

RESOLUTION NO.: 36-22

**CAMDEN COUNTY INSURANCE FUND COMMISSION
AUTHORIZING WORKERS COMPENSATION SETTLEMENT WITH
SERGIO CUMBA**

WHEREAS Sergio Cumba has filed a claim against the Camden County Insurance Fund Commission with the State of New Jersey, Department of Labor, Division of Workers' Compensation; and

WHEREAS the parties have recommended a resolution for 25% of partial total in the amount of \$42,006.00, less Abdullah credit of 12 ½% (\$18,450.00), for a net settlement in the amount of \$23,556.00, plus costs of \$2,826.72 for a total settlement in the amount of \$26,382.72; and

WHEREAS the claim so filed has been resolved, now, therefore,

BE IT RESOLVED, by the Camden County Insurance Fund Commission that disposition of the claim filed by the above-referenced individual is authorized as follows:

<u>CLAIMANT</u>	<u>PETITION NO.</u>	<u>AMOUNT OF AWARD</u>
Sergio Cumba	CP2019-31544	\$23,556.00 (25% of partial total less Abdullah credit of 12.5%)
		\$2,826.72 (costs)

BE IT FURTHER RESOLVED that the proper Commission officials and/or their agents be and are hereby authorized to execute such documents as shall be necessary to affect the disposition set forth above.

ADOPTED: 5-26-22

BY:



CHAIRPERSON

ATTEST:



VICE-CHAIRPERSON

**Camden County Insurance Commission
Settlement Authority Request**

Claimant: Sergio Cumba

AH File Number #: 630-119-0002302

AH Handling Adjuster: Monica Coleman

AH Adjuster Phone: 856-380-6544

Date: 4/22/22

Claim Type: Workers' Compensation

Date of Incident/Loss: 06/07/2019

Department: Jail

Litigation : Yes

Defense Attorney: Pietras Saracino Smith & Meek

Claimant/Plaintiff Attorney: Law Office of Glen M Race

Policy Type: Workers' Compensation

Claim Petition: 2019-31544

DEFENSE COUNSEL RECOMMENDATIONS:

We are seeking settlement authority for 25% (42,006.00) of partial total with the County receiving Credit for 12 ½ % (\$18,450.00). This equates to 84.12 weeks of benefits payable at \$280.04 per week or (\$23,556.00) + petitioners attorney fees (\$2,826.72) = \$26,382.72

Seeking settlement authority for \$26,382.72

APPROVAL FROM CCIC :

YES

NO

Camden County Insurance Commission Payment Authority Request

<p>Claimant: SERGIO CUMBA Date of Birth: 01/15/1982 Date of Hire: 08/06/2012 CSI File Number: 630-119-0002302 CSI Handling Adjuster: Monica Coleman CSI Adjuster Phone: 856- 380-66544 Excess Carrier: CEL Excess Notice Date: N/A-at this time. Excess Handling Adjuster: Kerin Drumheiser Excess Adjuster Phone: 215-587-1890 Member Entity SIR: 300K CIB: YES Subrogation: No Aww: \$1,924.46/comp rate: \$921</p>	<p>Status as of: 2/11/2020 Claim Type: Indemnity Date/Time of Loss: 06/07/2019 9:50 PM Location: Camden County Department: Jail Litigation: Yes – CP 2019- 31544 Defense Attorney: PIETRAS SARACINO SMITH & MEEK LLP Claimant/Plaintiff Attorney: GLENN RACE Claimant/Plaintiff Attorney Firm: Claimant/Plaintiff Attorney Phone: 917-533-5924 Policy Type: Workers' Compensation CEL-JIF Companion File#: Medicare Beneficiary: No Claim petition: 2019- 31544 was received 1/27/20</p>
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Summary of the Incident Facts: The injured worker was trying to restrain an inmate when he felt a pop in his left shoulder. He was referred to Worknet on 06/07 where they diagnosed him with a left shoulder strain. He was taken off work and an MRI was ordered. This study revealed a partial tear of the subscapular tendon. The injured worker was referred to Rothman (Dr. Austin) on 06/24/19. After a few weeks of therapy, the Dr. recommended surgery. This procedure was completed on 08/06/19. Dr. Austin's recommendation of treatment was physical therapy and work conditioning until IW was discharged on 1/6/20.

This Matter is in litigation. Permanency evaluation was on 4/26/21 with Dr. Peacock who provide an estimate of 5% of partial total related to the left shoulder. Petitioners Attorney Doctor Weiss found 52½% of partial total to the left shoulder.

Defense Counsel is seeking settlement authority for 25 percent of permanent partial total with the County receiving credit for 12 ½ (\$18,450.00) percent from his prior 7/09/14 injury. This equates to 84.12 weeks of benefits payable at \$280.04 per week, or \$23,556.00 plus our share of costs and fees (\$2,826.72) = \$26,382.72.

Strategy/Action Plan:

1. Pay award and close file.

<u>Financial Summary:</u>	<u>Indemnity</u>	<u>Medical</u>	<u>Legal</u>	<u>Other</u>	<u>Total</u>
Paid:	\$28,024.70	\$18,291.84	\$3,842.00	\$8,976.63	\$59,135.17
Outstanding:	\$26,383.79	\$0.00	\$3,658.00	\$2,023.37	\$32,065.16
Total Incurred:	\$54,408.49	\$18,291.84	\$7,500.00	\$11,000.00	\$91,200.33

Reserve Rationale:

Indemnity: \$54,407.70

TTD paid -\$28,024.70

PPD = 25% PT with a credit of 12.5% (23,556) + PA fee (2,827) = 26,383.79

Medical- \$18,000.00-paid- office visits, PT, diagnostics, surgical fees.

Expense: \$11,000.00-bill review and perm exam fees.

Legal: \$7,500.00-DC fees and steno.

Last committee meeting date and amount authorized: \$95,435.00 approved on 2/27/20.

Payment authority requested up to: \$91,200.33 (decrease of \$4,234.67)

Prior Claims for this Claimant						
<u>DOI</u>	<u>Body Part/Acc Desc</u>	<u>Claim Type</u>	<u>Status</u>	<u>Paid</u>	<u>Incurred</u>	
2017-08-07	MULTIPLE HEAD INJURY EMPLOYEE KICKED IN FACE/JAW BY AN INMATE DURING CLINIC RUN.	I	C	\$3,740	\$3,740	
2016-06-15	CLOSED HEAD INJURY EE WAS ESCORTING INMATES TO 3-SOUTH -A WHEN AN INMATE BEGAN	M	C	\$0	\$0	
2014-07-09	LEFT SHOULDER WHILE APPREHENDING AN INMATE, EE FELT HIS LEFT SHOULDER POP.	I	C	\$64,697	\$64,697	
Claim Count: 3				68,437	68,437	