

# **Life Care Plans**

## **Substantiating Medical Damages in Personal Injury Torts**

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White Paper

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## ABSTRACT

This white paper addresses the challenge of substantiating medical damages in personal injury torts.

In order to effectively substantiate medical damages, three basic questions must be addressed:

- What is a subject's condition?
- What medically-related goods and services does a subject's condition require?
- How much will those goods and services cost over time?

Life Care Plans are medical assessments that provide definitive answers to these questions, but only if their medical opinions are formulated by someone with requisite capacity, and only if their conclusions are supported by a proper methodological framework.

**Most Life Care Plans [and Life Care Planners] fail to credibly substantiate the medical opinions and quantitative conclusions they express.** These common failures regularly jeopardize the same people Life Care Plans are intended to help.

**This paper presents a proper systematic framework for formulating and substantiating medical damages in personal injury torts.**

The easy-to-follow framework presented in this document specifies a set of narrowly defined objectives, and consists of three imperative components:

- A Foundation
- A Superstructure
- A set of Mechanics

Only by fully understanding and properly applying these elements can one credibly substantiate medical damages in personal injury torts.

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## INTRODUCTION

In order to effectively substantiate medical damages, three basic questions must be addressed:

- What is a subject's condition?
- What medically-related goods and services does a subject's condition require?
- How much will those goods and services cost over time?

Laws of evidence require that answers to the preceding questions be supported by a quantum of evidence, and that such evidence is of sufficient quality to be deemed credible and/or reliable.

**The Challenge: Most Life Care Plans [and Life Care Planners] fail to credibly formulate and substantiate the medical opinions and quantitative conclusions they express.**

The purpose of this paper is to provide a framework for satisfying evidentiary standards when answering the three questions necessary to credibly substantiate medical damages in personal injury torts.

### **Sub-stan-ti-ate** <sup>[1]</sup>

1. to establish by proof or competent evidence
2. to give substantial existence to
3. to affirm as having substance; give body to; strengthen

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## Life Care Planning

**Life Care Planning** is a process of applying methodological analysis to formulate diagnostic conclusions and opinions regarding impairment and disability for the purpose of formulating care requirements for individuals with permanent or chronic medical conditions. <sup>[2]</sup>

**Life Care Plans** are comprehensive documents that objectively identify ill/injured individuals' residual medical conditions and ongoing care requirements, and they quantify the ongoing costs of supplying these individuals with requisite medically-related goods and services throughout their durations of care. <sup>[3]</sup>

## The Objectives of Life Care Planning

For a Life Care Plan to credibly formulate and substantiate medical damages, it must accomplish the Clinical Objectives of Life Care Planning by answering the Basic Questions of Life Care Planning.

### The Clinical Objectives of Life Care Planning

The Clinical Objectives of Life Care Planning include:

- Diminish or eliminate physical and psychological pain and suffering.
- Reach and maintain the highest level of function given an individual's unique circumstance.
- Prevent complications to which an individual's unique physical/mental conditions predispose them.
- Afford the individual the best possible quality of life in light of their condition. <sup>[4]</sup>

### The Basic Questions of Life Care Planning

The Basic Questions of Life Care Planning are:

1. What is the subject's condition?
2. What medically-related goods and services does the subject's condition require?
3. How much will those goods and services cost over time? <sup>[5]</sup>

**A Life Care Plan that fails to accomplish the Clinical Objectives of Life Care Planning by providing relevant, definitive, and defensible answers to the Basic Questions of Life Care Planning fails its primary objective, and fails to credibly substantiate medical damages.**

Only a Life Care Plan with a proper Foundation, Superstructure, and Mechanics can provide credible answers to the Basic Questions of Life Care Planning.

## FOUNDATION

Life Care Planning's foundation consists of two indispensable components: 1) credibility, 2) transparency.

### Credibility

Credibility is the bedrock of any Life Care Plan. Without it, a Life Care Plan does not meet evidentiary standards. Credibility is a function of two primary attributes: 1) capacity, 2) ethical integrity.

### Capacity

Capacity can be defined as the ability or power to do a particular thing. Less than 1% of Life Care Planners are qualified physicians <sup>[6]</sup>; yet according to the Life Care Planning & Case Management Handbook, a central text of Life Care Planning:

"It is the role of the physician to establish the existence of physical or mental impairment and it is inappropriate for the rehabilitation consultant [or other non-physician] to present opinion testimony as to the existence of a medical condition or its likely progression." <sup>[7]</sup>

This central, peer reviewed position asserts that **>99% of Life Care Planners do not possess the capacity to independently formulate or defend diagnostic conclusions, opinions regarding impairment and disability, adjustments to life expectancy, or future medical requirements**, i.e. it asserts they do not possess requisite capacity to independently engage in Life Care Planning. Non-physician Life Care Planners who do so place their clients at considerable risk. The literature continues:

"The foundation of many life care plans is limited by the plan developer's experience and the frequently marginal input from treating physicians. Especially in developing a plan for an individual with complex health care needs due to a catastrophic injury or illness, the life care planner and the treating physicians may have very little experience in dealing with a person with similar medical issues..." <sup>[8]</sup>

In this statement, the literature asserts that the treating physicians most Life Care Planners rely upon to formulate and/or justify their plan's opinions, often provide marginal input, and/or lack the capacity to formulate or defend future medical recommendations for individuals with complex health care needs. The literature concludes: (next page)

“For a Life Care Plan to appropriately provide for all the needs of an individual, the plan must have a strong medical foundation. Physicians specializing in physical medicine and rehabilitation (physiatrists) are uniquely qualified to provide a strong medical foundation for life care planning based on their training and experience in providing medical and rehabilitative services to individuals with disabilities. Physiatrists are, by their training, experienced in dealing with individuals who have catastrophic functional problems. Additionally, physiatrists are trained to anticipate the long term needs of their patients.”<sup>[9]</sup>

If the literature asserts that “physicians specializing in physical medicine and rehabilitation (physiatrists) are uniquely qualified to provide a strong medical foundation for Life Care Planning”, then the quality of a Life Care Plan’s medical foundation is dependent upon the opinions of a physiatrist.

