SETTLEMENT DEMAND

PRIVILEGED/CONFIDENTIAL COMMUNICATION

DATE: ____

Addressee:

Our Client	**:**	**John Doe**
Your Insured	**:**	**XX**
Claim Number	**:**	
Date of Loss	**:**	**MM DD, 2018**

Dear _____:

This office represents John Doe concerning injuries he suffered as a result of a workplace injury that occurred because of the negligence of your insured on MM DD, 2018.

As particularly set forth below, please accept our client's settlement demand in the amount of $_____. If this amount exceeds your insured's available policy limits, please consider this a policy limits demand. Acceptance of the policy limits is conditioned upon receipt of a certified copy of the policy declarations page. Our client will be responsible for any and all liens that may attach to this settlement. **This settlement offer shall remain open for 30 days from the date of this letter, through and including _____.**

FACTS AND LIABILITY

On MM DD, 2018, John Doe III was working as a forklift driver for XX's. As usual, he would drive his forklift into the semi-truck to unload deliveries. However, in this instance, the truck driver had failed to lock down the brakes on his semi-truck prior to Mr. Doe entering to unload the delivery. As Mr. Doe was backing out of the truck, the semi-truck had shifted and jerked backwards due to not being locked down properly which caused the forklift to fall out of the semi-truck. Because Mr. Doe was wearing a safety harness, he stayed attached to the forklift and as a result, was twisted in the harness as the forklift fell. Although Mr. Doe did not fall out of the semi-truck inside the forklift, he had sustained multiple injuries as a result of being caught and twisted by the safety harness.

SUMMARY OF PHYSICAL INJURIES

As a result of the workplace injury, Mr. Doe sustained the following injuries:

- **Low back injury with pain and spondylosis**
- **Right shoulder injury with pain**
- **Left knee injury with pain and medial meniscus tear needing steroid injections and partial medial meniscectomy and an extensive synovectomy**
- **Neck injury with pain**

TREATMENT OF INJURIES

On MM DD, 2018, Mr. Doe presented to XX Center **(Exhibit-1)**. The X-ray of his mid-back revealed a low-grade spondylolisthesis (*the slipping of vertebra that occurs, in most cases, at the base of the spine*) in his inferior thoracic spine.

On MM DD, 2018, Mr. Doe presented to XX Center. A CT scan of his mid-back was obtained and reviewed.

On MM DD, 2018, Mr. Doe presented to Sean XX, M.D., at XXX Surgery **(Exhibit-2)**. He had pain in his right scapula, low back, knees and feet. He quantitated his pain level as 8/10. He could not resume working with his ongoing pain. A physical examination revealed guarded movements of his neck and low back. Medrol Dosepak and Mobic were prescribed. He was instructed to work at desk and refrain from lifting, pushing and pulling over en pounds, bending and twisting for over three hours, and alternate between sitting and standing every thirty to forty five minutes. He was referred to an orthopedist for further evaluation of his knee injuries. He was advised to begin physical therapy and follow up after completing the therapy.

On MM DD, 2018, Mr. Doe presented to Christos XX, M.D., at XX and Sports Medicine **(Exhibit-3)**. He had pain in his low back, legs and feet. A physical examination revealed spasms in his posterior hamstrings. He was diagnosed with bilateral leg strain. He was advised to begin physical therapy, remain off work and follow up in two weeks.

On MM DD, 2018, Mr. Doe was seen by Naha XX, P.T., at XX Therapy **(Exhibit-4)**. He had pain in his low back. He experienced difficulty performing pulling/pushing tasks, squatting, bending forward, getting in and out of forklift, driving a forklift, and protracted walking. A physical examination revealed tightness in his low back paraspinals and on both sides of his piriformis, quadriceps, hamstrings and gastrocnemius, and tenderness over his sacroiliac joints. He was advised to receive physical therapy three times a week for four weeks. His treatment included therapeutic exercises, manual therapy, neuromuscular reeducation, therapeutic activities, hot/cold pack applications, ultrasound, electrical stimulation, and self-are/home management training.

