

**SAKATA HENNESSEY CLINICAL CONSULTING LLC**  
**MEDICAL CHRONOLOGY & TIMELINE RECONSTRUCTION**  
*Martinez v. Riverside General Hospital • SHCC-2024-0212*  
*Non-Testimonial Clinical Analysis • All Findings Record-Anchored • Bates Citations Throughout*

**CASE IDENTIFICATION**

<b>Client / Matter:</b>	Martinez v. Riverside General Hospital	<b>Matter No.:</b>	SHCC-2024-0212
<b>Date of Incident:</b>	September 14, 2023	<b>Date of Delivery:</b>	February 12, 2024
<b>Service Type:</b>	Medical Chronology & Timeline Reconstruction	<b>Prepared By:</b>	Kira Sakata, R.N., MSN, TNCC, ENPC
<b>Reviewed By:</b>	Christian Hennessey, R.N., MSN, CCRN	<b>Record Volume:</b>	Tier B   2,214 Bates pages
<b>Record Period:</b>	September 14, 2023 – April 10, 2024	<b>Turnaround:</b>	Standard (12 business days)

**SCOPE STATEMENT & LIMITATIONS**

*This deliverable is a non-testimonial clinical analysis prepared for attorney use in case development. All findings are based exclusively on medical records provided. This timeline tracks documented injury, symptom progression, and functional impact; it does not constitute a standard-of-care opinion, causation determination, life-care plan, vocational assessment, or damages valuation. Future care references reflect only what treating providers documented. No independent projections are made. Missing records are flagged with a targeted request list in the companion Excel workbook. This work product is confidential and intended solely for the receiving attorney's use in litigation support.*

**COMPANION EXCEL WORKBOOK - NAVIGATION GUIDE**

Tab	Content
Case Summary	Case identification, scope statement, and workbook navigation.
Master Timeline	Master chronological log of all clinical events, objective findings, functional limitations, and interventions with Bates citations. PRIMARY WORK PRODUCT.
Discrepancy Log	Factual inconsistencies identified across documentation sources with context to the matter.
Provider & Family Index	Organized list of providers and facilities with relevant information about each interaction.

## SECTION 1: EXECUTIVE SUMMARY

Roberto Martinez, a 52-year-old male, presented to Riverside General Hospital's Emergency Department on September 14, 2023 via EMS following a motor vehicle collision. He was diagnosed with a minimally displaced left acetabular (hip socket) fracture and a left L3 transverse process fracture on CT imaging, following an initial plain x-ray that did not identify either fracture. The treating orthopedic surgeon, Dr. Torres, recommended non-operative management with strict toe-touch weight bearing (TTWB) of the affected left leg.

On hospital day two (September 15, 2023), while admitted to the orthopedic/surgical floor, Mr. Martinez sustained a fall when he attempted to ambulate to the bathroom unassisted, bearing full weight on his left leg. He was found on the floor with immediate severe hip pain. STAT CT imaging confirmed that the previously minimally displaced acetabular fracture had become significantly displaced, a 6 mm posterior displacement that had not been present on the morning's repeat x-ray.

This displacement required conversion to surgical treatment. Mr. Martinez underwent open reduction and internal fixation (ORIF) of the left acetabulum on September 16, 2023. Following surgery, he was discharged to an acute inpatient rehabilitation facility, completed a course of home and outpatient physical therapy, and has been followed by his orthopedic surgeon. As of the most recent documented clinical encounter (April 2024), he has early post-traumatic arthritic changes in the left hip, persistent moderate pain with activity, and has been unable to return to his full occupational duties as a warehouse supervisor.

