Prompt used to create this power point presentation:

- I'm preparing a CLE presentation for Friday.
- The topic is use of AI in my law practice.
- I analyzed a new potential case and I looked at the biomechanical plausibility of alleged injuries given the crash dynamics.
- Please synthesize the information, condense it and prepare a power point presentation with the file review analysis to demonstrate using ChatGPT as a tool to help me analyze and decide whether to take on this potential case.
- Start from what would be natural starting point of the analysis, go through the various areas that are being examined and the conclusions of which of the alleged injuries appear legitimate, which alleged injuries show the the potential client is likely overreaching, and whether the case is viable or not.
- Let me know when you're ready for me to copy and paste the entire chat.
- I will need help in creating some power point slides. Can you help?
- [Copied and pasted the prompts and responses from this particular chat]
- [Power Point presentation took 7 minutes]

ZZ Potential Case – Intake Evaluation

Rear-end collision • Mechanism/Causation • Medical chronology • Defense vs treating opinions

Prepared from file-review chat materials redacted to protect potential client's privacy (property damage estimate, deposition transcript, Defendant's medical records review opinions, Plaintiff's medical rebuttal opinion, Plaintiff's and Defendant's Disclosure Statement).
Draft for internal decision-making; not a medical opinion.

Executive summary

Decision framing based on mechanism + records + disclosure posture (case: ZZ)

What looks viable

- Rear-end with SUV–sedan mismatch supports plausibility of short-term strain/symptom flare (neck + knee).
- Treating narrative emphasizes “stable/near-recovered baseline” shortly before crash (03/03/2020 visit).
- Conservative care with some documented relief (e.g., injections) supports a bounded future-care ask.

Primary risk factors

- Low property damage (~$1,320) → strong “low-ΔV / MIST” optics; defense likely uses biomechanics expert.
- Extensive pre-existing cervical degeneration (documented as far back as 2011) and prior knee history.
- Structural knee theories (ACL/meniscus/patellar tendon tears) are mechanism-mismatched and contested.
- Disclosure red flags: coding inconsistency (left ACL code while claiming right knee).

Recommended posture if accepted: frame as time-bound aggravation (neck + patellofemoral/anterior knee) and avoid over-committing to new structural ligament/tendon injury.

Collision profile

Why the property damage and vehicle mismatch matter (and where they don't)

Known facts

Crash type	Rear-end while stopped
Struck vehicle	2017 VW Jetta SE
Striking vehicle	2004 GMC Yukon (SUV)
Repair estimate	~$1,320 (rear bumper/paint/R&I)
Claimed occupant event	Right knee "hit steering column"

Mechanism implications (synthesized)

- Low repair cost → defense will argue minimal energy transfer and "no injury-producing forces."
- SUV–sedan mismatch can increase occupant acceleration even when damage appears modest.
- Rear-impact kinematics favor strain/contusion; they do NOT typically match ACL/meniscus tear mechanisms.
- Best framing: plausible symptom flare/aggravation, not high-energy primary structural injury.

Alleged injuries (snapshot)

Condensed from deposition summary, treating opinion summary, and disclosures

Primary complaints (claimed)

- Cervical: ongoing neck pain; reported worsening vs baseline; impact on desk work.
- Right knee: persistent pain; injections with partial relief; instability alleged by treater.
- Secondary: shoulder/SC joint strain, hip strain, low back strain; broader right-sided pain.

Objective / harder points

- Pre-existing cervical pathology documented years pre-crash (degenerative disease).
- Knee imaging shows mixed findings; multiple orthos trend toward degenerative/chondral management.
- Symptom location shifts (pre: medial knee pain; post: anterior/patellofemoral) may cut against “new tear” theory.

Pre-existing history & susceptibility

Key to causation: “aggravation vs creation”

Cervical (pre-crash)

- Degenerative disease with imaging as far back as 2011 (disc herniation/DDD referenced in defense review).
- Managed intermittently (OMM/PT). Defense frames this as longstanding, naturally progressive.
- Treating frames as stable/non-surgical baseline prior to crash.