**The medical opinions expressed in a Life Care Plan can be neither formulated nor defended by a non-physician, and any medical opinions that are, subject the non-physician Life Care Plan [and the Life Care Planner] to material challenge [including Daubert/Frye].**

To ensure a Life Care Plan’s substantiability, the Life Care Plan’s medical opinions, i.e. its diagnostic conclusions, opinions regarding impairment and disability, adjustments to life expectancy, and future medical requirements, must be formulated and defended by a physiatrist, or other qualified physician specialist.

### **Ethical Integrity & Professionalism**

A Life Care Planner’s credibility is a function of adherence to high standards of ethical integrity, truthfulness, accuracy, professionalism and objectivity.

A Life Care Planner has an ethical, moral, professional and legal obligation which is narrow and specific: “to objectively assess the physical condition of ill/injured individuals, and to objectively identify those medical goods and services they believe—based upon their education, training, professional experience, and a reasonable degree of medical probability—will be required by those individuals to accomplish the Clinical Objectives of Life Care Planning.”<sup>[10]</sup>

Many Life Care Planners mistakenly believe—and even state during testimony—that their role is to advocate for the subjects of their Life Care Plans. Any Life Care Planner who assumes a role of advocacy is operating outside the bounds of the objective onus of a medical expert witness, and in doing so places their work, as well as their clients, at appreciable risk.



## Transparency

Transparency is the second pillar of a Life Care Plan's credibility. When a Life Care Plan is the product of a standardized set of best practices, linear reasoning and thoroughness, then transparency not only produces credibility, the credibility it produces is preemptive, i.e. it preempts, rather than solicits questioning about a plan's facts, opinions and conclusions.

A Life Care Plan's degree of transparency is an immediate "tell" as to whether a Life Care Planner is: a) competent, b) professional, or c) ethical.

**Most Life Care Plans are insufficiently transparent**, which means their information is presented in unintelligible fashion, or they are missing key information entirely. **Any Life Care Plan which is not transparent is incomplete**, and is therefore subject to challenge and invalidation.

### Transparency

To be considered transparent a Life Care Plan should present:

- ❖ A complete synopsis of the medical records
- ❖ A complete account of the personal interview and physical examination (in cases in which personal interviews/physical examinations are performed)
- ❖ Specific identification of all diagnostic conclusions
- ❖ Specific identification of all consequent circumstances
- ❖ Specific identification of all future medical recommendations
- ❖ Identification of the physician specialist(s) who formulated each of the plan's medical opinions (diagnostic conclusions, consequent circumstances, and future medical recommendations)
- ❖ Specific presentation of all variables used to perform the plan's cost analysis, e.g. unit prices, frequencies, durations, etc.
- ❖ A complete vendor survey which identifies the specific sources from which unit price information was obtained

**Without transparency, it is not possible for a plan to possess a sufficiently strong foundation to meet evidentiary standards, nor is it possible for a plan to evidence proper Mechanics—both of which are necessary to credibly substantiate medical damages in personal injury torts.**

## SUPERSTRUCTURE

The Superstructure of a Life Care Plan is what most people refer to as “the plan itself”. It contains three primary, indispensable components:

- A Set of Facts
- A Set of Opinions
- A Set of Conclusions



**Any Life Care Plan that does not evidence ALL of the Primary Components is fundamentally incomplete and/or incorrectly constructed.**

### Facts

The Facts component of a Life Care Plan’s Superstructure contains a plan’s Objective Findings. In effect, the Objective Findings inform the reader of “what happened” and “what’s happened”, since the cause of relevant injury or illness.

The Objective Findings are comprised of: 1) a Medical Record Review, and 2) a Personal Interview & Examination.

### Objective Findings

#### Medical Record Review

The Medical Record Review is a chronological synopsis of relevant medical treatment, medical procedures and diagnostic studies undergone by the subject. **To be considered credible, a Life Care Plan must contain a clear, chronologically-oriented review of all available medical records.**

The purpose of the Medical Record Review is to consolidate information about the subject, which can be used in conjunction with the information obtained during the Interview & Examination, for the purpose of enabling the Life Care Planner to answer the first Basic Question of Life Care Planning, i.e. what is the subject’s condition?

All treating and/or consulting physicians providing medical opinions in regards to a subject's condition or care should have thoroughly reviewed all medical records available at the time their opinions were rendered. If additional records have become available since the formulation of their opinions, the physician should consider the impact of any newly available information and revise/update their opinions accordingly.

