

The Bread & Butter of Clinical Interface in Case Management

Chairperson: Pamela Sheckler

Tuesday, March 26th, 2019

Parallel Session B

1:35-2:15 pm

*Work Related Injuries Workshop
March 25th & 26th, 2019*

When Do You Order an Independent Medical Evaluation?

Thomas Winters, MD

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Reasons for an IME

- Clarification of diagnosis
- Review request for surgery or additional treatment
- Establish current work capacity
- Determine causation
- Maximum Medical Improvement



Who Orders an IME

- Disability Insurers
- Employers
- Lawyers

Options

- Second opinion
 - Objectivity of examiner?
 - Experience of 2nd opinion doc in determining causation
- Independent Medical Evaluation
 - IME mill vs IME/disability specialist
 - Quality vs price
 - IME properly performed (or not) can become part of legal medical record

IME Contents

- History of incident/injury by initial provider
- History of incident/injury from worker
- Review of treatment
- Document progress including ROM
- Identify co-morbid conditions
- Current state including functional measures, ADL's
- Offer recommendations including RTW status
- Explanation for causation rationale
- List of references used for determination
- Answer all adjuster questions



IME Physician's Responsibility

- Explain IME purpose and process to the patient
- Disclose the relationship with employer or third party before gathering information
- Maintain unrelated medical information in confidential manner
- Inform patient of any incidental medical findings and suggest follow-up with appropriate provider, do no harm



Doctor-Patient Relationship

- A temporary “doctor-patient” relationship exists only during the IME
- No true “doctor-patient” relationship
- Patient is not entitled to the IME report because there was no established doctor-patient relationship and the patient was not financially responsible for the cost of the evaluation
- Employer does have access to report through counsel
- IME physician does not become treater or surgeon



Case Study



Brief History of Injury

- During altercation with a suspect, police officer injured right index finger by catching it the suspect's shirt
- Evaluation 2 weeks later - c/o difficulty flexing and extending finger
- X-ray – no fracture; Tenderness over MCP joint
- Plan – buddy tape; consult hand surgeon if not improved



Past Medical History

- Depression
- Type 1 diabetes
- Hyperlipidemia
- Hypertension
- S/P right ankle reconstruction
- S/P right rotator cuff repair



Medications

- Insulin
- Simvastatin
- Wellbutrin



Case Progression Post Initial Injury

- @ 6 weeks – c/o R shoulder & R index finger pain; Dilaudid & oxycodone added to meds
- MRI – full thickness tear R radial collateral ligament
- @ 3 mos – surgery to repair ligament; hand x-ray - DJD of several joints
- @ 4 mos – splint fabricated; hand exercises & stretching x 8 weeks; remains OOW
- @ 5 mos – c/o numbness in index/thumb area; bilateral EMG/NCS ordered

