

**RESOLUTION NO.: 53-23**

**CAMDEN COUNTY INSURANCE FUND COMMISSION  
AUTHORIZING WORKERS COMPENSATION SETTLEMENT WITH  
MICHAEL BAHTO**

**WHEREAS** Michael Bahto 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 a Section 20 in the amount of \$28,000.00; and

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

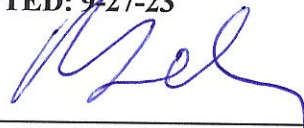
**BE IT RESOLVED**, by the Camden County Insurance Fund Commission that disposition of the claim filed by the above-referenced individual is authorized as follows:

<u>CLAIMANT</u>	<u>PETITION NO.</u>	<u>AMOUNT OF AWARD</u>
Michael Bahto	CP2021-26950	\$28,000.00 (Section 20)

**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.

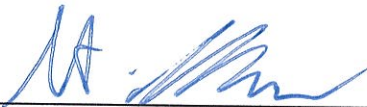
**ADOPTED: 9-27-23**

**BY:**



\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**



\_\_\_\_\_  
**VICE-CHAIRPERSON**

## Camden County Insurance Commission Payment Authority Request

<b>Claimant:</b> MICHAEL BAHTO	<b>Status as of:</b> 8/18/2023
<b>Date of Birth:</b> 06/12/1982	<b>Claim Type:</b> Indemnity
<b>Date of Hire:</b> None Listed	<b>Date/Time of Loss:</b> 12/24/2020 2:30 PM
<b>CSI File Number:</b> 630-120-0002884	<b>Location:</b> Camden County Jail
<b>CSI Handling Adjuster:</b> Monica Coleman	<b>Department:</b> Jail
<b>CSI Adjuster Phone:</b> 856-380-6544	<b>Litigation:</b> Yes – CP 2021-26950
<b>Excess Carrier:</b> CEL	<b>Defense Attorney:</b> SAVITZ LAW LLC
<b>Excess Notice Date:</b> N/A	<b>Claimant/Plaintiff Attorney:</b> JACOBS SCHWALBE & PETRUZZELLI PC
<b>Excess Handling Adjuster:</b>	<b>Claimant/Plaintiff Attorney Firm:</b>
<b>Excess Adjuster Phone:</b>	<b>Claimant/Plaintiff Attorney Phone:</b> 856-429-5661
<b>Member Entity SIR:</b> \$300K	<b>Policy Type:</b> Workers' Compensation
<b>CIB:</b> yes – 2 priors	<b>CEL-JIF Companion File#:</b>
<b>Subrogation:</b> No	<b>Medicare Beneficiary:</b> No
<b>Aww:</b> \$2,233.94 / <b>comp rate:</b> \$945.00	<b>Work Status:</b> currently working

**Summary of the Incident Facts:** While participating in defensive training, the injured worker developed a sharp pain and soreness in his right shoulder/arm.

The IW sought medical treatment at WorkNet on 12/29/20. X-rays of the right shoulder were taken, and they were normal. The Dr. released him to RTW, modified duty. The employer could not accommodate his restrictions. At the 1/4/21 exam, an MRI was ordered. The study was completed on 1/7/21 and revealed a partial tear of the supraspinatus tendon. At the 01/11/21 exam, the IW was referred to an Orthopedist (Dr. Lipschultz).

On 1/14/21 Dr. Lipschultz evaluated the IW and diagnosed him with right shoulder tendinitis and partial cuff tearing. The Dr. recommended physical therapy and anti-inflammatories.

At the 2/22/21 exam, Dr. Lipschultz ordered an MRI arthrogram of the right shoulder that was completed on 3/2/21. The study revealed a full thickness tear of the rotator cuff. After the MRI, the IW care was transferred to Dr. Austin.

On 3/8/21, Dr. Austin evaluated the IW and recommended arthroscopic surgery. The IW had surgery on 3/23/21. Dr. Austin continued to treat him conservatively until he was deemed MMI on 8/30/21.

Claim petition received on 11/12/2021. Defense Counsel's perm eval with Dr. Pinsky was completed on 4/5/22. The Dr. found 5% partial total disability for the right shoulder.

On 06/28/23, the case was conferenced with Judge French. The Judge felt that case was valued at \$28,000 - \$30,000 via Section 20. Defense counsel and the PA have agreed to settle the case for \$28,000 -Section 20.

**Strategy/Action Plan:** 1. Reimburse TTD 2. Settle the claim 3. Pay the OAS

<b><u>Financial Summary:</u></b>	<b><u>Indemnity</u></b>	<b><u>Medical</u></b>	<b><u>Legal</u></b>	<b><u>Other</u></b>	<b><u>Total</u></b>
Paid:	\$4,278.14	\$23,780.16	\$2,598.50	\$735.29	\$31,392.09
Outstanding:	\$52,705.00	\$0.00	\$4,401.50	\$2,764.71	\$59,871.21
Total Incurred:	\$56,983.14	\$23,780.16	\$7,000.00	\$3,500.00	\$91,263.30
<b><u>Proposed Reserve Increase</u></b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b><u>Total Proposed Authority</u></b>	\$56,983.14	\$23,780.16	\$7,000.00	\$3,500.00	\$91,263.30

**Reserve Rationale:**

IND=\$52,705.00 = 26 1/7 weeks TTD @ \$945/week (\$24,705) + \$28,000 / Section 20.

**Last committee meeting date and amount authorized:** \$96,371.68 approved on 3/26/21

**Payment authority requested up to:** \$91,263.30 (reduction of \$5,108.38)

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**Settlement Authority Request**

**Total Authorization SAR Request: \$28,000.00**

We are seeking settlement authority of \$28,000.00 for a Section 20 settlement.

<b>Prior Claims for this Claimant</b>					
<b><u>DOI</u></b>	<b><u>Body Part/Acc Desc</u></b>	<b><u>Claim Type</u></b>	<b><u>Status</u></b>	<b><u>Paid</u></b>	<b><u>Incurred</u></b>
2021-09-25	BODY SYSTEM/MULT BODY SYSTEM COVID19 EXPOSURE	I	C	\$2,325	\$2,325
2021-09-25	BODY SYSTEM/MULT BODY SYSTEM COVID19 EXPOSURE	M	C	\$0	\$0
<b>Claim Count: 2</b>				<b>2,325</b>	<b>2,325</b>