### Personal Interview & Examination

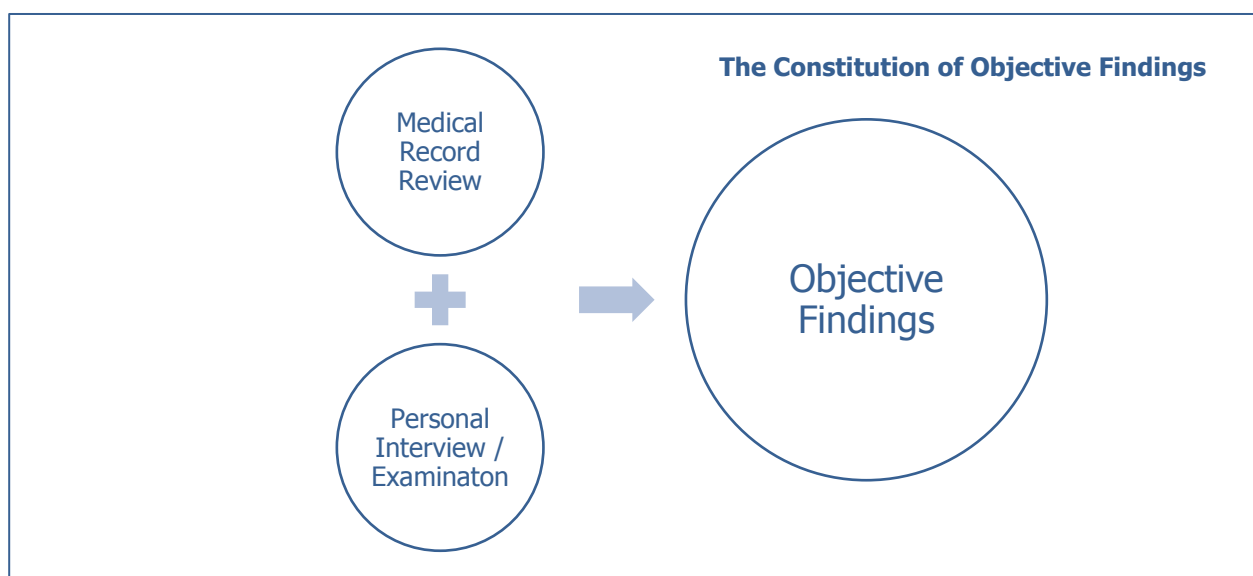
**The Personal Interview & Examination is an important part of the information gathering process, as significant objective findings are often discovered.**

There are many occasions when the objective findings in the medical records appear relatively normal, yet upon interview and examination of the subject, an examiner encounters clear symptoms and physical findings which would not have been otherwise discoverable.

A common example of this occurs during acute hospitalization, when a treating physician's primary focus is on life and limb threatening conditions (i.e. the most obvious and most urgent at the time). In these situations, less urgent conditions are often not addressed until a later time, or not at all.

It is important for an interview and examination to occur in order to properly assess a subject's existing conditions and needs at the time of a Life Care Plan's production. If this fails to occur, it is more difficult for any Life Care Planner to accomplish the Clinical Objective of Life Care Planning, i.e. his or her primary purpose.

**The majority of Life Care Planners do not perform personal interviews and examinations**, and the primary reason for this is the majority of them lack the capacity to independently perform medical examinations or independently interpret their results, as they do not possess requisite medical training or credentials.



**A Life Care Plan that does not account for a Personal Interview & Physical Examination of the subject is sub-optimal**, however, in some cases such interviews/examinations may not be possible due to geographic proximity or the condition of the subject. In any case, in order for the information obtained from an interview and examination to be credible, it must be obtained by a medical professional with requisite capacity.

Relative to all other medical specialties, physiatrists are particularly well suited to perform medical examinations for the types of cases which require Life Care Plans, as Psychiatry is specifically geared towards the provision of holistic care and rehabilitation over time <sup>[11]</sup>—exactly what a properly constructed Life Care Plan is designed to address.

### Objective Findings

A Life Care Plan's Objective Findings should include:

- ❖ General Information about the Subject
- ❖ Specification of the cause of relevant Injury/Illness
- ❖ Listing of Diagnostic Studies, (X-rays, MRIs, laboratory studies, pulmonary function studies, etc.)
- ❖ Listing of Procedures (treatments, surgeries, etc.)
- ❖ Observational Documentation (operative reports describing structural lesions, etc.)
- ❖ Documented Opinions from Treating Physicians
- ❖ Subjective complaints obtained during the personal interview and examination which correlate with the objective findings in the medical records
- ❖ Complete review of the subject's biological symptoms and systems
- ❖ Account of health history, social history, medication history, etc.
- ❖ Statements regarding observations of symptom magnification, feigning or malingering on behalf of the subject (if any)

It should be noted: the Objective Findings contain treating physicians' opinions, which by definition, do not constitute objective facts. That treating physicians formulated and documented their opinions, however, is a fact, and must therefore, be cited and considered in the Objective Findings. The same reasoning is true for the subjective statements made by subjects during personal interviews and examinations.

## Opinions

The Opinions component of a Life Care Plan's Superstructure contains all the medically-related opinions and recommendations which constitute a Life Care Plan's medical foundation.

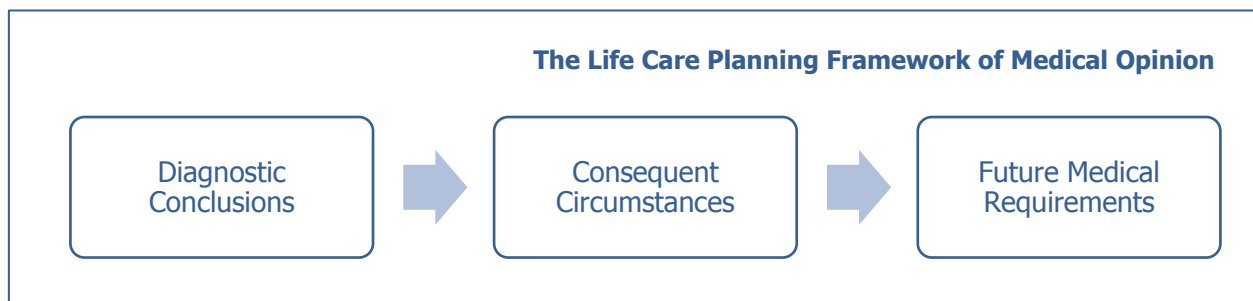
**The Opinions component of a Life Care Plan can be neither independently formulated, nor defended by a non-physician, and any medical opinions that are, expose the non-physician Life Care Plan [and the Life Care Planner] to serious challenge [including Daubert/Frye].**

The Opinions Component addresses the first two Basic Questions of Life Care Planning:

1. What is the subject's condition?
2. What medically-related goods and services does the subject's condition require?

The subcomponents of a Life Care Plan's Opinions include:

- Diagnostic Conclusions
- Consequent Circumstances
- Future Medical Requirements



**For a Life Care Plan to be considered fundamentally complete and/or correctly formulated, it must contain specifically identifiable Diagnostic Conclusions, Consequent Circumstances and Future Medical Recommendations.**

### Diagnostic Conclusions

A Life Care Plan's Diagnostic Conclusions specify the diagnostic conditions a physician believes—based on their analysis of the medical records, and the information they obtain during the personal interview and examination—are wrong with the subject, and are effects of the cause of relevant injury/illness.

