Key-Point Extraction (KPE) is a technique used to extract primary usable facts from a claimant's medical records. As a prior medical professional and advocate trainer for more than thirty years, I'm acutely aware of the importance of properly utilizing medical evidence in a disability claim.

Medical evidence is the backbone and ammunition used in the battle to prove that your client is totally disabled. The key-points extracted from the client's evidence are your ammunition. As in any war, how you martial and control your ammunition can determine the eventual outcome of the battle.

This course was developed to help the non-medical professional improve his/her ability to interpret medical evidence in a physical disability claim. The greater your ability to recognize supporting evidence, the more likely you are to win a disability claim.

Advocate Responsibility Still Stands

Key-Point Extraction is an extremely effective technique for reviewing evidence, but it is not an excuse to skirt your representational responsibility. A responsible advocate always takes the time to research the disease state using a professional resource like the Merck Manual. By performing a review of the impairment, you'll learn exactly what signs and symptoms are appropriate for that disease state.

About Key-Point Extraction

Key-Point Extraction enables you to extract bits of evidence from the claimant's medical records. This evidence is used to support your argument for a reduced Residual Functional Capacity (RFC). As you may recall from your advocate training Module One, an RFC is used to describe the claimant's remaining physical or mental capabilities with consideration of his impairment. The RFC

is the bases upon which you create your strategy and argument. You are arguing for limitations in the claimant's ability to adjust to past and other work.

RFC Formulated by Using the Key

If the claimant's evidence supports the RFC, it can be used to limit the types of work a claimant can perform. The idea here is to limit the claimant's RFC as much as the evidence will support. If SSA accepts your RFC, the claimant will be found disabled. You use the medical evidence to support claimant's alleged symptoms. Symptoms cause limitations. Limitations reduce the claimant's RFC which in-turn supports your argument for a total disability. The relationship between the claimant's medical evidence and his residual functional capacity are critical to winning most SSA disability claims.

RFC and the Case Argument

Since most cases are won or lost on medical vocational issues, the relationship between the RFC and the argument becomes clear. A claimant's Residual Functional Capacity is the bases upon which most disability arguments are formed. The lower or more restrictive the RFC, the more likely the case will be won.

Components of Key-Point Extract

Medical Evidence: Evidence used in the evaluation of a Social Security Disability claim.

Diagnosis: The primary diagnosis or injury responsible for the disability.

Signs: Laboratory and other objective tests used to support the existence or severity of a disease state.

Symptom: A symptom is a physical or mental manifestation of a disease state.

Limitations: A limitation is a physical or mental restriction that reduces the claimant's ability to perform work and is supported by the medical evidence.

Restricted RFC: A restrictive RFC means that the RFC has been lowered as a result of the claimant's symptoms. The lower a claimant's RFC, the more likely

an allowance determination.

Argument Creation: The argument is your chance to present a case strategy. In most cases, your strategy will be to lower the claimant's RFC as much as possible using the evidence to support your actions. If SSA accepts your RFC, you win the case!

Key-Point Extraction Process

Identify the Primary Impairments

This is easy! The evidence will almost always tell you exactly what disease the claimant is suffering from. After the impairment has been identified within the medical evidence, you must prove that the impairment is severe enough to prevent all work.

Determine Impairment Severity

One way of determining impairment severity is by noting the results of the Signs provided within the evidence. Recall that signs are objective tests. SSA considers signs to be proof of a disease state. Signs also indicate the severity of a disorder from mild to severe. But how do you quantify impairment severity using signs?

Recall that Signs are objective pieces of evidence usually in the form of Laboratory tests,, X-rays, MRI, Monitored Stress Test, Biopsies, etc. The results of these types of tests can reveal the severity of a claimant's disorder.

Example: A tissue biopsy reveals that the claimant is suffering from stage three cancer. Our research (Merck Manual) teaches us that this particular type of cancer at this stage is severe. Stage four is considered terminal. In our example, is stage three cancer bad enough to prevent work? Maybe.   We need to consider additional factors to determine claimant's ability to work. These additional factors are the claimant's symptoms.

