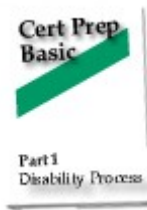


CPP1 - Lesson 4 - Medical Evidence of Record



In this lesson, we will cover a few of the important definitions associated with medical records in a Social Security disability claim.

License Physician - A licensed physician holds an M.D. degree with a valid license to practice medicine in the state in which he or she practices. Chiropractic, homeopathic and other alternative providers do not qualify.

Treating Source - A treating source is the licensed physician or other licensed professionals responsible for delivering the claimant primary care.

Timeliness of Evidence - In order for medical evidence to be properly used in a disability claim, it must be timely, accurate and sufficient. Evidence is timely if it is dated around the time of and or during the claimant's period of disability. It is extremely helpful to the examiner and the ALJ, if you list the actual dates of the medical evidence. The actual date of the evidence means the date the patient actually visited the medical source. The listing of medical evidence by date of visit creates a chronological flowchart.

Listing evidence by date also enables you to establish onset, duration and progress of the impairment, valuable information when making disability decision.

Generally, SSA likes working with records no older than six months. That does not mean that older records are not important to the case. Records dating back for many years may help provide the medical big picture but are rarely used to make a current decision.

Accuracy of Evidence - Accuracy of medical evidence is primarily about the focus of the evidence. Does the evidence directly address the impairment you are evaluating? If so, you are probably dealing with accurate evidence.

Sufficient Medical Evidence - This is a tricky one! In order to properly evaluate a claimant's impairment, you must have enough data about the impairment to make an accurate determination of its limiting affects. You are using the evidence to make an independent medical judgment regarding the nature and severity of the claimant's disorder.

Insufficient Evidence – You have insufficient evidence anytime that there is not enough evidence to establish onset, severity, duration and all limitations to work caused by the impairment. A claimant must provide medical documentation proving that he is suffering from a total disability. The evidence must show that the claimant's impairment is of the severity required to meet the disability standard. If there is not enough evidence available to make a decision, additional evidence will be needed in the form of further evidence and/or additional

examinations.

Basic Required Evidence in a SSDI claim Please note that only evidence related to the claimant's impairments are required. Here is a general list of evidence required by SSA to make a disability decision:

- Claimant's medical history.
- Clinical findings, including the results of physical or mental status examinations
- Clinical and laboratory results
- X-ray, C-scan, MRI, etc.
- Primary doctor's diagnosis and prognosis.
- Prescribed treatment regiment
- The doctor's opinion on claimant's ability to perform work.
- The doctor's findings on claimant's remaining functional capabilities.
- Doctor's opinion on claimant's remaining ability to perform work-related activities, such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling.

Evidence in Mental Disorders, SSA needs:

- Psychologist, psychiatrist exams
- Diagnosis and prognosis
- Treatment regiment
- Response to treatment
- Detailed evaluation of the claimant's remaining ability to understand, carry out, and remember instructions, and to respond appropriately to supervision, coworkers, and work pressures.

Evidence For Child Case:

Pretty much the same thing you would need in an SSDI case minus vocational data. You will need a description of a child's cognitive capacity and remaining ability to perform age appropriate activities.

Inadequate Consultative Examination - If claimant or his representative feels that he/she has not received an adequate consultative examination, contact the DDS examiner who arranged the exam. Tell the examiner why exam was inadequate and await his decision on the issue.

Documenting Symptoms - In all disability claims, it is important for the representative to gather evidence associated with the claimant's symptoms. The evidence must establish a diagnosis, contain supportive signs and descriptions of the claimant's symptoms. Since symptoms are subjective, it's important to seek consistency or worsening of symptoms over time. It is also important to document a claimant's symptom:

Location
Frequency
Duration
Intensity
Severity
Pattern

Many symptoms have aggravating and relieving factors. That is, a claimant's symptoms may be aggravated or worsened by the claimant's movement, posture or position. On the other-hand, a claimant's symptoms might be relieved by medication, movement position or posture. All of this is relevant to determining if a claimant can perform some level of work.

Non-traditional Treatments

If a claimant has an alleged impairment, that impairment must be diagnosed by a licensed physician. However, there is nothing forcing a claimant to be treated by a licensed physician. For this reason, it is not uncommon for a person to apply for disability benefits presenting with non-traditional medical sources.

Social Security will not consider medical evidence from any of these non-traditional sources. Requesting documentation from these individuals is usually a waste of time. However, depending upon the type of professional, you may be able to exact some activities of daily living or observed limitations data from the source. In any event, SSA will not base a final decision on this type of evidence.

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