

◀ FRASCO® training

Beyond the Basics

Understanding Medical Evidence in Federal Claims

Objectives

- 1 Know the medical requirements of a claim
- 2 Understand the types of physicians
- 3 Distinguish the weight of medical evidence
- 4 Know how to review medical reports
- 5 Understand medical case management tools



Initial Medical Review of a Claim

Although we think of workers' compensation as a medical process, only 1 ½ parts of the claim process refer to medical



Key Medical Components:

Fact of Injury

Has the treating physician provided a medical diagnosis?

Casual Relationship

Is the diagnosed injury related to the employment?

Fact of Injury – Medical



What to look for: Is there a valid medical diagnosis from a qualified physician?

Symptoms vs. Diagnosis



"Pain" is considered a symptom only, not a diagnosis
"Exposure" alone is insufficient – there must be a diagnosed medical condition

Qualified Medical Providers



The medical report must be signed by a Qualified Physician under the FECA
Reports from a Physician's Assistant (PA/PA-C) or Nurse Practitioner (NP) must be countersigned by an MD

Exception: Visible Minor Injuries



i For undisputed incidents resulting in minor conditions with visible injuries, no medical evidence is needed

Visibly Identifiable

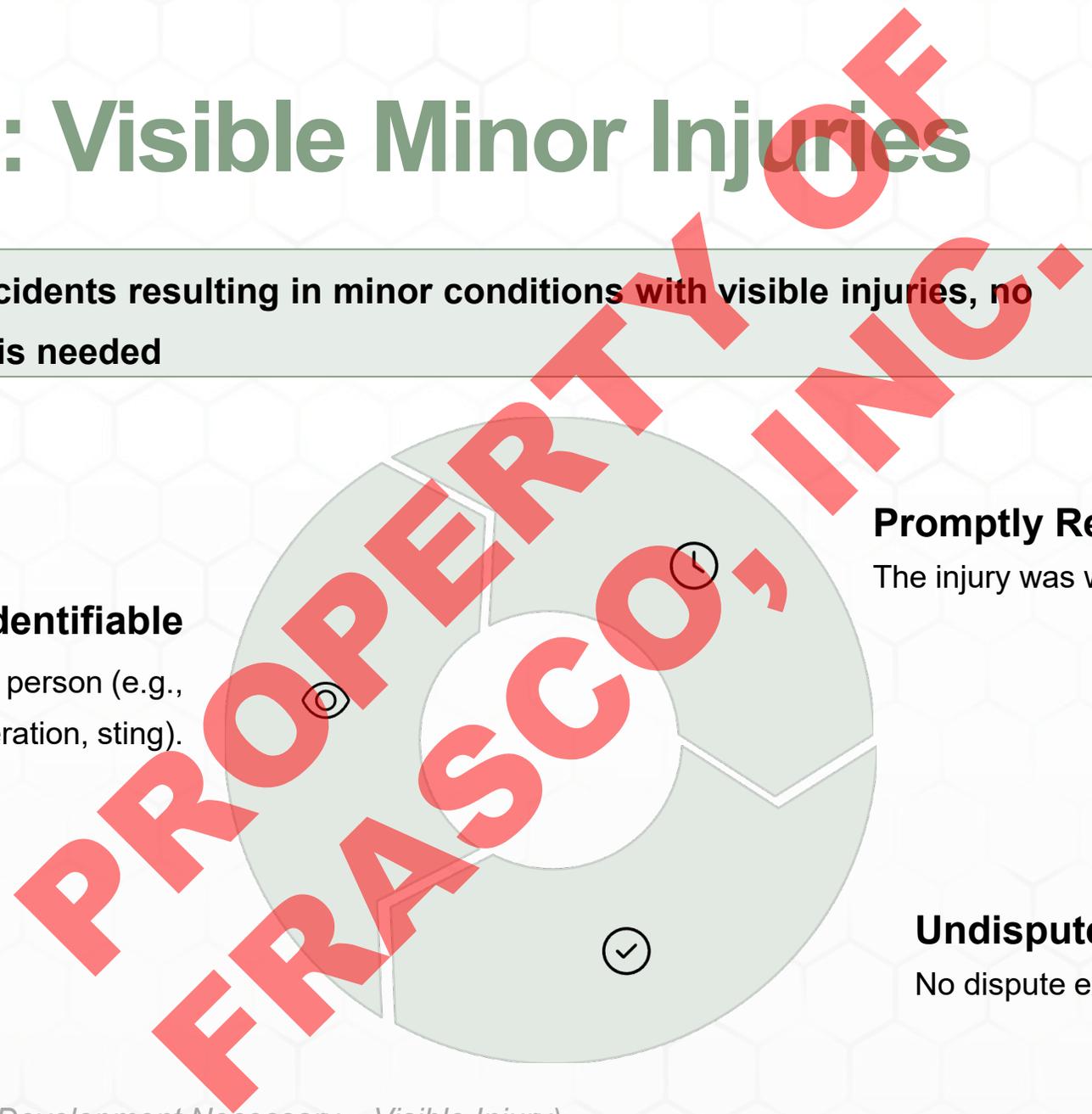
Minor condition visible to a lay person (e.g., burn, laceration, sting).