**It is not uncommon to encounter Life Care Plans in which definitive, relevant diagnostic conclusions are entirely absent.**

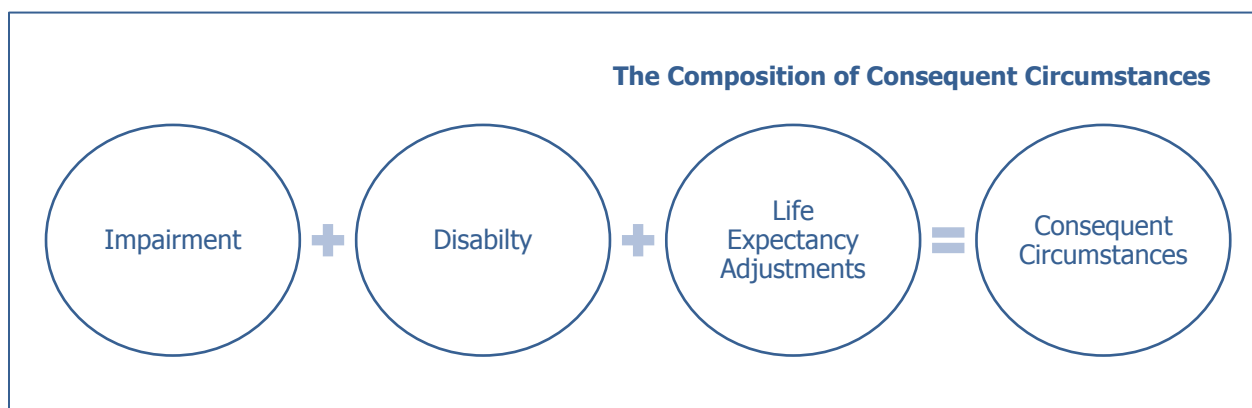
Life Care Plans that do not specify relevant diagnostic conclusions are vulnerable to significant scrutiny and prospective invalidation as Diagnostic Conclusions are the basis for the existence of all Consequent Circumstances and Future Medical Requirements.

## Consequent Circumstances

A Life Care Plan's Consequent Circumstances identify the physical and/or mental circumstances which exist as a consequence of the diseases, conditions, or injuries specified in a Life Care Plan's Diagnostic Conclusions.

Consequent Circumstances include three key subcomponents:

1. Impairment
2. Disability
3. Adjustments to Life Expectancy



### ***Impairment***

According to the American Medical Association, "Impairment is a loss of use, or a derangement of any body part, organ system, or organ function."<sup>[12]</sup>

Impairments which are relevant to a Life Care Plan are those physical and/or mental effects of a subject's diagnostic conditions that are attributable to the relevant cause of injury/illness.

### **Impairment**

Formulation of impairments requires a qualified physician to:

- ❖ Specify loss of use of any body part(s), organ system(s), or organ function(s)
- ❖ Specify derangement of any body part(s), organ system(s), or organ function(s)

**Disability**

According to the American Medical Association, "Disability is an alteration of an individual's capacity to meet personal, social, or occupational demands because of impairment." [13]

Disabilities which are relevant to a Life Care Plan are the physical and/or mental effects of a subject's impairments that are attributable to diagnostic conditions attributable to the relevant cause of injury/illness.

**Disability**

Formulation of a subject's disabilities requires a qualified physician to:

- ❖ Specify alterations in a subject's capacity to meet personal demands
- ❖ Specify alterations in a subject's capacity to meet social demands
- ❖ Specify alterations in a subject's capacity to meet occupational demands

**Life Care Plans which fail to specify impairments and disabilities that are effects of diagnostic conditions directly attributable to relevant injuries/illnesses fail to fully answer the first Basic Question of Life Care Planning, and thereby fail to provide a proper context for formulating substantiable recommendations for future medical care.**

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### ***Adjustments to Life Expectancy***

Adjustments to Life Expectancy can have a tremendous impact on a Life Care Plan's quantitative conclusions, because in most catastrophic cases Adjustments to Life Expectancy systematically affect a plan's forecasted duration of active medical treatment.

**Adjustments to Life Expectancy, like a Life Care Plan's Diagnostic Conclusions and Consequent Circumstances, constitute medical opinions which must be formulated by a qualified physician.**

Adjustments to Life Expectancy should consider all risk factors that may result in reduced life expectancy—whether they are caused by, or adversely affected by the subject's relevant injury/illness, or whether they result from preexisting, or recently developed comorbidities.

#### **Adjustments to Life Expectancy**

Any Adjustments to Life Expectancy should:

- ❖ Use a generally accepted, 3<sup>rd</sup> party benchmark to establish baseline Life Expectancy, e.g. the National Vital Statistics System's U.S. Life Tables.
- ❖ Consider the primary injury/condition and its likely impact on Life Expectancy.
- ❖ Consider associated conditions or consequences (e.g. neurogenic bowel/bladder, mobility, etc.) and their likely impact on Life Expectancy.
- ❖ Consider pre-existing/newly developed conditions (e.g. obesity as the result of lack of mobility, resulting weight gain, resulting hypertension, etc.) and their likely impact on Life Expectancy.
- ❖ Consider behavior/mental health conditions and their likely impact on Life Expectancy.
- ❖ Isolate the specific individual and his/her UNIQUE risk factors that have been established by a physician.