### KEY CLINICAL FACTS AT A GLANCE

- Mechanism: MVC, restrained driver, frontal impact with airbag deployment
- Initial fracture: Left acetabular posterior wall fracture (minimally displaced) + left L3 transverse process fracture, identified by CT, missed on initial XR
- Hospital fall: September 15, 2023 at 14:22, 6 discrepancies documented in Discrepancy Log
- Post-fall imaging: Fracture displacement confirmed (6 mm posterior), newly surgical
- Surgery: ORIF left acetabulum, September 16, 2023 (Dr. R. Kim)
- Post-surgical complications: Post-traumatic chondral injury identified on 04/10/2024 MRI; early arthritic changes; persistent moderate pain; inability to return to full occupational duty
- Documented discrepancies: 6 (see Section 4 and Discrepancy Log tab in companion Excel)

**SECTION 2: CLINICAL NARRATIVE, HOW CARE UNFOLDED****Phase 1: Emergency Department (September 14, 2023, 14:22, 18:45)**

Mr. Martinez arrived by EMS with GCS 15 and complaints of severe lower back and left hip pain. He was appropriately triaged at ESI Level 2. Initial evaluation by Dr. Nguyen included a primary survey and pain management with IV morphine. Plain radiographs were obtained first and did not identify any fracture, a finding consistent with the known limitations of plain x-ray in detecting acetabular and transverse process fractures in the acute setting. CT imaging with contrast was subsequently ordered following persistent pain with an ambulation attempt, which correctly identified the acetabular and lumbar fractures.

An orthopedic consult was placed promptly after CT results. Dr. Torres evaluated the fractures, confirmed the hip joint was congruent, documented intact neurovascular status, and recommended non-operative management with TTWB restrictions and admission for pain control and physical therapy initiation. The patient was admitted to the 4N orthopedic/surgical floor with fall precautions documented, DVT prophylaxis initiated, and a high fall risk score (Morse Scale 55) recorded.

**Phase 2: Inpatient Floor, Pre-Fall (September 15, 2023, 07:00, 13:45)**

On the morning of September 15, physical therapy performed an initial evaluation. During this session, the PT documented that Mr. Martinez was noncompliant with his weight-bearing restriction, bearing weight through his left lower extremity on one occasion. The PT educated him on the precautions. Nursing notes from the same shift period do not document any corresponding entry regarding this noncompliance event, no physician notification, and no care plan update. Repeat hip x-ray in the late morning confirmed the fracture remained non-displaced at that time.

**Phase 3: The Fall (September 15, 2023, 14:22)**

At 14:22, Mr. Martinez was found on the floor beside the left side of his bed by a patient care assistant. Documentation across the incident report, nursing notes, and PCA statement contains three inconsistencies regarding bed alarm status and call light placement at the time of the event (see Discrepancy Log, DISC-002). The patient reported attempting to ambulate to the bathroom unassisted and bearing full weight on his left leg. He denied loss of consciousness but complained of immediate severe pain (10/10) in his left hip.

**Phase 4: Post-Fall Evaluation and Surgical Intervention (September 15-16, 2023)**

Dr. Torres was notified immediately and evaluated the patient within 8 minutes of notification. STAT CT imaging confirmed a significant interval change: the previously minimally displaced fracture had become displaced by an estimated 6 mm at the posterior wall, with marginal hip joint congruency. This change converted the treatment plan from non-operative to surgical. Attending surgeon Dr. Kim reviewed the imaging and concurred with the operative indication. Informed consent was obtained, and ORIF of the left acetabulum was performed the following morning without intraoperative complications.

**Phase 5: Post-Surgical Recovery and Discharge (September 16-20, 2023)**

Mr. Martinez recovered in the PACU without complications and was transferred to the floor. Post-operative recovery proceeded as expected over 4 days. However, a documentation discrepancy emerged at discharge: the discharge summary specified TTWB for 8 weeks, while all orthopedic progress notes and PT documentation from September 15 through September 19 consistently specified 10 weeks, the standard weight-bearing duration for a displaced acetabular fracture requiring ORIF. This discrepancy was carried forward into the Lakeview Rehabilitation Center admission orders without correction.