Promptly Reported

The injury was witnessed or reported promptly

Undisputed

No dispute exists as to the occurrence of an injury



Physician Definition Under FECA

Recognized Practitioners

- **Medical Doctors & Specialists:** Includes surgeons, osteopathic practitioners, podiatrists, dentists, and optometrists.
- **Chiropractors:** Recognized for spinal subluxation (diagnosed by X-rays) within their state scope of practice.
- **Clinical Psychologists:** For work-related emotional conditions.

Physician is defined by 5 U.S.C. 8101



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Non-Physician Practitioners



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Psychologist (PhD)

Evaluates & treats mental disorders; non-prescribing.



Physical Therapist

Provides physical treatment & exercise.



Masters in Social Work (MSW)

Provides counseling services.



Licensed Clinical Social Worker (LCSW)

Provides counseling services.



Nurse Practitioner (NP)

Advanced nurse licensed for primary care; may work with or without physician oversight.



Physician's Assistant (PA or PA-C)

Provides primary care under a physician supervision; Reports need a physician's countersignature.

Physician Types in FECA Claims



Attending Physician
Claimant's chosen doctor or consulting specialists.



Agency Physician
Cannot create conflict of medical opinion or establish probative value.



District Medical Advisor
OWCP staff who interpret medical info and review Schedule Awards.

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Agency Directed Examinations

- ⊗ Agency-directed examinations have limited evidentiary weight in FECA claims and cannot serve as the basis for terminating benefits or resolving conflicts.



Source of Medical Evidence

1

Unbiased Sources

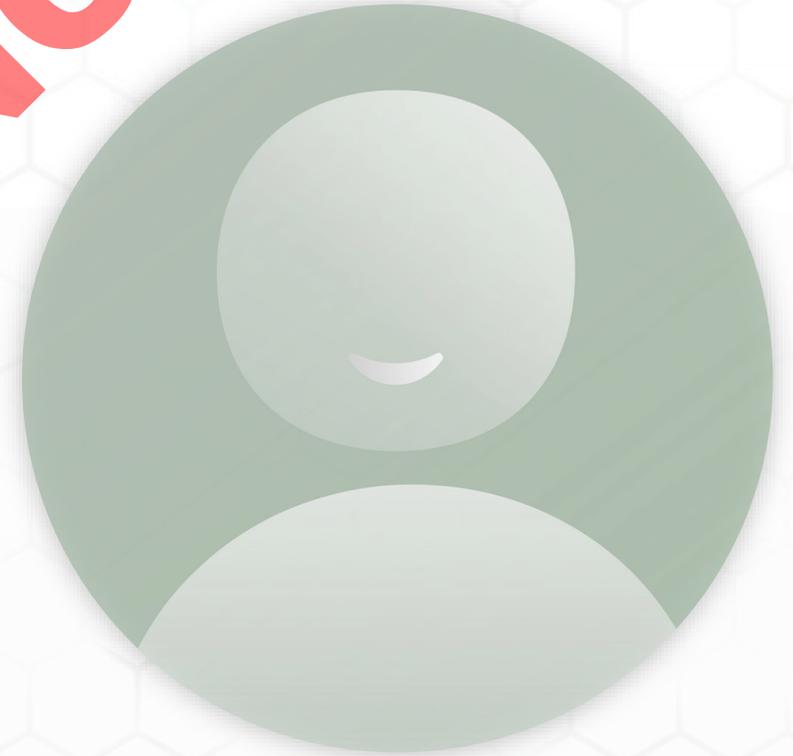
- Treating Physician
- Consulting Specialist
- District Medical Advisor (reviews medical evidence only)
- Second Opinion Examination (SECOP)
- Referee Independent Medical Examination (IME)

2

Biased Sources—Limited Weight

These sources have limited evidentiary value:

- Fitness for Duty Examinations (employer-requested)
- Employer physician reports (with exceptions)



Establishing Causal Relationship

Rationalized medical opinion evidence provides a physician's opinion on the causal link between a diagnosed condition and employment factors.

