

FOR PERSONAL INJURY ATTORNEYS · CONFIDENTIAL

The MAIC Documentation Standard for PI Attorneys

How our clinical records are structured to survive deposition, satisfy WCB MTG criteria, and maximize your settlement outcomes.

WHAT'S INSIDE

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- Side-by-side: weak vs. MAIC-standard clinical language
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- What our 48-hour report contains — and why it matters in court
- Our deposition support protocol for treating physicians
- The MAIC referral workflow — intake to report in under 48 hours

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Why Documentation Quality Is the Primary Driver of Settlement Value

Insurance carriers use AI-powered claim review systems that score medical records against objective criteria. The quality of documentation — not the severity of injury — determines what the AI assigns as claim value.

The firms getting the best settlements aren't better negotiators. They have better medical evidence. And better medical evidence starts at the first clinical encounter — before an attorney ever touches the file.

Research published by the Insurance Research Council consistently shows that claimants with complete, consistent, and causally documented medical records receive significantly higher settlements than those with fragmented or vague documentation — even when the underlying injuries are comparable.

THE INSURANCE AI PROBLEM

How Carriers Score Your Client's File

Major carriers including Allstate (Colossus), State Farm (Claims Outcome Advisor), and Liberty Mutual use algorithmic review systems that evaluate medical records against hundreds of objective criteria. These systems flag documentation gaps, inconsistent language, and unsupported causation narratives — and automatically reduce settlement offers accordingly.

95% of PI cases settle

The 3 Documentation Patterns That Trigger AI Devaluation

0

Inconsistent symptom reporting

1

Patient reports neck pain at visit 1 but the complaint is not documented at visits 3 and 5. The AI interprets this as symptom resolution — not poor documentation — and reduces the claim value.

0

Absent causation narrative

2

The clinical record notes diagnoses but never explicitly connects the mechanism of injury to the clinical findings. Without a documented causation chain, the carrier argues the injuries are pre-existing or unrelated.

0

Treatment gaps without explanation

3

A 3-week gap in treatment — even over a holiday — gives carriers grounds to argue maximum medical improvement was reached. Undocumented gaps are the most common IME ammunition.

The 6 MAIC Documentation Standards

Every clinical encounter at MAIC is documented against six standards that directly correspond to the criteria used by insurance AI systems, arbitration panels, and civil court.

Standard 01

Mechanism of Injury Documentation

Every initial evaluation explicitly documents the mechanism of injury — the biomechanical forces involved, the position of the patient at impact, and the direct relationship between those forces and each documented diagnosis. This is the foundation of every causation narrative.

Applied in: Required in: Initial evaluation report · Specialist referral notes · Any IME rebuttal

Standard 02

Objective Findings Protocol

Every diagnosis is supported by objective, measurable clinical findings — range of motion in degrees, muscle strength grading, neurological deficits by dermatomal level, and positive orthopedic test findings with specific test names documented. Subjective complaints alone are never the sole basis for diagnosis.

Applied in: Required in: Every clinical note · Physical therapy progress notes · Specialist reports

Standard 03

Consistent Symptom Longitudinal Tracking

Every symptom documented at intake is tracked and explicitly addressed at every subsequent visit. If a symptom improves, the degree of improvement is documented. If it worsens, the clinical significance is noted. Symptom absence is never assumed — it is explicitly recorded.

Applied in: Required in: All follow-up notes · Therapy SOAP notes · Monthly progress summaries

Standard 04

Causation-to-Diagnosis Narrative

Each diagnosis includes a written causation statement linking the mechanism of injury to the clinical findings to the diagnosis. These statements are written to survive deposition cross-examination and are reviewed by MAIC's medical director before report delivery.

Applied in: Required in: Initial evaluation · All specialist reports · Final narrative summary

Standard 05

MTG-Compliant Treatment Justification

Every treatment recommendation cites the applicable NYS Workers' Compensation Medical Treatment Guidelines chapter and section. Every prior authorization request includes the clinical criteria justifying the treatment, documented in the patient's chart before submission.

Applied in: Required in: All PAR submissions · PT/chiro visit authorizations · Specialist referrals

Standard 06

Deposition-Ready Language

Clinical language is structured to be read by a jury. Complex medical terminology is always accompanied by plain-language equivalents. Causation statements are written in active voice with direct attribution. All reports are reviewed for ambiguous language before delivery.

