

RESOLUTION NO. 5-14

**CAMDEN COUNTY INSURANCE FUND COMMISSION
AUTHORIZING WORKERS COMPENSATION SETTLEMENT WITH
JOHN ALBANESE**

WHEREAS, John Albanese has filed a claim against the Camden County Insurance Fund Commission with the State of New Jersey, Department of Labor, Division of Workers' Compensation; and

WHEREAS, the parties have recommended a resolution for 15% of partial total for a total settlement in the amount of \$19,440.00, plus costs of \$3,888.00; and

WHEREAS, the claim so filed has been resolved, now, therefore,

BE IT RESOLVED, by the Camden County Insurance Fund Commission that disposition of the claim filed by the above-referenced individual is authorized as follows:

<u>CLAIMANT</u>	<u>PETITION NO.</u>	<u>AMOUNT OF AWARD</u>
John Albanese	CP2012-12619	\$19,440.00 (15% partial total)
		\$3,888.00 (costs)

BE IT FURTHER RESOLVED, that the proper Commission officials and/or their agents, be and are hereby authorized to execute such documents as shall be necessary to effect the disposition set forth above.

ADOPTED: 1-23-14

BY:



CHAIRPERSON

ATTEST:



VICE-CHAIRPERSON

**Camden County Insurance Commission
Settlement Authority Request**

Claimant: John Albanese
CSI File Number #: 630-112-558
CSI Handling Adjuster: Paulette Kelly
CSI Adjuster Phone: 856-380-6529

Date : 12/26/2013
Claim Type: Work Comp
Date of Incident/Loss: 1/4/2012
Department: Health Services

Litigation : Yes
CP #: 2012-12619
Defense Attorney: Chris Saracino, Esq
Claimant/Plaintiff Attorney: Ira Back, Esq
Claimant/Plaintiff Attorney Firm:

Policy Type : Work Comp

DEFENSE COUNSEL RECOMMENDATIONS:

15% of partial total or 90 weeks at \$216.00 = \$19,440.00, plus assessments of \$3,888.00 = \$23,328.00. Per MRI finding of a labrum tear.

SEEKING AUTHORIZATION FOR SETTLEMENT RECOMMENDATIONS IN THE AMOUNT OF : Up to 15% of partial total or 90 weeks at \$216.00 = \$19,440.00, plus assessments of \$3,888.00 = \$23,328.00.

APPROVAL FROM CCIC : YES NO

Camden County Insurance Commission Payment Authority Request- Health Services Center

Claimant: JOHN ALBANESE

Date of Birth: 10/20/1966

Date of Hire: 07/01/1996

CSI File Number: 630-112-0000558

CSI Handling Adjuster: Paulette Kelly

CSI Adjuster Phone: 856-380-6529

Excess Carrier: Meadowbrook

Excess Notice Date: N/A

Excess Handling Adjuster: N/A

Excess Adjuster Phone: N/A

Member Entity SIR: \$750,000.00

CIB: No Matches

Subrogation: No

Status as of: 12/26/2013

Claim Type: Indemnity

Date/Time of Loss: 01/04/2012 1:00 PM

Location: Camden County Health Services Center

Department: Health Services Center - Behavioral Heal

Litigation: Yes

Defense Attorney:

PIETRAS SARACINO SMITH & MEEK LLP

Claimant/Plaintiff Attorney:

IRA F BACK ESQ

Claimant/Plaintiff Attorney Firm:

Claimant/Plaintiff Attorney Phone:

856-854-4040

Policy Type: Workers' Compensation

CEL-JIF Companion File#:

Summary of the Incident Facts: The employee was assisting restraining a patient when he felt a pop in his right shoulder.

The injury is an admitted compensable injury. The employee a nurse in the psychiatric unit was assisting restraining a patient when he felt a pop in his right shoulder.

Following the accident the employee was seen at Kennedy Hospital. He then received follow up care By Dr. O'Dowd, who on examination suspected a biceps tendon rupture and recommended a MRI. MRI revealed Tendinosis Involving the Infrapinatus, susprasinatus and long head of the bicep tendon but without discrete rotator cuff tear. Tear of the anterior/inferior glenoid labrum. Mild degenerative changes of the acromioclavicular joint.

