Disability Evaluations

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Definition

- Impairment
  - Alteration of body structure or function
  - Not defined in a specific environment

Questions to answer...

- How to determine person’s disability?
- What forms I need to fill out?
- I never signed up for this when I started primary care practice
- Is she or he really disabled?

Definition

- Impairment
  - Alteration of body structure or function
  - Not defined in a specific environment
- Disability
  - Limitation due to impairment
  - Inability to perform function of daily living
  - Defined in context of environment
### Social Security Disability

- **Inability to engage:**
  - substantial, gainful activity by reason of a medically determinable physical or mental impairment(s), which can be expected to result in death
- **OR**
  - which has lasted or can be expected to last for a continuous period of not less than 12 months

### Define Impairment

- AMA guides 6th Edition define:
  - "A significant deviation, loss, or loss of use of any body structure or body function in an individual with a health condition, disorder or disease"

### Case Review

- 63-year-old male, came into the office to seek a disability evaluation.
- Injured at work.
- Worked 35 years as a project construction manager at Department of Corrections.

### Regarding this patient

- Disabled worker
Disability determination process

- Begins with filing the claim
- Initial determination takes about 60 to 90 days. May take over a year.
- State-based Disability Determination Service (DDS) agency gathers the evidence needed to evaluate the claim
- Medical evaluation
  - requested from the treating physician
  - or by the DDS in the form of a consultative examination provided by a physician who contracts with the SSA.

Disability Evaluations

- Disability evaluation is an important aspect of clinical care
- Responsibility of treating physicians:
  - Input from the primary care physician

Disability process

- Eligibility
- Medical
- Approved
- Disapproved
- 58%
- US district court

Carey, TS, Hodler, NM, Ann Intern Med 1986; 104:706

Disability Evaluations

- Disability evaluation is an important aspect of clinical care
- Responsibility of treating physicians:
Disability Evaluations

• Disability evaluation is an important aspect of clinical care
• Responsibility of treating physicians:
  – Input from the primary care physician
  – In-depth and extensive knowledge about the patient

Stakeholders

• Judicial system

Evaluations consist of..

• Clinical/non-clinical information
• Limitation in functional ability assessment
• Legal interpretations/financial remuneration
• Skills required to interact/interpret
• Patient’s preference
• Limited time

Stakeholders

• Judicial system
• Federal agencies
### Stake holders

- Judicial system
- Federal agencies
- State agencies

### Role of physician

- Document findings related medical history
- Severity of medical problems
- Synthesize medical information from different sources
- No training or resources are available.

### Stake holders

- Judicial system
- Federal agencies
- State agencies
- Private insurance companies

### Impediments in giving opinions

- Regarding Disabilities:
  - No formal training
  - No formal course taught in Medical school or during residency
  - Paper work involved
  - Lack of time to prepare and assess
  - Legal implications
<table>
<thead>
<tr>
<th>Impediments in giving opinions</th>
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<tbody>
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Where to begin…

- Social Security Administration regulations:
  - Treating physicians have the best prospective
  - Best knowledge of medical impairment

- Assessment of patient’s ability to perform:
  - Activity of daily living
  - Work related task

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Carpal tunnel syndrome

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Examples

40 year old female employed at the OSUMC for past 20 years as surgical tech.
- Diagnosed with bilateral carpal tunnel syndrome
- Suffers from carpometacarpal joint tenderness
- De Quervain Tenosynovitis

- Disability or impairment

Clinician’s task…

- Clinicians task:
  - Determine disability via assessing the impairment
  - Impact of daily living
  - Work
  - Medically centered not exclusively medically based

Epidemiology

• US Census Bureau in 2005, of the 291.1 million people in the non-institutionalized population
  – 54.4 million (18.7 percent) reported some level of disability
  – 35.0 million (12.0 percent) had a severe disability
• Physical disabilities more common


Epidemiology

• African American and Hispanics
• Rate increase with age
• Age 65 and above

Disability Map 2010

2008-2010 American Community Survey 3-Year Estimates Females

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<thead>
<tr>
<th>Disability by sex: Females</th>
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<tr>
<td>Females</td>
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<td>Females with disability</td>
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Conditions related to Disability

- Arthritis
- Back/spine problems
- Heart disease
- Increase disability with musculoskeletal conditions


Disc Herniation L4-L5

Spondylolisthesis

65 year old female fell down from the chair at the DMV office.

