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December 2024
Special Newsletter for
Personal Injury
Attorneys

This Month's Question:

Why should you include an MD medical-legal consultant in Client IME Prep Meetings?

GO MD Review Answer:

We know most attorneys will have a face-to-face or telephone prep meeting with clients before an IME. We have often been asked to be part of the meeting in person or electronically, depending on the case. We work with several attorneys who routinely include us in their prep meetings. The usual prep format involves the attorney reviewing the specifics they routinely include in these meetings and then turning the meeting over to us to clarify the client's medical history. In getting clarification regarding the medical history, the attorney will often have further guidance for their client.

Here are some issues that have frequently come up in the prep. We find many clients simply don't understand the pain rating scale. Often, your client will need clarification on how to use the rating scale. In the prep, we always explain to the client that 0 represents no pain and 10 represents pain severe enough to cause the client to lose consciousness and pass out. Many clients say their average ongoing pain is a 9 or 10. We help them is understand, for example, a 9/10 or 10/10 rating is very severe pain and not likely to be their ongoing daily average. Unfortunately, clients can misinterpret the scale, and then the IME doctor will be suspect of the client's subjective pain only because the client has misunderstood or misused the actual rating scale.

It is often helpful to help the client understand what questions doctors routinely ask and why. The examining doctor usually attempts to derive precise information in their questioning. Unfortunately, doctors may get frustrated or misinterpret the client's answers as misleading only because the client fails to answer the question directly and specifically. This kind of exchange happens all too often. It is helpful to educate the client to listen carefully and then try to answer only the question asked of them directly.

Sometimes, clients overuse medical jargon or aggressively offer answers based on self-diagnosis. Unfortunately, this kind of exchange frustrates the examining doctor or serves to confuse the medical facts. It is helpful to educate clients to use plain English and avoid medical jargon when describing their problems.

It is also useful to help clients understand how to best describe their pain and how they can demonstrate where their pain originates and how it radiates (if it does so). With this knowledge, your client can circumvent the examining doctor's description of the pain as *vague*, *diffuse*, or *non-localized*. The more the client understands the thinking behind various questions asked of them, the more they can be direct and avoid long-winded explanations that are off-topic.

There are several other common issues we can help to address in the IME prep meeting.

ALLOW ME TO OPTIMIZE YOUR CLAIM'S POTENTIAL

* Assessment of Case Validity and Value

- * Determination of Future Medical Care
- * Assistance with Strategies to Promote Medical Theories & Causation
- * Medical Summary Reports for Settlement Letters
- * Medical Research and Delivery of Medical Journal Articles
- * Answering Specific Medical Questions
- * Interpretation of Meaning, or lack thereof, of Medical Reports & Records
- * Standard of Care Reviews
- * Deposition & Trial Question Preparation
- * Facilitation of Communication with Clients, Families & Professionals
- * IME Observation & IME Rebuttal Reports

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Best regards,

Joe Schifilliti MD, MJ

P.S.---Please reply if you have a case to discuss!

P.P.S. --- If you found this newsletter helpful, please reply with: Yes

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