

MD Consulting Services LLC

Physicians Helping Attorneys Helping People™

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Newsletter

December 2017

This Month's Question:

What Makes for a Good Medical Report According to Adjustors?

MD Consulting Services Answer:

Having now written hundreds of reports, we have a good idea of what should go into a medical report to maximize value. We understand our "audience." Not only will our reports be read by you, but also adjustors and defense attorneys. Since most cases settle, we make sure our reports will be well received by adjustors.

Typically, doctors don't address causation as it is not an important issue to physicians treating injury cases. A good medical report from an adjustor's point of view needs to include opinions about injury causation. We write about causation concerning every ongoing injury in every report.

We believe most treating doctors are fearful of winding up in court or deposition and thus do not want to write about causation. In fact, if they do give an opinion about causation the case may be easier for you to settle creating less of a chance that the treating doctor will be asked to act as an expert witness. We have been helpful in acting as a liaison between attorneys and treating doctors to help the treating doctors write reports in such a way as to help the client and minimize treating doctor case involvement.

A good report from an adjustor's standpoint should also include an opinion about treatment. We will opine regarding treatment rendered and comment on all treatment

rendered as reasonable, medically necessary and related to the accident when appropriate.

There are some red flags to avoid. Doctors should not use a canned report as adjusters and attorneys will usually see more than one of their reports. It is far better for the client, the attorney and the case when an original report is written every time. Good reports do not use wrong pronouns or wrong facts of loss and/or injuries. In addition, it is important to use correct CPT codes if the report includes codes. Any duplicative treatment should be explained. Duplicative treatment may cut in half what is paid for medical care.

Other red flags have to do with the words and language used. We have found that adjusters put little stock in sprain/strain injuries. We now use Spinal Injury in its place. For example, the patient sustained a cervical spinal injury in the auto crash.

We do not call auto accidents by that description but rather use auto crash which we feel is much more descriptive. Whenever possible we try paint a picture of the client's injuries in our reports.

We explain pre-existing conditions and apportion what part of a client's pre-existing condition was exacerbated by the accident. In addition, it is not uncommon for a client to be in more than one accident. In this case the client may have experienced, for example, a low back injury in each accident. We will give our best estimation of apportionment regarding current symptoms and the accident in question.

There are additional strategies that we can discuss with treating doctors when asked to do so.

Let Us Know How We Can Help You

- Medical Summary Reports
- Help with strategies to promote medical theories
- Interpretation of meaning, or lack thereof, of medical reports & records
- Attendance at IME's
- Reviews of IME Reports
- Independent Record Reviews

- Assessment of case validity regarding medical issues
- Referral to appropriate expert medical witnesses
- Medical Research
- Facilitation of communication with clients, families, professionals and service & governmental agencies
- Case Coordination
- Facilitation of communication with treating doctors
- Table-side deposition assistance or deposition question preparation

As you know, **we have purposefully kept our fees exceptionally low** allowing you the opportunity to have us review your cases early in your representation while controlling your expenses.

CONTACT US for information or fee schedule.

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P.S. ---Please pass this Newsletter along to your colleagues.