A Life Care Plan which is formulated to accomplish the Clinical Objectives of Life Care Planning is designed to mitigate the effects of these factors, and therefore, the prospective effects of such mitigation should be considered when formulating Adjustments to Life Expectancy.



## Future Medical Requirements

Future Medical Requirements comprise the requisite medically-related goods and services a Life Care Planner believes a subject will require, in light of their Consequent Circumstances, to accomplish the Clinical Objectives of Life Care Planning.

Future Medical Requirements constitute the primary opinion-determined variables in a Life Care Plan's Cost Analysis, and all Future Medical Requirements, including their frequencies and durations, must be supported by sound medical reasoning, and a reasonable degree of medical probability.

The American Academy of Physician Life Care Planners categorizes Future Medical Recommendations according to the following structure:

- Physician Services
- Routine Diagnostics
- Medications
- Laboratory Studies
- Rehabilitation Services
- Equipment & Supplies
- Nursing & Attendant Care
- Environmental Modifications & Essential Services
- Acute Care Services

**Future Medical Requirements constitute medical opinions regarding medical necessity, and must therefore be formulated by a qualified medical professional, i.e. a physician.**

Physiatrists are experts in the medical and physical treatment of disabling illness and injury <sup>[14]</sup>, and have long been recognized as uniquely qualified among medical specialists to provide the scientific and medical foundations essential to the development of life care plans. <sup>[15]</sup>

Many Life Care Planners fail to consider a subject's drug & other allergies when formulating Future Medical Requirements. It is important for the Life Care Planner to consider drug allergies (e.g. sulfa, penicillin, morphine, etc.), and other allergies (e.g. latex, iodine, etc.), so as not to include recommendations for items to which the subject is allergic. Failing to do so when formulating future care recommendations can subject a Life Care Planner's judgment to unnecessary, and easily avoidable doubt and scrutiny.

**In order to be credibly substantiated, a Life Care Plan's Future Medical Requirements must be formulated within a proper methodological context.**

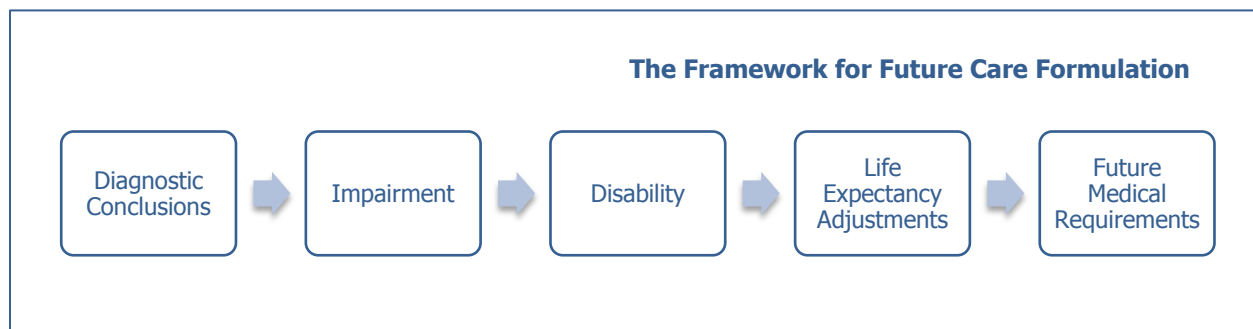
The proper context in which to formulate Future Medical Requirements is to address the second Basic Question of Life Care Planning (i.e. what medically-related goods and services does a subject's condition require?) with the aim of accomplishing the Clinical Objectives of Life Care Planning.

A Life Care Planner's task, in light of their plan's diagnostic conclusions and opinions regarding impairment and disability, is to identify what medically-related goods and services an individual's condition requires:

- to diminish or eliminate physical and psychological pain and suffering;
- to reach and maintain the highest level of function given an individual's unique circumstance;
- to prevent complications to which an individual's unique physical and mental conditions predispose them; and
- to afford the individual the best possible quality of life in light of their condition.

**Need vs. Reimbursement:** A Life Care Planner's duty is to identify medically-related goods and services that are necessary to accomplish the Clinical Objectives of Life Care Planning. It is not a Life Care Planner's fiduciary duty to formulate medical requirements that conform to the care guidelines of a given health insurance provider, healthcare organization, healthcare facility, or public entity.

**Any recommendation for future medical care that is not supportable by the entire logical sequence of the Framework for Future Care Formulation may not be defensible, and may therefore be incapable of credibly substantiating medical damages in personal injury torts.**



## Conclusions

The Conclusions component of a Life Care Plan answers the last Basic Question of Life Care Planning, i.e. how much will the Life Care Plan's Future Medical Requirements cost over time? Properly constructed Conclusions contain three subcomponents:

1. Cost Analysis
2. Specification of Total Cost
3. Vendor Survey

### Cost Analysis

A Life Care Plan's Cost Analysis is a quantitative analysis of a plan's Future Medical Requirements, i.e. the Cost Analysis calculates and presents the costs of the Life Care Plan's specified medical requirements.

All Factors affecting all costs should be clearly exhibited, and include variables such as: frequencies, durations, and unit costs. Values are exhibited most clearly when both annual costs, and total costs are exhibited for all items.

**Many Life Care Plans contain Cost Analyses which are incomplete, unintelligible, or entirely absent. A Cost Analysis that is not characterized by a professional level of detail and transparency solicits significant scrutiny and exposes the Life Care Plan [Life Care Planner] to material risk and potential invalidation [removal].**

A well formulated Cost Analysis is characterized by logical categorization, and abundant detail and transparency. A logical format for a Cost Analysis is one which mirrors a Life Care Plan's categorization of Future Medical Requirements, i.e. physician services, routine diagnostics, medications, etc.

A cost analysis of evidentiary quality is one which provides sufficient information for its reader to perform proof testing. That is to say, cost analyses of evidentiary quality exhibit all variables used to formulate costs, and they specify, in detail, the quantitative methods used to calculate costs, so as to make their results replicable by an independent tester.

