After several calls with the claimant he met the doctor in Iraq on 10.17.07 who performed a full medical examination and was given a PPD rating 11% loss of hand function and 80% of the lower limb function.

Malik then left to Jordan on 12.26.07 and he was seen at Baghdad airport wearing his prosthetic limb and walking without the help of crutches and informed the investigator that he is on his way to meet the immigration department to set up his relocation to the USA.

The final medical report (2nd opinion) were issued with almost same PPD rating he was given in Jordan and confirmed that he reached MMI by the date he left Jordan and that he has no difficulties using the prosthetic limb as he claimed.

I was in Jordan in Feb 2008 and prior to my trip I called him and discuss his situation over the phone and have asked him to feel free to call me in Jordan if he wants to meet with me in order to finalize his claim however he preferred to keep on sending e-mails to his employer claiming the same issue again and again.

After having two medical reports with same outcome we offered him the following:

- Choose the doctor he wants and ask for re-evaluation.
- Undergo the required treatment he thinks he still needs (related to 09/24/06 injury) at any place he
  chooses and we will reimburse all related expenses upon receiving the supported documents.
- Agree to settle the case as per section 8i of Longshore and Harbor Workers' Compensation Act. Part
  of this amount will be contributed to the scheduled PPD (Permanent Partial Disability) and the other
  part will cover your future medical benefits.

Malik did not make any choice until 07.28.08 when we received a call (and later on an e-mail) from him saying that he is currently in the States and that he is asking for his settlement to be signed!

End of story @

Now he is calling you for further treatment! Copy of the file will reach your department soon.

Please let me know if you need further details, as I will be always happy to help.

Best regards, Sahar Al-Farra

From: Deniz, Lorraine

Sent: Monday, August 11, 2008 7:01 PM

To: Farra, Sahar

Cc: Deniz, Lorraine; Clemens, Chad Subject: M Hadi / UAE2150

Sahar.

I received a call from Malik Jawad Hadi - UAE2150 that he arrived in TX on 07/14/08 and requesting treatment. Please send his file to us ASAP. Thx!

Lorraine

## Lorraine Deniz

Claims Examiner
AIG WorldSource
8144 Walnut Hill Lane
16th Floor
Dallas, TX 75231
(214) 932-2212 direct
(214) 932-2208 fax
Lorraine.Deniz@AIG.com





Claiment Name:

DBA/002150 Malik Jawad

Claimant Name: Report Date:

Malik Jawau 17 October 2007

## **Medical Report**

Patient name: Malik Jawad

Age: 22years Sex: male

Address: Daywania

Cause of injury: Improvised explosive device

Date of injury: 24 September 2006

Place of injury: Ai-Tali

### Chief complaint:

1. amputation of right leg

2. amputation of left ring finger

- 3. Crushed injury of left little finger. With deformity.
- 4. muscle loss of left leg due to shell injury

5. pain at the amputated limb after wearing the prosthetic limb

#### **History of present illness:**

On 24 September 2007 the patient was subjected to an IED in Taji and suffered from amputation of the right leg, ring finger with muscle loss from both left and right limbs. The patient was transferred to Ibn Sina hospital where surgical amputation was done for the patient. The patient was discharged after 4 days.

On 30 September 2007 the patient was transferred to Jordan for further management. He was admitted at Al-Khalidi hospital where skin grafting was done and prosthetic limb was provided. The patient returned to Baghdad for 2 months and returned to Jordan for physiotherapy and training on the prosthetic limb. The patient was discharged from the hospital and returned to Baghdad.

On 17 October 2007 the Dr met the patient, performed a full medical examination and found that the patient is suffering from pain at the amputated limb and was complaining from the deformity of his little finger. The patient was notified that a meeting with an orthopedist is necessary.