⚠ A condition simply appearing during employment, or the employee's belief it was work-related, is not enough to establish causal relationship.

Bruce E. Martin, 35 ECAB 1090 (1984)

Requirements vary based on injury type and pre-existing conditions.

Types of Medical Causation

Direct Causation

Work event directly caused the condition.

Precipitation

Latent condition manifests only due to employment.

Aggravation

Work factors worsen a pre-existing condition (temporary or permanent).

Consequential Injury

Off-job injury resulting from an accepted work condition.

Acceleration

Work injury speeds up an underlying condition's development.



Causal Relationship: Traumatic Injuries

Simplified Requirements for Clear-Cut Injuries

No detailed medical opinion is needed for causal relationship when the injury's cause is clear.

Medical Evidence Still Required
Needed to confirm diagnosis.

Simplified Documentation
"Check-the-box" opinion suffices for direct causation.



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When "Checking the Box" Is Not Enough

⊗ Detailed Medical Rationale Required For:

☑ Occupational Disease Claims

Repetitive injury or long-term exposure.

☑ Pre-existing Condition Cases

Aggravation of non-industrial conditions.

The ECAB states that simply checking 'yes' for causation is insufficient in these cases without further explanation.

Barbara J. Williams, 40 ECAB 649 (1989); Lillian M. Jones, 34 ECAB 379 (1982); Gary J. Watling, 52 ECAB 278 (2001)



Medical Reports: Effective Utilization



REPORT
QUALITY



REPORT
SOURCE



EVIDENCE
WEIGHT



MEDICAL
CONDITIONS



DIAGNOSTIC
TESTS

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Required Elements in a Medical Reports

Examination & Treatment Dates

Employee's Medical History

Physical & Diagnostic Findings

Diagnosis & Treatment Plan

Casual Relationship Opinion

Disability & Prognosis



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Weighing the Medical Evidence

OWCP Criteria for Medical Reports:

Physician Qualifications

Specialists' opinions carry more weight.

Medical Rationale

Opinion requires sound medical explanation.

Accuracy & Completeness

Facts must agree with records; nothing omitted.

Comprehensiveness

Report reflects thorough analysis and testing.

Consistency

Physical findings must substantiate the medical opinion.

Decisiveness

Provide clear, unequivocal conclusions.



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Other Medical Issues to Identify in Physician Reports



Medical History

- Prior injuries/illnesses of this type?
- type?
- Recurrence or aggravation
- classification?

Family History

- Family history of medical conditions?
- Indication of genetic predisposition.
- predisposition.