Dr. O'Dowd reviewed the MRI and did not feel that there was a definite tear of the labrum as interpreted by the radiologist. He advised that the biceps and rotator cuff were intact. Dr. O'Dowd felt that the employee sustained discomfort from bruising due to swelling of the pectoralis muscles. The employee was released to return to work modified duty. A course of physical therapy was recommended and he was told he could return to work full duty as of 2/8/12.

The employee was sent to Dr. Ponzio for a 2nd opinion on 4/2/12. Dr. Ponzio indicated that the employee did have a labral tear with mild symptoms. He recommended an at home exercise program with light weights and to follow up in 4 weeks and advised the patient to continue working full duty. On 4/30/12 Dr. Ponzio placed the patient at MMI.

The petition had his permanency exam with Dr. Cataldo on 10/19/12. Dr. Cataldo opined a 50% partial total for orthopedic residuals of a tear of the anterior/inferior glenoid labrum and tendinosis of the long head of the biceps tendon of the right shoulder.

Our permanency exam with Dr. Peacock provided a 1% partial total disability rating for the right shoulder directly related to the work accident.

A settlement demand of nothing less than 22 ½% of partial total rates of 2012, or 135 weeks at \$238.71 weekly = \$32,226.00, plus assessments \$6,445.20 = \$38,671.20.

Settlement negotiations have taken place and defense counsel has advised that he feels that a recommended settlement of 15% of partial total or 90 weeks at \$216.00 = \$19,440.00, plus assessments of \$3,888.00 = \$23,328.00 is a more realistic value. In light that the MRI had findings of a labral tear.

Strategy/Action Plan: 1. Will obtain settlement authority from the County fir up to 15% of partial total of the right shoulder and inform counsel accordingly. 2. Will continue to monitor the claim with counsel until we resolve this matter and close the claim 3. Reimburse TTD benefits

<u>Financial Summary:</u>	<u>Indemnity</u>	<u>Medical</u>	<u>Legal</u>	<u>Other</u>	<u>Total</u>
Paid:	\$0.00	\$4,670.80	\$1,891.00	\$1,232.43	\$7,794.23
Outstanding:	\$28,757.00	\$590.00	\$2,109.00	\$17.57	\$31,473.57
Total Incurred:	\$28,757.00	\$5,260.80	\$4,000.00	\$1,250.00	\$39,267.80

Reserve Rationale: Total Indemnity = \$27,262.50 which equates to 15% partial total which equals 90 weeks at \$216.00 weekly = \$19,440.00 plus 20% assessments of \$3,888.00 = \$23,328.00. Reimburse TTD in the amount of \$3934.50 for days out of work.

Last committee meeting date and amount authorized: May 2012 \$39,267.80

Payment authority requested up to: \$37,773.30. (decrease \$1,494.50) Requesting settlement authority for up to 15% partial total. Reserves are appropriate for this settlement value.

Repeater report

Camden County - 620

Claimant	Claim Number	Date of Injury	STATU	Accident desc	Body part desc	Total Claim PTD	Total Claim Incr
ALBANESE, JOHN J	620-102-0006960	11/26/2001	C	TRANSFERRING/LIFTING PT LOWER BACK STRAIN STRAIN/INJURY BY NOC LOWER BACK(LUMBAR&LUMBOSACRAL)	L BACK AREA(INC LUMB & LUMBO)	\$2,335.11	\$2,335.11
ALBANESE, JOHN J	620-106-0006959	01/20/2006	C	BHS 1 SOUTH HALLWAY THUMB/CONTUSION/PATIENT SPRAIN STRUCK/INJ- FELLOW WORK/PATIENT THUMB- UPPER EXTREMITIES	HANDS	\$539.02	\$539.02
ALBANESE, JOHN J	620-108-0006958	01/11/2008	C	BHS 1 SOUTH B-PTS/LACERATION/SCRATCH LACERATION CUT,PUNCTURE,SCRAPE/NOC MULT. BODY PARTS	MULTIPLE BODY PARTS	\$2.50	\$2.50

Camden County Insurance Commission

Claimant	Claim Number	Date of Injury	STATU	Accident desc	Body part desc	Total Claim PTD	Total Claim Incr
ALBANESE, JOHN J	630-112-0000558	01/04/2012	O	EE WAS ASSISTING WITH RESTRAINT OF PATIENT. SUDDEN POP AND PAIN DURING RESTRAINT. INJURY, RT/SHOULDER	RIGHT SHOULDER	\$7,794.23	\$39,267.80