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Disability Digest

A newsletter from the State of Washington
Division of Disability Determination Services

Muscle Strength Grading

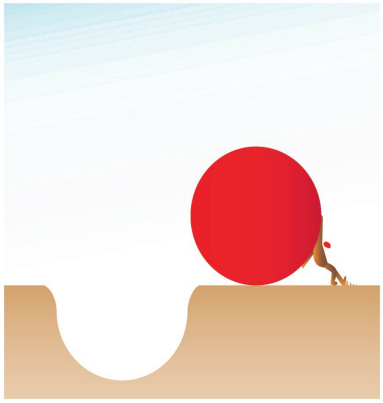
Recently, we have received concerns regarding the interpretation of muscle strength grading on reports. The disability program is based on an individual's remaining functional capacity despite one's impairment. An accurate measurement of muscle strength is essential for us to make a medical determination.

When reporting muscle strength grading, be sure that the basis for the strength grading is consistent with the information provided regarding the individual's functional capacity. For example, it is consistent to have an individual who experienced a recent stroke to be assessed with 1/5 grip strength on the right, 4/5 on the left. It is not consistent, however, for an individual who is able to toe and heel walk with 3/5 in the left ankle.

Below is a guideline that adjudicators and Medical Consultants use when interpreting muscle strength grading on a scale from 0 to 5 :

0/5 No muscle movement or contraction
1/5 There is a flicker or trace of movement
2/5 There is movement at the joint, but not against gravity
3/5 There is movement against gravity, but not against added resistance
4/5 There is movement against gravity with some resistance
5/5 Normal strength or power

* For a more detailed muscle strength grading, use + and -



Susie Nakamura

Hannah Shedd

Scheduling News & Updates

In August, Linzy Rash, scheduler in Spokane, moved out-of-state. In September, Kathy Faas, scheduler in Olympia, promoted to Disability Adjudicator. We will miss having them as schedulers, but are excited for their new adventures!

Please help us welcome three new members to our Scheduling Unit (CEU):

Susie Nakamura, scheduler in Olympia. She will be scheduling exams in Grays Harbor, Kitsap, Skagit, Thurston, and Whatcom counties; and

Hannah Shedd, scheduler in Spokane. She will be scheduling physical exams in Eastern Washington.

Paul Wood, scheduler in Olympia. He briefly left the CEU, but came back in a leadership role. Welcome back Paul!

During the Physical Disability Exam

Specific physical findings are generally needed with all exams involving musculoskeletal impairments. Please use this as a reminder of the specifics and details to cover when performing a physical disability evaluation:

Gait and Station - Comment on the individual's gait outside of the physical exam. For example, "Claimant was able to walk easily from the waiting room to the exam room." Include results from tandem walking, walking on heels/toes, hopping, bending, and squatting.

Ability to Use Hands - Observe and report the individual's ability to: touch thumb to all fingertips, make a fist, pick up coins from a flat surface, button and unbutton clothing, etc. Report grip strength using a dynamometer or by a 0-5 scale. For example, "Grip strength was slightly weak (4/5) on the right compared to the left (5/5)."

Range of Motion - Report results in degrees. For example, "L-spine flexion to 60 degrees." Give range of motion for each affected joint.

Neurological Findings - Give specific values for deep tendon reflexes and note whether they are symmetric. For example, "DTRs were 2/3 and symmetric in LEs." Test sensation by light touch, pinprick, and vibration. For example, "Sensitivity to light touch diminished in a non-dermatomal pattern with diffuse loss of sensation over the left thigh and right calf." Give straight leg lifting (SLR) in *both* sitting and supine positions. If SLR is positive, state the positive findings in degrees. For example, "Supine SLR on right was positive at 60 degrees." Give motor strength using a 0-5 scale, where 5 is normal.

Hand-Held Device - Examine **with** and **without** the assistive device in place, if not contraindicated. Explain which objective findings support your conclusion for or against the medical need for an assistive device. For example, "The claimant's impaired gait (imbalance), resulting from the CVA, necessitates the use of a cane for safe ambulation in all instances." Comment on the medical basis for an assistive device (i.e. instability, weakness, etc.) and if the device shows any active wear (i.e. the tip of the cane is worn).