Continued

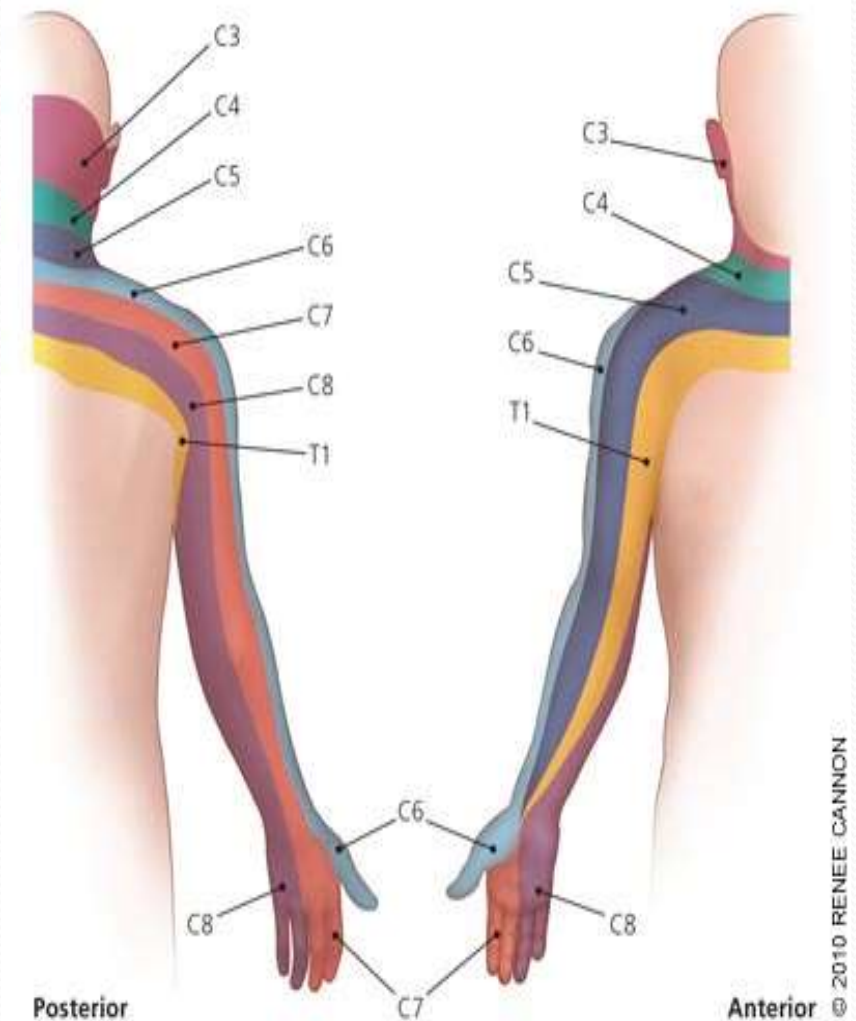
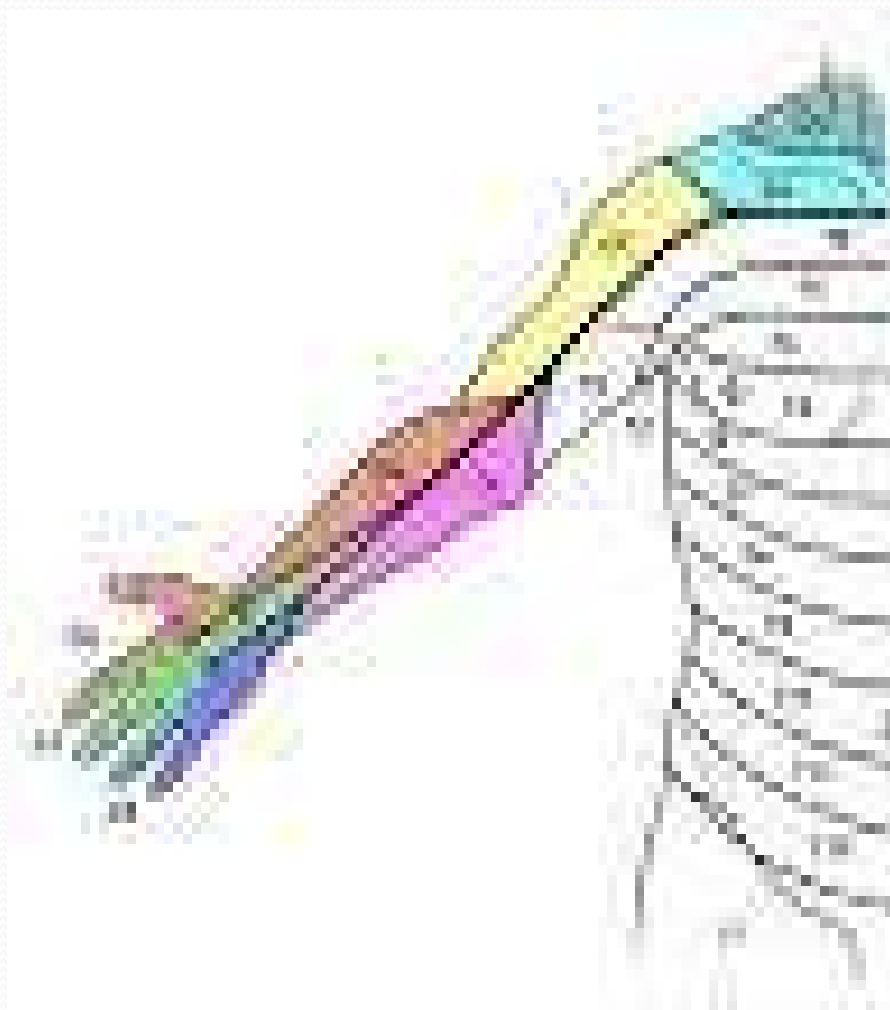
- @5 mos – EMG/NCS - mild median nerve compression; mild C5-7 right chronic radiculopathy; + Tinel; no thenar atrophy or weakness
- Right CTS surgery recommended
- Continue light duty work



