left
- 27 S33.6XXA Sprain of Sacroiliac joint
- 28 S13.101A Cervical Subluxation
- 29 S33.101A Lumbar Subluxation
- 30 M54.12 Cervical Radiculopathy
- 31 M54.16 Lumbar Radiculopathy
- 32 S33.5XXA Lumbar Sprain (initial encounter)
- 33 S43.422A Sprain of left rotator cuff capsule
- 34 S13.4XXA Sprain of ligaments of cervical spine, initial encounter
- 35 M53.82 Diminished Range of Motion / Spine
- 36 G89.11A Acute Nociceptive Pain
- 37 M79.89: Dense connective tissue / Collagen tissue disorder contusion
- 38 M25.512 Left Shoulder Pain
- 39 M75.00 Shoulder Capsulitis
- 40 M25.611 Shoulder Loss of Motion
- 41 S46.919A Shoulder Strain
- 42 S43.432A Superior glenoid labrum lesion of left shoulder, initial encounter
- 43 S46.012D: Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder

# Medical Validation - [REDACTED]

## Diagnoses

- 44 S46.012A Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
- 45 M66.822 Spontaneous rupture of the other tendons left arm
- 46 S46.212A Initial encounter strain of the muscle, fascia and tendon left Biceps
- 47 24342 Reinsertion of ruptured Biceps tendon, distal, with or without tendon graft at the elbow
- 48 729.82 Cramp of lower limb

## Radiculopathy

- M54.12 Cervical Radiculopathy
- M54.2 Cervicalgia - Pain in neck
- M54.16 Radiculopathy, lumbar region

## Complaints

The following complaints were noted and have been addressed:

Complaints	Intensity	Frequency	Type	Radiation	Further Effects
Neck	- 4-6 Moderate	- Frequent 51-75% of the day	- Aching	- Left Side	- Any Movement
Shoulder	- 4-6 Moderate	- Intermittent 0-25% of the day	- Dull	- Left Side	- Any Movement
Low-back	- 4-6 Moderate	- Occasional 25-50% of the day	- Aching	- Left Side	- Any Movement

# Medical Validation - [REDACTED]

## Concussions

- Feeling depressed or tearful

## Ganglia Nerve Bundle Involvement

- Stiffness and pain in the neck

- Pain at the tip of the shoulder

- Stiffness of the shoulder

- Localized tender areas that follow a pattern

- Weakness of the arm when combing the hair, fastening a bra or reaching into pocket

- Pain in the shoulder

## Stress Disorders & Syndromes

- Contacted an attorney or intend to pursue litigation

# Medical Validation - [REDACTED]

## Impairment Rating According to AMA Guide

In our reports, we list all identified impairments for clarity but combine those within the same category to avoid duplication, presenting a single value as per AMA Guidelines. This approach ensures a comprehensive yet concise assessment, highlighting each impairment's unique impact without overstating the overall impairment rating.

Following AMA's preferred method, we use DRE (Diagnosis-Related Estimates) Categories to represent the impairment rating, unless a more appropriate method is required to accurately describe the impairments. This format ensures that all impairments are displayed in a clear and comprehensive way for other physicians to review.

Body Part/System	AMA Edition	Chapter	Table	Page	DRE/Class	Impairment
Feeling depressed or tearful Emotional Disorders Anxiety Emotional Or Behavioral Disorders Sleeping more than usual	5	13	13-8	325	1	14
Radiculopathy	5	13	13-23 13-24	346- 348	2	10-25
Sleep Disorders Loss of Motion in Spine	5	15	15-7 IB	404	1	10-15
Upper extremity impairment due to Grade 4 strength deficit of the left biceps muscle affecting elbow flexion Upper extremity impairment due to Grade 4 strength deficit of the left biceps muscle affecting forearm supination	5	16	16-35	510		5
Loss of Motion Shoulder	5	16	38-46	477	2	3

## Medical Determination of Future Treatment

- Future treatment is definite, with a 76-100% medical certainty of occurring.