**"Today's Dollars":** Most Life Care Planners are not economist, and therefore, correctly calculate costs using "today's dollars". Today's dollars represent the market prices of goods and services as they exist today. **Any Life Care Plan which is not produced by an economist should quantify cost using "today's dollars"** without considering inflation, discounts, or any other form of economic adjustment.

Some states require cost to be presented in present value. A present value assessment of a Life Care Plan calculates the future values of medically-related goods and services by accounting for inflation, and it then converts future values into present values by discounting them using discount rates (appropriately risk-adjusted rates of return which can be earned on an injured person's money). To meet evidentiary standards, this type of analysis should only be performed by a qualified economist.

## Specification of Total Cost

Beyond their usefulness as case management tools for chronically/catastrophically ill/injured individuals, **Life Care Plans are professional medical valuations** which quantify the cost of providing ill/injured individuals with medically-related goods and services over specified durations of care.

The vast majority of Life Care Plans are commissioned, not as case management tools, but as valuations for the purpose of quantifying medical damages in personal injury torts. In order to fulfil this objective for which these plans are commissioned, they must quantify and exhibit a specific, bottom line, monetary value.

**It is not uncommon to encounter Life Care Plans which do not specify total value;** nor is it uncommon to encounter Life Care Plans to which a reader needs to apply the mosaic theory of finance in order to deduce a specific, total value. **Any Life Care Plan which does not specify total value is axiomatically incomplete.**

*"Show me a Life Care Plan that doesn't specify a bottom line value, and I'll show you a Life Care Plan that has been produced by someone who lacks the necessary skills to properly formulate costs, or someone who does not wish to be responsible for defending a specific value."*

— Joe G. Gonzales, MD  
Medical Director, Physician Life Care Planning

**It is difficult, if not impossible, for a Life Care Plan to credibly substantiate medical damages if a Life Care Planner fails to specify medical damages.**

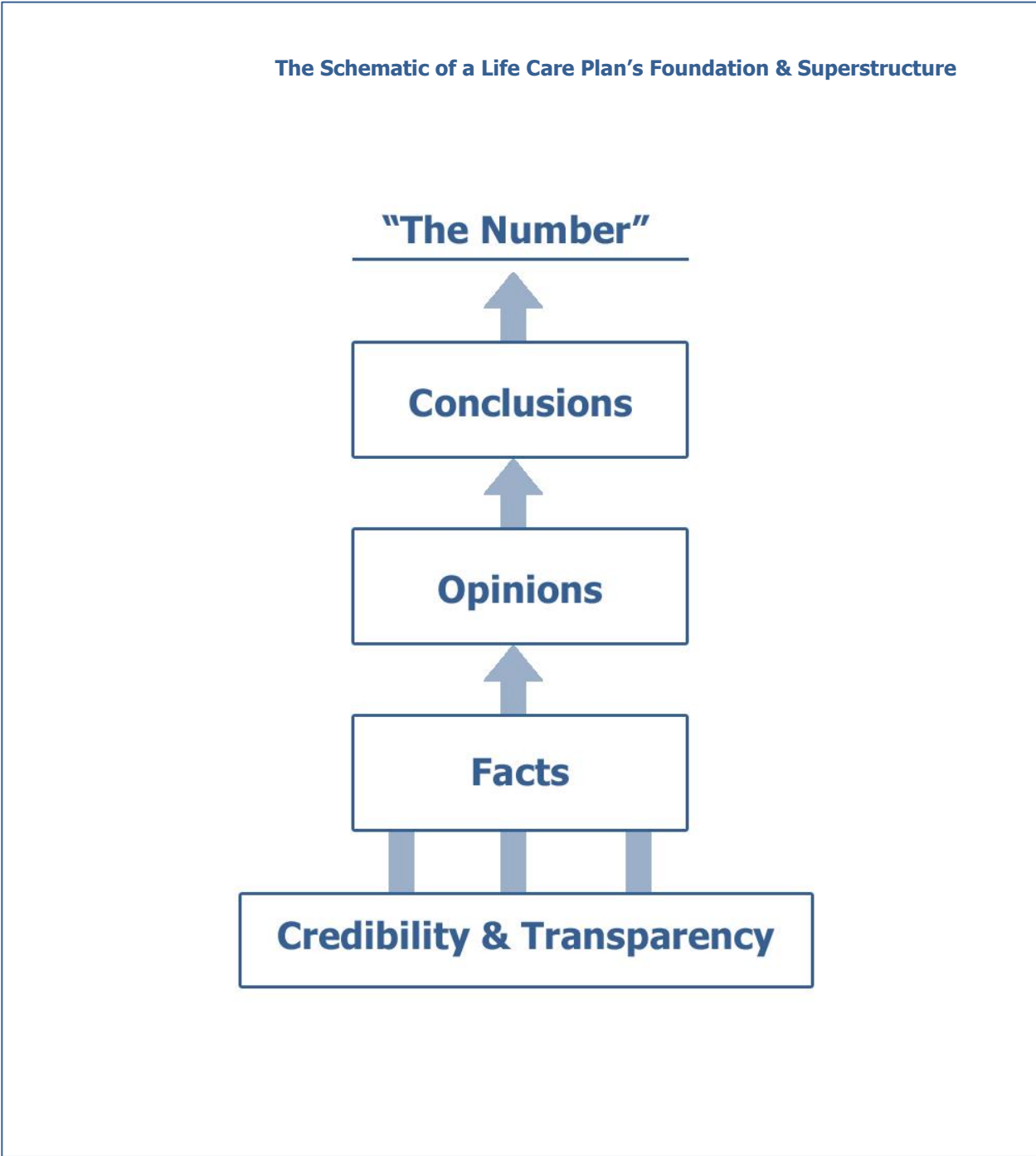
## Vendor Survey

The Vendor Survey in a Life Care Plan exhibits source information for all unit costs included in a plan's Cost Analysis. The Vendor Survey substantiates unit costs by making them independently verifiable.