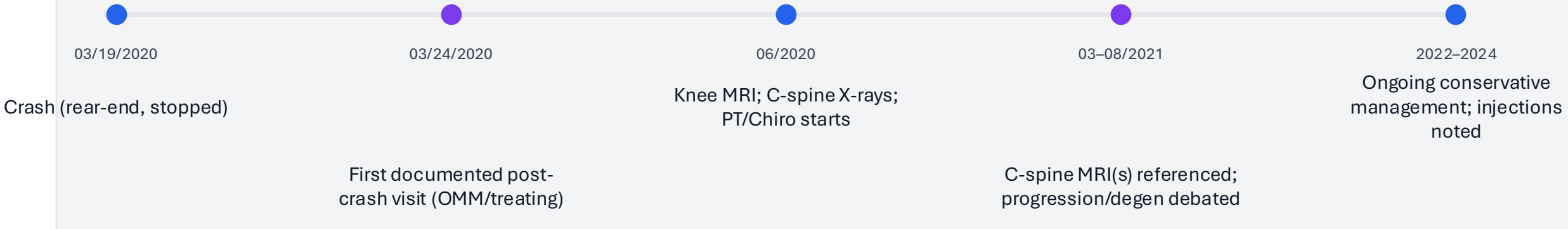
Right knee (pre-crash)

- Prior arthroscopy and 2014 fall with prolonged symptoms (patellofemoral/patellar tracking themes).
- Pre-crash report of medial knee pain appears in ortho records (as summarized by defense review).
- Treating highlights 03/03/2020 visit: knee stable and “~95% recovered” shortly before crash.

Post-crash care timeline

High-level chronology (dates from disclosures and summaries)

Selected timeline anchors



Note: timeline is simplified for intake. Exact dates/records should be verified against the underlying exhibits.

Imaging summary

What imaging supports vs what it leaves vulnerable

Cervical imaging (high-level)

- Baseline degeneration referenced pre-crash (2011 MRI findings cited by defense reviewer).
- Post-crash imaging (2020–2021) shows progression; dispute is whether acceleration is trauma-related vs natural history.
- Defense theme: longstanding DDD explains symptoms; crash causes at most a transient strain.

Right knee imaging (high-level)

- Early post-crash MRI references meniscus/partial ACL language; later MRI described as chronic-appearing by defense review.
- Multiple ortho impressions emphasize chondrosis/patellofemoral pain patterns and conservative care.
- Symptom–MRI mismatch documented in the file summaries is a cross theme you can exploit (or will be exploited).

Competing medical opinions

Treating rebuttal vs defense records review (condensed)

Treating (Dr. D) – core themes

- Baseline pre-crash was stable/near recovered (esp. knee).
- Crash exacerbated cervical condition and caused right knee pathology (patellar ligament; partial ACL).
- Disputes “3-month recovery” cap; supports ongoing conservative/regenerative care.

Defense (Dr. W) – core themes

- Crash causes only strain/contusion (knee contusion; cervical/lumbar strain; shoulder strain).
- Cervical and knee findings are pre-existing and degenerative; MRI changes appear chronic.
- No permanency; no future care is “reasonably necessary” beyond a short window.

Causation probability calls

Plain-language “more likely than not?” view (intake heuristic)

Mechanism-fit vs overreach (synthesized from the chat analysis)

Neck: temporary strain / symptom flare	Probable
Rear-end dynamics plausibly cause strain; susceptibility may prolong symptoms.	
Neck: permanent structural worsening beyond natural progression	Uncertain / Lean “No”
Longstanding degenerative baseline makes “traumatic progression” difficult to prove in low-damage crash.	
Knee: contusion / patellofemoral aggravation	Probable
Knee-to-column contact supports contusion/flare; symptom location aligns better with patellofemoral pattern.	
Knee: new ACL / meniscus / patellar tendon tear caused by crash	Unlikely
Mechanism mismatch + chronic-appearing imaging language + conservative ortho course create exposure.	

Practice point: if you take the case, tighten the claim to “aggravation with reasonable, bounded futures,” and be prepared to concede what the mechanism does NOT support.