On the same day, Mr. Doe presented to Naha XX, P.T., He had pain in his knees and low back which worsened with protracted standing and walking. He quantitated his pain level as 6-7/10. A physical examination revealed tightness on both sides of his piriformis, quadriceps, hamstrings and gastrocnemius. There was a decrease in his strength, balance, soft tissue mobility as well as impairments with his body

mechanics and lifting mechanics. The deficits limited his ability to drive a forklift, lifting 50# from floor, protracted standing and walking more than one mile. He was advised to receive physical therapy three times a week for two weeks. His treatment included therapeutic exercises, manual therapy, neuromuscular reeducation, therapeutic activities, hot/cold pack applications, ultrasound, electrical stimulation, and self-care/home management training.

Mr. Doe received physical therapy for his knee pain through MM DD, 2018, at XX Therapy. His treatment included therapeutic exercises, manual therapy, neuromuscular reeducation, therapeutic activities, hot/cold pack applications, ultrasound, electrical stimulation, and self-care/home management training.

On MM DD, 2018, Mr. Doe was seen by Ms. XX, P.T. He experienced persistent soreness in his knees, especially along the lateral aspect. He continued to have limitations with walking, driving a forklift lifting 50# from floor, and protracted standing. He was discharged from the therapy.

On MM DD, 2018, Mr. Doe returned to Dr. XX. He had pain in his legs and feet. He was encouraged to continue performing range of motion for his knees. An MRI of his right knee for further evaluation and the administration of a corticosteroid injection were discussed. He was advised to remain off work and follow up in two weeks.

Mr. Doe received physical therapy for his low back pain through MM DD, 2018, at XX Therapy. He has made objective improvements with range of motion, strength, and flexibility as well with posture, body mechanics, lifting mechanics, and activity tolerance. The improvements have increased his ability to perform pulling/pushing tasks with 50#, squatting, bending forward, walking for long distances, lifting 37# from floor to waist and carrying it for 100 consecutive feet. Nevertheless, he continued to have impairments and occasional pain in his foot and not low back, which limited his ability to walk. He continued to have difficulty transferring in and out of forklift and driving a forklift as the therapy did not include measures to help him resume those activities. He was discharged from the therapy and he was encouraged to perform exercises at home.

On MM DD, 2018, Mr. Doe returned to Dr. XX. He suffered from persistent pain in his knees. A physical examination revealed tenderness over the anterolateral aspect of his knees. Depo Medrol and Lidocaine were administered in his knees. He was advised to remain off work and follow up in two weeks.

On MM DD, 2018, Mr. Doe returned to Dr. XX. He had soreness and weakness in his legs although his pain subsided with receiving the injection. A physical examination revealed tenderness over the medial joint lines of his knees and atrophy of his quadriceps. The movements of his knees were guarded. He was advised to begin physical therapy focusing on strengthening of his quadriceps, range of motion and isometrics, remain off work, and follow up in four weeks.

On MM DD, 2018, Mr. Doe presented to Ms. XX, P.T., at XX Therapy. He had pain in his knees which worsened with sudden movements, lifting, carrying and protracted standing. He quantitated his pain level as 8/10. He had limitations with lifting 50# from floor, carrying 50# for 100 consecutive feet, operating a forklift, climbing on a ladder, pulling and pushing 100#, running, standing more than one hour, and standing from sitting position. A physical examination revealed tightness in his quadriceps, hamstrings, and gastrocnemius with tenderness over his lateral knee area. He was advised to receive physical therapy two to three times a week for four weeks. His treatment included therapeutic exercises, manual therapy, neuromuscular reeducation, therapeutic activities, hot/cold pack applications, ultrasound, electrical stimulation, and self-care/home management training.

On MM DD, 2018, Mr. Doe presented to Dr. XX. He experienced occasional tightness in his low back and pain in his knees. He was recommended to continue receiving physical therapy until his orthopedist cleared to begin a work conditioning program five times a week for two weeks focusing on stabilization, strengthening and conditioning. He was advised to resume working desk job from June 1, 2018, with restrictions on lifting, carrying, pushing and pulling more than ten pounds, refraining from activities involving bending and twisting for more than three times per hour and no forklift driving.

