

RED FLAG INDICATORS IN DISABILITY CLAIM MANAGEMENT AND SUSPICIOUS WORKERS' COMPENSATION CLAIMS

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

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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

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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