

A woman in a white lab coat is examining a patient's neck in a hospital setting. The background is blurred, showing other medical equipment and staff. The entire image has a light teal overlay.

Medical Clarity for Motor Vehicle Accident Insurers

Getting to the Heart of Accident-Based Injuries

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Westen Medical Assessments
Evidence-based Clarity™

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The MVA Insurer's Challenge: Certainty

A client gets in an accident and claims a terrible injury happened as a result. As the insurance adjuster, your job is deciding whether or not the injury qualifies for payments. That decision is rarely easy: medicine and auto insurance are complicated fields, and just because you may be an expert in your company's policies doesn't mean you're equipped to make medical calls.

And so often, the decision of whether to pay or deny a claim comes down to a medical call. Your claimant may have some medical attestation to their condition, but from your end, you can't always be sure it's the full picture.

There are many forces at play you have to watch out for in order to keep the business performing appropriately and responsibly for those who really do need the help, and keeping premiums as low as possible to remain both competitive and accessible. When these forces unfairly tip the balance, premiums rise to compensate, and those who rely on you suffer.

As the adjuster in this process, you've got an important part to play in keeping the balance. This is a handbook to guide you through a variety of complicating factors in auto accident injury claims management. By the end, you'll know what to look out for — and you'll find out how to adopt the single most important strategy for cutting through uncertainty in injury claims.

What are your Claimants Looking For?

Do the claimant's injuries qualify for payments? That's what you've got to figure out. And depending on the coverage, they may be looking for a variety of types of benefits.

- Income Replacement, for lost income due to inability to work
- Non-earner, for when the injury makes the claimant unable to continue a normal life
- Caregiver, to compensate for expenses when they can't continue as a main caregiver
- Medical, for injury-related medical expenses
- Rehabilitation, for when the injured requires it
- Attendant Care, to offset the cost of an attendant
- Compensation for Other Expenses, depending on what your policies may cover

The stress of an auto accident can take its toll on a person, and understandably they'll be seeking the benefits they're entitled to. You need to wade through their claims and find out if they're appropriate. Do they qualify for some, but not other benefits? Do they fail to qualify at all — or does it depend on the extent of the injury or the projected recovery period?

What's an MVA Insurer to Watch out for?

There's so much that can go into any of these benefit claims. With Income Replacement, are they completely unable to do their existing job? Are they able to do parts of it with employer accommodation? Is it likely that the claimant is able to return to work within a few weeks, months, years — or will they never return at all? Most importantly: how can you tell?

Depending on the claimant's policy, they may also have to prove that not only can they do their own job, but that they're not able to do any job that their qualifications and experience allow for.

Likewise, if they require benefits because they're not able to fulfil their duties as a caregiver, is it really the case that they can't perform? Is rehabilitation treatment actually necessary, or are their injuries probably going to heal themselves?

Then, how complete does the medical documentation sound? A seemingly incomplete picture could point to a problem you need to take notice of. If it involves work or the inability to do something else, you'll need to consider when they stopped doing it, or if you have any reason to believe they still are. Did the injury clearly become apparent at the accident, such as a broken leg — or did it take some time to develop? Does the timing align?





Getting a Fuller Picture of the Injury

There's what the claimant's telling you, and there's what's really going on. Certainly, there are many cases where these are in sync: the person is suffering what they're claiming to suffer from, they meet all the requirements, they need the payments, and it's an easy approval.

But there are the cases with gaps. Perhaps they're suffering something, but it's not quite the extent they claim. Or it doesn't actually meet the policy's requirements. They're capable of doing work, but they're claiming it's just not possible. They could qualify for some types of benefits but not others.

A few important suspicious red flags to watch out for are injuries lasting longer than expected, new [chronic pain that isn't objectively verifiable](#) and relies on the patient themselves to report, and a history of prior injuries and claims.

How to Reduce Uncertainty and Confirm the Facts

There are many methods insurers use to confirm the existence, extent, and longevity of an injury and how it aligns with the policy. You may be able to request more information from the claimant's doctor if you feel it's lacking. You'll have access to tables, of course, that provide statistics that can guide your expectations. And to some extent you'll likely be familiar with the common ailments that arise from auto accidents and develop a good sense of what you're looking to see.

Many insurers will also turn to surveillance techniques when something pops up that gives them pause. Any visit to the claimant will involve an observation of their condition — or you may turn to an independent investigator to find out what they're up to. It often doesn't take long to spot an inconsistency between the reality and the claim: when it exists.

Then, there's the option of getting an Independent Medical Examination. This involves bringing in an independent medical expert to take their own look at the issue. This offers clarity, from a specialist, that you can often get relatively quickly compared to normal waiting times.

It also helps you navigate the difficult world of medicalization: [when a non-medical issue gets unnecessarily promoted to the status of medical problem.](#)



Medicalization: What it is and How It Spreads

Medicine itself can get sick. Sometimes, an injury claim is obviously plain dishonest. But medicalization can be a major factor in injury claims, because it leads a person to think and believe that they're more sick and less capable than they actually are. This results in unnecessary claims made entirely in good faith.

There are many forces in play that create these medicalizing effects. Often, a person is genuinely suffering some pain and difficulty. Their friends and family's natural reaction is to comfort and reassure, perhaps suggesting they're suffering from some condition they've heard of. A sympathetic GP might have a similar effect, now from their position of authority. The internet is ready to illegitimately confirm anybody's suspicions about anything. And then there's a whole host of additional para-professionals offering their own treatment — and they have financial incentive to lock these people into their programs.

The result of all this is the person feels they are genuinely suffering from some intractable condition, when really all they have to do is wait for the body's natural healing abilities to kick in. They get sucked into a world of unnecessary treatment filled with authority figures validating their concerns, and in the worst cases, consider themselves permanently disabled and unable to work.

