DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE 157 Doing Disability Reviews From a Physician Who's Been on Both Sides

With guest Dr. Tim Bergan

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hi there and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork, and you're listening to episode number 157. Are you someone who sees what you do in medicine is similar to detective work, a type of medical Sherlock Holmes, if you will? Do you like combing through the chart to better understand a patient's history so you can put the pieces together and get to the truth? Well, you just might like the work of doing disability reviews.

Our special guest today, Dr. Tim Bergan, has extensive experience working in the area of disability, both as a treating physician and as a physician reviewer of claims. Dr. Bergan is double board certified in both family medicine and occupational medicine. In his early years of practicing, Tim gained much valuable experience serving as a physician in the Navy, including on large ships that were like floating cities, where he encountered a lot of on-the-job injuries and accidents.

Dr. Bergan has also worked in clinics and in a variety of different settings doing disability and workers' comp determinations, as well as treating injuries and performing fitness for duty physicals, and serving as a medical director for several manufacturing companies. He now works from home full-time as a medical director of specialty programs at Sedgwick Government Solutions.

Today we'll be hearing Dr. Bergan's story of how he found this career path and a lot of details about the work to help you decide if this is something you might be interested in. We'll definitely be addressing the concern some physicians have about doing reviews in a situation where there can be conflict and opposing agendas. Without further ado, I'm very honored and excited to welcome Dr. Tim Bergan to the podcast. Hey Tim, how are you?

TB: Hey, Heather. Thanks for having me.

HF: I'd love it if you could start with your story when you were in medical school and if you were already considering this direction or whether there was something else you had in mind.

TB: Sure. In medical school, I had no idea this particular aspect of medicine existed. I really couldn't decide exactly what I wanted to do. I liked everything. I liked every specialty. And it wasn't until my fourth year, I spent a month at the Naval Hospital Pensacola doing family medicine. I went to medical school on the Navy Scholarship Program. They

covered books, tuition and living expenses and in return, I had to serve in the Navy afterward.

But anyway, doing my fourth year rotation at the Naval Hospital really enlightened me as to what full scope family practice entailed and the procedures we got to do and everything from labor and delivery to ICU and regular old clinic. Anyway, I wound up doing residency in family medicine and feel like I got a great foundation in full scope family practice.

HF: Well, obviously you like doing things and you're not opposed to procedures and probably you did suturing and fixing bones and things like that. How did you end up going further in this direction of occupational medicine and workers' comp and disability?

TB: Even after family medicine residency, I really didn't know what occupational medicine was. But after residency I was assigned to the Dwight D. Eisenhower aircraft carrier, and I was the ship's family physician. And the medical team on a Navy ship like that is fairly robust. You've got the family medicine physician, there's a general surgeon, you have anesthesia, you have a couple of flight docs, which are physicians who usually haven't done residency. They've done internship, and they've received special training and how to care for pilots and air crews and the physiology of flight and things like that. And then you have about 40 corpsmen, which they're kind of like medics, but in the Navy they're called corpsmen. And that's your department. There's also a whole dental department with an oral surgeon and everything. Medical and dental are separate departments.

But spending many months out at sea away from hospitals means that you are out there with your crew and you've got to figure it out. You've got 4,500 people on the ship ranging from ages 18 to 60 with all sorts of medical conditions. Obviously we try to screen people and make sure they're healthy before they go out to sea, but things happen.

Getting to see what everyone does for their job, from machinists to aircraft mechanics, to pilots, to ship drivers and folks who work down in the reactor areas was fascinating to me. And sort of that intersection of how does someone's health affect their work and then how does someone's work affect their health, really got me interested in occupational medicine. And so, after my time on the ship, I decided to pursue doing a second residency in occupational medicine.

HF: That sounds so interesting because you are seeing all these different occupations when you're on the ship because it is like you said, a floating city in a way. Without getting too graphic, what were some of the accidents and injuries you did see on the aircraft carrier?

TB: Lots of traumas. You've got an airport on the roof, so there's all sorts of heavy, dangerous things moving around. There are risks of if an aircraft turns when it's taxiing, you can get blown over by the jet blast. When they're towing aircraft around, we've seen people have their feet run over by airplanes, which is a pretty significant injury when those planes wave approximately 50,000 pounds or so.

And then you also see people getting hurt in the gym, just normal day-to-day things, or slip and falls or falling down ladder wells, which in the Navy it's not a stairwell, it's called a ladder well. And then you get your usual medical things, infectious diseases, meningitis, heart attacks. Pretty much all the normal things you would see at any shore based facility plus the added complexity of aircraft operations and people building bombs and a nuclear reactor, there's radiation exposures to consider and things like that.