Mr. Doe received physical therapy for his knees through MM DD, 2018. His treatment included therapeutic exercises, manual therapy, neuromuscular reeducation, therapeutic activities, hot/cold pack applications, ultrasound, electrical stimulation, and self-care/home management training. He continued to experience pain in his knees and impairments with performing vigorous activities. It was recommended he be transitioned to work conditioning at that juncture in order to further improve his functional strength. After the work conditioning is completed, he would benefit from a functional capacity evaluation to determine PDL level for his safe return to work. He was discharged from the therapy.

On MM DD, 2018, Mr. Doe returned to Dr. XX. The pain in his knees had resolved except for occasional pain when climbing up and downstairs. He completed the physical therapy. He was advised remain off work through MM DD, 2018.

On MM DD, 2018, Mr. Doe returned to Dr. XX. He completed two weeks of work conditioning. He experienced a low-grade pain in his low back. A physical examination revealed diminished deep tendon reflexes in his legs. He was advised to resume working full duty without restrictions and perform exercises at home.

On MM DD, 2018, Mr. Doe presented to Thomas XX, M.D., at XX Specialists **(Exhibit-5)**. He had pain in his neck which was also injured along with his low back. He quantitated his pain level as 8/10. A physical examination revealed grade II tenderness and myospasms in his right C3-6 paraspinal muscles. The movements of his neck were guarded. Dr. XX stated that Mr. Doe's neck pain was as a result of the workplace injury. He was advised to begin physical therapy. An MRI of his neck was ordered. Cyclobenzaprine, Tramadol, Lidocaine patches and cream, and Meloxicam were prescribed. He was recommended to undergo medial branch blocks at his right C3-6 and a radiofrequency ablation later if his pain subsided with the former procedure. A follow up in four weeks was scheduled.

On MM DD, 2018, Mr. Doe returned to Dr. XX. He experienced persistent pain in his neck which did not subside with taking the prescribed medications. He quantitated his pain level as 8/10. A physical examination revealed grade II tenderness and myospasms in his right C3-6 paraspinal muscles. The movements of his neck were guarded. He was advised to begin physical therapy, continue taking Cyclobenzaprine, Tramadol, Lidocaine patches and cream, and Meloxicam. An MRI of his neck was ordered. He was recommended to undergo medial branch blocks at his right C3-6 and a radiofrequency ablation later if his pain subsided with the former procedure. An H Wave unit was dispensed for his use at home. A follow up in three weeks along with the MRI results was scheduled.

On MM DD, 2018, Mr. Doe returned to Dr. XX. He experienced persistent pain in his neck. He quantitated his pain level as 8/10. A physical examination revealed grade II tenderness and myospasms in his right C3-6 paraspinal muscles. The movements of his neck were guarded. He was advised to begin physical therapy, continue taking Cyclobenzaprine, Tramadol, Lidocaine patches and cream, and Meloxicam. An MRI of his neck was ordered. He was recommended to undergo medial branch blocks at his right C3-6 and a radiofrequency ablation later if his pain subsided with the former procedure. A follow up in three weeks was scheduled.

On MM DD, 2018, Mr. Doe presented to Imaging XX, Inc **(Exhibit-6)**. The MRI of his low back revealed a central disc protrusion at his L5-S1 measuring 6 mm x 15 mm x 7 mm. An MRI of his neck was also obtained and reviewed.

On MM DD, 2018, Mr. Doe presented to Mark XX, M.D., at XX Specialists. He had persistent pain in his neck and low back. He quantitated his pain level as 8/10. A physical examination revealed grade II tenderness and myospasms in his right C3-6 paraspinal muscles. The movements of his neck were guarded. The MRI results of his neck and low back were reviewed. He was recommended to consult a spine surgeon and receive facet joint injections in his right C4-7. He was advised to continue receiving physical therapy, continue taking his medications, continue using the spinal Q and H-wave unit at home, and follow up in four weeks.

On MM DD, 2018, Mr. Doe presented to William XX, P.A.-C., at XX Specialists. He had pain in his neck, low back and knees. He quantitated his pain level as 6/10. His pain worsened with operating a forklift at work. A physical examination revealed grade II tenderness over his low back paraspinals with muscle rigidity, and grade II tenderness and myospasms in his right C3-6 paraspinal muscles. The movements of his neck and low back were guarded. The MRI results of his neck and low back were reviewed. The MRI studies of his knees were ordered. He was advised to receive facet joint injections in his right C4-7, continue receiving physical therapy, continue taking his medications, and continue using the spinal Q. A referral to spine surgeon for the evaluation of his ongoing pain refractory to conservative treatment was recommended. A follow up in four weeks was scheduled.

