

FUTURE MEDICAL COST PROJECTION

Jane Doe

February 13, 2024

RE: Jane Doe

Date of Birth: December 18, 1995

Present age: 28 years old

Date of Event: February 21, 2023

Diagnoses:

- Open right comminuted tibia and fibula fracture/ right grade 3 open distal tibia and fibula fracture
- Left superior eyelid and nasal bridge lacerations
- Candidal intertrigo
- Mobility deficits due to non-weight bearing on her right lower extremity
- Impaired gait, decreased strength, decreased range of motion, decreased endurance, impaired balance, decreased mobility, and impaired transfers
- Depressed mood
- Adjustment disorder with depressed mood

Procedures performed:

- Laceration repairs of left superior eyelid and nasal bridge on February 21, 2023
- Irrigation with excisional debridement of her right ankle application of delta frame external fixator on February 21, 2023
- Removal of external fixator and open reduction and internal fixation of the right distal tibia and fibula on February 28, 2023

Past Medical History:

- Asthma

Past Surgical History:

- Not available

REVIEW OF RECORDS

Motor Vehicle Collision on February 21, 2023

On February 21, 2023, Ms. Doe was the restrained driver of a vehicle when a truck pulled out in front of her and struck her vehicle.

Immediately after the collision, the paramedics of YYYY arrived at the scene and examined Ms. Doe. She had been screaming in pain, and her blood was running down her face due to laceration above the eye. She reported a loss of consciousness and a right ankle compound fracture. She did not have stability in her right ankle, and she had bleeding from her right ankle. She rated her pain level as 6-10/10. Her shoe was attempted to be removed by the paramedics but it was unable to be removed. On examination, she had a deformity in her left ankle. Her ankle was separated and

hanging loosely when the shoe was attempted to be cut. Her bleeding was controlled with ABD pad and her right ankle was splinted with a SAM splint, ABD pad, and blanket to provide support and to control bleeding. The paramedics were unable to check pedal pulse due to presence of the shoe. An intravenous fluid was established, and Fentanyl was administered. After the Fentanyl administration, she was able to focus on the questions. She complained of dizziness and pain in her head. She was moved by a backboard to the cot where she was secured and loaded in the ambulance. A repeat trauma examination was performed which revealed tenderness over her abdomen. She also complained of abdominal pain. She was transported to Carle Foundation Hospital for further evaluation and treatment.

February 21, 2023 through March 3, 2023- CCC Foundation Hospital

Subsequently, on the same day, at 12:11 p.m., Ms. Doe was brought to the trauma bay of CCC Foundation Hospital, where DDDD, M.D., examined her to evaluate her right ankle fracture. She had a 1-2 cm laceration to the left side of the bridge of the nose extending toward the superior left eyelid. She had tenderness over her lumbar spine and abrasion and laceration to her anterior thigh. She was noted to have right grade III open distal tibia-fibula fracture and contusion of her left flank. Her cervical collar would be cleared after the diagnostic studies. Lab studies were obtained and reviewed. The X-ray of her chest revealed lucency projecting over the right clavicle is presumed to be artifactual. The X-ray of her right ankle revealed severely comminuted fractures of the ankle. A CTs of her brain and facial bones revealed soft tissue swelling involving the left nasal region and extending to the level of the nasal bridge associated with mild subcutaneous emphysema and suggestion of overlying laceration. There was nonspecific approximately 5 mm radiodense structure within the subcutaneous soft tissues of the left lateral periorbital region, might be correspond to a foreign body and paranasal sinus disease. The X-rays of her left wrist and right shoulder, and CTs of her cervical spine, chest, abdomen, and pelvis, thoracic reconstruction, and lumbar reconstruction were obtained which were normal. She was diagnosed with open right comminuted tibia/fibula fracture. Ceftriaxone and Tetanus booster were administered. Her treatment plan included orthopedic consultation and OMFS consultation for repair of laceration close to the eyelid. She was admitted to the facility for further treatment.

