How To Spot The Naughty From The Nice W.C. Claimant: Three Case Studies

By: Michael J. Bertsch Nicola, Gudbranson & Cooper, LLC

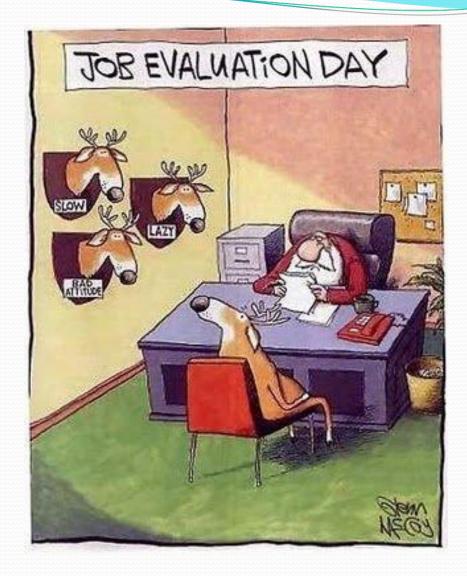
Telltale Troublesome Claimants

Exceptions = Trouble

* New Hire Claimant

- * Problem Employee / Multiple Claimant
 - * No or Late Reporting of Incident
 - * No Witnesses When There Should Be
 - *Lawyer Early On

*Recent Discipline



Profile Number 1: Teresa

- 56 year old female
- Retail sales associate
- Alleged incident on 6/1/16
- Alleged injury knee strain
- Trip and fall
- 1st medical visit 5 days post incident

- Late reported by phone
- No incident report
- No witnesses
- History of absenteeism
- Medical records with same symptoms
- Facebook friends



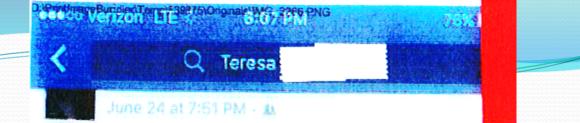


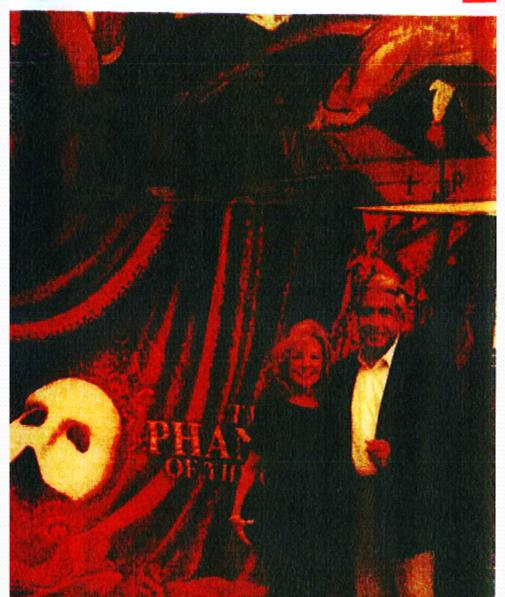


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Q, Teresa



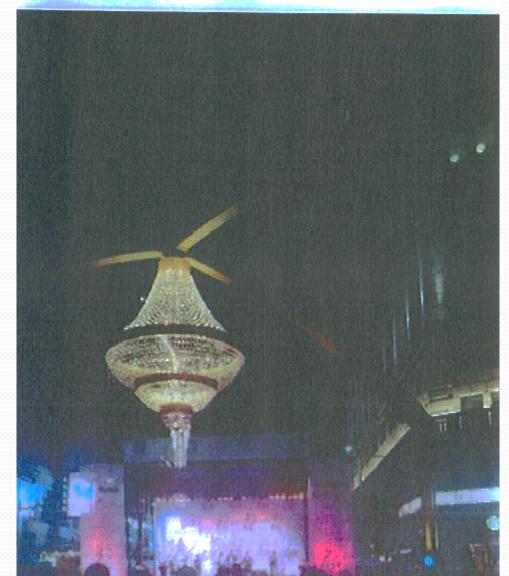




Q Teresa

Teresa Saturday at 7:35 PM - 4

A beautiful evening in town









TO WHOM IT MAY CONCERN:

This is to certify that Teresa is unable to work as of 6/1/2016 do to a work related injury. She had a medical evaluation with me on 6/6, 6/21, and 8/24.