On MM DD, 2018, Mr. Doe presented to Imaging XX, Inc. The MRI of his left knee revealed a displaced oblique tear involving the posterior periphery of the lateral meniscus. There was grade I partial tear of the medial collateral ligaments, joint effusion, and post-stress changes of the medial and lateral compartments. The MRI of his right knee revealed a displaced oblique tear involving the posterior periphery of the lateral meniscus, grade I partial tear of the medial collateral ligaments, and joint effusion.

On MM DD, 2018, Mr. Doe was seen by Angie XXX, P.A.-C., at XX Specialists. He had persistent pain in his knees and low back along with intermittent tingling in the bottom and top of his foot near the ankle. He quantitated his pain level as 6/10. His pain worsened when he was at work, walking and driving a forklift. A physical examination revealed grade II tenderness over his low back paraspinals with muscle rigidity, and grade II tenderness over his right C3-6 paraspinals with myospasms. There was tenderness over his medial and lateral joint lines, medial and lateral collateral ligaments of his knees. The movements of his neck and knees were guarded. The MRI results of his knees were reviewed. He was diagnosed with severe chronic neck and low back pain. He was advised to continue taking the medications, continue wearing spinal Q, continue working full duty, obtain an electromyogram of his legs, and follow up in four weeks.

On MM DD, 2019, Mr. Doe returned to Dr. XX at XXX Surgery. He experienced pain in his low back which worsened with his return to regular work duties. He quantitated his pain level as 9/10. A physical examination revealed tenderness over his low back paraspinals. The movements of his low back were guarded. He was diagnosed with lumbar spondylosis. Dr. XX stated that Mr. Doe's low back pain due to the described work injury was secondary to the aggravation of his L5-S1 disc disease, and his neck pain was probably due to the bulging disc at his C6-7 for which no aggressive treatment was recommended. Given the failure of conservative care, surgical intervention in the form of a left L5-S1 transforaminal lumbar interbody fusion (TLIF) was recommended for further treatment. He expressed his consent to proceed with the surgery. Dr. XX briefed Mr. Doe the post-operative plan which included a follow up in two weeks after the surgery, physical therapy in three weeks after the surgery, and return to clinic with an upright anterior/posterior lateral X-rays of his low back. At that point in time, Mr. Doe might return to work with desk work/light duty capacity with restrictions on lifting not more than twenty pounds, push or pull weight more than 35 pounds, refrain from repetitive bending or twisting, and alternate between sitting and standing every 30-45 minutes. He was emphasized to follow those restrictions until the completion of a Work Conditioning Program (WCP) which was to be started not sooner than six months postoperatively for a course of four weeks. A follow up after the conclusion of the WCP with a final lumbar X-ray was ordered. At that time, he would be released back to work based on a valid functional capacity evaluation.

On MM DD, 2019, Mr. Doe returned to Dr. XX. He had persistent pain in his knees. A physical examination revealed tenderness over the medial and lateral joint in his knees. The MRI results of his knees were reviewed. Depo Medrol and Lidocaine were administered in his knees. He was advised to follow up in three weeks.

On MM DD, 2019, Mr. Doe returned to Dr. XX. He continued to have pain in his neck, low back and knees. His pain worsened when he was at work, operating a forklift and walking. He quantitated his pain level as 6/10. A physical examination revealed grade II tenderness over his low back paraspinals with muscle rigidity, and grade II tenderness over his right C3-6 paraspinals with myospasms. There was tenderness over his medial and lateral joint lines, medial and lateral collateral ligaments of his knees. The movements of his neck and knees were guarded. He was advised to continue using the spinal Q, continue taking his medications, receive C4-C7 facet joint injection, continue working regular duties, and follow up in four weeks.

