

DEVELOPING AND WEIGHING MEDICAL EVIDENCE

EEOICPA PM Chapter 2-0800

WHAT IS WEIGHING MEDICAL EVIDENCE?

- Weighing is the process of evaluating medical opinions to determine which evidence has more probative value. When medical evidence is received from more than one source, this process consist of determining the relative value, or merit of each medical opinion.

SOURCES OF MEDICAL EVIDENCE

- Claimant's Healthcare Provider
- Department of Energy Medical Monitoring Program
- Oak Ridge Institute for Science and Education (ORISE)
- Contract Medical Consultants
- Second Opinion Physicians
- Referee Specialist

CLAIMANTS' HEALTHCARE PROVIDER

- ATTENDING PHYSICIAN
- CONSULTING EXPERTS
- MEDICAL FACILITIES

DEPARTMENT OF ENERGY

- Medical Monitoring Program:
 - Medical Examination Records
 - Exposure Data

- Former Workers Programs:
 - Evaluates the effect of DOE past operations
 - Offers Medical Screening to Former Workers

ORISE

- Administers the beryllium screening program by providing beryllium-related testing at locations across the country.
- Offers testing for chronic beryllium disease (CBD) and medical monitoring to individuals testing positive for beryllium sensitivity.

CONTRACT MEDICAL CONSULTANTS

Assist the DEEOIC by reviewing and evaluating the medical evidence of the record :

- Opinions
- Guidance
- Advice

SECOND OPINION PHYSICIANS

- Contracted by DEEOIC
- Provides an independent and rationalized response to the claims examiners questions

REFEREE SPECIALIST

- Physicians of an appropriate specialty, chosen randomly, to examine the employee or a case file in order to resolve a conflict of medical opinions.

TYPES OF MEDICAL EVIDENCE

- TREATMENT RECORDS
- MEDICAL EVALUATIONS
- REPORTS IN RESPONSE TO A DEEOIC REFERRAL
- CANCER REGISTRY
- DEATH CERTIFICATE
- MEDICAL SPECIALIST
- AFFIDAVITS

TREATMENT RECORDS

- Attending physician records
- Records of physicians consulted by the patient for an independent medical opinion.
- Diagnostic testing and the reports of medical providers interpreting the tests.
- Treatment records from hospitals, hospices, in-home health or residential health care facilities.

MEDICAL EVALUATIONS

- Evidence from DOE Medical Monitoring Programs (former worker screening records, pre-employment physicals, termination physicals, etc.)
- Examinations from State and Federal Compensation Programs (evaluations for state workers' compensation claims, Social Security disability examination, Veterans' Administration Programs, etc.)
- Medical reports or opinions obtained for litigation under state or federal rules of evidence.

REPORTS IN RESPONSE TO A DEEOIC REFERRAL

- DEEOIC REFERRAL RESPONSES:
 - CMC
 - SECOND OPINION PHYSICIAN
 - REFEREE SPECIALIST

CANCER REGISTRY

- A COLLECTION OF DATA ABOUT CANCER AND TUMOR DISEASES.
- USED TO ESTABLISH A DIAGNOSIS OF CANCER AND DATE OF DIAGNOSIS.

DEATH CERTIFICATES

- PROVIDES THE CAUSE OF DEATH
- DATE OF DIAGNOSIS
- SIGNED BY A PHYSICIAN

MEDICAL SPECIALIST

- USE MEDICAL INFORMATION TO DETERMINE THE CAUSE OF ILLNESS.

AFFIDAVITS

- WRITTEN SWORN STATEMENT OF FACT VOLUNTARILY MADE BY AN INDIVIDUAL UNDER OATH OR AFFIRMATION BY A PERSON PROVIDING A DIAGNOSIS.