Applied in: Required in: All reports delivered to attorneys · Expert witness designations

Weak vs. MAIC-Standard Clinical Language

The difference between a \$45,000 settlement and a \$180,000 settlement often comes down to the specific language in the clinical record. Here are direct comparisons.

Documentation Comparison	✗ Weak / AI-Flagged Language	✓ MAIC Standard Language
Causation	"Patient presents with neck pain following a motor vehicle accident."	"Patient sustained a rear-impact collision at estimated 35 mph with sudden hyperflexion-hyperextension of the cervical spine, resulting in C4-C6 segmental dysfunction with associated paraspinal myospasm, consistent with the mechanism of injury described."
ROM Documentation	"Cervical range of motion reduced."	"Cervical ROM: Flexion 28° (normal 50°), Extension 22° (normal 60°), Left lateral flexion 18° (normal 45°), Right rotation 24° (normal 80°). All motions limited by pain and muscle guarding."
Radiculopathy	"Patient reports numbness in left arm."	"Left C6 radiculopathy evidenced by: hypoesthesia in C6 dermatomal distribution (lateral forearm, thumb, index finger), diminished biceps reflex (1+ vs. 2+ contralateral), weakness in wrist extension (4/5). Consistent with C5-C6 disc herniation on MRI dated 03/20/2026."
Treatment Gap	[No notation for 3-week gap]	"Treatment interrupted 03/15–04/05/2026 due to patient hospitalization for unrelated condition (appendectomy). No change in cervical complaint status. Treatment resumed per original plan. Gap does not represent clinical improvement."

<p>Surgical Candidacy</p>	<p>"Referred to orthopedic surgery."</p>	<p>"Patient referred to Dr. [Name], board-certified orthopedic spine surgeon, for evaluation of surgical candidacy. Clinical basis: 6-week failure of conservative care, progressive radiculopathy with dermatomal sensory deficit, and MRI-confirmed C5-C6 disc herniation with moderate canal narrowing. IME rebuttal letter on file."</p>
<p>MMI Statement</p>	<p>"Patient has reached maximum improvement."</p>	<p>"Patient has reached maximum medical improvement with respect to conservative treatment modalities as of [date]. Permanent partial disability assessment pending independent functional capacity evaluation. Future medical care including pain management and potential surgical intervention remains medically necessary and causally related to the accident of [date]."</p>

Every clinical note produced at MAIC is reviewed against these standards before delivery. Reports that do not meet the standard are returned to the treating physician for revision before the 48-hour delivery deadline.

What MAIC's 48-Hour Report Contains

Every initial evaluation and specialist consultation at MAIC generates a structured report delivered to your office within 48 hours. Here is exactly what each report contains.

Section 01

Patient & Accident Summary

- ✓ Full demographic and insurance information (No-Fault, WC, or lien basis)
- ✓ Accident date, mechanism of injury with biomechanical detail
- ✓ Pre-accident health status and prior treatment history
- ✓ Chief complaints in patient's own words, documented verbatim

Section 02

Physical Examination Findings

- ✓ Vital signs and general appearance
- ✓ Cervical, thoracic, and lumbar ROM in degrees with normals
- ✓ Complete orthopedic testing (Spurling's, SLR, Patrick's, Phalen's, etc.) with results
- ✓ Neurological examination: reflexes (graded), sensation (dermatomal), strength (0-5 scale)
- ✓ Positive findings highlighted with clinical significance explained

Section 03

Diagnostic Study Summary

- ✓ All imaging (MRI, X-ray) interpreted by board-certified radiologist
- ✓ Radiologist report summary with MAIC clinical correlation
- ✓ NCV/EMG findings with nerve affected, type of injury, and severity
- ✓ All studies cross-referenced to clinical examination findings

Section 04

Causation Narrative

- ✓ Explicit mechanism-to-finding-to-diagnosis chain for each diagnosis
- ✓ Differentiation of acute traumatic findings from pre-existing conditions
- ✓ Written to meet the "reasonable degree of medical certainty" standard
- ✓ Reviewed by MAIC medical director before delivery