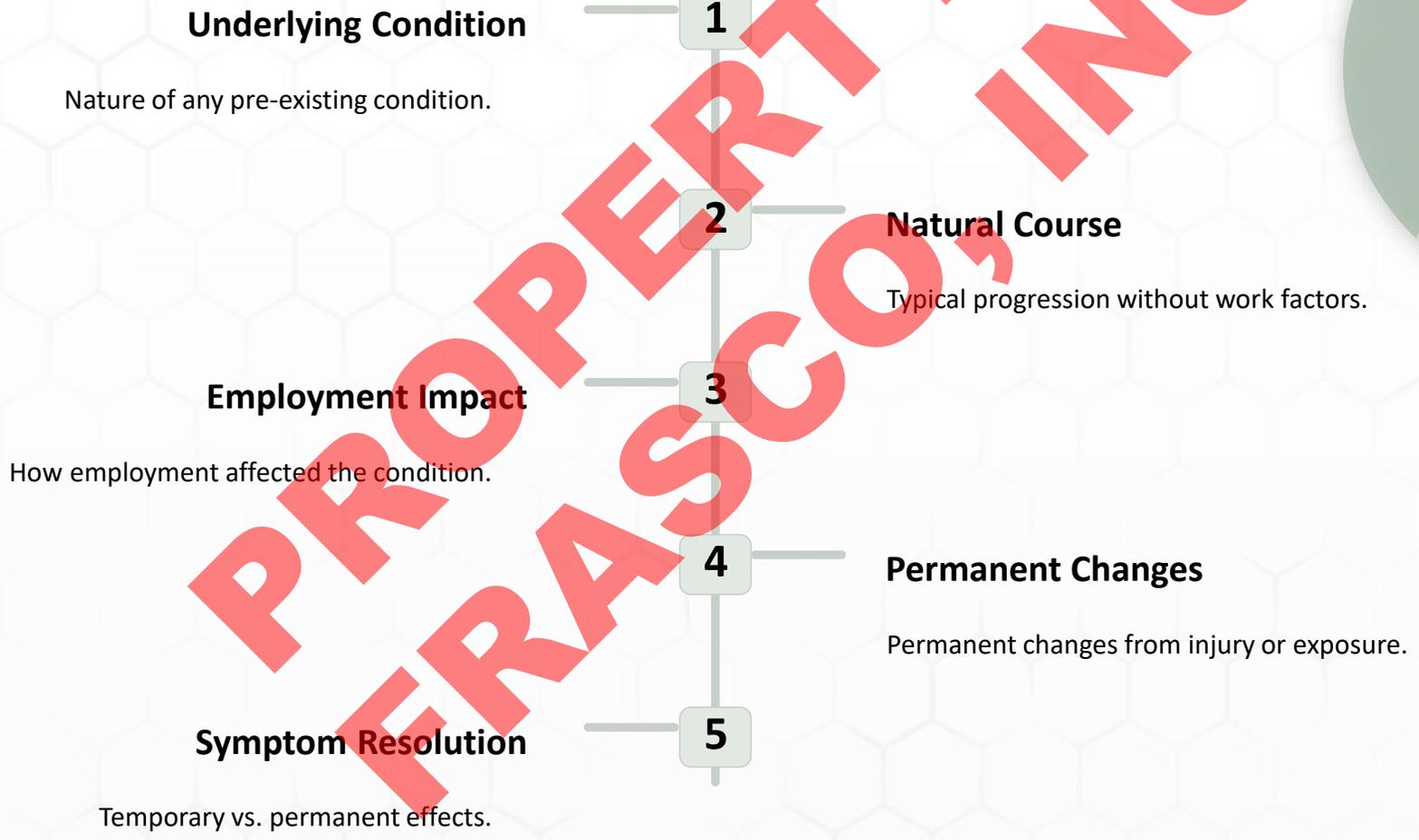
Concurrent or Pre-existing Conditions

- Concurrent or pre-existing conditions present?
- May indicate longer-term case.
- Ensure disability is work-related, not pre-existing.

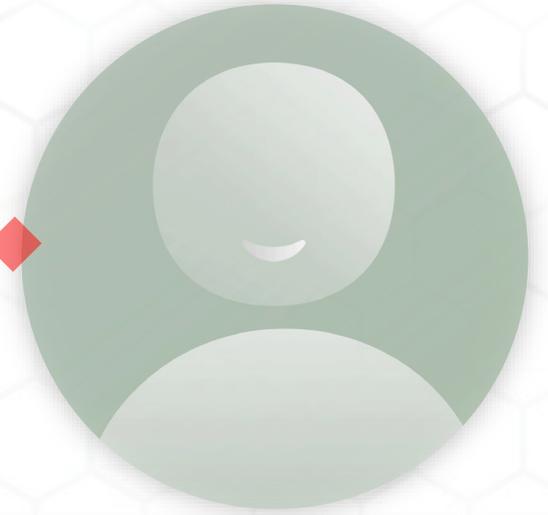
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Aggravation Cases with Pre-existing Conditions

A medical opinion in aggravation cases must include:



Understanding Medical Evidence



Self-Education

Research the claimant's medical condition, including diagnosis, typical presentation, complications, and prognosis.

Treatment Protocols

Understand standard treatment protocols. Address deviations with the physician/DOL and know expected outcomes.

Disability Timeline

Research the usual disability period for the condition, including expected return-to-work timelines and recovery milestones.

Quality Standards for Medical Evidence

Medical evidence should be:

- Factually Accurate**
Matches factual incident history and witness statements.
- Medically Complete**
Based on complete and accurate medical history.
- Appropriately Qualified**
Provided by a physician qualified to treat the condition.
- Medically Sound**
Consistent with accepted medical opinion.
- Evidence-Based**
Supported by objective medical evidence and examination findings.



Medical Findings Categories



The scope of findings needed in a case will vary based on the type of medical problem and the complexity of the case.

Physical Findings

Observations from physical exams, vital signs, and range of motion.

Laboratory Findings

Objective data from blood tests, urine/tissue samples, and cultures.