The framework presented in this document classifies the Vendor Survey a subcomponent of a Life Care Plan's Conclusions. Technically speaking, the Vendor Survey doesn't conclude anything. The Vendor Survey is a Foundational Component which provides transparency into the Cost Analysis, and in doing, provides the Cost Analysis a requisite level of credibility to meet evidentiary standards.

**It is common to encounter Life Care Plans in which Vendor Surveys are incomplete, unintelligent or entirely absent. Any Life Care plan which does not contain a complete vendor survey fails to credibly substantiate its costs and should be deemed inadmissible.**

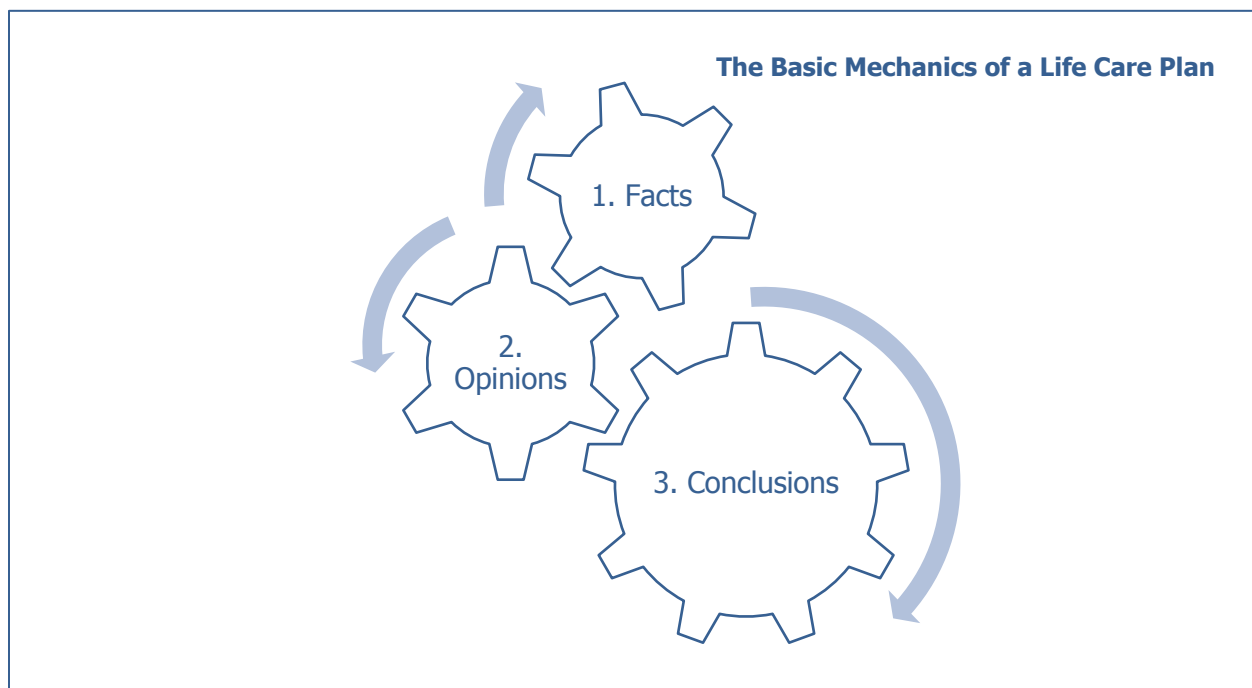
A properly completed vendor survey contains multiple price samples, and specifies unit prices, contact information for all vendors from which unit prices were obtained, medical coding (if referencing UCR pricing), etc.



## MECHANICS

The Mechanics of a Life Care Plan are an extremely important set of theoretical concepts. Of all the subjects and philosophies which constitute the discipline, the concepts which undergird Life Care Planning's Mechanics may be the most abstract, but they may also be the most important.

The Mechanics of a Life Care Plan are the physics inside the body of a Life Care Plan which transfer forces of logic and reasoning from one component to the next. The Mechanics of a Life Care Plan are like a set of gears which link and energize the components of a Life Care Plan's Superstructure. Mechanics form the pathways and conduits through which a Life Care Plan's data, facts and opinions flow, and through which its conclusions find their foundation.



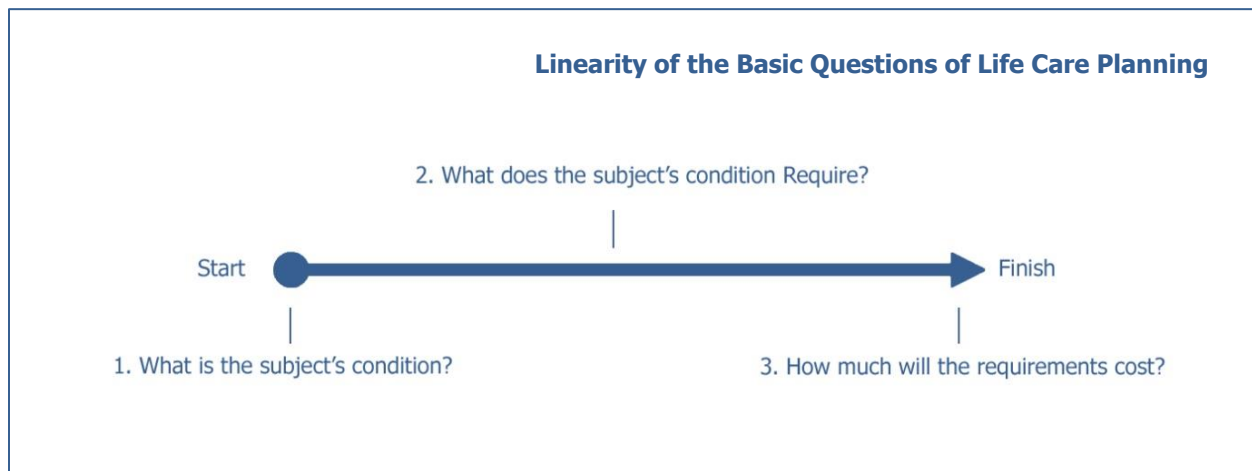
**Any conclusions in a Life Care Plan that are not supported by proper mechanics are incapable of being credibly substantiated.**

Two attributes, more than any others, characterize Life Care Planning's mechanical framework:

1. Linearity
2. Continuity

### Linearity

A properly formulated Life Care Plan is a construct of linear reasoning because Life Care Planning is a linear process; i.e. it is a straight-line series of precedent-dependent questions, answers, and relationships, each of which are indispensable, and each of which must be addressed in the correct order.