CONTENTS OF A MEDICAL REPORT

- DOCTORS REPORTS OF EXAMINATION
- REPORTS OF TEST AND PROCEDURES
- HOSPITAL, HOSPICE AND CLINIC RECORDS

A DOCTORS REPORT OF EXAMINATION

- S – SUBJECTIVE COMPLAINTS
- O - OBJECTIVE FINDINGS
- A – ASSESSMENT
- P – PLAN FOR FOLLOW UP

THE SUBJECTIVE SECTION

- Recorded information obtained from the patient. It generally contains information about why he or she is seeking treatment, complaints, medical history and current history.

OBJECTIVE SECTION

- Physician's findings based on his or her observation, examination and testing.
 - Laboratory findings such as complete blood count (CBC), tissue biopsy, bone marrow smear or biopsy, beryllium lymphocyte proliferation test (LPT).
 - Diagnostic procedures such as X-rays, ultrasound, computerized axial tomography (CAT), magnetic resonance imaging (MRI).
 - Physical findings that are noted by the physician's visual inspection, palpation and manipulation of the body.

ASSESSMENT SECTION

- Contains the physician's opinions, suspicions and diagnoses.
- The scope of assessment section will vary according to the type of medical condition.

PLAN SECTION

- DESCRIBES THE TREATMENT PLAN AND PROGNOSIS
- A PHYSICIAN MAY, PRESCRIBE MEDICATION, REFER A PATIENT TO A SPECIALIST, OR SUGGEST ADDITIONAL TESTING.

REPORTS OF TEST AND PROCEDURES

- EMPLOYEE'S NAME
- DATE OF TEST
- OBJECTIVE DATA OBTAINED
- SIGNATURE OF PERSON RESPONSIBLE

HOSPITAL, HOSPICE AND CLINIC RECORDS

- PHYSICIAN RECORDS
- DIAGNOSTIC TESTING
- ADMISSION SUMMARY
- SURGERY REPORTS NURSING NOTES
- DISCHARGE SUMMARY
- AUTOPSY REPORTS

MEDICAL EVALUATIONS

- EXPLAINS WHY THE PHYSICIAN IS CONDUCTING AN EXAMINATION
- A DESCRIPTION OF THE INFORMATION REVIEWED
- DESCRIPTION OF TEST PERFORMED
- OPINION OF THE EVALUATING PHYSICIAN

DEVELOPING MEDICAL EVIDENCE

- PHYSICIANS AND CHIROPRACTORS
- DEFICIENT EVIDENCE
- TELEPHONE REQUEST
- WRITTEN REQUEST
- UNAVAILABLE MEDICAL RECORDS

REASONS FOR A CMC REFERRAL

- DIAGNOSIS - CLARIFICATION AND CONFIRMATION OF A DIAGNOSIS.
- CAUSATION – EXPOSURE AND MEDICAL DOCUMENTATION TO RENDER AN OPINION ON CAUSATION.
- IMPAIRMENT – PERCENTAGE OF PERMANENT IMPAIRMENT TO THE WHOLE PERSON FOR AN ACCEPTED ILLNESS.
- ONSET DATE – ONSET AND PERIOD OF ILLNESS RELATING TO REPORTED WAGE LOSS.
- CONSEQUENTIAL INJURIES – DETERMINATION OF CONSEQUENTIAL INJURY/ILLNESS DUE TO AN ACCEPTED ILLNESS OR TREATMENT OF THE ILLNESS.
- TREATMENT – MEDICAL NECESSITY OF MEDICAL CARE, DURABLE MEDICAL EQUIPMENT OR HOME/AUT MODIFICATION
- CLARIFICATION – INTERPRETATION OF MEDICAL REPORTS, TEST OR OTHER MEDICAL EVIDENCE.
- CONFLICT – RESOLVE CONFLICT OF MEDICAL OPINIONS.