HF: Run over by an airplane. That would be horrible. I'm sure that didn't go well.

TB: No, that's usually a pretty significant injury. And the one instance I can remember did involve quite a bit of surgery to restore function to the foot.

HF: All right, you started out in family medicine and then you had this vast experience on the ships and you got more interested in function and work and health and occupational medicine. And you did a residency. So you finished your occupational medicine residency, and then where did you go after that?

TB: After I finished my occupational medicine residency, I was assigned to military Sea Lips Command, which is the organization within the Navy that runs all of their supply ships and they employ about 6,500 or so civilian merchant mariners or civilian mariners is what they call them.

We were responsible for ensuring that they met all the medical criteria to be out at sea and also we would be available to provide medical advice to the ships around the world who would call with questions. And then if we had to arrange for a medical evacuation, we would handle that.

I did that for about two years and then my commitment to the Navy was over. I could either stay or I could go explore the civilian world. And I decided I wanted to get out of the Navy and try my hand at civilian medicine. I took a job with a large hospital system and became their regional occupational medicine physician for the market that I currently reside in running their occupational medicine clinic, treating workers' compensation injuries, doing pre-employment physicals, fitness for duty physicals, and serving as medical director for many of the manufacturing companies around my area.

HF: This is where you got a lot of that experience on the patient side. When did you start doing disability reviews for an insurer?

TB: I actually started doing the disability reviews when I was still in the Navy. It was after my occupational medicine residency. I got involved with a company who would do reviews for many of the large insurers. And I learned that review skill actually during residency,

we had an opportunity to spend a month with one of the medical directors from a large disability carrier kind of learning how they approach cases and how do you review the case and determine what somebody's functional capacity is based on reviewing the medical records and evaluating whether or not they are totally disabled or is there some work capacity that injured person or ill person is able to perform.

HF: Excellent. And we're going to dive into more details about what it's like to do these reviews, talk about what are the qualifications, the different types of work you can do. But before we get into those details, would you like to just tell us briefly about the job that you're doing currently?

TB: Yeah, my current job, I actually was doing work on the side for my current job doing some workers' comp reviews, while I was still in clinical practice. And then our company grew and my chief medical officer, who was wonderful, was in the Navy with me, called me and said, "Would you like to join us full-time?" And I said, "Well, sure. I really do enjoy working from home and the remote work."

I'm not currently in a role where I'm doing disability or workers' comp reviews all day long. We do other aspects, government type work and managing benefits plans and things like that. So, my day-to-day job is on the management team but I also dabble in utilization review. We have a team of case managers. And so, a lot of what I do is giving advice, explaining medical things to our colleagues, who are actually carrying out the day-to-day duties of our contract work that we do for the government.

HF: All right. If we think about a physician who might be listening to this and thinking, "Okay, well, maybe on the side I could do some disability reviews as an independent contractor." Later we'll talk a little bit about a full-time job doing this, but just doing it on the side, what does that look like? What are the specialties that tend to do this type of work? What are the qualifications? And then how would you get started?

TB: Yeah. There's really two avenues in this sector. I know I've talked a lot about occupational medicine and workers' comp. One of the best fits for that is somebody who's done an occupational medicine residency, but there's also the disability side. There's disability insurance and then there's workers' compensation and you can do reviews for either. With disability, that's someone playing sports on the weekend has an injury or they're involved in a motor vehicle collision or maybe they have a cardiac event or stroke or cancer. Anyway, something that renders them unable to perform their normal job, then they're on disability.

On the workers' compensation side, which is kind of more specific to occupational medicine, that's some sort of injury or in some cases illnesses that occur as a result of their employment.

Regardless, the review work is very similar. You kind of approach it in a similar manner and what you're looking for is, is this person able to perform any gainful employment given the type of injury they had? Whether it's a severe back injury, hernia disc, whether did they undergo a fusion, do they have residual foot drop? Can they no longer do their manual labor job? Things like that.

And you give your opinion based on what's found in the medical records from the objective data and saying, “Well, just because maybe they have a foot drop, they can't perform their manual labor job as effectively anymore, but could they do something else?”

And so, what they usually want you to do is based on the evidence in the record, kind of come up with recommendations of things that they could probably do, thinking activities like lifting, pushing, pulling, scooping, bending, squatting, or how much weight should they reasonably be able to lift, say they had a shoulder injury or something. They're really just looking to see, does that person have residual abilities where they could function in a gainful employment type situation.

HF: And would you like to talk a little bit about the specialties that you tend to see in this area?