MRI showing spondylolisthesis
Treatment options for Disc Displacement

Chronic low back pain

Permanent condition with fusion

Lumbar fusion surgery
Jan. 21, 2011

Move to New Hospital in Boston

Several weeks after the shooting, Mr. Gallivan, a Noonday resident of Newton, was transferred to Boston Medical Center to begin his long and arduous recovery. The move from Newton to Boston came after the second of two surgeries, and brought mixed emotions as he told friends the hospital was just a short ride away.

Photo courtesy of Newton Memorial Hospital

Jan. 21, 2011

On the left, Mr. Gallivan is transferred to Boston Medical Center by a medical team. On the right, Mr. Gallivan is seen with friends and family.
Social Security Disability Insurance:

- SSDI was created in 1954 as Title II of the Social Security Act.
- The program is funded through payroll taxes paid by workers.
- SSDI is the largest disability program of the Federal government.
- In 2009, 9.7 million Americans were receiving SSDI benefits.

Benefits of the social security disability program

• Payments after a six month "grace period" after disability begins

• Payments
  – continue as long as the recipient meets eligibility requirements

• Eligible for Medicare benefits
  – disabled for two years under SSDI

Economic impact

• Social security program cannot sustain the burden.
• Social Security expenditures exceeded the program’s non-interest income in 2010 for the first time since 1983:

Multiple systems needs Disability Assessment

- Social security disability system
- Worker’s compensation
- Railroad retirement system
- Civil service programs
- Insurance companies

Social Security Administration

- Medical evidence
  - Nature and severity of individuals impairment.
- Determination of disabilities
  - by social security administration
- Impairment severe
  - if interferes with ADL
- 14 broad categories

http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm

Multiple systems needs Disability Assessment

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- Civil service programs
- Insurance companies

Social Security Disability

Case review:
- 45-year-old male with severe cardiomyopathy
  - Ejection fraction is 30% or less.
  - Unable to perform heavy workload
- Metastatic cancer
### Social Security Disability

- **Medical equivalence:**
  - Take into account multiple impairments
  - Functional limitations
  - Severity of impairments
  - Compare medical impairments and functional limitations

### Case Review

- 50 year old fireman with myocardial infarction and atrial fibrillation
  - ? Totally disabled
  - Not disabled
- Can he work as a fireman?

### Social Security Disability

- **Residual functional capacity**
  - Maximum activity an individual can perform despite functional limitation resulting from all impairment
  - How many hours sit, stand, walk in eight hour shift
  - Able to lift the required amount
  - Able to make decisions
Work related disability

- Highest
  - Manufacturing
  - Construction
  - Natural resources/Mining
  - Education
  - Health services

Worker Compensation

- Different than Social Security disability system
- Take into account:
  - Temporary total disability
  - Permanent partial disability
  - Permanent total disability
### Determining Causality
- Workers’ compensation is a no-fault system
- Contingent upon the work-relatedness of the injury
  - Contact dermatitis with chemical exposure
  - Back pain may occur as the result of a discrete traumatic
  - No diagnostic test can separate occupationally acquired vs. other

### Case review
- 45-year-old male with extensive rotator cuff injury
- Employed as housekeeping staff at local hospital
- Able to do light work-six hours a day
- Is he considered disabled?

### Functional assessment of an Individual
- Document “impairment”
- Medical judgment
  - Functional limitation from the impairment
- Functional assessment
  - Specific work activities
  - Strong correlation between severe impairment and inability to work

### Severe osteoarthritis/delayed outcomes
Severe osteoarthritis/delayed outcomes

Status post rotator cuff repair

Massive rotator cuff injuries

Disability Evaluations

Tammy Wadsworth, PT, OCS, MS
Physical Therapist
OSU Sports Medicine – Hillard
The Ohio State University’s Wexner Medical Center
### Disability Assessment tools

- Knowledge of medical condition
- Usual limitation with the medical condition
- Knowledge of job and workplace environment
- Assessment of individual specific functional abilities