CMC REVIEW NOT NECESSARY

- TREATING PHYSICIAN PROVIDES A WELL-RATIONALIZED OPINION IN RESPONSE TO A CLAIM QUESTION.
- WHEN THERE IS PRESUMPTION OF CAUSATION EXISTS, OR CIRCUMSTANCES OF CASE DEVELOPMENT DOES NOT NECESSITATE A MEDICAL OPINION, SUCH AS THERE IS NO EVIDENCE OF EXPOSURE TO A TOXIC SUBSTANCE OR PAUSIBLE SCIENTIFIC ASSOCIATION BETWEEN A TOXIN AND A DIAGNOSED ILLNESS.

CMC REVIEW IS NECESSARY

- The CE is unable to conclude whether pre-1993 medical evidence is sufficient to diagnose chronic beryllium disease.
- Medical tests are submitted which do not provide clear diagnosis or interpretation (e.g., a BeLPT that does not clearly state that the test is positive or negative).
- It is unclear whether a medical condition, unlisted on a death certificate, was a significant factor in causing, contributing to or aggravating an employee's death. For example, an employee dies of a heart condition, but the covered condition is asbestosis.

CMC REVIEW IS NECESSARY

- It is unclear whether the confirmed exposure to a toxic substance is linked to the illness claimed by the employee.
- A treating physician has offered a speculative, or vague opinion, or one that is not substantiated by reasonable medical rationale, and the CE has undertaken reasonable steps identifying the defects to the physician, but he or she has not responded or responded unsatisfactorily.

STATEMENT OF ACCEPTED FACTS (SOAF)

1. Employee Information
 - a. Name:
 - b. Case File Number:
 - c. Date of Birth:
 - d. Date of Death:
 - e. If deceased, list Cause(s) of Death from Death Certificate
2. Medical Information
 - a. Has an Occupational Health Questionnaire (OHQ) been completed? (Provide date)
 - b. Diagnosed Condition(s): (Provide date of diagnosis for each, if possible; if diagnosed condition is skin cancer, provide body location)
 - c. Other medical information/conditions available for review by referral personnel (if appropriate): (Provide dates of Former Worker Protection (FWPP) Interview, authorized home health care periods, etc.)
3. Employment Information - If Relevant - (Provide a detailed description of the employee's verified and covered employment history - include where employee worked, date(s) of employment, job title(s), job duty(ies))
4. Occupational Toxic Exposure - If Relevant - (Provide the occupational toxic substance exposures encountered by the employee and shown to have a potential health effect to the diagnosed condition; provide relevant information on the nature, extent and duration of such exposures)
5. Claim History - If Relevant - (Provide significant events such as date of filing of Part B and/or Part E, date submitted to NIOSH for dose reconstruction, Probability of Causation %, date of denial/acceptance, date of remanded claim, etc.)
6. Other Information - (Include any other information that may be useful to those conducting the referral evaluation)
7. Claims Examiner Information
 - a. Submitting District Office:
 - b. Claims Manager:
 - c. Unit designation:
 - d. Telephone Number:
 - e. E-mail address:
 - f. Date of referral:

Sample Questions for Physician

Questions:

CE: Choose from options below or add your own

- Impairment** Please provide a whole body impairment rating for the accepted conditions listed above in accordance with the 5th edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment* with specific page and table references included in your report. If additional medical records would result in a better evaluation, please so state and identify the needed medical records. Please provide the rationale and objective findings to support your conclusions.
- Impairment** If it is not possible to complete an impairment rating based on the medical evidence we provided, please advise us what medical records and/or testing is required to complete the rating.
- Diagnosis** In your opinion, do the medical records support a diagnosis of medical condition? If so, please provide the first date of diagnosis, diagnosis, and the ICD-9 code.
- Causation** If **medical condition** was diagnosed, in your opinion is it at least as likely as not that exposure to toxic substances during the course of employment at covered facility was a significant factor in aggravating, contributing to, or causing the employee's medical condition?
- Causation** Does the employee's work and exposure history make it at least as likely as not that the exposure to the toxic substances was a significant factor in causing, contributing to or aggravating the employee's **medical condition**?
- Causation** If so, please provide the earliest date of diagnosis(es) and ICD-9 code of the condition you believe is related. Please provide the rationale and objective findings to support your conclusion that the condition(s) are related to the work exposure.

