

**RESOLUTION NO. 25-15**

**CAMDEN COUNTY INSURANCE FUND COMMISSION  
AUTHORIZING WORKERS COMPENSATION SETTLEMENT WITH  
HELEN HIGGINS**

**WHEREAS**, Helen Higgins 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 20% of partial total for a total settlement in the amount of \$28,380.00, plus costs of \$5,676.00; 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>
Helen Higgins	CP2014-15006	\$28,380.00 (20% partial total)
		\$5,676.00 (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: 4-2-15**

**BY:**

  
\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

  
\_\_\_\_\_  
**VICE-CHAIRPERSON**

**Camden County Insurance Commission  
Settlement Authority Request**

**Claimant:** Helen Higgins  
**CSI File Number #:** 630 113 891  
**CSI Handling Adjuster:** Huguette S. Atherton  
**CSI Adjuster Phone:** 856-380-6539

**Date :** February 24,2015  
**Claim Type:** Workers' Compensation  
**Date of Incident/Loss:** April 26,2013  
**Department:** Juvenile Detention Center  
**Litigation :** Yes  
**Defense Attorney:** Jennifer Laver- Weber Gallagher  
**Claimant/Plaintiff Attorney:** Calra & Nemeth  
**Policy Type:** Workers' Compensation

**Petitioner has filed CP2014-15006**

**DEFENSE COUNSEL RECOMMENDATIONS:**

Per enclosed PAR of February 24,2015 and counsel's correspondence of January 30,2015, all parties have agreed to resolve this matter for 20% of partial total or \$ 28,380.00 plus costs of \$5,676.00 , for a total of \$34,056.00.

Seeking settlement authorization in the amount of \$34,056.00 as outlined above. Last payment authority received May 23, 2014 was for \$ 106,634.00- We are now seeking payment authority up to \$84,386.00, a decrease of \$22,248.00.00

**APPROVAL FROM CCIC:**            YES            NO

**Camden County Insurance Commission  
Payment Authority Request-Camden Proper**

<b>Claimant:</b> Helen Higgins	<b>Status as of:</b> February 25, 2015
<b>Date of Birth:</b> 11/03/1966	<b>Claim Type:</b> Indemnity
<b>Date of Hire:</b> 11/19/2001	<b>Date/Time of Loss:</b> 04/26/2013 11:50 AM
<b>CSI File Number:</b> 630-113-0000891	<b>Location:</b>
<b>CSI Handling Adjuster:</b> Huguette S. Atherton	<b>Department:</b> Juvenile Detention Center
<b>CSI Adjuster Phone:</b> 856-380-6539	<b>Litigation:</b> Yes
<b>Excess Carrier:</b> Wesco Insurance Company	<b>Defense Attorney:</b> Jennifer Laver-Weber Gallagher
<b>Excess Notice Date:</b>	<b>Claimant/Plaintiff Attorney:</b>
<b>Excess Handling Adjuster:</b>	<b>Claimant/Plaintiff Attorney Firm:</b> Calra & Nemeth
<b>Excess Adjuster Phone:</b>	<b>Claimant/Plaintiff Attorney Phone:</b>
<b>Member Entity SIR:</b> \$250,000.00	<b>Policy Type:</b> Workers' Compensation
<b>CIB:</b> yes	<b>CEL-JIF Companion File#:</b>
<b>Subrogation:</b> Not applicable-per administrator (Ed Fanelle) the resident involved in the incident was not charged with assault due to the fact that it was a restraint issue not a physical attack against the officer	<b>AWW-</b> \$1,056.80- <b>\$</b> 739.76

**Summary of the Incident Facts:**

Petitioner was attempting to restrain a combative resident, there was a struggle she landed on her right side and sustained injury to her right shoulder. Initial evaluation was at Worknet diagnosis- right shoulder strain with rotator cuff tendinosis/bursitis as revealed by MRI. Injured worker was then referred to Ortho, Dr. Pollard at Cooper Bone & Joint. Dr. Pollard reviewed MRI and recommended physical therapy, injections and medications and released her to work regular duty.

Follow up evaluation of 10/29/13 with Dr. Pollard- diagnosis :right shoulder Impingement, acromio-clavicular degenerative joint disease with large labral flap tear. Surgery was recommended and scheduled for 12/02/13. She remained out of work from 12/2-2/9/14 and returned to work on 2/10/14. Injured worker followed up with Dr. Pollard after surgery from her post-op on 12/12/13 until 3/7/14 at which time she was discharged from care.

Claim petition received -CP2014-15006.

Petitioner's medical expert Dr. Cataldo estimated disability at 60% of partial total. Dr. Meeteer who evaluated petitioner on behalf of the County estimated disability at 7 1/2% of partial total.

Petitioner's attorney made a settlement demand of 25% of partial total or \$37,844.00 plus costs of \$7,569.00 for a total of \$45,413.00. After further discussion, all parties agreed to resolve this claim for 20% of partial total or \$ 28,280.00 plus costs of \$ 5,676.00 for a total of \$ 34,056.00. This matter is listed for hearing on April 2,2015

**Strategy/Action Plan:**

1-Will prepare PAR/SAR for settlement discussion at the CCIC meeting of 03/03/15-2- As soon as we receive settlement authority from the County we will inform counsel accordingly in order to bring this matter to conclusion. 3- At next diary, pending on further developments, will review and adjust the reserves to reflect potential case exposure.

<u>Financial Summary:</u>	<u>Indemnity</u>	<u>Medical</u>	<u>Legal</u>	<u>Other</u>	<u>Total</u>
Paid:	\$10,146.00	\$28,184.00	\$0.00	\$4,316.00	\$42,646.00
Outstanding:	\$34,056.00	\$00	\$4,500.00	\$3,184.00	\$41,740.00
Total Incurred:	\$44,202.00	\$28,184.00	\$4,500.00	\$7,500.00	\$84,386.00

**Reserve Rationale:**

Indemnity reserve reflects 13 4/7 weeks of TTD benefits @ \$739.76=\$10,146.00 & 20% of partial total or \$28,380.00 plus costs of \$ 5,676.00=\$34,056.00

Total Indemnity reserve-\$ 44,202.00

Medical reserve-\$28,184.00 (reflects paid treatment consisting of Worknet & Ortho. visits, surgery costs, PT sessions, diagnostic tests, supplies

Expenses reserve-\$7,500.00 (reflects IME, medical costs)

Legal reserve-\$4,500.00 (reflects ongoing litigation costs)

**Last committee meeting date and amount authorized:** May 23,2014 -\$106,634.00

**Payment authority requested up to:** \$ 84,386.00 (decrease of \$22,248.00)

<b>Prior Claims for this Claimant</b>					
<u>DOI</u>	<u>Body Part/Acc Desc</u>	<u>Claim Type</u>	<u>Status</u>	<u>Paid</u>	<u>Incurred</u>
2014-04-17	MULTIPLE BODY PARTS EE WAS TRYING TO RESTRAIN A COMBATIVE AND NON-COMPLIANT	M	C	\$796	\$796
2003-06-16	HANDS CAMDEN COUNTY JUVENILE DET.CTR HAND/CRUSHING/CAUGH	I	C	\$92	\$92
<b>Claim Count: 2</b>				<b>888</b>	<b>888</b>