Personally Identifiable Information (PII)

We want to stress the importance of protecting personally identifiable information (PII). In the unfortunate event that a situation occurs (I.e. office/house/car break in, stolen property, etc.) and the incident involves **any** paperwork or reports about our claimants, you **MUST** report to the Medical Relations Manager within 24-hours. Even if you are still trying to sort through what happened, please notify her of the circumstances immediately. Here is the type of information she will need from you:

WHO: Your name, phone number, and email.
WHEN: Date and time of the theft/loss.
WHERE: City and location of information (i.e. car trunk, lap top, home office, backpack, etc.).
WHAT: Paper/electronic documents, encrypted, CD, number of files affected (if know).
* We will also need a detailed description of the incident and police report number.

We may be required to frequently contact you during the first 48-hours following the incident. Please be sure to provide good contact information if discussion is needed.

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Drug and Alcohol Abuse

Our program is based on function and what an individual can do despite his/her impairment(s). When an individual alleges he or she is currently clean and sober, but admits to a history of drug and alcohol abuse (DA&A) or the evidence we provide you with indicates this, consider further development. Thorough questions can assist us in determining if DA&A was a barrier to employment and/or with credibility issues. The following are examples and questions to consider during the exam:

"I used to drink a case of beer 3-4 times a week, but I don't anymore. I last used marijuana 3-4 months ago."

Consider asking: Have you had legal problems? What happened and when? What happens to you when you drink a case of beer? How did you accomplish sobriety? Do you attend treatment meetings? Where and how often? Do you have a sponsor? Is there a family member or friend that has noticed you are sober? Have you had any periods of relapse? How has sobriety changed your life? Prior to your last marijuana use, were you using on a daily basis? How many times a day were you using?

Why ask these questions? An individual who has truly worked toward sobriety will typically talk about these issues in specific terms which in turn, assists us in making a medical determination.

Tips and Reminders

PLEASE BE SURE:

- To pay particular attention (as it pertains to your specialty) on sections asking for claimant responses or to include additional information when necessary (i.e. if upper extremities are involved);
- To differentiate fact from assumption. For example, we often come across, "The claimant *has* low back pain" when it should state, "The claimant *alleges* low back pain;"
- To include the claimant's name and case number on all pages of the report. It is also helpful to provide page numbers as it ensures we are receiving the whole and complete report for the correct individual;
- To review reports for consistency and grammar prior to submitting them;
- Reports are for the correct individual listed on the invoice barcode cover page;
- To let us know as soon as possible when changing office locations. This is to avoid disruption in your scheduling;
- If a claimant has been rescheduled with you, the correct voucher is submitted with the report;
- To contact Professional Relations immediately if you receive a deposition or subpoena request from a third party for records and/or appearance in court as most requests are time sensitive; and
- To use the DSM-V as we have received guidance from the Social Security Administration that consultative examiners should use the latest edition on their exams and reports.

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We would like to recognize the following doctors for going the extra mile:

thank you!

LEWIS ALMARAZ, MD - Exactly what we needed; report provided good information. (MC)

MAJID AZZEDINE, PHD - Very flexible, easy to work with, and provides great reports. (CEU)

RICHARD BENSINGER, MD - His reports are always a model of what we need in his specialty. They are concise, easily understood, and tell us exactly what we need to know. (MC)

LINDA JANSEN, PHD - She is very easy to work and schedule with and provides good reports. (CEU)

ARILD LEIN, MD - Report was cogent and logical. Provided great detail, was thorough, and good functional information. (MC)

PETER MEIS, MD - Provides good details, is informative, and has good function statements. (PR)

MICHAEL MOORE, OD - Excellent report. Great information in an easily understood format. It made the decision making process easier. (MC)

LEZLIE PICKETT, PHD - Good detailed report. Addressed inconsistencies and she provided great observations. (MC)

E ANDREA SHADRACH, PSYD - She is always very flexible and accommodating and has helped us out when we are in a pinch. Willing to travel to jail/prison facilities and acquire whatever psych tests we need. (CEU)

RAYMOND WEST, MD - Beautifully written and was a gem. Answered all potential questions. (MC)

CEU= from a DDS scheduler MC= from a DDS Medical Consultant PR= from a Professional Relations Specialist