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Claims Examiner _____
(Printed Name)

(Signature)

Date _____
(Date)

ICD-9 CODES AND CORRESPONDING PROCEDURE CODES

V49.8	File Reviews
FR001	File Review
FR002	Supplemental File Review
FR003	Clarification of Diagnosis, Treatment, Tests
V49.8	Impairment Ratings
FR004	Impairment Evaluation
V68.89	Wage Loss
WL001	Assessing Ability to Work/Wage-Loss
V68.2	Second Medical Opinions
SEP02	Second Medical Opinion (includes physical exam and file review)
FR002	Supplemental File Review
Cancl	Appointment Cancellation
V65.8	Referee Referrals (Physical Exam or Written Exam)
REFER	Physical examination which includes file review
REF01	File review only

PREPARATION OF REFERRAL EMAIL

- The CE sends an email to the Medical Scheduler indicating that a CMC review is required, and requesting referral to the CMC contractor. The body of the email should contain:
 - Claimant name.
 - Claim number.
 - Type of review requested.
 - Medical Specialty
- The CE creates an electronic image of the following items as a single PDF file, and attaches the file to the referral email. A copy of the completed SOAF is to be placed in OIS.

MEDICAL SCHEDULER

- REVIEWS CMC REFERRAL.
- SUBMITS REFERRAL TO CMC.
- CONFIRMS SUBMISSION OF REFERRAL AND NOTIFY CE VIA EMAIL OF REFERRAL COMPLETION.
- PROCESS FOR PAYMENT.

DISTRICT OFFICE NURSE CONSULTANT

- Provides guidance and assistance to claims examiners with medical evidence.

SAMPLE LETTER TO CLAIMANT REGARDING SECOND OPINION/REFEREE PHYSICIAN

Dear Claimant:

This letter is in reference to your claim under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

Under our regulations, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) has the authority to refer an employee for a physical examination by a second opinion physician when it considers such a referral to be reasonably necessary.

Because it considers such a referral to be reasonably necessary for the proper adjudication of your claim, DEEOIC has arranged for you to be examined by a second opinion physician. **Please review the attached letter for the time, date, and location of your scheduled appointment.** DEEOIC will pay the out-of-pocket costs you incur in connection with the examination or any diagnostic testing. Travel costs to attend the examination are reimbursable upon submission of Form OWCP-957 (Attached).

DEEOIC recommends that you call QTC Medical Services ahead of time, at the number provided in the attached QTC Appointment Notification Letter, to confirm the appointment. Ensuring that you provide QTC Medical Services with your name, file number, and any contact information when you call will make the process run as smoothly as possible.

Rescheduling the appointment is strongly discouraged and you should only do so in emergencies. Altering an appointment schedule can hinder our ability to take substantive action on your claim and promptly deliver services to you. If you are unavoidably prevented from keeping your appointment, you must immediately call your assigned claims examiner at the district office at XXX-XXX-XXXX. DEEOIC will evaluate any request to reschedule your appointment.

If you do not attend the scheduled appointment, or cannot establish good cause for your failure to appear, DEEOIC will suspend claim adjudication and administratively close your claim. Reopening of the claim record will not occur until you agree to and attend a DEEOIC scheduled medical examination.

Should someone accompanying you disrupt the scheduled medical examination, DEEOIC will reschedule the exam with a different qualified physician. You will not be entitled to have anyone else present at the subsequent examination unless DEEOIC determines that exceptional circumstances exist.

We appreciate your cooperation in this matter. If you have any questions regarding the scheduled examination, please contact me at the address listed above or call XXX-XXX-XXXX.

Sincerely,

Claims Examiner

Questions

