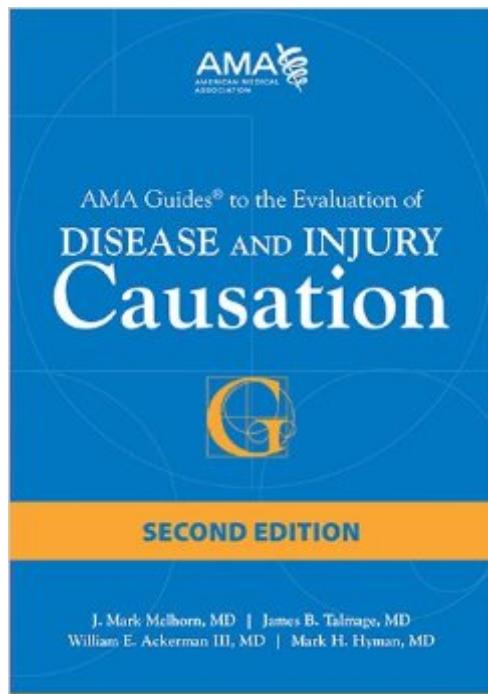


The book was found

AMA Guides To The Evaluation Of Disease And Injury Causation



Synopsis

This second edition publication is an essential resource for health care professionals who need to make informed, evidence-based decisions that determine causation for injury and work-related conditions. Users are able to strengthen their opinion by linking clinical findings to a specific cause-whether related to the workplace, genetic makeup, a unique event or a combination of factors. Professionals can provide an informed opinion on workers' compensation or disability cases based on a careful review of an individual's clinical findings when linking (or not linking) the condition in question to medical evidence.

Book Information

Paperback: 792 pages

Publisher: Amer Medical Assn; 2 edition (July 26, 2013)

Language: English

ISBN-10: 1603598685

ISBN-13: 978-1603598682

Product Dimensions: 1.8 x 7.5 x 10.2 inches

Shipping Weight: 3 pounds (View shipping rates and policies)

Average Customer Review: 4.4 out of 5 starsÂ See all reviewsÂ (18 customer reviews)

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Customer Reviews

Recently my colleague, Dr. Anthony Sirucek, made me aware of a new publication by the American Medical Association entitled, Â¢ÂœGuides to the Evaluation of Disease and Injury CausationÂ¢Â•. This is a just released (copyright 2014) 2nd edition of the book first published in 1985. The manuscriptÂ¢Â™s opening line sets the stage for the purpose of the book. Â¢ÂœDetermining causation is a critical issue in occupational health, yet its definition remains elusive. Why? The causation concept may have a different meaning to various partiesÂ¢Â•. In the Introduction section it goes on to say, Â¢ÂœIn occupational health, causation has become key, since determination of causation is the gatekeeper to treatment and to determination of who is financially responsibleÂ¢Â•. Although the volume is focused primarily on occupational exposure

and injury, the same conclusions can be reached when substituting "personal injury" with "occupational injury". The "Guides" introduction states, "It is incumbent on clinicians to give an opinion based on a careful review of three critical pieces of information:1. Individual clinical findings2. Individual workplace exposures3. The literature linking (or not linking) the exposure of concern and the conditions in question". In the first three chapters, definitions of cost, fraud, risk, aggravation, exacerbation, recurrence, impairment evaluation, and apportionment are discussed. Concepts such as cause in fact, proximate cause, epistemology, specificity, sensitivity, positive predictive value and other research and statistical terms are quickly but efficiently reviewed with illustrative examples. These are all important in reaching conclusions needed to establish causation. A chart is included listing the Federal and individual States "causation threshold" such as reasonable medical judgment, within a reasonable degree of medical probability, preponderance of the evidence and more probable than not. Each state is listed and relevant court cases that resulted in the state standards are listed and discussed. A recurrent theme throughout the beginning of the book is the topic of "assuring fairness when scientific opinions are involved". It asks the question for all who are involved in medical legal matters to consider; what is occurring when the analysis of the facts results in differing opinions between the experts? At this point we have to presume bias exists in the expert conclusions. This topic precludes an insightful review of the Frye rule and Daubert rule regarding admissibility of evidence. This brief historical review of these rulings is worth the price of admission for the book all by itself. Chapter 4 is dedicated to Methodology discussing topics of study design, outcomes from literature search, strength of evidence definitions and how to score epidemiologic studies on the strength of evidence. This presents a helpful tool in reviewing studies offered as evidence. Chapter 5 is dedicated to Apportionment. It is defined in the 4th edition of the Guides to Evaluation of Permanent Impairment as "an estimate of the degree to which each of various occupational or non occupational factors may have caused or contributed to a particular impairment". The 6th edition "Guides" more comprehensive definition of apportionment is offered as "the extent to which each of 2 or more probable causes are found responsible for an effect (injury, disease, impairment, etc.). Only probable causes (at least more probable than not) are included." Apportionment of treatment, disability, impairment and co-founders in apportionment are discussed. An example of how apportionment plays a role in injury cases is illuminated on page 412 as, "Apportionment is also a frequent issue in personal injury. For example, while driving home from the chiropractor's office after receiving adjustments for neck and upper back pain, a person is rear-ended. Due to increased discomfort in

