

DANIEL BERGER

Attorney at law

Practice limited to Social Security Disability and SSI Law

¡Hablamos Español!

(718) 588-4715



Social Security Newsletter

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2023

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Why Are Medical Charts So Important?

MEDICAL PROVIDERS get many requests each week for their patient's medical charts from Social Security, adjudicators, attorneys and from patients. Why are these charts so important and what is the rush?

CLAIMANTS NEEDING Social Security disability benefits – whether SSDI or SSI – are required to prove that they are unable to function in any work setting, on a sustained basis, as a result of medical impairments that have lasted, or are expected to last 12 months, or result in death.

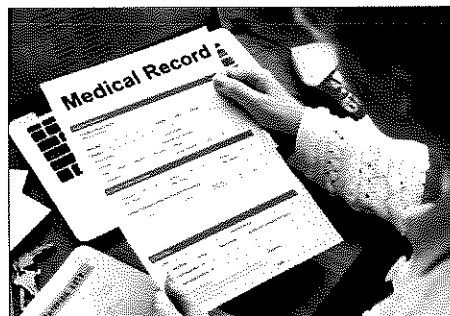
THERE ARE SEVERAL legal "buzz" words in that requirement.

FIRST, IS "medical impairments." Clearly, this legal standard focuses on the medical conditions and their impact on the ability to function. Therefore, claimants must not only establish their diagnosis, but prove that because of that diagnosis they are unable to sustain work function.

DIAGNOSIS ALONE is only determinative in Compassionate Allowance situations. In most applications, diagnosis is just the starting point, informing Social Security what symptoms and limitations to explore.

SECOND, IS "lasted, or expected to last 12 months, or result in death." Disability benefits are not a substitute for private short term disability insurance or for a lack of personal savings. These benefits are for claimants suffering long-term chronic symptoms expected to last for at least a year.

THIRD, THEN the key question is "proof." How does a claimant prove their diagnosis, prove their symptoms and attempt to prove the impact on the ability to function over a lengthy time period.



THE REGULATIONS state that "evidence" is any record, document or signed statement indicating eligibility for benefits. It is widely established in this law that the testimony of a claimant, or a family member, clergy or close friends, is evidence that must be considered, but without supporting medical documentation, it cannot be the sole basis of a finding of total disability.

MEDICAL CHARTS are the proof – this is the evidence that SSA will analyze in determining eligibility. *How a medical provider documents the history, and their medical findings, is critical.*

EXAMPLE: a long-established patient comes to the office and greets the provider with "I'm ok doctor, how are you today?" The doctor and patient know that the "ok" is relative to their baseline but that is never put into the chart. The phrases "Patient states

they are ok" or "Patient states that they are stable" or "Patient says no new symptoms" are all often interpreted by Social Security as minimizing the severity of the medical problem.

SIMILARLY, SOCIAL Security uses a standard of "marked limitation" meaning that there is a serious impact on function. Medical providers often use terms such as mild or moderate as meaning significant but less than extreme. Lacking the word "marked" in common medical parlance often leads to incorrect Social Security decisions.

TIMING ALSO becomes an issue. If medical records are sought early in the process, then they will need to be updated every time a decision is made. If a hearing is set with an Administrative Law Judge, that decision-maker is going to insist upon up-to-date records which means a second or third request with a shorter time span to the provider. There is just no substitute in this area of law for the current and complete medical chart.

Experienced representatives know this is a burden on providers and do our best to minimize the impact. Our in-service trainings help medical professionals and staff understand the Social Security issues related to their area of specialty.

Call our office and we will schedule a free in-service at your location to review all of these issues.