

Basic Course in Occupational and Environmental Medicine, Part III Orlando, Florida, October 30, 2011

Disability / Impairment Evaluation

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Basic Course Part III
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Objectives

- Compare and contrast three types of disability or income replacement programs
- Highlight the physician's participation in the three different programs
- Review the Physician's contribution to the disability process
- Understand why an IME is requested
- Review the characteristics of a good IME

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Three Disability/Income Replacement Programs

- Social Security
- Workers Compensation
- Disability Insurance

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Areas of Comparison/Contrast

- Authority
- Definition of disability
- Administrative process
- Conclusion/End point for benefits
- Source of funding

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Social Security

- Authority
 - Federal program
 - Dept. of Health and Human Services
- Definition of disability
 - Disability per se
 - Disability in fact

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Social Security (cont'd)

- Disability per se
 - Defined by Code of Federal Regulations
 - Not working
 - Age less than 65 years
 - Worked 5 years of past 10 years
 - Unable to work for 12 months
 - FICA taxes paid
 - Terminal illness

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Social Security (cont'd)

- Disability in fact
 - Same criteria as disability per se except
 - Impairment fails to meet CFR listings
 - Assessment of residual functional capacity
 - GRID Factors:
 - Age
 - Education
 - Work experience
 - Transferable skills

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Social Security (cont'd)

- Administrative process
 - Initiate Claim
 - Medical documentation
 - Administrative review
 - Medical evaluation
 - Medical review of documentation and data
 - Administrative Appeal

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Social Security (cont'd)

- Conclusion/End point for benefits
 - Age of retirement
 - Return to work
 - Death
- Source of funding
 - Social Security taxes (employer, employee)

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Workers Compensation

- Authority
 - State program
 - Legislation
- Definition of disability
 - No fault
 - Work related injury or illness
 - Income replacement
 - Medical expenses

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Workers Compensation (cont'd)

- Administrative process
 - Illness or injury
 - Notify employer
 - Acceptance/Contested
 - Administrative review
 - Fitness for duty determination
 - Appeal process

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Workers Compensation (cont'd)

- Conclusion/End point for benefits
 - Return to work
 - Maximum Medical Improvement
 - Impairment rating (“Disability determination”)
 - Litigation
- Source of funding
 - Employer paid premiums
 - Subsequent Injury Trust Fund

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Disability Insurance

- Authority
 - State charter or license
 - State Insurance Commissioner
- Definition of disability
 - Defined by the terms of the contract

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Disability Insurance (cont'd)

- Administrative process
 - Notify insurer of a claim
 - Documentation (personal, medical, financial, eligibility)
 - Review process
 - Independent assessments
 - Appeals process

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Disability Insurance (cont'd)

- Conclusion/End point for benefits
 - Defined by the contract
- Source of funding
 - Employer contributions
 - Individual contributions

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SUMMARY

	Soc Sec	WC	Ins
Authority	Federal – DHHS Code of Fed Regs	State program Legislation	State charter or license State Ins Commissioner
Definition	No work 12 months CFR listings Grid	Work related No fault Medical v. Lost wages Fitness for duty	Terms of contract
Process	Application Documentation Review Appeal	Notification Acceptance/Contested Administrative review	Notification Documentation Review Assessment Appeal
End point for benefits	Age Retirement Return to Work Death	Return to work Maximum med improve Impairment rating	Terms of contract
Funding	Employer Employee	Employer Subsequent Inj Trst Fnd	Employer Employee/Individual

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Physician's Contribution

- Medical evaluation and documentation
- Define functional expectations
- Define Restrictions and Limitations (R/Ls)
- Communication
- Encourage timely return to functional independence and return to work

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Physician's Contribution

1. Medical evaluation and documentation
 - Cost effective
 - Evidence based

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Physician's Contribution

2. Define functional expectations
- Make it part of the treatment plan
 - Focus on restoration of overall function
 - Participation and recovery is influenced by the physician

Physician's Contribution

3. Define appropriate and adequate R/Ls
- May be the result of diagnosis or treatment
 - Apply to work and non-work activities

Physician's Contribution

Definitions:

RESTRICTION: Any protective measures required to prevent injury or foster recovery.

LIMITATION: Any existing constraints in the employee's physical or mental capability to perform tasks.

Physician's Contribution

Definitions continued:

APPROPRIATE: The R/L applies to the reported condition and/or treatment.

ADEQUATE: The R/Ls are sufficient to cover the reported condition and/or treatment.

Physician's Contribution

3. Define appropriate and adequate R/Ls
- Based on demonstrated impairment
 - > Patient's report
 - > Clinical experience
 - > Result of evaluation or testing

Physician's Contribution

4. Communication
- Patient
 - Employer
 - Third party (Insurance, Work Comp, etc.)

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Physician's Contribution

- 4. Communication (Release of information)
 - Maintain patient confidentiality
 - Patient authorization to release information
 - Release of appropriate information
 - Patient right to examine and obtain a copy of the medical record.

Why Order An IME?

- Documentation does not support the conclusions being presented
- Conflicting information
 - Diagnosis
 - Treatment
 - Functional Ability

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Characteristics Of A Quality IME

- Independent
- Medical
- Evaluation
- Things to Consider
- Reports

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Characteristics Of A Quality IME : Independent

- No conflict of interest
- Understand expectations of requester

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Characteristics Of A Quality IME : Medical

- Not a physician-patient relationship
- Medical records and other documentation available
- Apply scientific basis
- Appropriate specialty or training

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Characteristics Of A Quality IME : Evaluation

- Apply scientific principles
- Assess available information and data
 - Thorough documentation
 - Identify and explain inconsistencies
 - Validate facts
- Demonstrate functional abilities
- Seek ecological validity

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Characteristics Of A Quality IME : Things to Consider

- Missing documents or records
- Copies of imaging studies versus reports
- Ordering lab work or tests
- Scheduling the appointment
- Billing and payment

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Characteristics Of A Quality IME : Reports

- Thoroughly document history and exam
- Organized
- Understandable
- Logic trail
- Distribution
- Timeliness of completion

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Treatment Guidelines

- Some State Legislatures have established an authoritative treatment guideline
- Commercial product
 - AOCOPM
 - Official Disability Guidelines (ODG)
- State written guideline - CO, WA, WV

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Treatment Guidelines - cont'd

- Organizational product
 - Medical specialty college
 - National Guideline Clearinghouse
 - www.guideline.gov
 - Hayes, Inc (www.hayesinc.com)
- Evidence-based medicine literature
- Peer Review

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QUESTIONS?

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