the same areas, the driver reportedly now cannot work and needs more frequent treatments. Chapter 6 is focused on the *Causality Examination*. The goal of this exam is described as: 1. To determine and confirm that the original diagnosis was correct and due to the claimed injury, event or exposure. 2. Verify that current symptoms, physical examination findings, and test results are consistent with the diagnosis or a complication of previous treatment. 3. Determine and consider that an individual's current complaints and findings may have been influenced by illness behavior. Significant space is given to the complete examination topics of past history, the examinee interview, symptom diagram, behavioral signs, pseudo neurological signs, orthopedic and neurological tests, and patient observations. All of these are evaluated for consistency or inconsistency regarding the condition. The work goes on to discuss Report Writing in Chapter 7. The three basic elements in an injury claim that must be proven are liability, damages and causation. Causation is the element that links the liability and the damages. Outlines of report formats are offered for review. A large portion of this publication, 407 pages of the total 792, is dedicated to elaborating epidemiological risk factors for various body regions and conditions in separate chapters 8 through 21 including the spine, upper limb, lower limb, musculoskeletal disorders, acute and chronic pain, cardiovascular problems, pulmonary problems, neurological disorders, rheumatologic disorders, mental illness, genitourinary system, gastrointestinal system, EENT, and special topics of occupational exposure and chemical exposure. The 22nd chapter entitled *Putting It All Together* is useful at this point in the book. The chapter opens with, *After reading this book, how does a health care provider put the whole process together and develop an answer to the question of causation?* Educators suggest that examples provide one of the best ways to learn new skill. To that end, the following examples are presented. These examples are insightful and helpful. The rest of the publication discusses causation for the various perspectives of the Attorney, the Judge, the Employer, the Insurer, the Workers' Compensation Commission and the Occupational Physician. This 360 degree review is enlightening and highlights areas of bias. Of particular interest for the physician will be the chapter detailing *Causation: The Occupational Physician's Perspective*. This chapter outlines the many hurdles and considerations a doctor must take when determining the etiology of an injury or symptoms that may be related to a person's workplace, environment or tasks. While this is often an occupational or *company physician*, the authors note the importance that any first-line provider, be it a family doctor or emergency room physician, should be wary of haphazardly labeling a condition as work related. The book explains this is because it takes a very comprehensive analysis of components which cannot be adequately addressed in the typical

clinical setting in order to determine the extent of causality in relation to the work place. There are several insightful case studies of individuals with seemingly work trauma related symptoms and injuries that, after proper forensic examination, are determined to have conditions separate and distinct from the common scapegoats such as workplace activities or degenerative changes. The chapter goes on to outline the nine categories in the widely utilized Bradford - Hill Criteria. While this remains the accepted structure for determining causation, the authors gives several insights as to why and how the physician should use, but not depend on, these criteria. We found this publication to cover a vast array of topics studied and utilized by the forensic physician integrated into a single reference volume. It gives great guidance in helping the physician be the "interpreter of the evidence of his or her specialty to the trier of fact". It should be on the bookshelf, or more importantly the desk top of every forensic examiner seeking the truth. As chiropractic physicians working in the medico legal arena, we highly recommend this instructional publication. This review is presented by: Clayton W. Hopkins, DC, DABFP; Justin Mitchell, DC; Daniel Roode, DC; Tony Sirucek, DC

This book is the most up to date review of the research to establish causation in Occupational Health injuries and illnesses. Who doesn't need this book should be the real question. The material is organized and easy to follow. I use it to show my employees how I come by my decisions. A lot about our thoughts about causation has been proven wrong and we need to know what is or is not appropriate to support as work related causation. This book will help us all get it right.