At 2:24 p.m., XXXXX, P.A., examined Ms. Doe at the bedside to evaluate right open ankle fracture. She had significant pain to her right ankle as well as pain to her right shoulder and left wrist. A Jones splint and compressive wrap was in place to her right lower leg at the time of examination in the emergency department. She tolerated logrolling of left and right hips. An X-ray of her right lower leg revealed a comminuted displaced right distal tibia fibula fracture and an X-ray of her left shoulder revealed cortical irregularity with a possible fracture of the left scaphoid. She was diagnosed with a right grade 3 open distal tibia fibula fracture. A plan was made to proceed with the irrigation debridement of the right open ankle fracture with application of ankle spanning external fixator to be performed by Dr. DDDD. A plan was also made to keep Ms. Doe on strict bedrest and nil per oral until after surgery and continue to hold all anticoagulation.

At 3:04 p.m., KKKK, DDS examined Ms. Doe for complaints of laceration on her left superior eyelid and nasal bridge. She had eye pain associated with lacerations. The cervical collar was removed by trauma service during laceration repairs. She had 2 cm superficial stellate laceration to left superior eyelid not involving the lid margin and 1cm superficial laceration to left nasal bridge. She had left periorbital edema and ecchymosis. A CT of her facial bones revealed soft tissue swelling involving the left nasal region extending to the nasal bridge associated with mild subcutaneous emphysema and suggestion of overlying laceration. There was a nonspecific approximately 5 mm radiodense structure within the subcutaneous soft tissues of the left lateral periorbital region which might be corresponded to a foreign body. She was diagnosed with left superior eyelid and nasal bridge lacerations. A plan was made to repair the lacerations prior to the orthopedic surgery and oral and maxillofacial surgeon would follow up in a week for suture removal and re-evaluation. Her treatment plan included elevation of head of bed to thirty

degrees, application of ice packs to the left side of face for twenty minutes, medical management, and pain control. Wound care was recommended which included cleaning of left superior eyelid and nasal laceration with 50:50 mixture of hydrogen peroxide and sterile water three times a day to prevent crusting and scabbing of site. After cleaning apply thin layer of bacitracin ointment three times daily and discontinuing use after 72 hours. Her condition was discussed with Ashley Manlove, DMD. Subsequently, Dr. Dunn performed laceration repairs of left superior eyelid and nasal bridge. Following completion of the procedure, wound was again cleansed with sterile saline. Thin layer of topical bacitracin ointment was applied over laceration and covered with clean gauze.

At 4:46 p.m., MMMM, D.O., performed an irrigation with excisional debridement of her right ankle application of delta frame external fixator and it was complicated by superficial cut from bovie, right proximal leg. She received general endotracheal intubation and 2 g of Ancef. Her post-operative diagnosis was grade 3A open right distal tibia-fibula. She was recommended to remain non-weightbearing to her right lower extremity and she might get out of bed. A plan was made to monitor the soft tissues, obtain a CT to help with pre-operative planning, and administer Ancef.

At 10:40 a.m., GGGGG, P.T., examined Ms. Doe for an initial physical therapy evaluation. She complained of pain and discomfort in her right lower extremity. She rated her pain level as 9/10. She had impaired range of motion, pain, weakness, endurance, and strength. She had 57.7% of functional impairment. She had decreased independence with mobility, inability to tolerate continuous activity; pain during functional activities or at rest. She would require supervision with functional mobility; assist for entrance in/out of home at the time of discharge. Ms. Doe planned to discharge to her sister's home as it had one stair to enter, and she would be benefit from a temporary ramp for entrance. If a temporary ramp was not possible, then she might need assistance of two people to get home by being bumped up in the wheelchair. She was recommended to receive physical therapy five to six times a week.

On February 24, 2023, at 7:34 a.m., Dr. SSSS and Dr. UUUU examined Ms. Doe for complaints of pain in her right lower extremity. A plan was made to proceed with the orthopedic surgery the following week when her edema reduced, continue with pain analgesia and Lovenox, and receive home health physical therapy and occupational therapy.

On February 25, 2023, at 10:04 a.m., MMMMM, M.D., examined Ms. Doe. Her pain was well controlled. A plan was made to continue with strict non-weight bearing on her right lower extremity, keep her right lower extremity elevated, continue deep vein thrombosis, and plan for surgery once her soft tissue was appropriate.

On February 26, 2023, at 12:34 p.m., Dr. SSSS and Dr. UUUU examined Ms. Doe for complaints of continued pain in her right lower extremity. A plan was made to continue with her current treatment.

On February 27, 2023, at 09:27 a.m., MMMM, M.D., examined Ms. Doe. She was mobilizing better. A plan was made to proceed with the orthopedic surgery the following day (February 28, 2023) and continue with her current treatment.

At 3:06 p.m., JJJJ, P.A., examined Ms. Doe at the bedside. She had bleeding from her anterior wound, and her dressing was removed. A plan was made to proceed with removal of the external fixator and open reduction and internal fixation (ORIF) of the right distal tibia. After midnight, she would be nil per oral and all her anticoagulation would be put on hold.

On February 28, 2023, at 7:52 a.m., RRRR, DMD and Dr. MMMM examined Ms. Doe. She had improvement in pain and swelling near left orbital and nasal regions. Sutures were removed from her left eyelid and nasal regions. Her treatment plan included elevation of head of bed to thirty degrees, wound care, and medical management.

On March 1, 2023, at 7:41 a.m., AAAA, M.D., and Dr. Moore examined Ms. Doe. She was doing well. A plan was made to continue with her current treatment. Her treatment plan included 2000 units daily and 50000 units weekly Vitamin-D, wound VAC to remain in place for five to seven days, non-weightbearing on her right lower extremity, receive home physical therapy upon discharge, and administer Lovenox.

At 8:49 a.m., Dr. PPPP examined Ms. Doe. She stated her pain was better that morning. She was working with physical therapy. She stated that she did feel pressure about her wound area where the incisional VAC was applied. She was diagnosed with Vitamin D deficiency. Her treatment plan included 2000 units daily and 50000 units weekly vitamin-D for three months, incisional VAC to remain in place for five days, non-weightbearing for approximately ten to twelve weeks, use roll about walker, and administer Vancomycin and Zosyn for an additional two days given the open fracture.

At 3:21 p.m., Dr. MMMM and AAAA, M.D., examined Ms. Doe regarding the prescription for a wheelchair. The diagnosis qualifying Ms. Doe for the wheelchair was right distal tibia-fibula fracture. She was unable to walk. She had used walker and found it insufficient due to non-weightbearing status and body habitus. The symptoms that limited her ambulation were pain, non-weightbearing status, and morbid obesity. Her clinical condition requiring a wheelchair included non-weightbearing status, and morbid obesity. She was unable to adequately ambulate within their home to accomplish activities of daily living even with the assistance of a walker. She was unable to accomplish her activities of daily living of bathing without an increased risk of morbidity. Her mobility limitations could not be sufficiently resolved by the use of a cane or walker. Her home provided adequate access, space, and surfaces for the use of the wheelchair. The use of the wheelchair would significantly improve her ability to perform activities of daily living, and she expressed a willingness to use and would use the wheelchair on a regular basis. She had limitations of function; however, a caregiver was available, willing, and able to help with the wheelchair.

On March 2, 2023, at 7:31 a.m., Dr. MMMM and Dr. OOOO examined Ms. Doe. She was doing well. A plan was made to continue with her current treatment.

On March 3, 2023, at 7:23 a.m., Dr. Moore and Dr. OOOO examined Ms. Doe. She was doing well. A plan was made to continue with her current treatment.

At 9:42 a.m., PAAAA, PA examined Ms. Doe. She had not taken Dilaudid over the past twenty four hours. She was eager to be discharged that day. Her treatment plan included pain management, home health physical therapy and occupational therapy, non-weightbearing on her right lower extremity for ten to twelve weeks, splint to her right leg, incisional wound VAC to be changed to a Prevena, if the Prevena was working properly she might be discharged home with plan for the VAC to be removed on Monday in the orthopedic office, and Lovenox for DVT prophylaxis.

On March 4, 2023, Ms. Doe had a telephone conversation with KKKK, R.N. She complained of post-operative pain and rated it as 8/10. She was advised to rest and elevate and give the pain medication one more hour to work. She asked about taking Tylenol, and she was aware that Hydrocodone-acetaminophen had Tylenol in it, and she could not take more than 3,000 mg in one day. She stated that she had a wheelchair that did not fit in all areas of the home like the bathroom. She had to hop into the bathroom. The nurse had discussed that a signed order from a physician was needed, but walkers were available at most drug stores. She was advised to call, if pain was not manageable in one hour time.

On March 6, 2023, Ms. Doe presented to OOOO, D.O., at CCCC Family Medicine. She reported that her pain was poorly controlled, particularly at night. She was homebound and had difficulty with transportation and was interested in a home health aide. She additionally noted problems with a rash and discomfort in her inguinal and pubic area which

started during hospitalization that area was extremely pruritic and uncomfortable. She had been trying to keep the area clean and dry, but that was a struggle with her current pain and mobility difficulties. She was diagnosed with fracture of right distal end of tibia with fibula and candidal intertrigo. A plan was made to include home health aide. Nystatin topical powder was provided, and she was advised to apply that two to three times a day. She was advised to take iron supplement every for her post-operative anemia and consult home care.

On March 8, 2023, Ms. Doe was examined by RRRR, P.T., of CCCC Home Care for an initial home care physical therapy evaluation. She complained of pain in her right ankle. She had decreased strength in her right knee and right hip. She required assistance for toileting, showering, upper body dressing, lower body dressing, putting on /taking off footwear, mobility, transfer, and grooming. Her Braden scale score was 17 and her fall risk assessment score was four which indicated risk for falling. Her diagnosis included fracture of lower end of right tibia, displaced comminuted fracture of shaft of right fibula, laceration without foreign body of nose, laceration without foreign body of left eyelid and periocular area, and candidiasis of skin and nail. She was assessed with mobility deficits due to non-weight bearing on her right lower extremity. She was recommended to receive home health physical therapy two times a week for two weeks.

On March 10, 2023, Ms. Doe was examined by WWWW, O.T., of CCCC Home Care for an initial home care occupational therapy evaluation. She complained of pain in her right ankle. She reported no longer taking Lovenox due to aversion from needles. She required assistance for transfer, mobility, and self-care such as bathing, toileting, upper body dressing, lower body dressing, feeding, grooming, meal preparation, and oral care. A bariatric tub transfer bench was ordered. She requested refill of Hydrocodone, Ketorolac, and Methocarbamol. She was advised to receive home health occupational therapy one time a week for a total of three visits.

On March 13, 2023, Ms. Doe was examined by WWWW, O.T. She reported she had discontinued taking her Lovenox injections for the past five plus days due to aversion to needles. She was asking if there was anything else she could take. Later on that day, KKKKK, R.N., called Ms. Doe and informed her that Dr. FFFF stated that new literature showed that Aspirin 81 mg taken twice daily could suffice if she was not willing to take Lovenox.

On March 14, 2023, JJJJ, PA ordered Aspirin. She had previous allergies to Ibuprofen with experience of hallucinations. She was advised to stop the medication and contact the office if she experienced any unusual side effects.

On March 20, 2023, Ms. Doe returned to Dr. PPPP at CCCC Foundation Hospital – Orthopedic and Sports Medicine Trauma. She had a highly comminuted fibula fracture that was not addressed. She was taking vitamin-D, enteric-coated Aspirin, Norco, Robaxin, and Toradol. She was requesting more pain medicine as well as muscle relaxant. She was fit with a large, tall equalizer boot for the right ankle. She was advised to continue taking the vitamin-D and enteric-coated Aspirin. Her sutures were removed. However, she was advised to follow up the following week for wound check. Norco and Robaxin were refilled. Dr. PPPP explained to Ms. Doe she was at risk for infection given the highly comminuted fracture as well as the open nature of the fracture.

From March 14, 2023 through March 24, 2023, Ms. Doe received home health physical therapy for pain in her right ankle and decreased strength in her right knee and right hip. On March 14, 2023, she complained of 7/10 pain in her right leg. On March 22, 2023, she had soreness and pain in her right ankle. On March 24, 2023, she complained of 6/10 pain in her right leg. She was discharged from care and advised to continue home exercise program. Her treatment consisted of gait training, transfer training, and home exercise program.

On March 27, 2023, Ms. Doe returned to Dr. PPPP at CCCC Foundation Hospital – Orthopedic and Sports Medicine Trauma for a wound check. She was advised to remain non-weightbearing and recommended to wear boot at all times in a proximally two weeks she might gradually come out of the boot to sleep. She was recommended to follow up in four weeks for repeat evaluation as well as repeat x-rays and physical therapy would be prescribed at that time.

From March 15, 2023 through March 27, 2023, Ms. Doe received home health occupational therapy for pain in her right ankle and right hip. On March 22, 2023, she complained of pain in her right leg. On March 27, 2023, she reported taking pain medication and continued to have fatigue. She was encouraged to discuss medication and fatigue her physician. In addition, she had limited temporomandibular range of motion status post-surgery and could benefit from outpatient therapy with a TMJ specialist. She was advised to continue non-weight bearing on her right lower extremity until further cleared by her physician and use of durable medical equipment/wheelchair. She was recommended to receive outpatient physical therapy to improve ambulation, balance, and lower extremity strength once her weight status was upgraded. She was discharged from care and advised to continue home exercise program. Her treatment consisted of mobility and activities of daily living.

On April 3, 2023, Ms. Doe returned to Dr. PPPP at CCCC Foundation Hospital – Orthopedic and Sports Medicine Trauma for a wound check. She noted drainage over the weekend for that she was started on Bactrim DS. She was advised to finish her Bactrim DS and continue wearing boot with her non-weight bearing instructions. She was advised to keep her wound clean and dry and follow up in two weeks.

On April 24, 2023, Ms. Doe returned to Dr. PPPP at CCCC Foundation Hospital – Orthopedic and Sports Medicine Trauma. She was bit nervous to advance her weight-bearing. An X-ray of her right ankle was obtained which revealed no evidence of hardware failure. There was no change in the overall alignment and had a significantly comminuted right fibula fracture that was treated without fixation. She was advised to begin weight-bearing beginning on May 1, 2023. She was to start with touchdown weight-bearing and then advance to 50% weight-bearing after seven days. After seven days from that point, she was advised to slowly advance to weight bearing as tolerated. She was recommended to wear boot while ambulating. Vitamin-D, Norco, and Robaxin were prescribed. She was advised to follow up in six weeks for repeat evaluation as well as repeat x-rays of her right ankle. She was cautioned that her injury potentially could be a limb-threatening injury.

On May 1, 2023, Ms. Doe presented to NNNN, P.T., at CCCC Therapy Services for an initial physical therapy for complaints of pain, numbness, and discomfort in her right ankle and rated her worst pain as 9/10. She was using a wheelchair/walker for ambulation. Her pain was aggravated by prolonged sitting and inactivity. She had impaired gait, decreased strength, decreased range of motion, decreased endurance, impaired balance, decreased mobility, impaired transfers, and pain. She was advised to receive physical therapy one time a week for ninety days.

On May 17, 2023, Ms. Doe had a follow-up with Dr. OOOO at CCCC– Family Medicine. She would like to discuss difficulties with anxiety and depressive symptoms, due to her difficulty with isolation and mobility after the collision. Her GAD 7 score was 13 and PHQ 9 score was 15. She was diagnosed with mild intermittent asthma, depressed mood, and thyroid pain. She was advised to start short-term therapy at Behavioral Health.

On June 5, 2023, Ms. Doe returned to Dr. PPPP at CCCC Foundation Hospital – Orthopedic and Sports Medicine Trauma for complaint of numbness in her right foot. An X-ray of her right ankle was obtained which revealed ongoing healing, disuse osteopenia particularly of the hindfoot, and no evidence of hardware failure. She was advised to begin the strengthening of her right lower extremity and begin aggressive with her weight-bearing. She was advised to continue with formal physical therapy and follow up in six weeks to make sure that she was advancing with weight-bearing.

On June 27, 2023, Ms. Doe returned to HHHH, LCSW at CCCC Physician Group – Psychology Department. She complained of loneliness. She received cognitive behavioral therapy. She was advised to receive psychotherapy twice a week and her following session was scheduled on July 11, 2023.

On July 11, 2023, Ms. Doe returned to HHHH, LCSW at CCCC Physician Group – Psychology Department. She had upcoming stress with moving. She received cognitive behavioral therapy. She was advised to receive psychotherapy twice a week, and her following session was scheduled on July 25, 2023.

On July 24, 2023, Ms. Doe returned to Dr. P P P P P at CCCC Foundation Hospital – Orthopedic and Sports Medicine Trauma. She had 6/10 pain in her right ankle when she was advancing her weight bearing. She was using her boot and taking Norco. An X-ray of her right ankle was obtained, which revealed no evidence of any hardware failure and little healing about the fibula, but it was a highly comminuted fracture. **Dr. P P P P P had a lengthy discussion with Ms. Doe and informed her that Dr. P P P P P was uncertain if her bone was healing. There was no evidence of hardware failure, however Dr. P P P P P was uncertain if that was because she was just not stressing her fracture.** She was encouraged to continue to bear weight on her right lower extremity. Tramadol and Vitamin-D 2000 units were prescribed. She was advised to follow up in three months for repeat evaluation as well as repeat x-rays of her right lower extremity.

From May 24, 2023, through September 28, 2023, Ms. Doe received physical therapy at CCCC Therapy Services for complaints of pain, numbness, and discomfort in her right ankle. On June 7, 2023, she complained of pain in her right foot. On July 10, 2023, following the session, her right ankle pain increased to 6/10. On July 19, 2023, she rated her right ankle pain as 7/10. On August 3, 2023, she had soreness in her right ankle after the session. On August 15, 2023, she had 7.5/10 pain in her right ankle. On August 23, 2023, she was ambulating with her walker. On August 24, 2023, she had pain and soreness in her right ankle, and she rated her pain as 7/10. On August 29, 2023, she rated her right ankle pain as 8/10. On September 21, 2023, she had difficulty shifting and weight bearing. She was advised to continue with aquatic therapy two times a week for three to six months. Her treatment comprised therapeutic exercises, aquatic therapy, stretching, strengthening, balance, and gait training.

On October 3, 2023, Ms. Doe returned to E E E E E, PTA at CCCC Therapy Services. She continued to have pain in her right ankle and rated it as 5/10. She fatigued and rested the entire day after the therapy. She performed therapeutic exercises and received aquatic therapy. She was advised to follow up with her physician on October 25, 2023. She would benefit from continued aquatic therapy to work on progressing her weightbearing in an environment that was more tolerable than on land.

STATISTICAL LIFE EXPECTANCY

According to the National Vital Statistics Reports, Vol. 71, No. 1, August 8, 2022; Table 2. Life table for females: United States, 2020; the Statistical Life Expectancy of Ms. Doe (DOB: December 18, 1995), a 28-year-old woman, is 54 years.

FUTURE RECOMMENDATIONS AND COST PROJECTION

Routine Medical Evaluations- Table 1

Routine Medical Evaluations	Start year	End Year	Years	Frequency (Per Year)	Cost Per Visit	Annual Cost	Lifetime Total	Comments
Orthopedist/ Orthopedic surgeon	28	33	5	3	\$334.00	\$1,002.00	\$5,010.00	Follow-up with Dr. PPPP
Primary Care Physician	28	33	5	4	\$126.00	\$504.00	\$2,520.00	Follow-up with Dr. OOOO

TOTAL: \$7,530.00

Source:
The Physicians Fee Reference 2023

Geographic Multiplier: 0.9667
Zip Code: 61820

CPT code: 99244, 99213

Therapeutic Evaluations- Table 2

Therapeutic Evaluations	Start year	End Year	Years	Frequency (Per Year)	Cost Per Visit	Annual Cost	Lifetime Total	Comments
Physical Therapy	28	33	5	2	\$139.00	\$278.00	\$1,390.00	To improve strength and mobility of right lower extremity
Occupational Therapy	28	33	5	2	\$158.00	\$316.00	\$1,580.00	To improve strength and mobility of right lower extremity
Psychologist	28	33	5	1	\$270.00	\$270.00	\$1,350.00	Future care for anxiety & adjustment disorder

TOTAL: \$4,320.00

Source:

The Physicians Fee Reference 2023

Geographic Multiplier: 0.9667

Zip Code: 61820

CPT codes: 97162, 97166, 90792

Therapeutic Modalities- Table 3

Therapeutic Modalities	Start year	End Year	Years	Frequency (Per Year)	Cost Per Visit	Annual Cost	Lifetime Total	Comments
Physical &/ Occupational Therapy Sessions	28	33	5	12	\$200.00	\$2,400.00	\$12,000.00	To be decided by the treating physical & occupational therapist
Psychotherapy	28	33	5	8	\$92.00	\$736.00	\$3,680.00	To be decided by the treating psychologist

TOTAL: \$15,680.00

Source:

The Physicians Fee Reference 2023

Geographic Multiplier: 0.9667

Zip Code: 61820

CPT Codes: 97113, 97110, 97530, 97116, 90832

Diagnostic Testing – Table 4

Diagnostic Testing	Start year	End Year	Years	Frequency (Per Year)	Cost Per Item	Annual Cost	Lifetime Total	Comments
X-rays of Right Ankle	28	33	5	2	\$123.00	\$246.00	\$1,230.00	Follow-up care for right tibia & fibula fracture

TOTAL:

\$1,230.00

Source:

The Physicians Fee Reference 2023

Geographic Multiplier: 0.9667

Zip Code: 61820

CPT codes: 73610

Equipment and Aids- Table 5

Equipment and Aids	Start year	End Year	Years	Frequency (Per Year)	Cost Per Item	Annual Cost	Lifetime Total	Comments
One time allowance for home exercise equipment/	28	29	1	1	\$500.00	\$500.00	\$500.00	As needed for home exercise program

TOTAL:

\$500.00

Sources: <https://www.walgreens.com>

Future Surgical Intervention/Aggressive Treatments - Table 6

Surgical Interventions	Start year	End Year	Years	Frequency (Per Year)	Cost	Annual Cost	Lifetime Total	Comments
Right Ankle Hardware Removal	28	29	1	1	\$5,616.00	\$5,616.00	\$5,616.00	Future care for right tibia & fibula fracture

TOTAL

\$5,616.00

Sources www.mdsave.com

CPT codes: 20680

* Includes surgeon fees, hospital, anesthesia, durable medical equipment

Pharmacology - Table 7

Pharmacology	Start year	End Year	Years	Frequen cy (Per Year)	Cost	Annual Cost	Lifetime Total	Comments
Allowance for Over the Counter Pain Medications	28	33	5	1	\$250.00	\$250.00	\$1,250.00	As needed for pain relief

TOTAL:

\$1,250.00

Source:

<https://www.goodrx.com/>

*Medication, dosage, and frequency has not been determined; cost reflects online purchase of pain medication for 30-day supply

Total Expenditures for Ms. Doe

Table	Recommendations	Cost Projection
1	Routine Medical Evaluations	\$7,530.00
2	Therapeutic Evaluations	\$4,320.00
3	Therapeutic Modalities	\$15,680.00
4	Diagnostic Testing	\$1,230.00
5	Equipment and Aids	\$500.00
6	Surgical Intervention/Aggressive Treatments	\$5,616.00
7	Pharmacology	\$1,250.00
	Total Cost Projection	\$36,126.00

CONCLUSION

The approximate cost of Ms. Doe's future medical treatment is **\$36,126.00**. The future recommendations, frequency, and duration of care provided are based on the severity of Ms. Doe symptoms inferred from the medical records provided. These are subject to changes depending on Ms. Doe prognosis with conservative treatment, responses to diagnostic and therapeutic interventions, as well as the severity of degenerative changes and associated comorbid conditions.

The costs provided are based on Physicians Fee Reference Tool 2023 as well as online sources. Therefore, these are only ballpark estimates for the services and are subject to changes.