TB: Yes. The primary care specialties, family medicine, internal medicine are common. When I did disability reviews, which was my first sort of contract work in this type of field, really my family medicine training was probably the most important. And then later on I did some with occupational medicine, but especially in the disability realm, they do frequently employ orthopedics, emergency medicine, sometimes even cardiology, neurology, PM&R, psychiatry is a big one as well. Many different specialties do have options to perform these types of reviews.

HF: And I assume that you need to have an active license, board certification. And is there a certain number of years practice that's required? I know you mentioned you even started in residency doing some reviews, but do they tend to want you to have already been in practice for a number of years?

TB: Yeah, typically they do want you to have been in practice or be practicing. There are some that I've experienced where they still want you to maintain some sort of clinically active status, whether that be 10 or 20 hours a week or something like that. And then there are some where you don't have to be in practice.

As far as experience, I've seen postings where they talk about three years' experience, five years' experience. I think that's variable and probably negotiable. But obviously the more clinical experience one has the better off they are and the better suited they are to be able to make these types of determinations. Because you are reviewing another physician or non-physician clinician's medical notes and sort of making determinations based on the care that they're rendering.

HF: Absolutely. And that's a case in health insurance when you work doing utilization management, they usually want three to five years. There is a company where I used to

refer clients who wanted to do independent disability reviews. I don't know if they're really even in business anymore and they would take a lot of different specialties, but you're right, they did want you to be clinically active at least eight hours a week averaged over time. And they would send a sample of what the report looked like that you would typically write. And they offered some mentoring, but there wasn't really any training program.

Do you feel like there's training that someone would need to do to be able to figure out, "Well, what's the functional level of this person? What can they do? What can't they do?" It sounds like there is more involved potentially than what you would be even thinking about necessarily as a physician.

TB: Right. And it is a different way of thinking about things because back when I was a family medicine doc, before I knew anything about this disability world or the workers' compensation world, someone would get hurt and you'd write them a note: this person should be off work for X number of weeks, not thinking about it. But you're right, you do have to change your thinking because we're looking for what people can do and it's better to have somebody who's productive and they feel valued and involved.

But back to the question at hand, what can someone do to obtain training in this? A lot of the companies do offer onboarding type training and they'll mentor you through the first few cases that you review. So, you'll go over them with someone who's been experienced in doing these reviews to review and give you pointers.

I think most physicians already have the skills to at least be able to review the records because that's what we do in clinical practice all the time. We kind of look at our daily patient panel who's on our schedule and you review everything that's been done since the last time you saw them.

Physicians who have an understanding of disability or have had workers' compensation experience in the treatment environment. So, folks like urgent care, occupational medicine, probably family med as well, or emergency medicine physicians. Some of this stuff is probably already familiar to them, at least from the treating side where you're seeing the forms that you have to fill out and recommending somebody's work restrictions and limitations.

And then most of the companies that do this type of work, we'll also have a QA department. So you'll have a team of nurses or case managers who review the report after you've written it, and they'll ask clarifying questions or have you clarify certain statements that you may have made.

And then usually when you're assigned one of these cases to review, it comes with a set of questions to answer. You've got that as a guide. And then once you understand the basic format, you do a summary paragraph of the case and then you get into answering the questions they're asking you. And then you just do a final conclusion at the end of your report.

HF: Could you say there's a structure with questions or sort of format to follow?

TB: Yeah. The reports that you are assigned are typically, you follow the same format every time and once you do them, you get used to it. But there aren't, that I know of, any specific training courses. A lot of it is kind of learned just from doing, although if someone has gone through one of those IME courses or something, that's not quite the same, but it's similar. Those sorts of things can help as well.

HF: Yeah, I do see how the IME training and there is certification for that could be helpful for this. There are so many things I want to ask you, we don't have a lot of time, but I'm going to take a short break and then we'll be right back with Dr. Tim Bergan.

All right, my dear listeners, I wanted to remind you about a resource that I have, or maybe this is the first time you're hearing about it. I mentioned my chart review guide. It's a downloadable freebie on the Doctor's Crossing website. You can find it by going to doctorscrossing.com and at the top of the page there's a freebie tab. If you click on that and scroll down, you'll see a freebie for chart review.

A lot of these chart review companies that I'm listing in this guide are for utilization management, but some of them are actually for doing workers' comp reviews or disability reviews. So, if you'd like to get that freebie, I will also link to it in the show notes. That's the chart review guide.

All right, we're back here with the wonderful Dr. Tim Bergan. I want to talk about this area of this conflict that is natural and part and parcel when you have the patient and then you have the insurance company. Can you speak to what you've seen being both the treating physician and also the reviewer?

