

## CITY OF SAN JOSE POLICE AND FIRE DEPARTMENT RETIREMENT PLAN

### ***GUIDELINES FOR PREPARATION OF EVALUATION REPORTS CONCERNING APPLICATIONS FOR DISABILITY RETIREMENT***

The Board of Administration requests that you use the following guidelines in preparing your evaluation reports. Our format requirements may differ from those you have used in the past. If you have any questions about the guidelines or format, please contact staff as soon as possible.

1. **Two Evaluation Goals.** Our goal is to obtain your conclusions and reasoning on two issues, incapacity and work-relatedness. As to incapacity, we request that you tell us if the applicant, on the Relevant Date as defined in number 3 below, had an injury or illness which resulted in work restrictions, such as an inability to lift weights greater than thirty pounds. As to work-relatedness, we request that you tell us if there was a real and measurable connection between the applicant's employment and the injury or illness giving rise to the applicant's incapacity. As you know, "causation" is a difficult term; for purposes of your evaluation, we request that you use the "real and measurable" standard described in the last sentence.
  
2. **Questions to be Addressed in Evaluation Report.** These are the questions which we request you answer in your report. We will set forth later in these guidelines the report format we request that you follow. An application may raise more than one body part or condition. We wish to answer these questions separately for each body part. For each body part or condition, we would like you to answer the following:
  - (a) Was there a mechanism of injury, what was its date of occurrence, did it occur on the job, was medical care sought shortly after the event, when was the injury first reported to the employer, what is your diagnosis;
  - (b) What treatment was received for the injury or condition, identify the date of and describe the conclusions of any MRIs or other imaging studies, injections, physical therapy, etc.;
  - (c) Are there any reasonable treatment options that have not been tried, when did the injury or condition reach maximum medical improvement;
  - (d) What work restrictions do you conclude are required with respect to the body part or condition;
  - (e) Was there a real and measurable connection between the applicant's employment and the injured body part or the disabling condition and, in situations, where the applicant prior to employment with the City of San Jose had suffered an injury to a body part in question or where the applicant had already been diagnosed with a condition, indicate whether the applicant's employment aggravated the pre-existing injury or condition in a real and measurable way; and
  - (f) If there are prior medical reports on any of the above-listed issues with which you disagree, please explain why you disagree with each such report.
  
3. **Date to Focus Upon (the "Relevant Date").** We want you to answer the questions we have put to you as of the date the applicant ceased employment with the City of San Jose. We call that the

“Relevant Date”. In some cases the applicant as of the date of your examination will have been terminated from employment or will have been granted a service retirement. The date of termination or the date of service retirement is in those cases the Relevant Date, i.e., the date we want you to focus upon. So, even if you are examining the applicant after that date, we want you to give us your answers as of that date. We understand that there may be records of treatment that occurred after the Relevant Date. Please use those records only insofar as they offer information back to the Relevant Date. In other cases, the applicant may still be employed with the City of San Jose, even if on modified duty, as of the date you examine the applicant. In that case, please answer the questions as of the date of your examination.

4. **References to the Medical Literature.** We request that you include in your report for each body part or condition appropriate citations to the medical literature. For example and without attempting to guide your views on any particular application, we have in the past been provided authoritative citations from the medical literature that indicate a general consensus in the medical community that employment stress does not normally cause hypertension, that typical amounts of typing do not cause carpal tunnel syndrome, and that normal amounts of physical activity do not cause degenerative disc disease.
5. **Format of Report.** We request that you prepare your report pursuant to the following format. We recognize that some variation may in appropriate in a given case.
  - (a) Cover page on letterhead, identifying the applicant, the date of the exam, the body part(s) or condition(s) being reviewed, your medical specialty, such as “Oncology Disability Medical Evaluation Report”, and time spent with applicant.
  - (b) Summary of relevant medical and personal history.
  - (c) Prepare a records summary separately for each body part or condition, in chronological order with most recent last, identifying imaging studies, dates of injections, dates of physical therapy, QME reports, etc.
  - (d) Analyze separately for each body part or condition. Please set forth here your discussion of the question areas set forth in item no. two above. Please set forth whether and when the applicant has reached maximum medical improvement for each body part. Please set forth the work restrictions applicable as of the Relevant Date. Please set forth your conclusion and your reasoning as to whether or not there is a real and measurable connection between each body part or condition giving rise to work restrictions and the applicant’s employment. Please indicate whether the body part or condition giving rise to the work restriction has improved, stayed the same, or gotten worse since the Relevant Date.
6. **Clear and Specific Conclusions; Clear and Detailed Explanations.** While we do want your conclusions in as specific a form as you can give them, we also want your reasoning and explanation for each of your conclusions.
7. **Cumulative Trauma and Work Relatedness.** Some of our prior medical evaluations have viewed the concept of cumulative trauma with skepticism. If you are basing your conclusion on cumulative trauma, we request that you set forth your reasoning in detail.