#### Systemic Review:

Cardiovascular system: nothing of any significance

Respiratory system: nothing of any significance

Gastrointestinal system: nothing of any significance

Genitourinary system: nothing of any significance

Past medical history: nothing of any significance

World Headquarters 4030 Wake Forest Road, Suite 300 Raicigh, NC 27609 USA Correspondence & Payments
Post Office Box 971
Wendell, NC 2759J USA

Internet & E-Mail www.vetted-intl.com info@vetted-intl.com

IRAQ-Rating. 2-





Client File Number: DBA/002150 Claimant Name: Malik Jawad Hadi

Report Date: 26 December 2007

# **Final Medical Report**

Patient name: Malik Jawad Hadi

Age: 22 years Sex: male

Address: Daywania

Cause of injury: Improvised explosive device

Date of injury: 24 September 2006

Place of injury: Al-Taji

## Chief complaint:

1. amputation of right leg

2. amputation of left ring finger

3. Crushed injury of left little finger. With deformity.

4. muscle loss of left leg due to shell injury

pain at the amputated limb after wearing the prosthetic limb

History of present illness:

On 24 September 2007, the patient was subjected to an IED in Taji and suffered from amputation of the right leg, ring finger with muscle loss from both left and right limbs. The patient was transferred to Ibn Sina hospital where surgical amputation was done to the patient. The patient was discharged after 4 days.

On 30 September 2007 the patient was transferred to Jordan for further management. He was admitted at Al-Khalidi hospital where skin grafting was done and a prosthetic limb was provided. The patient returned to Baghdad for 2 months and returned to Jordan for physiotherapy and training on the prosthetic limb. The patient was discharged from the hospital and returned to Baghdad.

On 17 October 2007 our Dr met the patient, performed a full medical examination and found that the patient is suffering from pain at the amputated limb and was complaining from the deformity of his little finger. The patient was notified that a meeting with an orthopedist is necessary.

On 26 December 2007 the patient left Iraq.

World Headquarters 4030 Wake Forest Road, Suite 300 Raleigh, NC 27609 USA

Correspondence & Payments Post Office Box 971 Wendell, NC 27591 USA

Internet & E-Mail www.vetted-intl.com info@vetted-intl.com

RAQ-Rating.

Client File Number: DBA/002150
Claimant Name: Malik Jawad
Report Date: 17 October 2007

Past surgical history: nothing of any significance

Drug history: not allergic to any drug and no chronic use of any drug

## **Examination:**

- 1. amputation of right leg
- 2. amputation of left ring finger
- 3. Crushed injury of left little finger. With deformity.
- 4. muscle loss of left leg due to shell injury
- 5. pain at the amputated limb after wearing the limb

#### General:

BP 120/80

PR 88bpm

RR 17cpm

RBS 120mg/dl

## Clinical studies:

None done.

## **Further Management:**

Needs to be seen by an orthopedist.

#### Work Ability:

The patient has not reached MMI yet. Decision is to be made after meeting the orthopedist.

Dr. Omar Kadhom Hameed

M.B.Ch.B G.P

شركة فيتيد العالية المحدودة

liag Operations

#### S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
Office of Workers' Compensation Programs
Division of Longshore & Harbor Workers' Compensation
8866 Gulf Freeway, Suite 140
Houston, TX 77017-6528
(713) 943-1605



April 10, 2009

NOTICE OF PERMANENT CASE FILE TRANSFER

Case File Number: 02-151809 Claimant Name: Malik Jawad Hadi

Date of Injury: 09/24/2006

Transferred to: U.S. Department of Labor/Houston, Texas

Claims Examiner: MACK STRINGFIELD

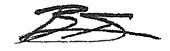
Reason for Transfer: DBA Claim Transfer Per Industry Notice 122

Malik Jawad Hadi 1909 Park Avenue S., Apt. 60 Arlington, TX 76017

Insurance Co. Of The State Of Penn. c/o AIG Worldsource 600 N. Pearl, Suite 700 Dallas, TX 75201

L-3 Communications 1900 Campus Commons Dr., #400 Reston, VA 20191

NOTICE: THIS WILL SERVE TO INFORM YOU THAT YOUR CASE RECORD UNDER THE LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT (AND ITS EXTENTIONS) HAS BEEN TRANSFERRED TO THE DISTRICT OFFICE AT THE ADDRESS LISTED ABOVE. ALL FUTURE CORRESPONDENCE CONCERNING YOUR CASE SHOULD BE DIRECTED TO THAT OFFICE.