Identify Claimant Symptoms

Symptoms can be thought of as physical and/or mental manifestations of a disease state. The disease causes the symptoms and the symptoms result in some form of physical or mental limitation. The severity of a claimant's

symptoms is usually proportional to the severity of the impairment

Identify Claimant Limitations

Interviewing the claimant is the fastest way to determine limitations. Most claimants with a severe impairment will be significantly limited. Ask the claimant to list his symptoms during your initial interview. You can also determine and prove the existence of the claimant's symptoms using the medical evidence. The hope is that at some point the claimant has begun to share his symptoms with his doctor. The doctor's documentation reinforces the existence of the symptoms giving them greater validity.

Create a Restricted RFC

Key-point Extraction is all about using the medical evidence to prove the existence and severity of the impairment. Once these limitations are identified, they can be used to create an argument for a restricted RFC. We have created a simple relational formula that describes key-point extraction:

Key-Point Formula

Diagnosis + Signs + Symptoms + Limitations = RFC

To use key-point extraction, begin with the client's medical evidence. Use it to identify the primary diagnosis. If you are not familiar with the **diagnosis**, look it up to determine its common signs and symptoms.

Using the same evidence, identify as many **signs** as possible that support the existence and severity of the impairments. If there are no symptoms mentioned in the evidence, research the disorder to determine its common symptoms. The claimant can usually provide you with a pretty good idea of what symptoms are most severe. The severity of symptoms determines the level of limitation. Keep in mind that symptoms can vary even within the same disease state.

The claimant's **symptoms** will cause physical or mental limitations that can reduce his ability to perform work. This means that you can use the claimant's symptoms to develop an RFC that of course would result in an allowance determination. Compare the claimant's **limitations** to the requirement of his past work first. Then you move on to compare his limitations to the

requirements of other less demanding work. You have completed your case evaluation using the key-point extraction process.

Create an Argument

The restricted RFC along with the medical evidence supporting it are incorporated into a final argument on behalf of your client. You might stop and ask at this point, what if the claimant's doctor didn't discuss symptoms in the evidence received. The likelihood of this occurring is fairly small because patients communicate with their doctors by describing symptoms. However, this can happen. If it does, you need to use other supporting evidence.

Creating Supporting Evidence

Creating supporting evidence means that you've taken additional steps to establish the claimant's true level of disability. You have the option of requesting a consultative examination to identify and quantify the claimant's symptoms. You can also send the claimant, his doctor or a family member a questionnaire. The questionnaire asks the person to describe any claimant limitations they have witnessed. For example, a witness might mention that the claimant is unable to bath without assistance. This simple fact about the claimant's bathing limitations speaks heavily to the claimant's overall capabilities.

Safe Assumptions in KPE

Assumptions 1

If a claimant has a severe impairment, his medical evidence should support the existence of the impairment. Example: A doctor's treatment notes mention a diagnosis of adult onset diabetes. Although the doctor's statement gives you a clue as to the claimant's diagnosis, it does not prove that the diagnosis exists or that it is disabling. We need more proof, usually provided in the form of medical signs.

Assumption 2

To prove a diagnosis, there must be signs supporting the existence and/or severity of the disorder. Example: Blood test, Scans, X-ray, Tissue Biopsy,

etc.,

The greater the severity of the impairment the more severe the claimant's medical signs. Severity usually manifests itself through objective medical tests. The more severe an impairment, the more likely there will be signs of the disorder. The more severe the signs, the more restrictive the limitations. The more restrictive the limitations, the more likely the limitations will prevent work.

Assumption 4

The more severe the claimant's symptoms, the more limiting they are to the claimant's ability to perform work. Compare the claimant's limitations to his ability to perform his past work. This represents step four of the sequential analysis process.

Assumption 5

The more severe a claimant's limitations, the less likely he/she can adjust or sustain work activity. After comparing the claimant's limitations to his past work, you move on and compare his limitations to the demands of other less demanding work. This action represents step five of the sequential analysis process. If it is shown that the claimant cannot perform the demands of other work, you have a medical vocational allowance.

Key-Point Extraction is really all about work. You're using the claimant's diagnosis, signs, symptoms and limitations to prove that the claimant cannot return to past or other less demanding work.

Summation

A claimant's medical evidence enables you to identify the primary diagnosis. The diagnosis enables you to determine common symptoms via your research. The evidence also provides signs that can be used to prove both the existence and severity of the claimant's impairment. Severe signs cause severe symptoms. Severe symptoms cause severe limitations. Severe limitations are the ammunition you need to argue for a significantly reduced RFC. A significantly reduced RFC will eliminate the claimant's ability to perform his past or other less demanding work.