

Treating Physician's Statement Pertaining to a Member's Application for Disability Retirement

Updated March 2009

Who should complete this form?

In accordance with 840 CMR 10.06 (1) (b) (Code of Massachusetts Regulations), every member-applicant shall file a certificate from a licensed medical doctor.

Who will ask the physician to complete this form?

In the disability retirement application that an applicant submits to his/her retirement board, the applicant will identify the name, address, and phone number of the physician who has provided the care for his/her disability. The retirement board will send a copy of the *Physician's Statement* to the physician and request that the form be completed and returned to the retirement board.

Some applicants may choose to submit the *Physician's Statement* directly to their physician. Applicants should be sure to include the name, address, and phone number of their retirement board on the statement, if they take this course of action.

In order to avoid duplication of effort and confusion, if an applicant does submit the *Physician's Statement* directly to his/her physician, the applicant should be sure to inform his/her retirement board.

What is the process associated with this form?

A disability retirement application will not be considered complete until the completed *Physician's Statement* has been received by the applicant's retirement board. Delays in filing any of the required materials will impede timely processing of the application.

Are there terms particular to the legislative or legal process of disability retirement that the physician should consider when completing the *Physician's Statement*?

Yes, please review the last two pages of the *Physician's Statement*. Definitions are included there for: Accidental Disability; Aggravation of a Pre-Existing Condition; Ordinary Disability; Permanency Standard; Presumptions: Heart Law, Lung Law, and Cancer; and Risk of Re-injury.

Who should a primary treating physician contact if she or he has questions about this form?

If a primary treating physician needs further explanation about this form or the disability process in general, the physician should contact the applicant's retirement board.



Treating Physician's Statement Pertaining to a Member's Application for Disability Retirement

Updated March 2009

Retirement Board: Please place your address and phone number here. ▶

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Last Name	First	M.I.	Name of Applicant's Retirement Board
<input type="text"/>			<input type="text"/>
Street Address of Applicant's Retirement Board			Applicant's Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	Retirement Board Phone #

Type of Claimed Disability (please check one)

☐ Accidental ☐ Ordinary ☐ Both Accidental and Ordinary

Note to Physician

As a physician who has been treating the above named applicant for his or her claimed disability, the retirement board will consider your analysis of the applicant's medical condition. Attention to this document will help you translate medical findings and opinions into language consistent with Massachusetts law, which in turn will help your patient with the process.

The Questions

You are asked to answer yes or no to questions (1) and (2) if the applicant is filing for an ordinary disability; yes or no to questions (1), (2), and (3A) if the applicant is filing for accidental disability without a presumption; and yes or no to questions (1), (2), and (3B) if the applicant is filing for accidental disability under a presumption.

Applications for Accidental Disability under a Presumption

The treating physician(s) submitting this form for a member who is applying for accidental disability benefits under a presumption should note that certain conditions are presumed to be job-related if suffered by persons holding certain public safety positions. The treating physician should be aware that a higher level of certainty (higher than what a doctor typically refers to, i.e., reasonable degree of medical certainty) will be required to overcome or rebut a presumption. Hence, overcoming a presumption is uncommon and requires a uniquely predominate non-work related influence.

The presumptions are cited in G.L. c. 32, §§94, 94A, 94B; they are the Heart, Lung, and Cancer Presumptions. Please review the definitions for these presumptions on Page 5 and 6 before completing this form.

Manner of Submission

You may either complete the narrative section of this report by handwriting your responses or submitting a narrative utilizing the items listed as your template. Your office notes and test results may be attached to further substantiate your conclusions.



Applicant's Last Name

First

M.I.

Social Security Number

(1.) Is the applicant mentally or physically incapable of performing the essential duties of his or her particular job? ☐ YES ☐ NO

Applicant's Date(s) of injury(s) or exposure(s):

Applicant's Job Title:

Job duties were reviewed? ☐ Yes ☐ NoApplicant able to perform essential duties? ☐ Yes ☐ No

If no, when was the applicant last able to perform essential duties?

Which essential duties cannot be performed by the applicant (restrictions)?

(2.) Is the condition for which the applicant seeks disability retirement likely to be permanent?

☐ YES ☐ NO (Please refer to the attached Permanency Standard.)

What are the applicant's medical diagnoses?:

Please list key tests or imaging or other data confirming diagnoses:

Has the condition(s) changed over-time?

In the past 3 months? ☐ Yes ☐ No (If yes, please describe how.)In the past year? ☐ Yes ☐ No (If yes, please describe how.)

Non-surgical therapeutic interventions and outcomes:

Medications:

PT:

Chiropractic:

Other:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Last Name	First	M.I.	Social Security Number

Surgical interventions and outcomes:

Type of Surgery	Date (mm/dd/yyyy)	Outcome
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your assessment of anticipated natural course of the diagnoses?

☐ Stable or plateau ☐ Likely to regress ☐ Likely to resolveHas Maximum Medical Improvement (MMI) been reached? ☐ Yes ☐ No

If you think the applicant's disability will continue indefinitely, please state why:

Complete (3A) if the member is filing an application for accidental disability without a presumption. If the member is filing under a presumption, only complete (3B) below.**(3A) Is said incapacity such as might be the natural and proximate result of the claimed personal injury sustained or hazard undergone in the performance of the applicant's duties and on account of which this disability retirement is based?** ☐ YES ☐ NO

Describe the event(s) or onset of condition(s) that in your opinion led to applicant's disability:

What other life event/circumstance/condition in the applicant's medical history may have contributed to or resulted in the disability claimed?

