**Procedural Standard 99-10**

**March 24, 2014**

TO: DES Staff

FR: A.E. Adams, Ph.D., Director, Disability Evaluation Services (DES)

BY: Sherry J. Campanelli, Program Compliance Manager (DES)

**RE: Determining conditions or diagnoses requiring additional information**

**Purpose:** This memorandum addresses procedures for evaluating the sufficiency of information received from medical reports and treating source medical records for the purpose of documenting and evaluating the client’s diagnoses/impairments/claims related to disability.

**Background:** Comprehensive, consolidated review requires that all reported conditions and diagnoses be considered during the review process. This comprehensive approach is not intended to imply that additional medical evidence, consultative examination, or testing is required whenever available information does not directly address all components of the reported conditions and diagnoses.

In medical records, it is common to find documentation of positive examination findings while negative findings may or may not be documented. This leaves the disability reviewer with the question of whether or not to pursue additional information to ‘prove a negative’.  At DES, reviews are conducted by clinical staff, including Physician Advisors, knowledgeable in disability regulations and medical and psychiatric conditions.  Therefore, DES recognizes that it is reasonable for the reviewer to use their clinical judgment to determine whether a current diagnosis/complaint needs to be further developed as a potentially disabling impairment.  In cases where further development of an impairment is not pursued, the Disability Reviewer (DR) is expected to document their clinical rationale.

**Procedure:** The following guidelines may be used to determine whether the information received is sufficient to conclude that a condition or complaint does not warrant further development as a potentially disabling impairment:

A. Determine whether the record includes a current comprehensive medical evaluation. A comprehensive medical evaluation is likely to fall into three basic categories:

1. Office note(s) from a treating or primary care provider which addresses multiple medical problems, includes some detail about client symptoms, contains physical examination findings and provides assessment and plan for known significant medical conditions.
2. Consultative examination with detailed patient history (historical chronology, current symptoms, multiple medical problems or a specific section for “past medical history” or “review of systems”).
3. A comprehensive specialty consultation that includes current patient complaints and is not overtly limited to a single specialty issue and includes a detailed past medical history or review of systems.

B. Determine whether the comprehensive medical evaluation supports that the current status diagnoses/impairments/claims do not require further development based on one of the following:

* 1. Medical/psychological information does not indicate that the condition is active, requiring further medical/psychological attention, nor currently limiting.
  2. Addresses closely related conditions without reference to the specific complaint.
  3. A mention of a medical/psychological problem on the supplement without reference to functional limitations associated with that problem is not sufficient to warrant pursuit of that condition as potentially severely limiting. For example, an indication of “memory problems” on the supplement without reference in the narrative or medical records that the individual has organic or psychiatric functional limitations is not sufficient to warrant further investigation. Rather the DR includes the impairment on the problem list (per Problem List Training) and documents why it was not pursued.

**Summary**: Diagnoses/impairments/claims need not be pursued if the file contains a current comprehensive medical evaluation that does not indicates that the condition is active, currently limiting, or potentially disabling and/or addresses a closely related condition without reference to the specific complaint.

Clinical staff (including Physician Advisors) knowledgeable in disability regulations and medical and psychiatric conditions conduct all disability reviews.  Therefore, DES recognizes that it is reasonable for the reviewer to use their clinical judgment to determine whether a current diagnosis/complaint requires further development as a potentially disabling impairment.