Section 05

Treatment Plan & Prognosis

- ✓ All recommended treatment with MTG-compliant justification
- ✓ Estimated treatment duration and frequency
- ✓ Prognosis statement with anticipated MMI timeline
- ✓ Surgical candidacy opinion if applicable

Section 06

Disability & Impairment

- ✓ Work status: full duty / light duty / total disability with specific restrictions
- ✓ Activities of daily living impairment documented
- ✓ Household services necessity assessment
- ✓ Lost wage documentation support

48h

DELIVERY

After every visit

100%

CAUSATION

Documented

12+

SPECIALTIES

Under one roof

0

OUT-OF-POCKET

For your clients

Deposition Support & IME Rebuttal Protocol

MAIC treating physicians are available for deposition, trial testimony, and sworn affidavit. Our deposition support protocol is built into every case from day one.

Deposition Preparation

- ✓ All treating physicians available for deposition on all MAIC cases — no additional engagement required
- ✓ MAIC provides pre-deposition preparation sessions reviewing the complete clinical record with counsel
- ✓ Expert witness designation materials (CV, fee schedule, prior testimony list) maintained on file and delivered within 24 hours of request
- ✓ Narrative affidavit prepared by treating physician summarizing clinical findings and causation opinion — delivered within 5 business days of request
- ✓ MAIC medical director available for complex cases, Daubert challenges, and summary judgment motion support

IME Rebuttal Protocol

When your client receives an IME and the examining physician recommends treatment cutoff, MAIC's response protocol activates automatically:

24 Hours	IME report reviewed by MAIC treating physician and medical director
48 Hours	Written rebuttal prepared addressing each IME finding with supporting clinical documentation
72 Hours	Peer-to-peer call requested with carrier's medical reviewer (mandatory under NY Insurance Law §2601)
Day 5	If denied, No-Fault arbitration demand filed with formal rebuttal package
Ongoing	MAIC billing team tracks all claim denials and manages all carrier correspondence

[What Attorneys Tell Us About MAIC Reports](#)

"The causation language in MAIC's initial evaluation held up through two IMEs and a deposition. The insurance company settled the day before trial."

"I referred three clients to MAIC in the same week. All three had 48-hour reports in my inbox by end of week. That's never happened with any other facility."

The MAIC Referral Workflow: From Call to Report in Under 48 Hours

Every referral to MAIC follows the same structured workflow. Your office handles one call. We handle everything else.

Step 1	Call (888) 991-5290 or submit the online referral form at maicbronx.com/refer	< 5 min
Step 2	Patient contacted within 1 hour to schedule evaluation. Insurance verified. No-Fault application (NF-2) prepared.	< 1 hour
Step 3	Same-day or next-day evaluation scheduled at 2522 Hughes Ave, Bronx NY. Transport arranged if needed.	< 24 hours
Step 4	Full initial evaluation: physical exam, imaging (MRI/X-ray), NCV/EMG if indicated — all under one roof in a single visit.	Visit day
Step 5	48-hour report delivered to your office: mechanism, objective findings, causation narrative, treatment plan, disability status.	< 48 hours
Step 6	Milestone updates at every significant event: new imaging, specialist visit, PAR approval, IME scheduled, surgical candidacy confirmed.	Ongoing

MAIC's Full Specialty Coverage

✓ Initial Injury Evaluation	✓ MRI & Advanced Imaging (1.5T + 3T)	✓ NCV / EMG Electrodiagnostics
✓ Orthopedic Surgery Consult	✓ Neurology Evaluation	✓ Pain Management & ESI
✓ Physical Therapy	✓ Chiropractic Care	✓ Acupuncture

Ready to Refer Your Next PI Case?

MAIC confirms every referral within 2 hours. Report delivered within 48 hours.
Zero out-of-pocket for your clients.

Call or Text

(888) 991-5290

Attorney Liaison

eli@maicbronx.com

Eli Levin — Direct Line

Or refer online at maicbronx.com/refer — confirmation within 2 hours

2522 Hughes Ave · Bronx, NY 10458 · Article 28 Licensed · Mon–Fri 9AM–5PM

"From Evaluation to Evidence."

This document is confidential and intended for personal injury attorneys only. Clinical documentation examples are illustrative and represent MAIC's standard documentation protocol. Contact MAIC directly for case-specific questions.