Disclosure posture: red flags & leverage

Items that materially impact credibility, causation, and specials

Red flags (expect defense to exploit)

- Coding inconsistency: left ACL diagnosis code appears while injury claim is right knee.
- Symptom–imaging mismatch noted in ortho records (pain location vs MRI findings).
- Soft/arguable expenses (e.g., massage chair) likely discounted or excluded.
- Low repair cost supports “minor impact” narrative for jury/arbitrator optics.

Leverage points (plaintiff framing)

- Pre-crash near-recovery note (03/03/2020) supports aggravation baseline story.
- Consistent post-crash conservative care with partial relief supports reasonableness.
- Vehicle mismatch (SUV → compact sedan) is a useful counter to “$1,300 = no force.”
- Narrowed injury story can be credible even in low-damage crash (strain/flare, not catastrophe).

Damages & specials (scrub)

Separate “defensible medical” from “challengeable add-ons”

More defensible buckets

- Documented treating care tied to symptom flare (OMM, ortho consults, imaging).
- Injections already tried with partial relief (supports limited futures).
- Reasonable home exercise/OTC care recommendations help mitigation story.

Challengeable buckets

- Non-medical items (e.g., massage chair) → causation/necessity disputes.
- Overbroad future-care projections unsupported by “reasonable probability.”
- Any claim premised on “new traumatic ACL/meniscus tear” → high contest cost and risk.

Coverage reality check (UIM)

Use this to avoid spending $20k to fight over $10k

Stack/credit setup (as described in the chat materials)

- UIM limit: $50,000 (stacked on top of $25,000 BI → $75,000 total available coverage).
- UIM carrier receives $25,000 credit for BI payment.
- UIM payout formula: max(0, min($50,000, arbitration award − $25,000)).
- Examples: $40k award → $15k UIM; $60k award → $35k UIM; $75k+ award → capped at $50k UIM.

Viability assessment

Is this a case worth taking—and on what terms?

If you TAKE it (recommended conditions)

- Written scope: pursue aggravation/flare (neck + anterior knee) and limit structural tear allegations unless new evidence emerges.
- Set client expectations early: low-damage optics + pre-existing conditions → contested causation and likely compromise.
- Cost discipline: avoid expensive experts unless carrier forces the issue or exposure justifies it.
- Focus futures on reasonable, bounded items (OMM maintenance + periodic injection if supported).

Reasons to PASS (or proceed cautiously)

- Client insists on “new ACL/meniscus/patellar tendon tear” causation narrative and refuses to narrow.
- Major gaps in treatment or inconsistent histories undermine credibility.
- Economics mismatch: likely recovery band does not justify time/expert spend.
- Disclosures/records show strong alternative causation or extensive prior similar complaints.

Confirmatory checklist

Before signing the retainer

High-impact verification items

- Get the actual 03/03/2020 Dr. D note (baseline) and reconcile with any “monthly visits” testimony.
- Obtain full pre-crash records (5–10 year lookback) for neck and knee to map similarity of complaints.
- Extract first documented post-crash complaint details (03/24/2020) and any objective findings (swelling/ROM/neuro).
- Review imaging reports for acute markers (effusion/bone bruise/acute fiber disruption) vs “chronic” language.
- Scrub specials: exclude non-medical items; identify duplicates; confirm liens/subrogation exposure.
- Client credibility: consistent story about knee contact, immediate symptoms, and functional impact.

Bottom line recommendation

Synthesis for a go/no-go decision

Recommendation (based on the provided materials)

TAKE WITH CONDITIONS — viable only if framed as a conservative aggravation case.

- Strongest: temporary neck strain/symptom flare + anterior knee contusion/patellofemoral aggravation.
- Weakest: new traumatic ACL/meniscus/patellar tendon tear attribution in low-damage rear-end.
- Biggest risk: pre-existing degeneration + MIST optics → credibility and causation attacks.

If the client demands a “big tear” narrative or refuses cost discipline, PASS.

Next: convert this into a one-page intake memo + a damages table once underlying exhibits are verified.