If you do worker's comp evaluations, there is nothing else like this out there for evaluating physicians. If you need to address causation, and especially if you need to address apportionment, this is the book. I bought the first edition, and then the second, and I hope they continue to update and expand. Melhorn and Talmage are rockstars among orthopedic evaluating educators. Thank you.

The Mental Health Chapter is Bizarre. The authors say that five steps must be followed for assessment. They are as follows:

STEP 1. DEFINITIVELY ESTABLISH A DIAGNOSIS

This involves making a definitive diagnosis, have the diagnosis of an explanatory nature, objective findings, scientifically validated diagnosis. They say that none of these criteria can be satisfied with DSM-IV-TR. They say that definitive diagnosis can not be made because 1. It can not be definitively determined if someone is mentally ill. 2. The diagnoses are not well defined one from the other.

These arguments are silly. 1. If someone has symptoms, abnormal mental state examination, deterioration in functioning and collateral history, then I would be happy that they have a mental illness. The level of proof required is balance of probabilities, not definitive proof. 2. It does not matter that one diagnosis shares features with another. If you can explain to me the difference between recurrent myoclonic jerks and mild simple clonic seizures without secondary generalisation, then you are doing better than me. Can you always say which people have constrictive lung disease and which ones have restrictive disease. Or glucose intolerance vs diabetes? Nope. You can't. They say that a diagnosis must be of an explanatory nature, and that in medicine, they are. Well, wrong. First, PTSD does have causation as part of the diagnosis, and idiopathic hypertension does not. Likewise, premature labour does not have causation as part of the diagnosis - it just is. They of mental illness, "None of them are real illness". Good. If you have schizophrenia, you are cured! They say that there are no objective features of diagnosis of mental illness. This is silly. If someone presents with symptoms that fit a pattern, that is objective. If they have mental state findings, that is objective. If someone stopped going to work, that is objective and independently verifiable. Stated differently, Skinner insisted that behaviour was the only thing that mattered and that thoughts were unimportant. Well, Skinner would be able to tell if someone had a mental illness. They said that psychological testing was introduced to have objective findings introduced, well, that means that there are objective was to assess - psychological testing.

STEP 2. APPLY RELEVANT FINDINGS FROM EPIDEMIOLOGIC SCIENCE TO THE INDIVIDUAL

CASE They say that 75 to 90% of people who are traumatised experience posttraumatic growth. And severe psychological disturbance in response to the chronic life-threatening stress is rare. More people report positive effects than negative effects. I say that PTG is an interesting concept and I will look at the references. I have not explored what they mean by "rare". They point out that most mental illness has no identifiable cause. I say so what, we are dealing with specific cases. They reviewed the literature and found that none of it was any good, more or less. They excluded literature that did not use DSM-IV criteria. Their rationale was that the construct had changed. I think that that decision was just bizarre. The diagnostic criteria for PTSD and MDD have not changed very much since 1980. That is just a silly out. They also complain that the assessments were done on community samples and that DSM-IV says that clinical samples should be used. That is a good laugh. That means that you literally can not do epidemiological studies of DSM-IV because the rules of DSM-IV rule them out. This stance ignores the fact that field trials were used in developing DSM-IV. My final note is that Thomas Szasz actually hated his patients. Look at his last book, Psychiatry Science of Lies, and you will see what he says about people who have gone public with

their illness. Also, the biology of serious mental illness is being elucidated more and more.

Although Brazil uses some different criteria, in case of legal disputes it is essential to have the best knowledge about the individual case. AMA is a name of unquestionable value anywhere in the world.

much improved from the prior edition. A great tool for reference and clarification when writing utilization reviews on a variety of subjects

It is a very useful guide. The reference list is very good. It is a must for all those who are involved in dealing with compensation problems. I am glad I have the book with me.

3 stars because the AMA is such a political group more concerned with power than healthcare, you have to take everything they say with a grain of salt.

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