This list of RED FLAGs is not meant to be all-inclusive but to be used as a guide:

**Contrived Injury or Ambiguous Claim and Suspicious Time Element**
- Date, time, and place of accident unknown
- Specific details of injury not recalled
- Report of injury not timely and immediate
- Conflict in accident description between employer’s report and initial medical evaluation
- Injury/accident not witnessed; witness accounts inconsistent with claimant’s story
- Pattern of suspicious claims from Employee Name
- Anonymous call to the claims handler, indicating claimant is not disabled
- Leads from co-workers suggesting that claimant is active in sports or other activities
- Monday morning injury
- Friday afternoon injury not reported until Monday morning
- Employee has been recently hired
- Claimant experiences a “seasonal” or recurrent injury
- Loss reported after employee terminated
- Claimant in line for early retirement
- Insured can never be reached at home during the day
- Claimant who uses a post office box as a mailing address and refuses to divulge residence address
- Claimant’s spouse being transferred out of state/country or being recently retired
- Claimant refuses to speak directly to claims examiner, who must go through an attorney
- Claimant continually has to return your calls
- Difficulty reaching claimant during working hours
- Claims examiner constantly being told that claimant is sleeping and cannot be disturbed
- Interview report indicates claimant does not appear disabled
- Claimant depressed due to recent divorce or financial problems
- Evidence of multiple disability policies and/or riders on car loans and mortgage payments
- Not receiving Social Security Disability benefits
- Claim corrections, erasures, strikeovers, and white-outs, especially on attending physician statements
- Physician and claimant statement where handwriting appears identical, and/or photocopied physician statements
- Being off work longer than the particular disability seems to warrant
- Insured’s daily activities are not consistent with disability
- Being excessively demanding of a quick claim determination and compensation
- The accident occurs just prior to a strike, job termination, layoff, or end of project, or at the end of seasonal work; developing disability when a plant shutdown or massive layoff is imminent
- Third-party accidents with no witnesses
- The claimant frequently changes physicians or the claimant has received a release for work that is followed by a change in physician
- Fellow employees did not witness the accident and/or it occurred in an unusual location
- Claimant has history of previous claims
- There was a substantial delay in reporting the incident or in filing of the proper form
- Conflicting descriptions of the accident exist in the medical history as well as in the employer’s first report of the claim
- The lawyer and/or treating physician are known for being involved in suspect claims, or the first notice was from an attorney
- Employee applied for workers’ compensation but was denied.
- Employee’s regular job is “light duty” according to the U.S. Department of Labor’s Five Degrees of Work
RED FLAG INDICATORS IN DISABILITY CLAIM MANAGEMENT AND SUSPICIOUS WORKERS’ COMPENSATION CLAIMS

Nature and Extent of Injury, Malingering and Medical Consideration, Professional Consultant

Exaggerations
- Type of injury unusual in the employee’s line of work
- Injuries do not coincide with claimed circumstances of accident
- Claimant has soft tissue injury and makes subjective complaints that cannot be objectively verified
- The claimant is described as suntanned, muscular, with calluses on his hands and grease under his or her fingernails (per rehabilitation report)
- The claimant has recently obtained disability policies and/or has riders on car loan and mortgage payments
- The lawyer and/or treating physician are known for being involved in suspect claims, or the first notice was from an attorney
- Infrequent physician treatments/visits as relates to the diagnosis
- Claimant refuses IME, or physician will not release medical records
- The claimant cancels or fails to keep appointments or refuses a diagnostic procedure to confirm an injury or injurious condition
- The claimant frequently changes physicians or medical providers
- The claimant has received a release for work which is followed by a change in physician or medical provider
- Employee fails to return to work on specified date
- Complaints persist long after the doctor authorizes a return to work
- Lack of cooperation with rehabilitation personnel
- Prolonged treatment for relatively minor injury
- Prescribed treatments and/or medications do not correspond with claimed injury
- Summary medical bills submitted without itemization
- Medical bills appear excessive; submitted as photocopies
- Treating physician/therapist known for handling suspect claims
- Unnecessary hospitalization
- Psychological overlays claimed
- New or additional medical problems attributed to the original injury

Medical Treatment and Claims
- Diagnosis is inconsistent with treatment
- Insured’s age inconsistent with diagnosis
- Conflicting medical reports: IME, emergency room report vs. subsequent office visits
- Extensive or unnecessary treatment for minor, subjective injuries
- Injuries are all subjective (e.g., pain, headaches, nausea, inability to sleep, fatigue)
- Treatment dates appear on holidays or other days that facilities would not normally be open
- Claimant is immediately referred for a wide variety of psychiatric tests, when the original claim involved trauma only. These claims usually present with vague complaints of “stress”
- Change in diagnosis
- Medical reports are identical to other reports from the same physician
- Incorrect spelling or improper use of medical terms and abbreviations
- Summary medical bills submitted without dates or description of visits
- Medical bills submitted are photocopies of originals
- Photocopies submitted instead of originals of claim forms and bills
- Missing records, bills, etc., relating to the claim
- Alteration of bills
- Physician’s bills show many visits, yet no bills for prescriptions or other related expenses
- Prescription drugs for suspected drug abuse, such as several prescriptions at the same time at more than one pharmacy, or provider cannot be traced or has no record of patient
- Whole family receiving frequent/similar treatment
RED FLAG INDICATORS IN DISABILITY CLAIM MANAGEMENT AND SUSPICIOUS WORKERS’ COMPENSATION CLAIMS

• Proposed length of disability exceeds recommended by M & R for diagnosis
• Red Flag Physicians! Doctors who regularly have questionable length of disability
• Claimant not seen by appropriate specialist (e.g., orthopedist, cardiologist) for diagnosis
• Claimant has plateaued with physical therapy of other modalities and physician restrictions for 6 weeks or less
• All soft tissue injuries after 3 weeks
• Claimant has prior history of extending disability claims
• Physician approves return to work with limitations
• Limitations do not match diagnosis (e.g., pulmonary with lifting restrictions)
• Employee wants to return to work; however, restrictions prevent return
• Physician continually extends length of disability
• Workers’ compensation insurer and health carrier billed simultaneously, with payment accepted from both

Claimant Working
• Difficulty reaching claimant at home during normal daytime hours
• Frequent interstate relocations while receiving benefits; no permanent address
• Frequently missed or cancelled doctor or therapist appointments
• Claimant lifestyle does not coincide with reported/known income
• Neighborhood canvass reveals claimant works another job
• Surveillance videos verify employment
• Verification of employment made with new employer

Legal Considerations
• Immediate representation by attorney
• Employee hires an attorney know to handle suspect claims
• Excessive demands for permanency award
• Same attorney/doctor combination have previously handled related claims

General Factors Which May Affect Disability:
• Age
• Severity of Injury
• Pre-injury Work
• Pre-injury Wage
• Motivation
• Education
• Medical Provider
• Supplemental Benefits/Insurance
• Secondary Gains
• Attitude
• Lifestyle