



Claim No.: UAE2150 A
Date of Loss: 9/24/2006
Insured Name: L-3 COMMUNICATIONS TITAN

8/26/2008 11:05:47 AM Created By : Candi Gainer
Transfer file received 8/20/2008. Acknowledgement sent to employer 8/22/2008.

AWW \$229.90/ CR \$153.27

LS202 indicates claimant injured in IED attack on 9/24/2006. Loss of rt leg above knee, loss of three fingers, and possible loss of other leg.

Claimant was air-evacuated to Jordan for medical treatment shortly after the injury.

Medical treatment:

Claimant underwent amputation of the rt. leg, and has been fitted with a prosthetic. He sustained traumatic amputation of his left ring finger, and has a deformity of the left little finger. He was declared MMI 6/29/2007, and released to RTW. He was assigned 90% loss of function of the rt. leg, and 18% loss of function to the hand for lost digits described above.

Claimant continued to complain about prosthetic, so prior handling office arranged for a second evaluation which was completed 10/17/2007. Dr. Hameed recommended evaluation by an orthopedist for the continued complaints regarding the claimant's stump, and left small finger.

Claimant opted not to follow through with recommendations, and there is a plethora of documentation in the file supporting the fact that he has essentially tried to run his claim at the expense of his own care. He has refused treatment, refused to return to Iraq initially when released, refused to answer his phone or call back providers who wanted to assist him, and essentially hijacked his care at several different turns in an effort to have his demands met. The final incident occurred when he tried to get Dr. Hameed to write a note stating he had to be treated in Jordan, as he has an appointment with the U.S. Embassy there, and was trying to find a way to Jordan to secure his immigration status. The physician refused, indicating that there was not a lack of recommended care available in Baghdad.

Dr. Hameed caught up with the claimant at the airport on his way to Jordan on 12/26/07, and noted that despite claimant's allegations to the contrary, he was walking just fine on his prosthetic leg, with no use of crutches or noticeable discomfort. Dr. H caught up with the patient who advised that he was on his way to meet with the immigration department to set up his relocation in the U.S. Dr. Hameed assigned 80% PPI to the rt leg, and an 8% hand impairment for the ring finger amputation, and ankylosis of the little finger.

Claimant was paid TTD from 9/25/2006 through 6/30/2007, when he was released back to work by his treating physician. It would not appear that any of the PPD owed claimant has been extended, as the prior handler was trying to get the claimant to decide whether he wanted to settle his claim via 8(i) or not; a decision he never made prior to emigrating to the U.S. Total PPD owed to date is:

Never released back to work

As assigned by provider:

90% rt leg: 259.2 weeks @ \$153.27 = \$39,727.58
18% lft hand: 43.92 weeks @ \$153.27 = \$6731.62
Total: \$46,459.20



As assigned by carrier's physician:

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Notes

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80% rt leg: 230.4 weeks @ \$153.27 = \$35,313.41
8% lft hand: 19.52 weeks @ \$153.27 = \$2991.83
Total: \$38,305.24

An offer to settle could be extended by splitting the difference between the assigned ratings:

85% to the rt leg: 244.8 weeks @ \$153.27 = \$37,520.50
13.5% lft hand: 32.94 weeks @ \$153.27 = \$5,048.71
Total: \$42,568.76

Upon being discharged from care, claimant's physician indicated future medical would consist of prosthetic replacement Q10 years at a cost of USD \$10K. Claimant is only 23 years old and has a LE of 53 years, so reasonably we could expect them to need replacement at least 4x over the course of this LE.

Contacted USDOL to advise claim has been transferred to Dallas for handling.

Last e-mail from prior handling office indicated that claimant was trying to reach someone to resume treatment.

Called claimant to discuss his options, and did not really get anywhere. Explained we could settle his claim for the PPD and medical, and he couldn't understand why it was not worth over \$200K. Advised if he is still in need of medical treatment, we could assign a NCM to get him to a physician of his choice to determine his medical status, and he did not seem interested in this vs. a \$200k check. Advised that no matter how we cut it, his case will not be worth that much.

Additionally, he wanted to spend a great deal of time berating the treatment he received in Jordan and Iraq, presumably because once he was released from care, he did not want to return to Iraq, and wanted AIG to continue to pay his living expenses while he stayed in Jordan. There are several examples in the file of his refusal to treat, and when questioned about this he stated that he did not have "time" to treat. I asked why this was and he stated because he was "too tired, and wanted to just stay in his flat". I explained that while he is healing and receiving benefits that it is his "job" to treat, and if he cannot comply with his responsibilities, then he cannot be paid. It was a very circular conversation. (At present, am holding off on initiating any benefits, as claimant is clearly entitled to PPD, but if he is not truly at MMI, then TTD would have to be reconsidered. Placing a NCM on the file, and will await medical reports detailing his current medical status and anticipated outcome. Filing a 207 in the interim indicating that medical records on file indicate claimant is at MMI, and entitled to PPD; however claimant continues to state that he needs treatment, so holding award in abeyance pending medical evaluation, and entitlement to additional benefits.)

If the conversation with claimant is any indication, this will be a difficult case to handle and follow, so assigning a NCM to assist with the medical management aspect of claim.

At this time, requesting Indemnity reserves to cover the cost of anticipated PPD in the event that MMI is confirmed; however this may need to be re-addressed if additional treatment is recommended. \$45K

Medical reserves are being requested to cover the anticipated costs of replacement prosthetics, and therapy evals to confirm proper construction and use of same. \$50K.

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