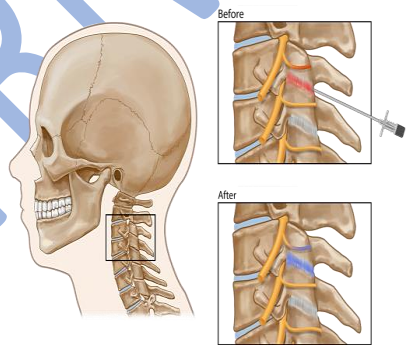
On MM DD, 2019, Mr. Doe returned to Dr. XX. He suffered from persistent pain in his low back. He quantitated his pain level as 10/10. A physical examination revealed tenderness over his lumbosacral region and left posterior iliac crest. The movements of his low back were guarded. He was recommended to undergo the recommended surgical intervention.

On MM DD, 2019, Mr. Doe returned to Dr. XX. He continued to have pain in his knees, especially the left. He was recommended to receive gel injections and follow up on an as needed basis.

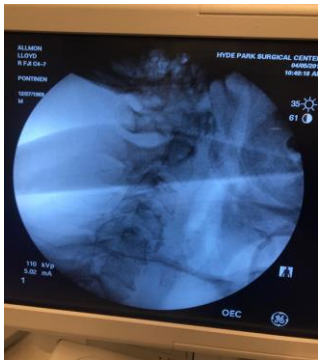
On MM DD, 2019, and MM DD, 2019, Mr. Doe was seen by Dr. XX. He continued to have pain in his neck and low back, and recurrent pain in his knees. He quantitated his pain level as 6/10. Although he resumed working regular duty, his pain worsened with operating a forklift at his workplace and walking. A physical examination revealed grade II tenderness over his low back paraspinals with muscle rigidity, and grade II tenderness over his right C3-6 paraspinals with myospasms. There was tenderness over his medial and lateral joint lines, medial and lateral collateral ligaments of his knees. The movements of his neck and knees were guarded. Ibuprofen was prescribed. He was advised to stop taking Meloxicam, continue taking other medications, receive C4-7 facet joint injection, and follow up in four weeks.

On MM DD, 2019, Mr. Doe returned to Dr. XX. He had persistent pain in his low back which worsened with lifting and repetitive bending. He quantitated his pain level as 9/10. A physical examination revealed tenderness over his posterior iliac crest. The movements of his low back were guarded. He was diagnosed with lumbar spondylosis. He was advised to undergo the recommended surgical intervention.

On MM DD, 2019, Mr. Doe presented to Dr. XX at XX Surgical Center **(Exhibit-7)**. He received facet joint injection in his right C4-7 (*a minimally invasive procedure in which a physician injects a small amount of local anesthetic and/or medication to numb a facet joint and provide pain relief. Fluoroscopy, a form of real-time X-ray, or CT is used to guide the placement of the needle into the facet joint*). He was advised to follow up in two weeks.



Facet joint injection

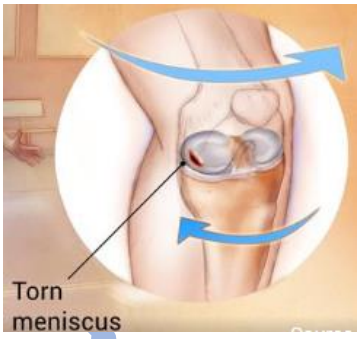


Fluoroscopy used for Mr. Doe's procedure

On MM DD, 2019, Mr. Doe returned to Dr. XX. He had persistent pain in his knees, especially his left which had a medial meniscus tear. A physical examination revealed tenderness over the medial

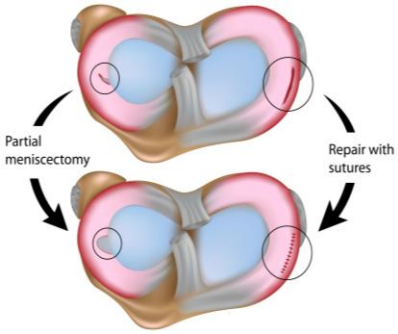
joint line of his left knee. The movements of his knees were guarded. He was recommended to undergo arthroscopy and viscosupplementation injections. He was advised to continue working regular duties.

On MM DD, 2019, Mr. Doe returned to Dr. XX. He experienced persistent pain in his knees, especially with pivoting and twisting maneuvers. A physical examination revealed tenderness over the medial joint line of his left knee. The movements of his knees were guarded. He was diagnosed with left knee medial meniscus tear (*a tear in the cartilage which cushions and stabilizes the knee joint*). An independent medical evaluation was scheduled whose approval on the surgical recommendation was anticipated. He was otherwise advised to continue working regular duties.



