# CASE SUMMARY OF JANE DOE

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| **Claimant:** | Jane Doe |
| **AOD:** | September 17, 2018 |
| **DOB:** | November 16, 1964 |
| **AGE CAT:** | 64; 63 at AOD (Closely Approaching Retirement Age) |
| **DLI:** | December 31, 2025 |
| **Impairments:** | Traumatic Brain Injury from gunshot; post-traumatic epilepsy, subarachnoid hemorrhage, right sided hemiplegia |
| **PRW:** | Restaurant Hostess; Light; Skilled DOT:310.137-010 |

**Procedural History:**

**Initial:** DDS limited the claimant to light with symptoms evaluations noted of cognition changes, pain, and weakness. Occasional postural limitations except never climbing ladders, unlimited environmental. Can perform past work.

**Recon:** DDS limited the claimant to light with symptoms evaluations noted of cognition changes, pain, and weakness. Occasional postural limitations except never climbing ladders, unlimited environmental. Can perform past work.

**Medical Summary Highlights:**

- **September 17, 2018:** Ms. Smith was admitted to the Carolinas Medical Trauma Center Emergency Department with two gunshot wounds to the left side of her head. (1F/8)
    - Upon arrival, she was unresponsive and required intubation with etomidate and rocuronium. (1F/7)
    - She was placed on propofol after a Glasgow Coma Scale (GCS) score of 5 was noted. (1F/7, 8)
    - After propofol wore off, she began moving all four extremities spontaneously, and her GCS score improved

**Sequential Evaluation:**

Step 1/2: No work since AOD.

Step 2: Impairments:

Step 3: Applicable Listings include: 11.18 Traumatic Brain Injury; 11.04 vascular insult to the brain, 11.00D Neurological Disorders (Motor Dysfunction)

Step 4: Even if Listing arguments unpersuasive, Claimant cannot perform past work at the light skilled level. Her RFC is less than sedentary.

Step 5: No past work available. RFC is less than sedentary.

Vocational Rules: Even if listing or less than sedentary RFC is unpersuasive, if limited at sedentary no transferable skills without significant adjustments to workplace processes. Therefore, **Medical-Grid Rule 201.06** applies.

  - A CT scan on September 18, 2018, revealed **a left frontal and parietal intraparenchymal hemorrhage, a subarachnoid hemorrhage, and a left-sided subdural hematoma**. (1F/81)

- During Ms. Smith's hospitalization:
  - She was treated for potential seizure activity with Keppra and 250cc of hypertonic saline. (1F/8)
  - **A left decompressive craniectomy and gunshot wound debridement were performed on September 17, 2018. (1F/9)**
  - She was extubated on September 20, 2018. (1F/11)
  - A peripherally inserted central catheter (PICC) line was placed on September 21, 2018. (1F/13, 14)
  - She developed severe expressive and receptive aphasia with right-sided weakness and was transferred to the progressive rehabilitation care unit, where she showed mobility improvements until her discharge on September 28, 2018. (1F/10)
  - A CT scan on September 28, 2018, confirmed new thin subdural hygromas. (1F/81)
- Following discharge, Ms. Smith pursued physical and occupational therapy with gradual improvement. (1F/158)
  - October 30, 2018: Ms. Smith saw Sarah Johnson, M.D., at Carolina Neurosurgery and Spine Associates for a
  - **A left decompressive craniectomy and gunshot wound debridement** were performed on September 17, 2018. (1F/9)
  - She was extubated on September 20, 2018. (1F/11)
  - A peripherally inserted central catheter (PICC) line was placed on September 21, 2018. (1F/13, 14)
  - She developed severe expressive and receptive aphasia with right-sided weakness and was transferred to the progressive rehabilitation care unit, where she showed mobility improvements until her discharge on September 28, 2018. (1F/10)
  - A CT scan on September 28, 2018, confirmed new thin subdural hygromas. (1F/81)
- Following discharge, Ms. Smith pursued physical and occupational therapy with gradual improvement. (1F/158)
- **October 30, 2018**: Ms. Smith saw Sarah Johnson, M.D., at Carolina Neurosurgery and Spine Associates for a follow-up. (1F/158)
  - Treatment notes indicate she needed a **cane for ambulation**, suffered frequent headaches, had a decreased appetite, and experienced right leg pain. (1F/158)
  - Dr. Johnson prescribed donepezil, gabapentin, lovenox, melatonin, oxycodone, and sertraline, noting that Ms. Smith could not make financial or medical decisions independently. (1F/158)
  - A physical exam confirmed **the use of a rolling walker, right-sided hemiplegia in both extremities, and horizontal/vertical nystagmus**. (1F/160)