Sincerely yours,

Telephone							
Contact Infon	mation					•	
Date & Tim 10/11/2016		Provid	ler .	Department	1	Encounter #	Center
Contacts							
10/11/2016 01:54 PM		Type Phone (Incomin		Contact Teresa			Phone
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Teresa c her workmen	is callin		te	oday - She ne	eds let	ter for court he	aring tomorrow, regard

The letter needs to state she has been under the care of since 06/06 due to left keen injury and unable to return to work. She is unable to stand more than 15 minutes at a time and would require her knee iced. That she needs assistance going up and downstairs and getting up from a crouching position and is currently taking medication for this injury. Patient said she still continued to get shooting pain down her leg and into her foot.

Patient said she needs this written today.

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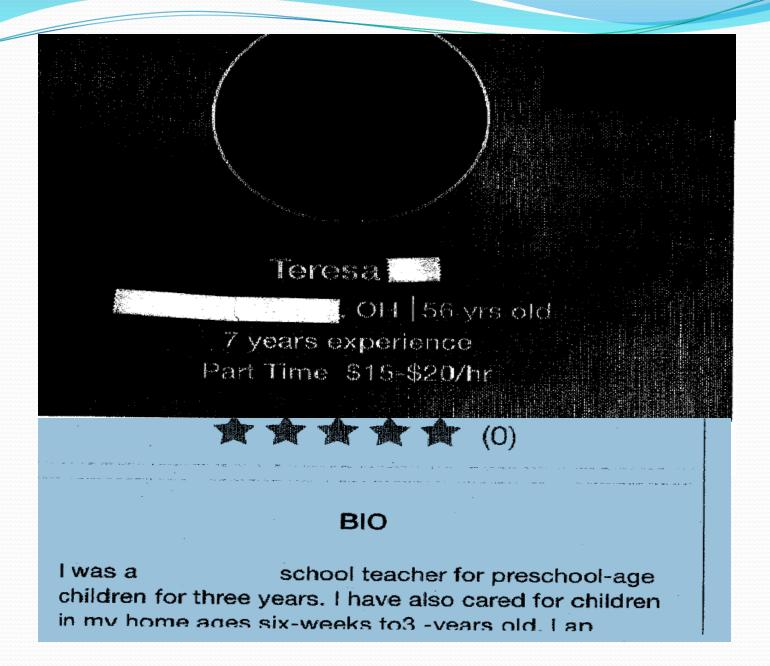
10/12/2016

TO WHOM IT MAY CONCERN:

This is to confirm that Teresa has been under the care of since 06/06 due to left keen injury and unable to return to work. She is unable to stand more than 15 minutes at a time and would require her knee iced. That she needs assistance going up and downstairs and getting up from a crouching position and is currently taking medication for this Injury. Patient said she still continued to get shooting pain down her leg and into her foot.

Please do not hesitate to contact my office at the above phone number if you have any questions or concerns.





Profile Number 2: Daniel

- 41 year old male
- 1 month employee
- Tow truck driver
- Injured 11/27/15 while working
- Allowed claim for lumbar strain

- Off work 2 weeks: then radiating leg pain
- PCP requests MRI
- Motion for L4-5, L5-S1
 Disc
- PCP refuses to turn over pre-incident records



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- Chief Complaint Initial Complaint: BWC BACK INJ @ WORK Chief Complaint: Paln, Back, Lower-Traumatic

- Allergies Allergies/Adverse Rxn: Allergies

Penicillins Allergy (Verified 11/28/15 09:10) Nausea

- Narrative HPI/ROS/Exam: 11/28/15 09:21

11/28/15 09:21

This patient was seen independently

CHIEF COMPLAINT: Patient with a history of sciatic back pain radiating into the right leg recently which he says has resolved presents for a new type of lower back pain since last night. States that he was working as a tow truck driver, was laying on his back looking up a tow truck and when he went to stand up and felt a mild pain starting in his lower back with no radiation. Pain located midline. Denies any leg paresthesia. Pain worsened overnight, currently 7 out of 10. He has used 800 mg ibuprofen last night and this morning for pain relief some relief. Patient states he has absolutely no interest in narcotic pain killers. He has never had imaging performed on his back. He denies any elbow or bladder dysfunction, saddle anesthesia.

