

Letters to the Editor

Guidelines for Performing Disability Evaluations

To the Editor: Drs. Evensen and Hartman cited the American Medical Association's *AMA Guides to the Evaluation of Permanent Impairment*, 6th edition, in their article on disability evaluations.¹ Although these guides are authoritative and updated to provide the best science and evidence to achieve a fair and equitable impairment rating, they provide little direction on how to conduct independent medical examinations.² The AMA also publishes companion books, including *AMA Guides to Navigating Disability Benefit Systems: Essentials for the Health Care Professional*, *AMA Guides to the Evaluation of Disease and Injury Causation*, and *AMA Guides to the Evaluation of Work Ability and Return to Work*—all of which detail the process required in these challenging evaluations.³⁻⁵

The article states, "Physicians interested in being certified as independent examiners can get more information from their state Disability Bureau or Disability Determination Service."¹ There is no such thing as receiving a certification. The process is to contact these agencies and request to be listed on their state registry to perform the consultative examination. We have found that formal training in the field is necessary to provide reporting that meets the legal needs and standards of jurisdictions. No organization offers an official American Board of Medical Specialties certification. Two organizations provide voluntary certification in these areas: the International Academy of Independent Medical Evaluators provides certification for medicolegal evaluators;⁶ and the American Board of Independent Medical Examiners provides certification in independent medical examinations.

Although we appreciate the authors' list of disability assessment tools, we would emphasize

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that these tools are almost all self-reported questionnaires. When providing a survey to a benefit-seeking patient who is aware that their answers likely affect the eventual award, the evaluator must remember that these assessment tools may not have been fully validated in an entitlement program. The examiner must consider the results of these tools in the context of all the medical facts presented.

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4. Melhorn, JM, Talmage JB, Ackerman WE, et. al. *AMA Guides to the Evaluation of Disease and Injury Causation*. 2nd ed. American Medical Association; 2014.
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In Reply: We thank Drs. Hyman and Martin for providing additional resources for *American Family Physician* readers. We agree that additional training, such as voluntary certification, is recommended for legal disability determinations. We also agree that patient-reported outcome measures have limitations. They require a thorough understanding of their utility and applicability to the disability determination at hand. The use of these tools for specific disability determinations was beyond the scope of our review. However, it is important to recognize patient-reported outcome measures as objective methods for understanding the patient's condition. This understanding is especially important when a clinician is assessing the patient to develop or adjust a treatment plan (as opposed to making a formal disability determination).

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As described by Griggs and colleagues, "PROMs [patient-reported outcome measures] are powerful tools that can bridge the need for data-driven patient information while also strengthening the physician-patient connection. When maximized in clinical settings, PROMs can be leveraged to inform clinical decision making, to improve quality of care, and to foster communication between patients and providers. PROMs are a tool for patient-provider communication and have the potential to be as valuable to the clinical encounter as a stethoscope is to the physical examination."¹

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Reference

1. Griggs CL, Schneider JC, Kazis LE, et al. Patient-reported outcome measures: a stethoscope for the patient history. *Ann Surg.* 2017;265(6):1066-1067. ■