# Medical Validation - [REDACTED]

## Prognosis Overall

- The prognosis requires the need for treatment due to neurological findings.
- The prognosis requires the need for treatment due to type and frequency of pain.
- The prognosis requires the need for treatment due to complaints.
- Patient has attained MMI under my scope of practice in the body parts indicated.
- The prognosis requires the need for treatment due to loss of range of motion

## Karnofsky Performance Status Scale

No change since last visit
100 - Normal, no evidence of disease
90 - Able to perform normal activity with only minor symptoms
80 - Normal activities with effort, some symptoms
70 - Able to care for self but unable to do normal activities
>>> 60 - Requires occasional assistance (duties or household), cares for most needs
50 - Requires considerable assistance
40 - Disabled, requires special assistance
30 - Severely disabled
20 - Very sick, requires active supportive treatment
10 - Moribund

# Medical Validation - [REDACTED]

## Future Treatment Plan

Future treatment is determined necessary when there is the presence of moderate injuries...

- Treatment is determined necessary due to limited range of motion.
- Grade 4 CAD Injury /future care up to 107 times up to 2 years + monthly or prn
- According to the Croft Guidelines, this injury would fall into Grade IV: Moderate/Severe; Limitations of motion; ligamentous instability; neurological findings present. Fracture or disc derangement.

## Stability of Medical Condition

- 18 to 24 months

## Prognosis of Probability for Future Recurrence

Body Part(s) Involved	Medical Probability (%)	Reasonable Medical Outcome
Neck	26-50%/ Possible	26-50%/ Possible
Nerve	51-75%/ Probable	51-75%/ Probable
Low back	76-100%/ Definite	76-100%/ Definite
Shoulder	26-50%/ Possible	26-50%/ Possible
Elbow	26-50%/ Possible	26-50%/ Possible

## MMI for each Body Part

Neck	Static
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# Medical Validation - [REDACTED]

## MMI for each Body Part

Nerve	Static
Low back	Stable
Shoulder	Static
Elbow	Static

## Diagnostic Related Estimate Category

Spine % Impairment	40%
<b>Cervical Diagnostic Related Estimate</b>	
DRE Category 4: 25-28% Impairment - Loss of motion segment integrity, bilateral or multi-level radiculopathy, compression fracture greater than 50%, developmental fusion.	
<b>Lumbar Diagnostic Related Estimate</b>	
DRE Category 4: 20-23% Impairment - Loss of motion segment integrity, multilevel radiculopathy, compression fracture greater than 50%, disc derangement.	

## Whole Person Impairment (WPI)

Total % Whole Body Impairment	39%
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## Treatment

- 1 98940 Chiropractic Manipulation Treatment CMT 1-2
- 2 97265 Joint Mobilization
- 3 97034 Contrast Bath

# Medical Validation - [REDACTED]

## Treatment

4	97014 Elec. Stimulation (Unattended)
5	99203: Initial Examination Level 3
6	Home Exercise
7	97010 Hot or Cold Packs
8	97140 Massage Increase Range of Motion/ Manual Therapy
9	97124 Therapeutic Procedures
10	97110 Therapeutic Exercises
11	97799 Rehab (musculoskeletal)
12	X-rays
13	Orthopedic Expert
14	Medical Determination
15	Medical Validation (99080)
16	Surgical Consult.

Based on my independent medical review and application of **recognized medical-legal evaluation standards**, I, [REDACTED] find the above assessment to be **medically valid and legally sufficient**. My conclusions are based on a **comprehensive review of medical records, documented injuries, clinical findings, impairment assessments, and corroborating evidence**, which demonstrate the necessity and reasonableness of the reported diagnoses, impairment ratings, and future medical considerations. These determinations have been made to a **reasonable degree of medical certainty** and conform to **evidence-based standards, forensic medical guidelines, and governing authorities** in the evaluation of personal injury cases.

Signed:

**Medical Validation -**

Name Printed: