

Harbor & Vale, demo firm

Case analysis

Gaps, specials, internal strength assessment and damages review

CLIENT

Priya Ramanathan

DATE OF LOSS

Sep 18, 2024

CASE TYPE

Auto accident

VENUE

Sacramento County, CA

CASE REFERENCE

BR-F7734C82

PREPARED FOR

Harbor & Vale, demo firm

STATUS

Approved Oct 11, 2026 by Elena Marsh

EXPORTED

Oct 11, 2026

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About this report

AI-generated work product

AI-generated. Requires independent attorney review. May contain errors. Analysis approved by Elena Marsh on Oct 11, 2026. The strength assessment is internal to the firm and is never shown to a client.

Exported

Oct 11, 2026, 6:24 PM PDT

Gaps and missing records

TYPE	DATES	WHAT THE RECORD SHOWS	PAGES
Treatment gap	Apr 24, 2025 to Aug 20, 2025	No treatment is documented between 2025-04-24 and 2025-08-20, a span of about 16.9 weeks. Page 69 (4/24/25 PT initial evaluation) is visible only as its opening index text, which contains no plan or return interval. The 12-week program appears only in the chronology summary, not in verifiable page text. Page 19 (8/20/25 final evaluation) opening text describes ongoing symptoms and no interval explanation. No quotable explanation found.	p.69 (case p.69); p.19 (case p.19)

Medical specials

PROVIDER	DATES OF SERVICE	BILLED	PAID	BALANCE	PAGES
Saint Brendan's Medical Center	Apr 2, 2025	\$55,950	Not stated	Not stated	p.139 (case p.139)
Pinnacle Physical Therapy & Rehabilitation	Oct 20, 2024 to Apr 24, 2025	\$18,655	Not stated	Not stated	p.34 (case p.34); p.35 (case p.35); p.36 (case p.36); p.37 (case p.37)
Valley General Hospital	Sep 18, 2024	\$4,925	Not stated	Not stated	p.113 (case p.113)
Northgate Diagnostic Imaging	Oct 12, 2024	\$2,750	Not stated	Not stated	p.4 (case p.4)
Cascade Orthopedic Associates	Oct 4, 2024 to Aug 20, 2025	\$955	Not stated	Not stated	p.20 (case p.20)
Harbor Family Medicine	Sep 24, 2024	\$285	Not stated	Not stated	p.148 (case p.148)
Total		\$83,520	Not stated	Not stated	Added up by Brennick from the bills

Added up by Brennick from the bills: 6 bills.

Case strength (internal)

Assessment

Moderate (68 of 100)

Liability is the strongest part of this case. A head-on crash over the center line, the other driver saying he did not see her in time, an at-fault finding by the deputy, an independent witness and photographs (p. 157). The damages side is stronger than most soft-tissue cases: a positive straight leg raise, an 8 mm L4-L5 extrusion pressing on the right L5 root, and EMG-confirmed radiculopathy all agree (pp. 23, 6, 2). Care followed a logical path from PT and two epidurals with short relief to a microdiscectomy, then a permanent 25-pound lifting limit and no repetitive bending (pp. 22, 125, 19). That is a good base for a settlement posture.

The main weakness is causation of the disc injury. The ED found a lumbar strain with normal strength and sensation (p. 111), and leg symptoms appeared six days later (p. 146). Nothing in the record ties the extrusion to the crash, so a treating-physician causation opinion is the missing piece. The second weakness is the 16.9-week gap after the post-op PT start, which leaves the permanency finding exposed (pp. 69, 19). Pain scores swing widely, and several PT notes tie flares to a long shift, which invites questions about work activity and credibility (pp. 55, 25, 33).

Caveats: several key pages (19, 69, 125) are visible only in part, so the contents of the P&S report and surgical indications should be confirmed against the full records. Lien-based billing and the date and county errors on the collision report are cross-examination points but secondary. No work history, wage loss, or pre-accident spine records are in the file, so earnings loss and prior-condition risk cannot be assessed.

What supports the case

FACTOR	WHY IT MATTERS	PAGES
Clear liability: head-on crossing the center line, other driver's own admission, and an at-fault finding by the deputy	The sheriff's report names P-2 as primary collision factor, P-2 told the deputy he did not see her vehicle in time to stop, and an independent witness and photographs are on file. Liability is a small fight, so settlement pressure turns on damages. The carrier's reservation-of-rights letters (pp. 8, 103) do not admit liability but are routine and do not undercut this.	p.157 (case p.157); p.8 (case p.8); p.103 (case p.103)
Objective, concordant injury picture: positive straight leg raise, MRI extrusion, and EMG all pointing to right L5	Exam found a positive straight leg raise on the right (p. 23). The MRI shows an 8 mm L4-L5 right paracentral extrusion impinging the right L5 root (p. 6). EMG/NCS confirmed right L5 radiculopathy (p. 2). Three independent findings line up with the complaint, which makes this hard to dismiss as subjective pain.	p.23 (case p.23); p.6 (case p.6); p.2 (case p.2)

FACTOR	WHY IT MATTERS	PAGES
Escalating, documented treatment ending in surgery	The record shows PCP care, ortho, MRI, EMG, two epidurals with only temporary relief (pp. 101, 100), 34 PT visits through 3/5/25 (pp. 58, 65), then a documented failure of conservative care and a recommendation for microdiscectomy (p. 22). The 4/2/25 operative report confirms a large extruded fragment was removed with decompression (p. 125). A surgery that followed a logical conservative sequence is a strong anchor for a settlement position.	p.101 (case p.101); p.100 (case p.100); p.58 (case p.58); p.65 (case p.65); p.22 (case p.22); p.125 (case p.125)
Permanent restrictions from the treating surgeon at MMI	The 8/20/25 Permanent & Stationary report sets a permanent 25-pound lifting limit and no repetitive bending, with diagnoses of chronic pain and lumbar disc disorder with radiculopathy (p. 19). This gives a future-impact argument. The report is only partly visible and shows ongoing symptoms.	p.19 (case p.19)
Prompt first treatment and consistent attribution to the crash	ED visit the day of the collision with a mechanism consistent with the police report (p. 111), PCP visit six days later (p. 146), ortho within about two weeks (p. 23). Early, consistent treatment blunts an argument that symptoms came from something else.	p.111 (case p.111); p.146 (case p.146); p.23 (case p.23)

What works against it

FACTOR	WHY IT MATTERS	PAGES
Mild early picture and a gap between mechanism and the later injury	A head-on collision suggests significant force, but the ED found lumbar strain with 5/5 strength and intact sensation, and no disc injury was diagnosed (p. 111). Leg pain first appears six days later (p. 146). The defense can argue a strain that progressed or a degenerative disc that the crash did not cause. The MRI report in the record shows no acute osseous abnormality (p. 6), and nothing on pp. 6 or 125 dates the extrusion to the crash. A causation opinion from a treating physician is needed.	p.111 (case p.111); p.146 (case p.146); p.6 (case p.6); p.125 (case p.125)
Unexplained 16.9-week treatment gap after surgery	Nothing is documented between the 4/24/25 post-op PT evaluation and the 8/20/25 final evaluation. The 12-week PT program is not verifiable in page text (p. 69), and p. 19 gives no interval explanation. The defense will say she stopped treating or recovered, and the permanency finding looks less supported. Obtain the missing PT notes or explanation.	p.69 (case p.69); p.19 (case p.19)

FACTOR	WHY IT MATTERS	PAGES
Pain reporting is erratic and sometimes inconsistent with other records	PT daily pain ranges from 2/10 to 8/10 with swings between adjacent visits (for example 8/10 on 11/25/24, p. 55, versus 2/10 on 11/13/24, p. 25). The ED pain was 9/10 at worst (p. 111), the PCP recorded 8/10 average and 7/10 worst, with average above worst (p. 146), and ortho on 3/2/25 recorded 10/10 worst (p. 22). The 8/20/25 P&S shows pain of 4/10 on average (p. 19). Several PT notes tie flare-ups to a long shift (pp. 33, 39, 55). A cross-examiner will use these for credibility and for ongoing work activity, which should be reconciled with the claimed restrictions.	p.55 (case p.55); p.25 (case p.25); p.111 (case p.111); p.146 (case p.146); p.22 (case p.22); p.19 (case p.19); p.33 (case p.33); p.39 (case p.39)
Record quality problems in the collision report and extraction	The deputy's report lists the time as 21:00 with daylight lighting and the county as Sacramento on a Fresno County Sheriff form (p. 157). These contradictions could be used to attack the report's reliability, though liability does not depend on them. Postoperative nursing flowsheets show implausible swings (for example 0/10 then 9/10 thirty minutes apart, p. 133), and the operative report's diagnosis and CPT codes sit on a following page (p. 126). The records also contain a lot of repeated administrative material.	p.157 (case p.157); p.133 (case p.133); p.126 (case p.126)
Lien-based treatment and billing	Providers hold accounts pending resolution of the claim and note possible liens (pp. 4, 148), with a lien acknowledged by Harbor Family Medicine (p. 154). Lien treatment lets a defense expert argue the care was driven by the claim. Billed amounts are at standard rates before adjustment (p. 5), so they will be contested.	p.4 (case p.4); p.148 (case p.148); p.154 (case p.154); p.5 (case p.5)

Damages review

No approved damages review. A damages figure appears here only after an attorney approves the estimate in its own damages review.