**Phase 6: Rehabilitation and Long-Term Follow-Up (September 20, 2023, April 2024)**

Mr. Martinez completed an inpatient rehabilitation stay at Lakeview Rehabilitation Center from September 20 through October 5, 2023, followed by home and outpatient physical therapy. Progress was documented and functional gains achieved. At the 2-week post-operative clinic visit, a second discrepancy was noted: enoxaparin anticoagulation was discontinued at approximately 18 days when the discharge instructions had specified a 4-week (28-day) course.

At the 3-month post-operative visit (December 2023), Mr. Martinez remained on modified occupational duty, unable to tolerate the prolonged standing required for his position as a warehouse supervisor. By the 6-month visit (March 2024), early post-traumatic arthritic changes were documented on plain x-ray, and an MRI obtained in April 2024 identified cartilage signal irregularity at the posterior acetabular dome, consistent with post-traumatic chondral injury. His treating orthopedic surgeon discussed the possibility of future total hip arthroplasty.

### **SECTION 3: TIMELINE RELIABILITY, SOLID AREAS AND GAPS**

#### **Solid Areas**

- ED course (09/14): Well-documented with consistent timestamps across triage, physician notes, MAR, and radiology reports
- Fracture status at two key time points: Confirmed non-displaced on morning XR (11:00) and displaced on post-fall CT (15:10) on 09/15, two independent imaging studies with clear temporal sequence
- Surgical intervention: Operative report, anesthesia record, PACU, and floor nursing notes are internally consistent
- Physical therapy functional progression: PT notes from hospital, rehab, and outpatient phases are detailed and internally consistent
- Long-term orthopedic course: Clinic notes, imaging reports, and functional status documentation are coherent across 7 months of follow-up

#### **Gaps and Conflicts**

- Fall event documentation (09/15 at 14:22): Conflicts across three sources, see DISC-002
- Pre-fall nursing response to PT-documented noncompliance (09/15 at 10:30): Gap in nursing documentation, see DISC-001
- TTWB duration at discharge: Contradiction between discharge summary and all preceding documentation, see DISC-004 and DISC-005
- Anticoagulation endpoint: Discrepancy between discharge orders and actual discontinuation date, see DISC-006

## SECTION 4: DISCREPANCY SUMMARY

The Master Timeline (Excel) contains 6 flagged discrepancies. Each is documented in full in the Discrepancy Log tab of the companion Excel workbook. A summary of each discrepancy is provided below.

### **DISC-001 Weight-Bearing Noncompliance, Nursing Documentation Gap**

**Conflict:** PT documented patient bearing weight on left LE in violation of TTWB restriction during 10:30 PT session on 09/15. Nursing notes from the same period contain no corresponding entry, no physician notification, and no care plan update.

**Significance:** Creates a documentation gap in the nursing monitoring and response record on the same day as the fall. Relevant to fall prevention protocol adherence and continuity of safety documentation.

### **DISC-002 Bed Alarm Status and Call-Light Placement at Time of Fall**

**Conflict:** Incident report states bed alarm was activated; PCA statement documents no alarm was sounding when patient was found; nursing note is silent on alarm status. Call light last checked 52 minutes prior to fall.

**Significance:** Three sources provide inconsistent accounts of fall prevention equipment status. Prevents clear factual determination from the available documentation.

### **DISC-003 Fracture Displacement, Imaging Before and After Fall**

**Conflict:** 09/15 morning XR (11:00): no displacement. 09/15 STAT CT post-fall (15:10): 6 mm posterior displacement confirmed. The temporal sequence across two imaging studies directly documents the fracture status before and after the fall.

**Significance:** Establishes fracture status at two key time points flanking the fall. Directly relevant to the clinical sequence requiring surgical intervention.

### **DISC-004 TTWB Duration, Discharge Summary vs. All Progress Notes**

**Conflict:** Discharge summary (09/20) specifies TTWB x 8 weeks. All orthopedic progress notes from 09/15 through 09/19 and PT documentation specify TTWB x 10 weeks given the displaced fracture requiring ORIF. No prior documentation supports the 8-week figure.

