Impairment Evaluation for Disability Determination

RICHARD E. KANNER, MD

The physician plays an essential role in the decision-making process that determines whether or not a claimant is awarded disability benefits. This is a very important part of medical practice. Social Security and Supplemental Security Income Disability programs in 1985 cost about $25 billion, and in addition to this are the costs of other government disability programs such as the Black Lung Act, the Veteran’s Administration, the Military, State Industrial Commissions, as well as the private sector. Although most of the money spent goes to the disabled, in 1986 the Social Security Administration planned to spend more than $225 million to obtain medical evidence, which includes about $200 million for consultative examinations. The respiratory system accounts for approximately 6% of all claims, being exceeded only by mental and neurologic disorders, cardiovascular disease, and musculoskeletal problems.

Evaluating individuals for impairment and disability purposes is more of an art than a science. In the area of pulmonology there is little scientific data to justify the various guidelines in effect. However, society demands that impairment and disability criteria be established. Thus, physicians and others must develop reasonable methodology based on the best available existing evidence. One aspect of disability determination involves occupational causation of the impairment. This includes the pneumoconioses and occupational asthma and, except for illustrative purposes, will be covered elsewhere.

In the United States usage has defined the terms impairment and disability and the American terms and definitions are different from what has been proposed by the World Health Organization. In the United States impairment has been defined as purely a medical condition. Most impairments result from a functional abnormality, which may or may not be stable at the time the evaluation is made, and may be temporary or permanent. . . . Impairments of lung function may be of varying degrees of severity, ranging from those that preclude some types of labor to those that ordinarily preclude any gainful employment.

Some impairments are not dependent on lung function and result from an environ-
mentally related diagnosis (e.g., occupational asthma warrants proscription of continuing exposure to the inciting agents), from the prognosis (e.g., unresectable lung cancer), or from public health considerations (e.g., tuberculosis).⁴

Physicians have the obligation to evaluate the subject for the presence or absence of an impairment and, if one is present, to quantitate it. Impairment evaluation is primarily the role of the physician in impairment/disability determination.

Disability is "a term that indicates the total effect of impairment on a patient's life. It is effected by such diverse factors as age, gender, education, economic and social environment, and energy requirements of the occupation."⁴ Disability is an administrative decision that requires a combination of medical and nonmedical considerations. Two people with identical impairments may have very different disabilities. A simple example would be the loss of the fifth finger on the nondominant hand of a physician practicing internal medicine or a similar injury to an attorney and the same impairment in a concert pianist. The physician and attorney will have no disability; yet the pianist would be unable to continue to perform with the same skill on the stage and would have to find another and possibly less financially rewarding aspect of his or her art.

In Europe the terms often used are those developed by the World Health Organization.⁵ These definitions take into consideration the lack of a strong correlation between the function of a single or individual organ system and the overall function of the person. Thus, impairment of the respiratory system describes a loss of lung function as is usually measured by tests such as spirometry or the diffusing capacity. Disablement due to lung disease is the resultant loss in exercise capacity as would be measured on a treadmill or cycle ergometer. Handicap is the total effect of the disablement on a subject's life and corresponds to the American use of disability.

In evaluating subjects for impairment/disability purposes, the physician is usually dealing with the Social Security Administration (SSA) or with private insurance companies. The physician may be their own patient's advocate or may be a third party asked to provide an independent assessment. In general the physician, in preparing the report, should provide as much objective quantifiable data as possible. Subjective impressions and testimonials regarding the claimant's character are of little value.

Subjects having an impairment/disability evaluation should have a thorough medical workup and a diagnosis should be made. Even methods as described by the American Medical Association (AMA)⁶ and the American Thoracic Society (ATS)⁴, which categorize impairment on the basis of pulmonary function values, require this. A subject may have impairments of other body systems and the sum of these additional problems combined with the respiratory abnormalities may have an effect on disability awards. The SSA has different tables for determining total impairment for subjects with obstructive airway problems than are used for restrictive lung disease. The AMA and ATS schemes do not distinguish between these two categories of disorders with