Diagnostic Procedures

Visual evidence from imaging (X-rays, MRI, CT scans) and specialized tests (EMG).

Physician's Interpretation of Findings

Key Questions to Ask:



Is the doctor's opinion clear?



Do objective findings support the conclusion?



Are findings consistent with medical and factual history?



Is the opinion plausible and well-rationalized?



Medical Case Management



Monitor the injured worker's medical care:



Physician Communication

Contact physician in writing for clarification.
Copy claimant on written communications and provide physician's response.



Work Restrictions

Request work restrictions from physician or OWCP.
Ensure updated restrictions after each appointment.



Follow-up Protocol

Maintain contact with treating physician.
Utilize follow-up dates and contact physician if restrictions are unchanged.

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Workers' Compensation

Administrative & Medical Process:

Medical

1.5 parts of process: Fact of Injury-medical & part of Causal Relationship

Sequential Review

Administrative component of Fact of Injury reviewed first, then medical

Administrative

3.5 parts of sequential evaluation are administrative



Causal Relationship

Administrative decision based on legal interpretation of medical evidence



Case Scenario #1

An employee reported an elbow injury from lifting a heavy box. This is the first and only medical report received.

Question 1

Is it sufficient for Fact of Injury-Medical? Why?

Question 2

Is it sufficient for Causal Relationship? Why?

He/She was seen in the Immediate/Convenient Care Center listed above on: 12/14/22 due to a medical illness.

He/She may return to work/school as indicated below per provider.

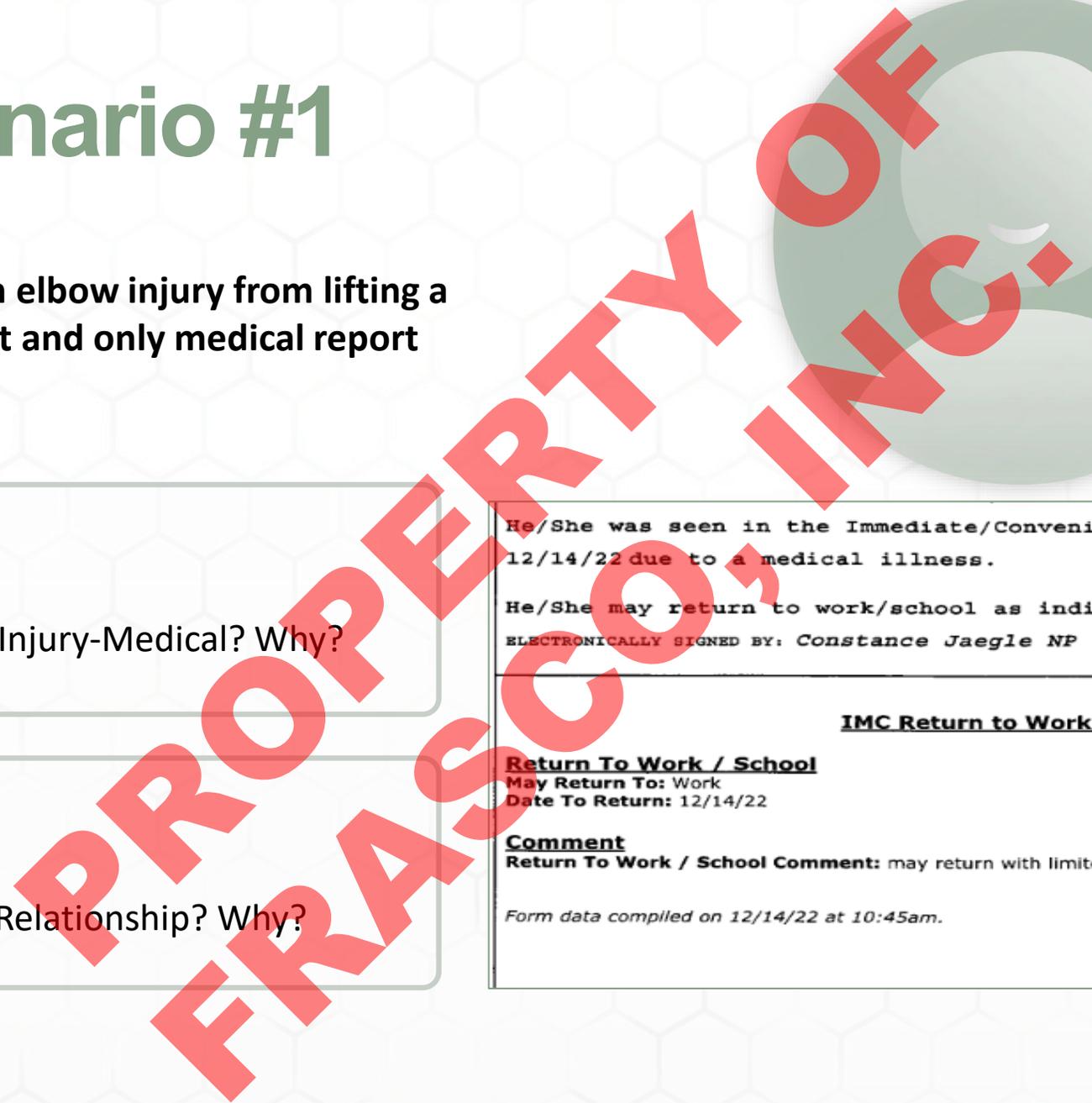
ELECTRONICALLY SIGNED BY: Constance Jaegle NP Date: 12/14/22 Time: 1043

