

MD Consulting Services LLC

Physicians Helping Attorneys Helping People™

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Newsletter

August 2018

This Month's Question:

Is There Value in Including Your Physician Consultant in Client IME Prep Meetings?

MD Consulting Services Answer:

We know most attorneys will have a face-to-face or telephone prep meeting with clients in advance of an IME. We have often been asked to be part of the meeting either in person or by telephone depending on the case. We work with several attorneys who routinely include us in their prep meetings. The usual format of the prep involves the attorney first going over 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, often the attorney will have further guidance for their client.

Here are some issues that have frequently come up in the prep. We find some clients really don't understand the pain rating scale. Often times examining physicians are not entirely clear on how to use the rating scale. In the prep we always explain to the client zero represents no pain and 10 represents pain severe enough to pass out (lose consciousness). Many clients will then describe their average ongoing pain as a 9 or 10 not understanding the scale. It is helpful to make sure the client understands, 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 useful to help the client understand the doctor's thinking in the questions they routinely ask. The examining doctor is usually attempting to derive very specific information in their questioning and unfortunately, doctors may get frustrated or misinterpret the client's answers as misleading only because the client fails to directly and specifically answer the question asked of them. This kind of exchange happens all

too often. It is helpful to educate the client to listen carefully and then try to directly answer the question asked of them.

Sometimes clients will offer too much medical jargon or answer questions with what they perceive as their diagnosis. Again, unfortunately, this kind of exchange often only proves to frustrate the examining doctor or may lead to a misinterpretation of the medical facts. It is helpful to educate clients to just use plain English and avoid medical jargon in describing their problems.

It is also useful to help clients understand how to show the examining doctors where their pain originates and how the pain radiates (if it does so). This kind of client understanding can circumvent examining doctor's reports describing the client's pain as "diffuse" and 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.

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.