A Public Employee Case Study: 
Oliver Payne
Commonwealth of Massachusetts
Public Employee Retirement Administration Commission

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Mr. Oliver Payne (a fictitious character) lives with his wife and two grown children in Mexico, Massachusetts. Mr. Payne served in the Air Force in Vietnam and was honorably discharged in 1975. Mr. Payne’s mother is still living at 82. His father died at age 60 from a heart attack as a result of coronary artery disease. Mr. Payne has four siblings. He has an older brother and two younger brothers, all have been diagnosed with hypertension. He has one sister who is in good health.

Mr. Payne came to the retirement board with a completed Physician’s Statement and a narrative report from Dr. Kindness dated June 30, 2007. The statement submitted to PERAC along with the Request for Appointment of a Regional Medical Panel gives the following information:

Mr. Payne is 58 years old. He has worked as a firefighter since 1978. He injured his back on January 20, 2001 while fighting a fire during a snow storm. In an effort to assist one of his fellow fire fighters, he fell over a snow bank and twisted his left knee. Although he was experiencing pain, Mr. Payne continued to work until February 10, 2001. He came for an examination of his knee injury on February 15, 2001. The physician ordered x-rays of his knee which were reviewed.

While Mr. Payne’s medical history was being taken, he referenced several other work incidents. He stated that in the course of his work activities, he injured his neck, right shoulder, and left hand. Because of ongoing complaints of joint and muscle pain, he was diagnosed with fibromyalgia and referred to Dr. Hake for pain management.
In addition, the medical history revealed that Dr. McKee performed a total left knee replacement on March 15, 2002. Mr. Payne stated that most days his knee is pain free. However; he has difficulty with standing for long periods and needs to rest after walking short distances.

Mr. Payne presented with complaints of back, right shoulder, left knee, left hand, and neck pain. In June of 2000, as part of a routine physical examination, he was also diagnosed with hypertension. On June 24, 2002 he was evaluated for chronic obstructive pulmonary disease. He is now using an Albuterol inhaler as needed. Medical history also revealed that Mr. Payne had a history of cigarette use, smoking one pack per day until quitting in 1998.
In the physician’s opinion, Oliver Payne is permanently disabled from performing the duties of a firefighter. As a result of his condition, Mr. Payne would be unable to ambulate on uneven ground and wet surfaces as there would be a high risk for re-injuring his compromised left knee. The potential for smoke inhalation could aggravate his chronic obstructive pulmonary disease, (COPD) putting himself and other firefighters at risk for injury. The physician found that his condition is permanent and was caused by the January 20, 2001 incident at work.

Mr. Payne came to the retirement board requesting an Application for Accidental Disability Retirement. He also brought a bill from Dr. Kindness for $650.00 for completing the Physician’s Statement and providing a two page narrative report.
The board submitted a request for regional medical panel for the knee injury to PERAC. They completed the Request for a Regional Medical Panel with the list of treating physicians. They enclosed the required Physician’s Statement Pertaining to a Member’s Application for Disability Retirement, and the physician’s report that supported the medical basis for his conclusion. They also enclosed the Regional Medical Panel Selection form with Mr. Payne’s choice for his panel.

PERAC reviewed the information and called the retirement board to confirm which type of panel was being requested. The board indicated that the member would obtain information about his other possibly disabling conditions; however, they were requesting an orthopedic panel at this time. As indicated on the Regional Medical Panel Selection form signed by Mr. Payne, PERAC scheduled a joint orthopedic examination to evaluate his application for the knee injury.

Notification letters were sent regarding the examination. Mr. Payne attended the examination with his wife and attorney. Mr. Payne brought his x-rays with him. The medical panel doctors told the member they wanted updated x-rays of the knee.

Mr. Payne called the retirement board to complain about the brevity of the exam; he thought the doctors did not give him enough time to explain his other numerous medical problems. He was also concerned as to how he was going to obtain new x-rays and questioned who would pay for them. The retirement board referred Mr. Payne to PERAC. Mr. Payne called PERAC and offered his perceptions about the evaluation. The PERAC Case Manager discussed the Disability Unit’s Quality Assurance Program. Mr. Payne was asked to send a letter concerning his experience and to complete the PERAC Medical Examination Questionnaire that was mailed to his home. Mr. Payne did write to his Case Manager regarding his experience with the medical panel physi-
cians. PERAC sent the letter to the examining physicians. They responded and their response was sent to Mr. Payne and his retirement board. A copy was also retained in the PERAC vendor (physician) file.

The medical panel physicians contacted PERAC and requested that the member provide his discharge summary from Healing Hands Hospital. They also asked that he provide updated x-rays. PERAC sent a memo to the board, with a copy to Mr. Payne, advising that the physicians now require the member’s discharge summary and updated x-rays. Mr. Payne may elect to pay the cost of his medical records. However, if the member is unable to incur this cost, it becomes the responsibility of the retirement board. The cost of providing the updated x-rays are assumed by PERAC in accordance with the scheduled PERAC medical fee rate. Mr. Payne chose to submit the requested medical information and the new x-rays to PERAC. The information was forwarded on to the medical panel physicians for review.

The medical panel submitted the completed certificate and narrative report to PERAC. PERAC reviewed the report for completion and sent the certificate and narrative to the retirement board five days later. When the report was first received, it was subjected to PERAC’s quality assurance (QA) review. The PERAC Case Manager examined the report to determine if the start and end time of the examination was provided; whether all parties who attended the examination were documented in the report; if the physicians received a copy of the member’s job description and if the job description was reviewed. The medical panel physicians answered yes to all certificate questions and commented on each in the narrative report. The certificate and reports were sent to the retirement board for review.

Questions for Consideration:

• Are all the injuries related to the one incident or were there multiple incident dates and/or series of exposures?

• Does the board have a complete listing of all physicians who treated the member for all related injuries/exposures?

• In this case study, the member has numerous medical diagnoses. The Physician’s Statement and narrative report only address the orthopedic injury. Should the board obtain information regarding the other conditions, or just proceed with the orthopedic injury claim?
• What would be needed for a cardiology or pulmonary panel to be convened for Mr. Payne since, as a firefighter, he would be entitled to the heart and lung presumptions?

• The pulmonary diagnosis was determined after the applicant stopped working. Does this impact his eligibility to apply?

• The treating physician addresses Mr. Payne’s numerous cardiac and pulmonary risk factors. How do these risk factors impact his eligibility for the presumption(s)?

• How does the board handle the request for payment for Mr. Payne’s Physician Statement and narrative report?

• How does the retirement board handle the request for payment of provision of medical records?