When it all happens following an auto accident, that's where it intersects with their insurance package.



Subjective Conditions and Medicalization: What to Watch Out For

A somatoform disorder lies in the middle of the “real” medical problem spectrum. Between outright malingering when a person is inventing or exaggerating an issue for some gain, and obvious pathology like serious diseases and broken bones, somatoform disorders are impossible to nail down objectively — but the patient may well be feeling real debilitating pain.

For the auto accident insurer, you can end up in quandary. An objectively verifiable injury claim can make for an easy decision, but with a somatoform disorder, much of the trust lies with the patient. Let's look at some examples.

Common Somatoform Disorders

Fibromyalgia

This is a medically controversial condition, with sufferers complaining of pain, feeling tired, and having issues sleeping. However, there is no known cause, and it's only diagnosed after ruling out other conditions. Google returns more than seven million results for "fibromyalgia and auto accident."

Myofascial Pain Syndrome

This one involves pain in soft tissues (muscles or fascia) in a body region. There is also often reported tenderness and restricted range of motion. But again, the cause is not known, and the symptoms are subjective, which makes it hard to treat. Damages have been awarded for myofascial pain syndrome claimed to have arisen from a vehicle accident.

Chronic Fatigue Syndrome

Another example is chronic fatigue syndrome. A person with this may complain of being tired all the time and having a significantly harder time doing things that should be routine. It may occur gradually or suddenly. Again, the symptoms and diagnosis are vague. Though a controversial condition, it has, again, been argued that chronic fatigue syndrome can be caused by an auto accident.





A Closer Look at the Insurer's Bane: Whiplash

If you're in auto insurance, you've dealt with whiplash. This condition involves claimants complaining of neck sprain following auto accidents and is one of the most common claims that insurers face. People talk about it all the time. If they haven't suffered it themselves, they'd probably expect to should they be in a vehicle accident.

And that may be the most interesting part. While many do recall neck pain right after accidents, long term, chronic whiplash, is a different story.

Norwegian researchers ran a study in Lithuania, which lacks the same insurance culture as their home country — and many other countries, such as Canada. They found no evidence of long-term neck problems in those who experienced auto accidents, compared to the control group.

When a condition seems to be much more present in circumstances where people have something to gain from it existing — such as insurance benefits — that should give insurers pause and reason to get a more detailed answer.

What MVA Insurers Can Do About Medicalization

Several things tie somatoform disorders and similar conditions together: the cause is unknown, many details are vague, and there are no objectively verifiable aspects whatsoever — your claimant may well be feeling what they say they are, but you wouldn't be alone if you have questions about it.

However, understanding what medicalization is means you have a better chance of spotting it in your claims — or at least, you know what to look for, and what to do about it.

If you'd like a deeper look at the topic of medicalization, you'll want to check out this [webinar our Medical Director Dr. Roger Hodkinson gave](#). It's got a lot more detail and will prime you to start to see where this process may be creeping in.



The Answer: Independent Medical Examinations for MVA Claims Management

You've got a tough claim on your desk. The claimant has had an accident that prevents them from working due to an auto accident injury, but some of the information just isn't adding up. It could be that they just haven't recorded it properly and you need to reach out to get it. But maybe the doctor's report itself isn't quite aligning with what you think is going on.

One of the red flags discussed in this book may be present. Chronic pain you have difficulty verifying. A physical injury is lasting much longer than expected. The rehabilitation claim seems excessive. Or you suspect that the claimant is able to perform the activity they're claiming is impossible, contrary to what they're telling you.

Without direct access to any of these people, and without medical expertise yourself, you need a helping hand. That's where the Independent Medical Examination comes in.

What are the Benefits of Independent Medical Examination?

An Independent Medical Examination involves retaining an independent medical expert to examine a claimant. They will use their knowledge and expertise to provide an opinion about the condition in question. You'll then receive an authoritative report that you can use to aid your decision-making in case management.

Insurance policies are complicated. Injuries and illnesses can also be complicated. Relying on just the information that you're given by the claimant and their doctor might not be enough for you to see that a claim satisfies the minutia of the policy in order to trigger a payment.

You'll get access to an expert with specific expertise in the area of medicine in question. This seasoned opinion will usually carry more weight and paint a fuller picture than the patient's general practitioner and will help you come to a decision that you can not only be confident is the right one, but that you can more easily defend, should the case escalate.

And if an Independent Medical Examination isn't quite right, [you may find some of our other medical services useful.](#)





Can a Claimant Refuse to Submit to an IME?

A claimant might have legal grounds to refuse to submit to an IME. Given the complexities of medicine and law, you may need to seek specific advice if a claimant does refuse.

On the other hand, in some jurisdictions and in some circumstances, an IME may be legally mandated after an accident, or it might be contractually obligated as part of the claims process. If a claimant refuses to submit to one, you may be free to deny their claim outright as the claimant is in breach of policy.

Know the limits and rights you're operating under and with. This, again, is something a medical expert can help you understand.

How to Find an Appropriate Medical Expert

Western Medical Assessments has decades of experience with Independent Medical Examinations — and has handled more than 63,000 of them! We work with a network of experienced specialists in all fields, and we're well positioned to help connect case managers with practitioners you can trust.

Reach out to us today, and we'll help you get started with the help you need to resolve your difficult claims. You can get started with a quick, no-obligation call to our [Medical Director Dr. Roger Hodkinson](#) at 780.433.1191. He's always happy to share his decades of experience with insurance adjusters looking to make the right decision.

Or reach out to any of our channels!

<https://westernmedical.ca>

