



# Check the Record

## Helpful Hints for Reviewing Medical Records

By Nancy A. Noetzel and Andrew Hirsch, D.O.

**R**eviewing medical records can be challenging even for those professionals with a medical background. There are some things all claims handlers and defense counsel can recognize and look for when reviewing medical records. All claims handlers and defense counsel should have a comprehensive understanding of the medical history and injury detail of a plaintiff, because it allows for a better assessment of the value of the case and can often render a better outcome. This is not to say the review should be a substitute to any medical professional record review when needed, but with a sharp eye on those records, case delays may be avoided in resolving cases by not having to

wait for a review and/or report from an expert.

### Start at the Beginning

At the onset of any injury an individual is usually looking for nothing more than relief of the pain caused by the recent accident. An injured person is not likely to tell an emergency medical technician to look at his or her left arm when he or she has just sustained an injury to the right shoulder. The medical record review should start with the initial complaint reported to the first treating medical provider. The ambulance records will describe what was observed and what was complained of when first responders arrived at the accident scene. It may tell note if the plaintiff has a history of any medical condition, if they are on any prescrip-

tion or over-the-counter medications and what the plaintiff was doing when the injury was sustained.

If the plaintiff was treated in an emergency room, note all of the above along with what diagnostic tests were performed. If the diagnostic test(s) performed have radiologist reports with them, be sure to review those as well. An emergency room doctor may do a preliminary review of images taken, however, until the images are reviewed by a radiologist, the findings are not always confirmed. It is not unusual for images to be reviewed by a radiologist the day after they were taken.

When handling a case with a causation defense, consider a radiologist review of the images in question, par-



ticularly if there are pre-accident studies. Radiologists specialize in reading images, orthopedics specialize in treating bone and connective tissue injuries. An orthopedic will often rely on the expertise of a radiologist to verify an orthopedic diagnosis.

Also note any blood work that may have been done in the ER. Most lab reports give normal ranges on the report page. It will indicate if any result is not within normal limits. The report does so by putting any abnormal value out of column from the normal results or will simply put an (h) high or (l) low next to the abnormal result. These results can be indicative of an underlying medical condition.

### Broaden the Investigation

If looking to determine any potential intoxication or drug use by the plaintiff, take note of the observations documented by the ER nurse or doctor: patient incoherent, disoriented, combative, AOB (alcohol on breath). If there is a toxicology report in the records, it will show if there were any drugs found in the patient's system and what those drugs were.

If a plaintiff has had a hospital admission, it is a good idea to review the Discharge Summary first. Not only will it give you a snap shot of the course of treatment during the hospital stay, medical history, status and plan for treatment at the time of discharge, but it could also save time in trying to weed through what can sometimes be a voluminous amount of records. Reading this report first will help hone in on what other records to review. For example, if the Discharge Summary advises that the patient underwent a surgery during the hospital stay, review the Operative Report to see what the findings were. If the patient was seen by a consultant, that specialist's report could describe the plaintiff's history, illness, injury and treatment.

Medications taken by the plaintiff can often be a major key or trigger to causation arguments. Take advantage of the Internet and look up the medications reported by any plaintiff. Look for their uses. For example, a plaintiff can claim depression as a part of his or her bodily injury claim, however, many patients are on anti-depressants prior to the date of loss.

There are some phrases to look for in the medical record verbiage that could indicate a provider may have treated a patient in the past: "Patient is well known to me...", "Patient returns

today...", "Patient has shown improvement...", "Patient requests prescription refill", "As noted in the past...", "Patient presents with a new complaint." Any of these phrases in the records are a trigger that the provider has treated the plaintiff in the past. When looking for a prior diagnosis, injury, treatment or complaint that could mitigate the value of the plaintiff's injury, always have counsel secure releases to include all prior records from the treating medical provider.

Consider discussing findings and opinions with independent medical examination (IME) doctors. Both defense counsel and claim investigators should understand the medical report. IME doctors are typically happy to explain their reports. Remember also that in most cases, the plaintiff is accompanied to the IME by someone from his or her counsel's office and they are often advised not to report any specifics or detail regarding the accident to the defense examining doctors. This is sometimes noted in the IME report. More information on the accident itself could alter or change the opinion of defense experts and when a causation defense is being considered, experts should have the benefit of this information.

Like most tasks, reviewing medical records becomes easier only by doing it. They are not always as intimidating as they can sometimes appear. Starting with the first complaint and the first treatment can provide direction on what to look for in the records. A comprehensive evaluation of the medical records provides a better understanding of the overall medical picture of the plaintiff, injury and value of the case, which can be advantageous when it comes time to negotiate. [LMI](#)

*Nancy Noetzel has 13 years of experience in claims litigation with a prior 20-year nursing career. Andrew Hirsch, D.O. is Diplomate of the American Board of Family Practice, and President of Horizon Medical Group.*

**KEY DOCUMENTS FOR EVALUATING A BODILY INJURY CLAIM**

- EMT OR AMBULANCE RECORDS
- ER RECORDS
- OR RECORDS
- DISCHARGE SUMMARY
- CONSULTATION REPORTS