### Low back pain assessment Instruments

- Oswestry Disability Questionnaire
  - Pain and more complex activities
- DASH Symptom Scale
  - upper extremity functional assessment
- American Academy of Orthopedic Surgeons
  - lower limb questionnaire

### Validated questionnaire

- **General function assessment questionnaire:**
  - Health assessment questionnaire
  - Functional activities questionnaire
- Pain assessment questionnaire
  - Pain disability index
- Low back Pain questionnaires
  - Oswestry Disability Questionnaire
**Functional Capacity Evaluations**

- Systematic
- Comprehensive
- Objective measurements
  - Maximum workability
  - To assess safe, functional abilities.
  - Physical demands of the job

- Done by physical therapist

**Functional Capacity Evaluation**

- A FCE is an evaluation of capacity of activities that is used to make recommendations for participation in work while considering the person's body functions and structures, environmental factors, personal factors and health status

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**International Classification of Function and Disability**

1. Health condition (disorder or disease)
2. Body functions and structures
3. Activities
4. Participation
5. Environmental factors
6. Personal factors

**Functional Capacity Evaluation**

- Most FCEs are performed one-on-one on 1 or 2 days for several hours of intense evaluation.

- The purpose is to stress the physical abilities of the client to a safe maximum to accurately document observations regarding work and activities of daily living.
What to expect in a test

- Full musculoskeletal evaluation: range of motion, strength, flexibility, balance, reflexes, sensation

- Generic work activities from the Dictionary of Occupational Titles (DOT) or Occupational Information Network (O*NET): push, pull, lift from floor, lift overhead, stairs, crawling, kneeling, ladders, forward bending, hand coordination, tolerance to sitting or standing, walking, carrying

- Specific work tasks: may need to be done at work if a reasonable replication cannot be made in the clinic

Safe Maximums

- Client safety comes first

- Signs of maximal ability:
  - Increase in heart rate
  - Sweating
  - Increase in bulging of primary muscles
  - Use of accessory muscles
  - Changes in body mechanics such as wider base and counterbalancing
  - Changes in pace, efficiency or smoothness
  - Use of momentum or ability to eccentrically control weight

Floor to Waist

- Standardized tests in which normative data has been established
  - Hand grip
  - Pinch grip
  - Minnesota (round block flipping task for gross motor hand)
  - Purdue (peg board item construction for small motor hand)
  - 6 minute walk test
<table>
<thead>
<tr>
<th>Waist to Overhead</th>
<th>Consistency</th>
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<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td>• Link between the pathology, musculoskeletal findings and the FCE performance&lt;br&gt;• Link between FCE activities (similar activities had similar performance)&lt;br&gt;• Link between the client’s perceived abilities and the FCE performance&lt;br&gt;• Consistency of performance when the same body areas are stressed performing various activities&lt;br&gt;• A link between activities between day one and day two.</td>
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<tr>
<th>Carry</th>
<th>Reliability</th>
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<td><img src="image2.png" alt="Image" /></td>
<td>• Reliability is good if the provider is trained. Trained providers use a standardized definition for completion of the activities and agreement between providers using the same criteria is good.&lt;br&gt;• Testing on second day is almost always the same as day one (about 80% of the time).</td>
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Validity

- Confusing results on the surface of research are due to heterogeneous clients and heterogeneous jobs.
- Cluster of signs can be predictive of ability to return to work for some clients and some jobs but does not represent a large number of clients.

Permanent impairments

- Permanent impairment:
  - Need to assess permanent functional loss
  - Commonly percentage of body parts
  - Whole body function
- AMA guides to the evaluation of permanent impairments

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Guide usage

<table>
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<tr>
<th>Guides</th>
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</table>
| AMA Guides 5th    | 13 States        | CA, GA, HI, IA, KY, MA, NH, NV, ND, RI, VT, WA, W
| AMA Guides 6th    | 9 States         | AK, AZ, LA, MT, NM, OK, PA, TN, WY, Federal claims |

<table>
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<td>• Role of the clinician</td>
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<td>• Determine medical impairment</td>
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<tr>
<td>• Ability to perform activities of daily living secondary to impairment</td>
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<tr>
<td>• Disability, inability to engage in gainful employment or activity</td>
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<td>• Clinician medical judgment/disability tools/functional capacity evaluation</td>
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