On MM DD, 2019, Mr. Doe returned to Dr. XX. He experienced constant pain in his low back with numbness radiating in his legs, and pain in his knees. He quantitated his pain level as 10/10. A physical examination revealed tenderness over his posterior iliac crest. The movements of his low back were guarded. He was recommended to undergo the surgical intervention for his low back.

On MM DD, 2019, Mr. Doe presented to Dr. XX at XX Center. He underwent partial medial meniscectomy (*removal of as little of the meniscus as possible in which unstable meniscal fragments are removed, and the remaining meniscus edges are smoothed so that there are no frayed ends*) and an extensive synovectomy (*the surgical removal of the membrane (synovium) that lines the joint*) in his left knee.



On MM DD, 2019, Mr. Doe returned to Dr. XX for a post-operative follow up. He was advised to remain off work, use crutches for moving around, begin physical therapy, and follow up in four weeks.

On MM DD, 2019, Mr. Doe returned to Dr. XX. He experienced pain in his knees, especially when climbing up and downstairs. A physical examination revealed atrophy of his quadriceps. He had difficulty with the extension of his left knee. He was advised to continue receiving physical therapy, apply ice, take anti-inflammatory medications, and follow up in four weeks.

MEDICAL EXPENSES

The medical expenses for treatment of the injuries Mr. Doe suffered because of the collision amounted to $125,971.84 **(Exhibit-8)**. Copies of the medical bills are attached and itemized below:

Neurological Surgery	**:**	**$1,869.00**
XXX Medicine	**:**	**$15,750.00**

XX Physical Therapy	**:**	**$41,746.95**
XX Specialists	**:**	**$10,260.00**
XX Specialists	**:**	**$4,270.00**
Imaging XX, LLC	**:**	**$7,300.00**
XX Surgical Center	**:**	**$13,000.00**
XX Specialists, LLC	**:**	**$705.00**
XX Center Facility	**:**	**$30,440.89**
XX Anesthesiology	**:**	**$630.00**
Total Medical Expenses	**:**	**$125,971.84**

FUTURE MEDICAL EXPENSES

Mr. Doe will require consultations with a spine surgeon for undergoing left L5-S1 transforaminal lumbar interbody fusion. He will require physical therapy in the post-operative phase and later a work conditioning program. He will benefit from receiving physical therapy for his neck and knees. He will require epidural steroid injections in his neck if his pain persists.

An estimate of his medical expenses in the future is as follows:

Spine surgeon consultations	**:**	**$2,000.00-$4,000.00**
Transforaminal lumbar interbody fusion	**:**	**$30,000.00-$60,000.00**
Physical therapy for low back	**:**	**$3,000.00-$6,000.00**
Work conditioning program	**:**	**$2,500.00-$5,000.00**
Epidural steroid injections	**:**	**$4,000.00-$8,000.00**
Total Future Medical Expenses	**:**	**$41,500.00-$83,000.00**

Total future medical expenses are estimated to be in the range of $41,500.00-$83,000.00.

LIFESTYLE IMPACT

Mr. Doe was 48 years old and employed as a forklift driver at XX at the time of the injury. He had no limitations on his activities of daily living and work until he sustained injuries in his neck, knees and low back. He is unable to walk, get in and out of a forklift to operate it, and lift heavy weights. His pain worsens with bending, walking, and driving a forklift. He did not work due to his constant pain and when he resumes working, his pain intensifies with performing physical activities at work. His pain is persistent despite undergoing medical treatment which worries him. He is upset that he has not recovered from his injuries completely as still needs treatment for his low back and knees in the future as well.

SUMMARY OF DAMAGES

Medical Expenses	**:**	**$125,971.84**
Future Medical Expenses	**:**	**$41,500.00-$83,000.00**
Lifestyle Impact/Loss of Activities	**:**	

CONCLUSION

Demand is hereby made for the sum of $_____. If this amount exceeds your insured's policy limits and any applicable excess policies please provide the declaration page. John Doe will be responsible for any and all liens. This demand shall remain open for 30 days from this letter through and including _____.

Yours very truly,

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