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- **November 19–29, 2018**: Ms. Smith was admitted to Carolinas Medical Center for a cranioplasty. (1F/168)
    - Post-operatively, she reported residual headaches, poor focus, racing thoughts, and sleep disturbances. (1F/169)
    - She was discharged on November 29, 2018, with a recommendation for physical and occupational therapy **while using a quad cane**. (1F/166, 169)
    - Medications included amantadine, donepezil, enoxapezil, gabapentin, levetiracetam, melatonin, sertraline, and trazodone. (1F/167)
- **July 22, 2019**: A physician consultant review by Dr. Johnson confirmed Ms. Smith's permanent physical restrictions:
    - **Sitting, standing, and walking limited to 5 minutes at a time for up to 30 minutes daily**. (13F/75)
    - Inability to climb, stoop, kneel, crouch, crawl, or use her right hand for handling objects. (13F/75)
- **July 30–August 3, 2019**: Ms. Smith was admitted to Carolinas Medical Center with seizures. (1F/216)
    - A CT scan revealed a left subdural hematoma, indicating ongoing bleeding. (1F/218)
    - Neurological evaluation **noted chronic right-sided weakness, difficulty following commands, agitation,** right lower facial weakness, and no anti-gravity strength in her upper right extremity. (1F/218, 225)
    - Seizures were stabilized with Keppra and Dilantin. Electroencephalograms documented periodic epileptiform discharges in the left frontotemporal region and persistent left hemispheric slowing. (1F/256–258)
- **August 28, 2019**: At Atrium Health Cleveland Center Rehabilitation, Ms. Smith reported fainting, headaches, weight and appetite changes, fatigue, dizziness, and memory loss. (3F/272)
    - Physical examination showed slurred speech, severely reduced upper extremity strength, reduced right lower extremity strength, hyper-reflexivity, and a hemiparetic gait. (3F/275)
    - A CT scan on August 30, 2019, revealed stable gliotic changes associated with post-traumatic and post-surgical effects. (3F/268)
- **September 26, 2019–August 18, 2021**: Ms. Smith followed up with Dr. Alexander at New Hanover Neurosciences Institution for epilepsy management. (3F/45, 74)
    - She reported episodic headaches and baseline right-sided weakness. (3F/35, 77, 120, 264)
    - Medications included gabapentin, Zoloft, and Keppra. (3F/120)
    - Exams revealed right-sided hyper-reflexivity, increased tone, and hemiparetic gait. (3F/46, 122, 265)
- **January 5, 2022**: Ms. Smith returned to Dr. Alexander for another seizure follow-up. (4F/1, 2)
    - Physical examination noted slurred speech, mild nystagmus**, severely reduced upper extremity strength, reduced right lower extremity strength, hyper-reflexivity, loss of sensation on the right side, and a hemiparetic gait**. (4F/1, 2)

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**Vocational Expert Testimony Highlights:**

If the hypothetical individual was unable to sustain a period of concentration for two hours, would they be able to perform work in the national economy?

If the hypothetical individual was limited to occasional handling, fingering, and feeling of the bilateral upper extremities would that individual be able to perform work in the national economy?

Assume a hypothetical individual is limited to only occasional interaction with supervisors, coworkers, and no interaction with the public – how would this affect work in the national economy?

In your experience, how often are supervisors expected to remind hypothetical employees of their job responsibilities before it would become intolerable?