As the diagram above demonstrates, The Basic Questions of Life Care Planning are not three disjointed, isolated or discontinuous questions. Rather they form a singular line of inquiry and reasoning which constitutes a precedent-dependent linear process.

Without requisite capacity, it is not possible to formulate a credible answer to Question 1; without answering Question 1, Question 2 is impossible to answer; and without credibly answering Question 2, Questions 3 cannot be addressed.

**Many Life Care Plans are improperly formulated and exhibit inadequate linearity to credibly substantiate their conclusions.** To achieve credibility, a Life Care Plan must demonstrate, and a Life Care Planner must be able to communicate consistent, linear medical reasoning.

The reader is encouraged to revisit the diagrams presented in this paper, note: almost all of them are characterized by linearity.

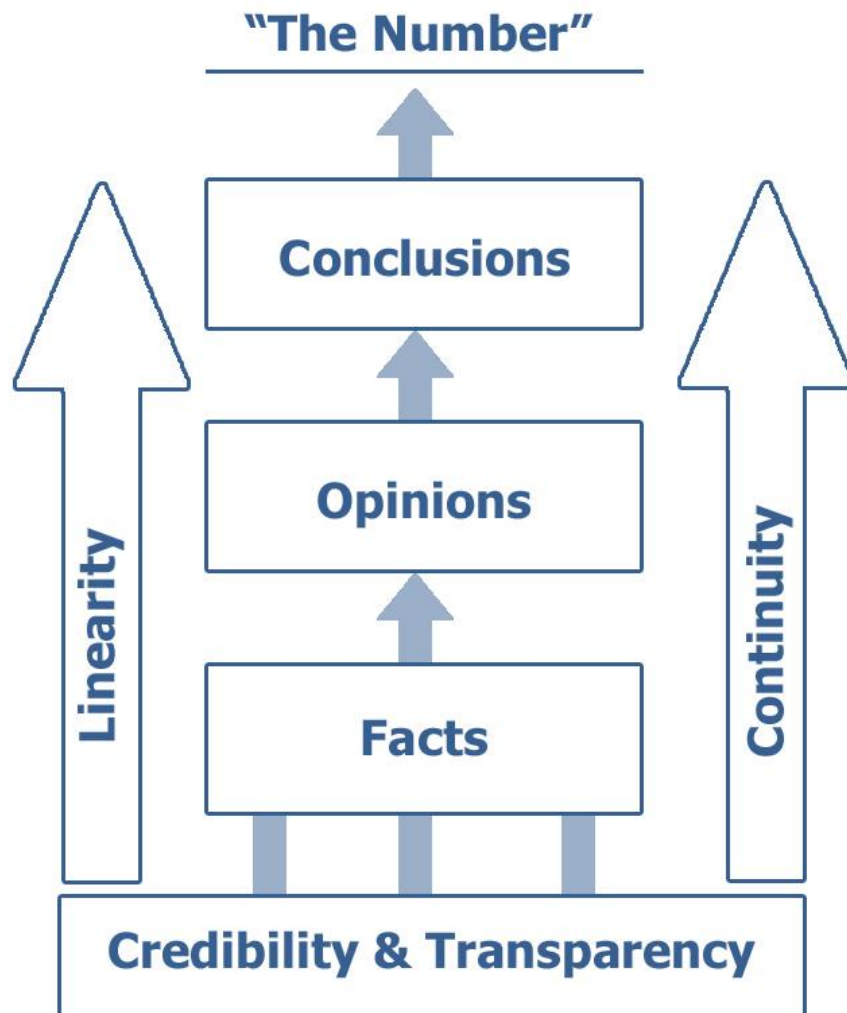
## Continuity

Continuity is defined as the unbroken and consistent existence or function of a particular attribute. In the case of Life Care Planning, the attributes in question are logic and reasoning.

If there is discontinuity in a Life Care Plan's chain of logic and reasoning, or if requisite bases are not present to support such continuity, then the Life Care Plan's entire Superstructure is vulnerable to questioning, attack and collapse.

A reader [and a Life Care Planner] should be able trace the effects of the objective findings forward to the diagnostic conclusions, forward to support a plan's consequent circumstances, and forward further to support future medical requirements which materialize as specific values in a plan's Cost Analysis. This level of continuity should exist both forwards and backwards, from the base information in a plan's objective findings to its specified value of total damages.

**The Schematic of a Life Care Plan's Foundation, Superstructure & Mechanics**





## **PHYSICIAN LIFE CARE PLANNING, LLC**

**Physician Life Care Planning** is a healthcare information services company which provides physician-directed Life Care Plans and other high quality medical-legal services.

As of the date of this publication, the Company consists of 34 board certified Life Care Planning physicians, in 22 states, who specialize in Physical Medicine & Rehabilitation, and who are dedicated to the advancement of Life Care Planning methodology, education, ethics, standards of practice, and research and publication.

For additional information about Life Care Planning or the services provided by the Company, please contact us at [info@PhysicianLCP.com](mailto:info@PhysicianLCP.com).

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