He states that he was diagnosed with sciatica couple of months ago by his primary doctor for back pain radiating into the right leg. He used to have a large wallet in his right back pocket and was told to move that. Since he stopped putting his while it in his right back pocket he says all of these symptoms have resolved and today's back pain is completely dissimilar to his previous sciatica.

<Electronically signed by Edit K demagen EALC> 11/28/15 2056 Patient Name , DANIEL Unit No: 2

EXAM# TYPE/EXAM

001215238 RICMR/MRI LUMBAR SP WO CONTRAST CPT (s) 72148 MRI scan of the lumbar spine without gadolinium 12/28/2015 History: Low back pain Technique: Multiplanar multisequence MRI scan of the lumbar spine was Findings: The alignment of the lumbar vertebrae is normal. Marrow signal is within normal limits. The conus appears normal. L5-S1: There is a shallow central disc herniation which does not cause significant central canal or neural foraminal stenosis. L4-5: There is diffuse disc bulge. There are moderate hypertrophic facet changes bilaterally. There is mild central canal stenosis. The neural foramina are patent. L3-4: The findings are unremarkable. L2-3: The findings are unremarkable. L1-2: There is mild diffuse disc bulge without significant canal or

Impression:

1. Shallow central disc herniation at the L5-S1 level

2. Mild degenerative changes at the L4-5 and L1-2 levels

** REPORT SIGNED IN OTHER VENDOR SYSTEM 12/28/2015 ** Reported By:

06/29 PAGE Nedta Service 2/9/2016041.45:10 AM PCN 181S Drug Allergies: ONKDA OFFICE VISIT INTERNAL MEDICINE Temp CIO: Car Pt. Back prix HI 6' WI 17 EP ddress ALL-Mistories; Level 3 = 1 history; Level 1-2 = (histories) Ad/Sur History DHBP DDM Delev. lipids Xe. 1.74 FH: SH: MSDW MEDS revouir Fa 109 FLOH Mo Sib OU GYN these Skin Eves ____ Cardio _ Resp U ROS: (+,-) Consi Neuro Hen/Lymph Allergy/Impanno . See additional notes Prych Endocrine $(\geq 3 \text{ for level } 4, \geq 9 \text{ for level } 5)$ PHYSICAL EXAMS: ** Circle (-W+) findings. Comment shoomal findings. NA - Not Assessed ** Appears web Ei. Central in at distogs Hedans HA . (Think - () Rained () Jamedice - Days apaun Elen WALR TH Switt leasoned Back Skia HEENT NA NOAT PERKICA- SCHOL OF KUTHER RETA () Abert hudi (YMASC Retial han (-) tone gooy) Ictions AL DI Fealyscrotum: () Thyroid calacongo () module () adescepathy -) masses (-) leguinal bernias Neck Testicles: Prosinte: CV State Contraction and Annual Contraction Ent Genitalia: (-) lezions Yagina: (-) pink mote: (-) lezions (-) discharge Cervis (-) lezions (-) discharge (-) CMT. Biguentill' (-) mailton (-) tenderates CYN He CTA Lille (Juno Destit Lungs X20X2 Patrixin: CN II-201-possily isteel Straugh 50 hint UE's LES Sonderson intent to light touch bint: UE's LE's D'I & 2/2 bilat UE's LE's Sylfactrical (-) mersen (-) display Neuro NA Brea NA (+) 55 noojeticer (-) Plasses (-) HSAD (-) bruits 499

Profile Number 3: Dorothy

- 60 something female
- Environmental service housekeeper
- Injured in elevator fall
- Allowed for fracture of right 4th and 5th finger
- Surgery
- Off work and paid benefits for 18 months - MMI

- Retired
- SSD
- Lawyer referred Dorothy to psychologist; diagnosed with depression
- "Cannot use right hand"



"I didn't ask for a nuanced explanation, it's a very simple question. Is he or is he not on the naughty list?"

NAUGHTY CLAIMANT CHECKLIST

- **Delegate vs. Abdicate**
- Investigate Facts/Medical

□ IME (?)

□ Surveillance(?)

Extra ICO Hearing Time





