

RESOLUTION NO. 28-15

**CAMDEN COUNTY INSURANCE FUND COMMISSION
AUTHORIZING WORKERS COMPENSATION SETTLEMENT WITH
SUSAN EDEN**

WHEREAS, Susan Eden 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 in the amount of \$28,380.00, less an Abdullah credit of 15% of total (\$19,800.00) for a prior award, for a net settlement in the amount of \$8,580.00 plus costs of \$1,716.00; 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>
Susan Eden	CP2013-17853	\$8,580.00 (20% partial total less Abdullah credit of 15%)
		\$1,716.00 (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: 4-23-15

BY:



CHAIRPERSON

ATTEST:



VICE-CHAIRPERSON

**Camden County Insurance Commission
Settlement Authority Request**

Claimant: Susan Eden
CSI File Number #: 630-113-924
CSI Handling Adjuster: Paulette Kelly
CSI Adjuster Phone: 856-380-6529

Date : 3/27/2015
Claim Type: Workers' Compensation
Date of Incident/Loss: 6/11/2013
Department: Health Services-Behavioral Health

Litigation : Yes
CP #: 2013-17853
Defense Attorney: Carl Gregorio
Claimant/Plaintiff Attorney: David Capozzi
Claimant/Plaintiff Attorney Firm:

Policy Type : Workers' Compensation

DEFENSE COUNSEL RECOMMENDATIONS: 20% of total under 2013 rates for the 6/11/13 injury for \$28,380.00, less Abdullah credit of 15% of total \$19,800.00 for the prior award. This would result in an additional payment of \$8580.00, plus cost \$1,716.00 = \$10,296.00.

SEEKING AUTHORIZATION FOR SETTLEMENT RECOMMENDATIONS IN THE AMOUNT OF : \$10,296.00

APPROVAL FROM CCIC : YES NO

Camden County Insurance Commission Payment Authority Request

Claimant: Susan Eden
Date of Birth: 05/19/1965
Date of Hire: 12/11/1995
CSI File Number: 630-113-0000924
CSI Handling Adjuster: Paulette Kelly
CSI Adjuster Phone: 856-380-6529
Excess Carrier: Star/Meadowbrook
Excess Notice Date: N/A
Excess Handling Adjuster: N/A
Excess Adjuster Phone: N/A
Member Entity SIR: \$750,000.00
CIB: Yes
Subrogation: No

Status as of: 3/26/2015
Claim Type: Indemnity
Date/Time of Loss: 06/11/2013
Location: Camden County Health Services Center
Department: Health Services Center - Behavioral Heal
Litigation: Yes
Defense Attorney: Carl Gregorio
Brown & Connery, LLP
Claimant/Plaintiff Attorney: David Capozzi, Esq
Claimant/Plaintiff Attorney Firm:
Claimant/Plaintiff Attorney Phone: 856-547-7373
Policy Type: Workers' Compensation
CEL-JIF Companion File#:

Summary of the Incident Facts: Transferring resident to bed; low back, Left hip & pelvic area. Pain worsened throughout the night. The injured worker (IW) was sent to Employee Health Center on 6/12/13, diagnosed (DX) with Low back strain; out of work (OOW). Referred to Orthopedist, X-ray and MRI. X-Ray performed on 6/17/13 revealed mild degenerative change of the lumbar spine, mild anterolisthesis of L4 on L5. MRI performed on 6/17/13 revealed Bulging disc at L4-5 and prominent posterior element hypertrophy at this level. Minor degenerative changes throughout the remainder of the lumbar spine. Dr. Clements at Copper Bone & Joint evaluated the injured worker on 6/21/13. Diagnosed her with aggravation of degenerative changes in the lumbar L4-5. Recommended physical therapy. IW continued to complain of pain in her left hip, x-ray was recommended. X-ray performed on 8/5/13 revealed no acute osseous pathology. Dr. Clemens recommended pain management for epidural steroid injections. IW had a series of 3 injections that she was having relief but had a flare from non-work related activities. A 4th injection was recommended but not authorized. An IME was scheduled to address maximum medical improvement (MMI) and return to work (RTW). 11/4/13 IME with Dr. Kirshner Dx: low back pain and bilateral radicular symptoms. This is pre-existing and not causally related. No treatment recommendations. RTW Full Duty and MMI.