Case Summary

- 60-year-old male, insulin dependent diabetic, 5 months s/p ligament repair right index finger
- New c/o sensory disturbance in right hand
- EMG positive for mild right median nerve compression and chronic C5-7 radiculopathy R
- Request for carpal tunnel surgery submitted to WC carrier

C5-7 Dermatome



Relatedness





Considerations

- 5 months of exams – no mention of sensory symptoms in right thumb or right index finger
- Normal motor and sensory exams noted by hand surgeon
- No temporal or proximate relationship to initial event
- No mechanism of injury of neck or wrist reported
- No causal relationship or plausibility to initial event
- Pre-existing conditions



Case Decision

- Most likely explanation
 - 60-year-old type 1 diabetic, insulin dependent
 - Degenerative joint disease right hand by x-ray
 - Positive EMG findings of right cervical radiculopathy consistent with a C5-7 dermatome distribution for median nerve distribution
 - Not related to initial injury

MA General Laws Chapter 152

Section 1, 7 (A)

- “Condition is compensable only to extent such compensable injury or disease remains a major but not necessarily a predominant cause of disability or need for treatment”



IME Errors in 50 % of Reports

- Inaccurate history, failed to reconcile with summary of records
- Poor explanation of causation , no use of Bradford-Hill criteria- some added body parts and new diagnoses
- No rationale for treatment and no use of guidelines
- Some did not address opioid use
- Failure to address RTW
- Did not answer questions, required addendums



IME Errors - Inaccurate Impairment Ratings 40 %

- Most too high
- Did not cite which edition AMA Guidelines used with table and page reference
- IR done before MMI/P&S
- Improper use of ROM (range of motion) vs DRE (diagnosis related estimates)
- Calculation errors - added rating instead of using combine impairment percent table
- Did not use AMA Guidelines Methodology



When Do You Do Surveillance?

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Mr. McCarthy is the Founder of Unity Surveillance & Investigations, LLC and has worked in the insurance industry for the past 25 years. Throughout his career, he has held several industry positions that include, medical fraud and abuse investigator, claims adjuster, surveillance investigator, SIU coordinator, and business owner.

Outside of his duties at Unity, Paul enjoys spending time with his family, boating, fishing, hunting, and skiing.

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Surveillance is Easier Today Than Ever Before





Database Sources

- Technology has allowed information to be accessed more easily
- Verify accuracy of provided information
- Develop possible new leads and addresses
- Examine databases which can provide additional information
- Vehicle sightings reports

Preliminary Research

- Google Maps / Street Maps
- Property Assessment
- Motor Vehicle Information
- Social Media Pictures



When Do You Do Surveillance?



Investigations

- Investigations of a claim must be full, fair, unbiased and objective
- Proper claim documentation
- Expectation of privacy
- “No Trespassing”
- Avoid gray areas



Identifying Red Flags



- Late notice / The claimant waited days or weeks before reporting the accident or injury
- Claimant is difficult to reach and never home
- Injuries are inconsistent with the severity of the accident
- The claimant is a new employee, disgruntled, on probation, facing a layoff or about to retire
- Claimant has knowledge of the claims process

Identifying Red Flags Continued...

- There are no witnesses to the reported accident or injury
- Financial distress / Recently separated or divorced
- Alleged injury occurred the day after a weekend
- Claimant is pushy and looking for a quick resolution
- Dueling doctors



Benefits of Surveillance



Benefits of Surveillance Continued...

- Better understanding of claimant's daily activity
- Confirmation of injury
- Documenting the claimant away from their residence and/or potentially acting outside of restrictions
- Negotiation tool
- Fraud and abuse



Cons of Surveillance

- When a surveillance is improperly conducted, those who conduct or order the surveillance can find themselves in serious trouble.
- Difficult setups
- Getting caught (getting “made”)
- Unable to locate the claimant
- Following the wrong person
- Loosing the claimant in traffic



When Opportunity Knocks



- Camouflage
- Target claimant's family members, sport schedules
- Birthdays, holidays, annual events
- Covert cameras





Helpful Hints When Referring

- Basic information
- Accurate description or photograph
- Be clear on the objective
- Restriction and limitations
- Any scheduled medical appointments or KNOWN EVENTS
- Be specific on days of the week or consecutive days
- Hobbies
- Marital status / children
- If prior surveillance has been conducted, send in previous report
- Are they represented?
- When is the due date?

Questions

