

7 PET PEEVES IN PHYSICIAN REPORTING

RICHARD M. JACOBMEYER ESQ.
SHAW, JACOBMEYER, CRAIN & CLAFFEY

7 PET PEEVES IN PHYSICIAN REPORTING

➤ Pet Peeve # 1

➤ THE SUPPLEMENTAL RECORD REVIEW NON-REPORT:

- “I have reviewed the above listed records and they do not cause me to change my opinion”
- useless verbiage possible after reviewing additional material

7 PET PEEVES IN PHYSICIAN REPORTING

➤ Pet Peeve # 1 Cont.

➤ 3 Options:

- I have reviewed the above described records and they confirm my opinion because...
- I have reviewed the above records and they cause me to change or alter my opinion because....
- I have reviewed the above records and they are not relevant to the issues I have addressed because...

7 PET PEEVES IN PHYSICIAN REPORTING

➤ Pet Peeve # 2:

➤ FAILURE TO PROVIDE ALL MEASUREMENTS REQUIRED BY AMA GUIDES

- Measurements are required to confirm consistency of examination results
- Allows reader of report to confirm physician conducted exam properly
- Confirms for reader physician conducted full and thorough examination and considered all factors of impairment

7 PET PEEVES IN PHYSICIAN REPORTING

➤ Pet Peeve # 3:

➤ “BLINDERS SYNDROME”

➤ Failure to note or acknowledge the unusual and comment upon it

➤ Examples:

➤ Applicant has 2 lb grip strength with no atrophy, neurologic loss or physical abnormality

➤ Previous 4 evaluations by PTP demonstrated increasingly greater range of motion or grip readings then current exam

7 PET PEEVES IN PHYSICIAN REPORTING

➤ Pet Peeve # 4:

➤ FAILURE TO CONSIDER RELEVANT INFORMATION TO PROVIDE THOUGHTFUL OPINION

- Most often an issue with causation of injury/Appportionment
- Since 2004 Appportionment is not solely determined by lack of prior symptoms or ability to work without limitations.
- Must consider source of impairment

7 PET PEEVES IN PHYSICIAN REPORTING

➤ Pet Peeve # 5:

➤ Padding the Report:

➤ Performing unnecessary research to increase the ability to bill for a report

➤ Examples:

➤ Hand surgeon conducting research on CTS

➤ Ortho Surgeon conducting research on hip replacement

➤ Pain management physician billing 6 hours of research on treatment for chronic pain

7 PET PEEVES IN PHYSICIAN REPORTING

➤ Pet Peeve # 6:

➤ UNWILLINGNESS TO EVALUATE NEW INFORMATION AND ALTER ONES OPINION

➤ Remember it is not *your* history, it is the patient who provided it, don't be invested in their mistakes

➤ Unwillingness to evaluate new information and alter ones opinion

➤ Do not try to shoehorn information into your conclusion that does not fit- make the conclusion fit the information

7 PET PEEVES IN PHYSICIAN REPORTING

➤ Pet Peeve # 7:

➤ PHYSICIANS WHO FORGET THEY ARE SCIENTISTS AND PLAY ADVOCATES

➤ AMA Guides place premium on physician objectivity

- It is not the physician's job to decide if system is ideal or fair
- Physician is to report observations and provide *medical opinions and judgments*
- Physician should not consider amount of money the employee is going to receive

7 PET PEEVES IN PHYSICIAN REPORTING

- Pet Peeve # 7:
- AMA Guides Page 18, Sec 2.3
 - The physician's role in performing an impairment evaluation is to provide an independent, unbiased assessment of the individual's medical condition, including its effect on function, and identify abilities and limitations to performing activities of daily living as listed in Table 1-2

7 PET PEEVES IN PHYSICIAN REPORTING

**READING MEDICAL REPORTS SHOULD
NOT REQUIRE THE WILLING
SUSPENSION OF DISBELIEF**