**Significance:** Critical post-surgical weight-bearing parameter. The erroneous value was propagated to rehab (DISC-005).

### **DISC-005 TTWB Duration, Propagation to Lakeview Rehabilitation Admission Orders**

**Conflict:** Lakeview Rehabilitation Center transcribed 'TTWB x 8 weeks' directly from the Riverside discharge summary without reconciliation against the 10-week standard documented in the progress notes. No documentation of reconciliation in Lakeview records.

**Significance:** Documents a handoff failure in which an inaccurate weight-bearing parameter was transferred to the receiving facility.

### **DISC-006 Enoxaparin Discontinuation, Actual Date vs. Discharge Orders**

**Conflict:** Discharge instructions specified enoxaparin 40 mg SQ daily x 4 weeks total (approximate stop date ~10/18/2023). Orthopedic clinic note dated 10/04/2023 documents 'Enoxaparin discontinued today', approximately 14 days earlier than the ordered endpoint. No clinical rationale for early discontinuation is documented.

**Significance:** Discrepancy between documented discharge medication order and actual anticoagulation endpoint. Relevant to anticoagulation management chronology.

**SECTION 5: GUIDE TO THE COMPANION EXCEL WORKBOOK**

The companion Excel workbook (SHCC\_Martinez\_Medical\_Chronology.xlsx) is the primary deliverable and contains three tabs:

Tab	Contents and How to Use It
<b>Master Timeline</b>	The primary chronology. Contains 41 dated, timestamped, Bates-cited entries covering all care settings from the MVC presentation through the April 2024 MRI. Use the filter dropdown on any column to narrow by date range, facility, provider, event type, or discrepancy status. Rows marked FLAG in the Disc Flag column are hyperlinked in concept to corresponding discrepancy entries. Sort by Bates Reference to locate a specific exhibit quickly.
<b>Discrepancy Log</b>	All 6 flagged discrepancies in full detail. Each row includes the conflicting source entries side-by-side, a conflict description, the significance to the timeline, and the corresponding Master Timeline row number(s). This is the go-to reference for deposition preparation and expert question development.
<b>Provider &amp; Facility Index</b>	Quick-reference index of all 17 providers and 7 facilities/settings appearing in the record. Includes credentials, role, first Bates appearance, and contextual notes. Use this to orient yourself before reviewing a deposition, identify the correct provider from a Bates citation, or confirm which facility a specific record prefix refers to.

**Tips for Using the Master Timeline**

- Filter by Event Type to isolate all imaging entries, all medication administrations, or all falls/incidents
- Filter by Disc Flag = FLAG to see only the six discrepancy-flagged entries at a glance
- Filter by Facility to review a single care setting's complete documented course
- The Bates Reference column is formatted for rapid exhibit lookup, sort ascending to work through records in order, or filter by prefix (RGHED, LKRC, ORTHO, etc.) to isolate a single facility's record set
- The Notes / Context column contains clinical context about each entry that does not appear in the Clinical Summary, review this column for deposition preparation pointers

**SECTION 6: RECORD COVERAGE AND NOTABLE ABSENCES**

**Records Reviewed**

- Riverside General Hospital ED records (RGHED 000001-000102)
- Lakeview Rehabilitation Center records (LKRC 000001-000085)
- Torres Orthopedic Clinic records (ORTHO 000001-000022)
- Home health PT records (HHPT 000001-000004)
- Outpatient PT records (OUTPT 000001-000003)
- Riverside Imaging Center records (RIMC 000001-000005)

**Notable Gaps in Available Records**

- No records from Riverside General covering the period after 04/10/2024 (MRI), follow-up visits from May 2024 onward are not reflected in this chronology
- No pharmacy fill records verifying enoxaparin administration dates during home phase following Lakeview discharge
- No records from primary care physician, it is unclear from available records whether Mr. Martinez has a PCP actively managing his care
- No occupational medicine or workers' compensation records documenting the impact on his warehouse supervisor position
- Independent medical examination records, if any, are not included in the records provided for this engagement

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