TB: Yeah. I think having done this review work actually made me a better clinician when I was still doing clinical occupational medicine. Case in point, when you're treating workers' compensation patients as the occupational medicine doc, you've kind of got three people that you have to keep in mind. You've got the employer who's the patient's employer, you've got the patient, and then you've got the insurance company. You have to realize that they all have interest in this case.

But an example that came to me when I was in clinical practice was I saw a lady one day who came in for the numbness and tingling in her hand, had been most recently working for this company on an assembly line for three to four weeks. Although she had told me she had worked there for about five years before that, took a couple months off to take care of an ill family member and then returned to that type of work.

But nonetheless given the repetitive motions and the constant twisting, pinching, grabbing type movements that she had to do, her clinical exam was consistent with carpal tunnel syndrome. And I said I believe you have carpal tunnel, you've got all the findings, your symptoms are anatomically correct. She told me all the right things and the exam confirmed that. I ordered an EMG and we would always, after seeing the patients, would fax a copy of the note to both the employer and times the insurance adjuster if they requested it, but sometimes they would just get it from the employer direct.

Anyway, within a couple of hours, I got a fax from the insurance adjuster questioning how this could be carpal tunnel, she's only worked there for three weeks. Knowing how the system works, and knowing that they probably didn't have all the info, I just picked up the phone and called the adjuster and said who I was and explained my background and that I've got experience on both sides and said, "By the way, did you know that she actually worked for this company for five years?"

And the adjuster did not have that info. Once I explained everything and then the findings in this patient, when she came into clinic, the adjuster was like, "I get it. I'm going to approve this case. It all makes sense now." And so, that was a win for the patient to be able to be her advocate in that situation. And that's just one example of many that I've had over the years.

HF: Well, that makes sense. And it sounds like you're doing some detective work, you really have to look into the details, make sure that things line up and that something isn't missing and advocate for the patient.

I'm sure there is a range of experiences physicians might have when they're working on the insurer side. I know I have a former client who's a psychiatrist who works on the insurer side and she said "I feel zero pressure to provide an opinion I don't believe in. No one questions my determinations."

But then you also hear stories about, "Oh, this really should have been covered, but it wasn't. Or maybe the insurer is really wanting a physician to come arise at a conclusion. And if there's a gray area, do they feel pressure to go along with their employer who's actually paying their salary?" Could you speak a little bit more to anything you've seen?

TB: Yeah, as far as working on sort of the insurance side of things, reviewing claims, I've never felt pressured to shape my opinion in one way or the other. They really just want you to provide an unbiased opinion based on the objective medical evidence in front of you. And sometimes that decision is in favor of the insurer, and probably more often than not because of the nature of these don't get escalated for physician review unless there's something out of the ordinary. A simple broken arm that heals in six to eight weeks that doesn't ever get reviewed by the physician, but a back strain that's now gone on six months with no resolution, those are the types of cases that are going to get escalated for physician review.

On the flip side, there are some of these complex cases where I've reviewed it and said, "No, I agree with the treating physician. Based on this person's injury or illness, they're really incapable of barely keeping up with their own activities of daily living, much less gainful employment. So yeah, I think they are totally disabled."

I haven't felt pressured, and getting back to the workers' compensation side of reviews, the goal is not to deny a case. It's really to make sure that the appropriate insurer is covering the case. So, if it's something that really is more of a personal medical issue versus a workers' comp, you want to make sure that the workers' comp insurance isn't paying for and that's their regular medical insurance it's paying for it.

HF: That makes sense. Now, we had mentioned we're going to speak about compensation. Are you able to give a bit of guidance if you're doing independent reviews and also if you are working full-time?

TB: Sure. Compensation is variable. My experience in the review work in particular has been mostly as an independent contractor, a 1099 employee, so no benefits. And that's between occupational medicine, family medicine. Hourly ranges, you can find these in some of the job postings, but I've seen anywhere from $100 to $125 an hour, $175 an hour, somewhere in that range. And keep in mind that if you're a contract worker or a 1099, your hourly rate is usually a little bit higher than it would be than if you were full-time since the company usually provides benefits to you as a full-time employee, so their cost is higher. And also when you're a contractor, you're bearing the full burden of the taxes for what you make.

As far as a full-time employee, I haven't done strictly reviews. My role is different in my current capacity, but my understanding from full-time work is it's usually on the lower end of whatever the average for your specialty is. Obviously when you're in clinical practice, depending on how busy you are, it could have quite a lucrative practice. But if you're only doing review work, it seems to probably be more on the lower end of the average for your specialty.