IMC Return to Work/School

Return To Work / School
May Return To: Work
Date To Return: 12/14/22

Comment
Return To Work / School Comment: may return with limited use of right elbow until monday

Form data compiled on 12/14/22 at 10:45am.



Case Scenario #2

A USPS Letter Carrier filed a CA-2 claiming severe allergic reactions from workplace exposure to dust, dirt, birds, rodent droppings, and vehicle exhaust fumes.

Medical Evidence Received:

Feb. 15, 2023

Reported severe allergic reactions (hives, bronchospasm, nasal symptoms) on Feb 13th after entering a new work environment. Doctor performed no allergy tests and identified no specific irritants, but theorized named irritants could cause such reactions.

Mar. 18, 2023

Diagnosed "environmentally-related allergic reaction possibly related to workplace exposure" and affirmed workplace causation.



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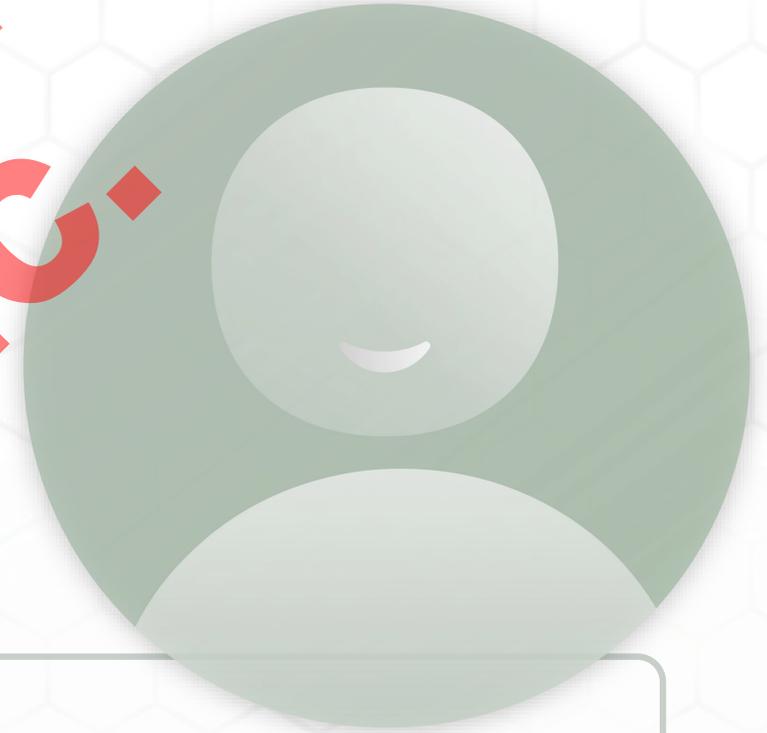
Case Scenario #3

An NPS Engineering Equipment Operator filed a CA-1 on 10/1/2022, reporting left leg and low back pain from an awkward step while reaching for a tool.

Medical Evidence Received:

Dec. 15, 2022

A report noted pre-existing Lumbar Degenerative Disc Disease (DDD) with radiculopathy. It lacked diagnostic results, and vaguely linked DDD to federal employment without specific work factors.



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Summary



Medical Narratives

Understanding complete medical narratives.



Case Management

Responsibilities of medical case management.



Medical Specialists

Identifying roles of medical specialists.



Evidence Evaluation

Review and evaluation of medical evidence.



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