On 11/16/13 the IW alleges she reinjured herself at work when she was kneeling down putting patient's shoes on & when she stood up got pain in her back & left leg. IW was directed back to Dr. Kirshner on. 11/22/13. Dx: left leg pain. MRI lumbar spine recommended RTW LD that could not be accommodated. The claimant is no longer employed by CCHSC as of 11/25/13. This service was taken over by Ocean Health who also cannot accommodate LD. 12/2/13 MRI lumbar spine Impression: foraminal narrowing mostly on the right side at L4-5. This is due to a combination of anterolisthesis as well as prominent facet arthropathy. When compared to the prior study there is no significant change. Dr. Kirshner recommended FCE. 1/7/14 FCE Impression: IW demonstrated mild sub-maximum effort in relevant FCE protocols. The IW demonstrates ability for light category work. Dr. Kirshner 1/17/14 Med Rpt - MMI, RTW w/perm restrictions no lifting greater than 20 lbs. Review of 1/7/14 FCE showed the patient gave mild submaximal effort for strength/force protocols and maximum effort on dynamic protocols. Therefore LD Category. TTD benefits terminated.

Petitioner's attorney (PA) perm exam with Dr. Gaffney found an increase of 52.5% over the earlier exam. Dr. Meeteer found an increase of 2.5% in his report over the prior eval. Defense counsel (DC) was unable to convince PA or the Court of Section 20 settlement due to our doctor finding a 2.5% increase. DC was able to negotiate a settlement of **20% of total under 2013 rates for the 6/11/13 injury for \$28,380.00, less Abdullah credit of 15% of total \$19,800.00 for the prior award. This would result in an additional**

payment of \$8580.00. As a part of the settlement, the reopener (CP 2011-34191) would be dismissed.

Strategy/Action Plan:

1. Resolve claim as recommended.
2. Review for Order approving settlement and pay as allowed until pay in full.
3. Review for closure once paid in full.

<u>Financial Summary:</u>	<u>Indemnity</u>	<u>Medical</u>	<u>Legal</u>	<u>Other</u>	<u>Total</u>
Paid:	\$18,408.02	\$14,601.91	\$1,707.42	\$4,068.93	\$38,786.28
Outstanding:	\$10,296.00	\$0.00	\$3,292.58	\$1,591.07	\$15,179.65
Total Incurred:	\$28,704.02	\$14,601.91	\$5,000.00	\$5,660.00	\$53,965.93

Reserve Rationale: Settlement for 20% of total, under 2013 rates, less Abdullah credit of 15% of total \$19,800.00 for the prior award. This would result in an additional payment of \$8,580.00 plus cost \$1,716.00 = \$10,296.00.

Indemnity - \$28,704.02 – 20% of total, less Abdullah credit of 15%, plus cost. (decrease of \$1,007.98)

Medical - \$14,601.91 – (decrease of \$7,698.09)

Expense - \$5,660.00 – No change.

Legal - \$5,000.00 – No change.

Total - \$53,965.93

Last committee meeting date and amount authorized: 9/2013 - \$62,672.00

Payment authority requested up to: \$53,965.93 (decrease of \$8,706.07)

Prior Claims for this Claimant					
<u>DOI</u>	<u>Body Part/Acc Desc</u>	<u>Claim Type</u>	<u>Status</u>	<u>Paid</u>	<u>Incurred</u>
2011-11-14	MULTIPLE BODY PARTS EE SLIPPED WHEN WALKING AND FELL TO FLOOR RESULTING IN PAIN	I	O	\$31,775	\$32,588
Claim Count: 1				31,775	32,588