HF: I know what I've seen from my clients is usually in the mid twos and it could be bonusing on top of that. I'm sure some companies might be a little lower, some might be a little higher, especially if you've been working there for a number of years.

TB: Correct, yes. Yeah, when you're a full-time employee, then there's all the other benefits to take into account, bonuses depending on how the company does or your annual merit increases and things like that. So yeah, there's a lot to take into account.

And some people who they're not sure if they want to do this type of work full-time or not, could still maintain at least a part-time clinical practice and do this type of work as a contractor on the side.

HF: Yes, I think it's great to do a test drive when you could do file review first and see if you like it. Now, if someone is interested in finding some work initially, where do you recommend people look for jobs?

TB: In looking for these types of jobs, you can usually go to the usual suspects. LinkedIn, there's Facebook groups for nonclinical physicians, Indeed, those sorts of places. And if you look for keywords like physician reviewer or peer review, file review, things like that, you'll see some of these pop up. Some of them will even post hourly pay rates or like a range. There's usually an abundance of these types of jobs out there, you just have to look. I'm on LinkedIn quite frequently and I do see these things pop up.

HF: Well, we're getting close to wrapping up here. I know when I went to a disability conference, this was actually a SEAK conference put on by the company SEAK, it was a weekend conference where they talked to you about how to do disability reviews and what the work is like.

And one of the things that I really remember is they showed a lot of samples of the reports physicians would write. And some of them were really good at answering the questions that were asked and actually answering the question and being succinct and concise. And then there were other examples from physicians who went on and on and on. They had this single space text that went on for pages and they didn't even really actually answer the question that the company wanted them to.

And what I took away from this is that this is a great job for people who like to write, write well and be able to answer the true question and not just ramble on with a lot of information that doesn't really help one way or the other.

TB: Yes. It does take a little bit of learning to kind of get your style down. The way I was taught to write these reviews was kind of a systematic approach. And I will say that one of the most challenging parts in these, sometimes it's just getting started because you

might be sent a case that has 1,000, 2,000, 3,000 pages of records to go through and you're like, "Gosh, where do I start?"

What I was taught was start with a blank word document and start going through the records, and then you just put a date. On October 22nd, 2023 the injury occurred, person strained their back and so on. And each time you look at a record, you put a date when it happened, and I would put a few words of what went on. Physical therapy visit, to work on range of motion.

And then you go through all the way, and once you've done your timeline, then you can look back at your notes, you can do your summary paragraph on everything that's happened, kind of like a narrative summary. If you've written narrative summaries and inpatient kind of a timeline of what events occurred, and then you can get into the questions that they want you to ask. So, the meat of the report. You answer the questions "Is the care appropriate? Are the restrictions appropriate? Would you recommend any different restrictions or limitations?" And then you have to be specific with weights, durations, activities, things like that.

And then after that you can also put your reviewed imaging studies, things like that. And then you work those into your rationale at the end of the report saying, "This is why I've recommended this"and you support it with whatever the MRI findings are. Or if you need to throw in some peer reviewed literature to support the treatment that's being recommended, then you can do that. But just following a systematic approach and once you've done a few of them, you kind of get the hang of it.

HF: I know a lot of physicians do like to dig into the record and they like to have that alone time where they're not interrupted. This sounds like a good fit potentially for a physician with that type of personality. I'm curious to ask you as your last question, what do you in particular enjoy or have enjoyed about doing disability review work?

TB: I like that it's still medicine because it's mentally stimulating. You're still having to use your knowledge of anatomy and pathophysiology and treatment of various conditions to be able to speak to these things. You're still using your medical knowledge. You can do it at home, you can do it on your time.

And if you have one of those big reports you're working on, you've got thousands of pages of records you're looking through and you just need a break, you can take a break, you walk away for a little bit. Or if you get writer's block and you're not quite sure how to say what you want to say or you're not even sure what you want to say, you can walk away, think about it, and then come back fresh and start your report over. And that's usually successful for me. If I get stuck, I'm not sure how to say what I'm trying to say, I'll just walk away and then eventually it comes to me and then I come back and finish up the report.

HF: I love that. And flexibility is something I hear mentioned all the time as the top work preference. Thank you so much, Tim, for coming on the podcast and sharing your wealth of knowledge about doing disability reviews. I really appreciated this and I'm sure it'll be valuable to the listeners.

TB: Well, thank you so much, Heather. I've really enjoyed being here.

HF: Likewise. All right, my dear listeners, just wanted to remind you once more. If you're interested in that chart review guide, you can find it in a link in the show notes or go to doctorscrossing.com, hit the freebie tab at the top of the page. You'll see a number of freebies there, including the chart review list. All right. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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