

Chapter 35

THE INDEPENDENT MEDICAL OPINION PROCESS AND THE PHYSICIAN ASSISTANT'S ROLE

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Introduction

The Department of Veterans Affairs (VA) disability process is a benefits program available for veterans who have become sick or injured while serving, or who may have had an injury or illness worsened by their service on active duty while serving their country. The process can be complex and even overwhelming for any soon-to-be-exiting service member as well as for the current veteran population. The military clinician has a dual role as a veteran entitled to benefits and as a potential health care practitioner involved in the process. A new and inexperienced physician assistant (PA) is generally focused on current mission requirements and may not comprehend the importance of their position for patients they evaluate and treat. On the other hand, a seasoned PA nearing retirement likely understands the importance of documentation and the impending likelihood that a patient may enter the VA disability process. It is the goal of this chapter to help the junior PA as well as the seasoned PA understand the independent medical opinion process, as well as how the PA can impact the lives of disabled service members in their transition to veteran status.

Preparation for Service Members

Active Duty

Active duty PAs can best prepare veterans by encouraging them to seek medical care for all ailments and by ensuring these complaints are thoroughly documented in their service treatment record. The

Department of Defense (DD) Form 2807, Report of Medical History, and the DD 2808, Report of Medical Examination, are especially crucial during the separation process. These medical appointments and reports may be the only opportunity service members have to discuss some of the conditions they have suffered over their years of military service. Many transitioning service members, especially those with over 20 years of active duty service, may require several visits to comprehensively document their medical histories.

Army National Guard and Army Reserve

Army National Guard and Army Reserve service members may experience more difficulty obtaining evidence of disability than active duty service members. For National Guard and Reserve service members during periods of inactive duty service, documentation of an injury incurred in the line of duty (LOD) is generally helpful when applicable. This can be a formal or informal process and should start with the completion of a Department of the Army (DA) Form 2173, Statement of Medical Examination and Duty Status, which describes the incident and injury and is signed by the unit commander and the attending physician or patient administrator. Of note, LOD investigations can be performed for active duty, National Guard, and Reserve components. Information on this type of investigation can be found in Army Regulation 600-8-4, *Line of Duty Policy, Procedures, and Investigations*.¹

Independent Medical Opinion Letters

Independent medical opinion letters, often referred to as “nexus letters,” illustrate a link or nexus between an in-service injury and the veteran’s current disability. They may demonstrate that a condition occurring during service is still affecting the veteran or link a service-connected condition to another condition that developed more recently. These letters can be helpful, especially after a veteran has exited service, if there is a lack of clear contemporaneous medical documentation in the active duty record.

What to Include

The best nexus letters are brief, yet comprehensive enough to include all pertinent material and medical evidence that may apply.

There are several main components to writing a quality nexus letter. First, the author of the expert opinion should substantiate their credentials, which will help the reader understand that the content is the author's best clinical judgment, made with the guidance and knowledge from all their accumulated training and experience, and not merely a random statement. It is also vital to inform the reader that appropriate documentation and evidence has been reviewed in order to reach the letter's conclusion. Including specific references to the facts in the reviewed medical records will affirm that the author has evaluated available medical and service records provided by the veteran.

A persuasive nexus letter will also provide ample evidence to back up the opinion. Merely stating that in the author's opinion, condition A is connected to condition B, garners some weight if the appropriate credentials and qualifications have been included, but it is often not enough. Including an explanation of why or how the conclusion has been reached based on facts in the patient's medical records and references to the medical literature will strengthen the letter and opinion immensely. To be valuable to the VA, the nexus letter must be based on the medical records and the applicable literature.

Quantifying the Opinion

A critical part of a nexus letter is quantifying the opinion on the link between the two conditions. The author has told the reader who they are (why the author is qualified to present an opinion) and what evidence has been considered (the veteran's medical and service records as well as evidence from medical literature); the reader should then attempt to quantify how likely the connection is between conditions. This may be achieved by several different statements that convey different levels of certainty, as follows:

- “is due to” conveys the author believes with 100% certainty the conditions are linked (as with all things in medicine, there are few certainties, and this is not a frequently used statement);
- “more likely than not” communicates there is a greater than 50% chance the conditions are linked;
- “at least as likely as not” expresses the author believes the conditions are linked with equal to or greater than 50% certainty based on the author's expertise and literature;

- “not at least as likely as not” conveys a less than 50% certainty of linkage; and
- “is not due to” states that in the author’s opinion, there is a 0% chance the conditions are linked (this not a commonly used statement since full certainty is rare in medicine, and this statement would negate any previous information in the letter about the connection; the lack of a causal link would also be a reason not to provide a letter).

Conclusion

In closing, it is essential to remember there is no greater honor than caring for service members on and off the battlefield. Continuing to care for them after separation is a choice PAs can make—to further care for veterans in the VA disability process. It is an extremely complex process, often difficult to navigate, even for experienced PAs with a wealth of medical knowledge. The process can be even more difficult to navigate and overwhelming for separating service members and veterans. The medical documentation in each service member’s record is vital to the claims they may ultimately file. All injuries and illnesses may become the basis for a future disability claim. For these reasons among many others, it is important that PAs operating in the military health system or providing care to service members and veterans make a concerted effort to not only provide outstanding care, but also to ensure quality documentation is established within the record.

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