



B & B Rating Services

NEWS AND NOTES

B & B Rating Services Announces Newsletter – July 2011

B & B Rating Services will be publishing a monthly newsletter starting in July 2011. The newsletter will provide announcements from and about the Rating Department. We will also publish tips that we've picked up on ratings, and even some thoughts on using our rating analyses to get settlement on your files.

This newsletter will be available electronically only. Back issues will be provided on our web site. I'll provide the web address next month.

If you have questions or suggestions, send a note to Phil Billman (pbillman@bradfordbarthel.com).

How to reach us:

Web –
www.bradfordbarthel.com/ratings

Phone –
916-569-0790

Fax –
916-973-1592

email –
ratings@bradfordbarthel.com

A Case Study

We will try to make this a regular feature of our newsletter. Each month we will present an actual case from our files. We will provide the doctor's findings, our analysis results, possible actions to take, and the actual results.

Overlap using the 1997 PDRS – Factors of disability resulting from current injury duplicate factors from a different injury or condition.

Medical Report

The doctor (AME) provided work restrictions for the spine, bilateral knees, and left ankle.

Spine:
90% (12.1 – 65 – 360G – 68 – 70) 63% PD

Lower extremities:
14.5 – 30 – 360G – 33 – 35% PD

Using the Multiple Disability Table, total PD was 79%, with a value (for maximum earner) of \$116,725.00 plus life pension.

B & B Ratings Analysis

"...based on the principle of total duplication, the noted work restrictions for the lower extremities are subsumed by that provided for the spine."
(continued on page 2)

A Case Study (from page 1)...

Possible Actions

1. Attempt to settle case using findings of B & B Analysis.
2. Depose Doctor for the purpose of discussing overlap.
3. Send a note to doctor, copy and paste sections from B & B Analysis.
4. Ignore the B & B Analysis and settle for the doctor's original value.

The Actual Story

Letter sent to Doctor explaining principles of overlap and requesting review of the same.

Doctor response:

"Medically and logically, I do agree that a work restriction limiting the patient to employment activities between semisedentary and sedentary work duties would include activities such as kneeling, squatting, climbing, pivoting, lifting and weight bearing with a minimum of 75% loss of weight bearing activities capacity."

Result

Overlap discussion, with agreement from AME, resulted in assessment of 63% PD (\$62,942.50 for maximum wage earner).

Potential savings in PD dollars –

\$53,782.50

Working with the AMA Guides, 5th Edition and the DEU.

The AMA *Guides* states:

In the small number of instances in which the ROM and DRE methods can both be used, evaluate the individual with both methods and award the higher rating. (page 380)

What does "small number of instances" mean?

The ROM method is used --

When there is multilevel involvement in the same spinal region (eg, fractures at multiple levels, disk herniations, or stenosis with radiculopathy at multiple levels or bilaterally). (page 380)

From Table 15-5 (page 392) – DRE for Cervical Spine, Category IV:

Alteration of motion segment integrity or bilateral or multilevel radiculopathy;

From Table 15-4 (page 389) – DRE for Thoracic Spine, DRE Category IV:

Alteration of motion segment integrity or bilateral or multilevel radiculopathy;

Answer

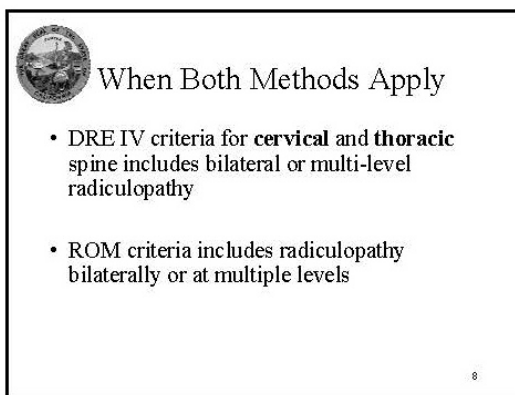
ROM and DRE can both apply when there is multilevel or bilateral radiculopathy in the cervical or thoracic spine.

Please note this does **NOT** apply to the lumbar spine!

Working with the AMA Guides, 5th Edition and the DEU. (from page 2)

What does the DEU think?

From the DEU presentation at the DWC 16th Annual Educational Conference –



When Both Methods Apply

- DRE IV criteria for **cervical** and **thoracic** spine includes bilateral or multi-level radiculopathy
- ROM criteria includes radiculopathy bilaterally or at multiple levels

8

You can find the entire presentation at:

<http://www.dir.ca.gov/dwc/educonf16/PDRS/PDRS.html>

.....

How often do the Doctor's get impairment correct?

Based on more than 7,000 reports that we have reviewed over the past five years, less than **20% of the time.**

Is this just B & B? **NO!** Some of our competitors have published similar results.

This affects all reports, those with minimal levels of impairment are only slightly less susceptible to error!

B & B Department Profile

In this section we will profile a B & B Ratings Service employee on an irregular basis.

This month ---

Phil Billman
Department Manager



Phil has specialized in Workers' Compensation ratings, the *AMA Guides* and related areas. Phil regularly lectures about the *AMA Guides* and PDRS issues.

Phil has taught the CA-16A Permanent Disability and *AMA Guides* – Basic class for Insurance Educational Association on several occasions.

Prior to his five years with Bradford and Barthel, Phil was a Senior Claims Examiner and Supervisor for a TPA in Northern California.

When he gets time off Phil enjoys flying, bicycling, and spending time with his wife.