Authorized Signature:

BRADLEY SOSHEA, District Director

NOTICE TO INSURANCE CARRIERS AND SELF-INSURED EMPLOYERS UNDER THE DEFENSE BASE ACT, AND OTHER INTERESTED PERSONS

SUBJECT: Transfer of Defense Base Act Cases from the New York Longshore District Office to Other Longshore District Offices

Effective October 1, 2007, with exceptions explained below, existing open cases for claims under the Defense Base Act, 42 U.S.C. 1651 et seq., will be transferred from the New York District Office for Longshore (Compensation District No. 2), to the Compensation District where the claimant resides. Authority for this action is provided by 33 USC § 919(g) and 20 CFR § 702.104. This action is necessary in order to efficiently administer the Act. The list of District Offices and their respective jurisdictions are established in 20 CFR 704.101 and may be viewed online at <a href="http://www.dol.gov/esa/owcp/dlhwc/iscontac.htm">http://www.dol.gov/esa/owcp/dlhwc/iscontac.htm</a>. Notwithstanding the provisions of 20 CFR §§ 704.101(d) and (e), the OWCP has determined that cases involving injuries and deaths in Afghanistan will be initially reported to and created in the New York District Office.

The cases will be transferred in installments of about 100 files every two weeks per District Office, starting with the oldest cases first (lowest OWCP Case Numbers), until all affected files have been transferred. Cases that require immediate action by OWCP staff, including but not limited to requests for informal conference, vocational rehabilitation services, independent medical examination, referral for formal hearing, and Special Fund relief under sec 8(f) of the Act, will be transferred immediately on request to the Compensation District of the claimant's residence. Cases that are currently closed and are subsequently reopened due to receipt of additional information will be transferred based on the OWCP Case Number sequence.

All parties to the case will be notified of the transfer in writing. Any party objecting to the transfer must do so in writing, stating the reasons why the case should not be transferred. Transfer will only be stayed for good cause. The objection must be mailed to the District Director of the receiving District Office. No email or phone request will be accepted. An appeal of the District Director's denial of a request for transfer may be made in writing to the Director, Division of Longshore and Harbor Workers' Compensation, 200 Constitution Avenue NW, Washington, DC 20210.

The following exceptions apply to the case transfer from New York:

- Cases in which no disability compensation is payable because no lost time is reported (No Lost Time cases) will be maintained in the New York District Office and will not be transferred to the Compensation District of the claimant's residence unless subsequent action is required.
- Cases in which an informal conference has been scheduled will be transferred after the informal conference is held and the New York District Office written recommendation is issued.
- Cases in which an informal conference has been held and written recommendation is forthcoming will be maintained in the New York District Office and that office will issue the recommendation.
   Thereafter, the case will be transferred from New York to the Compensation District of the claimant's residence
- Cases with a pending Application for Approval of Agreed Settlement under § 8(i) of the Act will remain
  in the New York District Office until conclusion of the claim. If the application is denied by the District
  Director, the case will be transferred to the Compensation District of the claimant's residence in
  accordance with the above schedule.

The New York District Office retains jurisdiction of all cases created in that office in which the claimants reside within its Compensation District or outside of the 50 States of the United States.

New reports of injuries or deaths that occur in the following geographic locations should continue to be filed in the New York Compensation District Office: Mexico, Central and South America (including coastal islands); areas east of the continents of North and South America to the 60th degree east longitude, including Iraq, Afghanistan and Iran; and any other areas or locations not covered under any other district office. Once a new case number is assigned by the New York District Office and the parties are so notified, the case will be transferred to the District Office within whose jurisdiction the claimant (the injured employee or the survivors in the event of death) resides.

All questions concerning the transfer of Defense Base Act cases covered under this Notice should be directed to Michael Niss, Director, Division of Longshore and Harbor Workers' Compensation, at (202) 693-0038

MICHAEL NISS

Director/Division of Longshore and Harbor Workers' Compensation