Upon weighing the medical influence described, is it more likely that the disability was caused by the job-related personal injury or hazard undergone, or the non-work related event or circumstance or condition?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Last Name	First	M.I.	Social Security Number

Complete (3B) if the member is filing an application for accidental disability under a presumption.

A presumption can be rebutted only by documentation of a uniquely predominant influence that shows the disability is not job-related.

(3B) For this particular applicant, is there no evidence of a uniquely predominant non-service connected influence on his/her mental or physical condition and/or a non-service connected accident or hazard which caused his/her incapacity? If there is no evidence of such influence, then you must answer yes. If there is evidence of such influence, you must answer no. ☐ YES ☐ NO

If you answer No to (3B), please explain the uniquely predominant influence which brings you to this conclusion.

I, the undersigned physician, understand that has applied for disability retirement pursuant to the provisions of Massachusetts General Laws, Chapter 32. I have conducted a physical examination and have knowledge of the pertinent facts of his/her case as described. I certify that I have read and understand the information contained in this statement, and subscribe, under the penalties of perjury, that the information I have supplied in this statement and in my medical reports (if applicable) is true, complete, and correct to the best of my knowledge.

I am certified to practice medicine in (state(s))

My Medical License Number is Date Issued (mm/dd/yyyy)

My license was issued by (state)

Physician's Name (print)

Physician's Signature _____ Date _____

Physician's Medical Specialty

Physician's Street Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

City State Zip

Physician's Phone Number Physician's Fax Number

Definition of Terms

Accidental Disability

In an application for Accidental Disability Retirement, an applicant asserts that his or her disability is the result of a job-related incident or injury. For such applications, your responses to Questions 1, 2, and 3 are required.

Aggravation of a Pre-Existing Condition

You may find that a previous condition or injury is related to the condition or injury that is the basis of the disability application. If the acceleration of a pre-existing condition or injury is as a result of an accident or hazard undergone, in performance of the applicant's duties, causation would be established. However, if the disability is due to the natural progression of the pre-existing condition or was not aggravated by the alleged injury sustained or hazard undergone, causation would not be established.

Ordinary Disability

In an application for Ordinary Disability Retirement, an applicant does not assert that his or her disability is the result of a job-related incident or injury. For such applications, your response to Question 3 is not necessary. But please note that you may also respond to Question 3, if your determination is that consideration of causality is appropriate even though the applicant has not applied for accidental disability retirement.

Permanency Standard

A disability is permanent if it will continue for an indefinite period of time that is likely to never end even though recovery at some remote, unknown time is possible. If you are unable to determine when the applicant will no longer be disabled, you must consider the disability to be permanent. However, if the recovery is reasonably certain after a fairly definite time, the disability cannot be classified as permanent. It is imperative that the physician makes his/her determination based on the actual examination of the applicant and other available medical tests or medical records that have been provided. It is not the physician's task to look into employment possibilities that may become available to an applicant at some future point in time.

Presumptions

Certain conditions are presumed to be job-related if suffered by persons holding certain public safety positions. Additional information about these presumptions is available from the Public Employee Retirement Administration Commission. The presumptions are:

Heart Law (G.L. c. 32, § 94)

A disability or death caused by heart disease or hypertension is presumed to be suffered in the line of duty for public safety positions, including certain fire fighters, police officers, corrections officers, and public safety employees at the international airport. The employee must have passed a physical examination on or after their date of hire which failed to reveal evidence of such a condition. The presumption can be rebutted by competent evidence which shows the disability was not job-related.

Lung Law (G.L. c. 32, § 94A)

A disability or death caused by diseases of the lungs or respiratory tract is presumed to be suffered in the line of duty as a result of inhalation of noxious fumes or poisonous gas for certain fire fighters or public safety employees at the international airport. The employee must have passed a physical examination on or after their date of hire which failed to reveal evidence of such a condition. The presumption can be rebutted by competent evidence which shows the disability was not job-related.

Cancer Presumption (G.L. c. 32, § 94B)

A disability or death caused by certain cancers is presumed to be suffered in the line of duty as a result of exposure to heat, radiant, or a known or suspected carcinogen for certain fire fighters or public safety employees at the international airport. The employee (or retiree) must have been employed in an eligible position on or after July 5, 1990, must have served in such a position for five years or more at the time such condition is or should have been discovered, must have regularly responded to fires during some portion of his/her service, and must discover such cancer within five years of the last date of his/her active service. A retired firefighter or a public safety employee at the international airport where such condition is or should have been discovered within five years of retirement may be eligible for this presumption. The presumption can be rebutted by a preponderance of the evidence that shows that the disability was caused by non-service-related risk factors or accidents or hazards undergone.

Risk of Re-injury

The Contributory Retirement Appeal Board (CRAB) has found, "even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk to serious harm to the member or third parties." This risk of re-injury has to reasonably be expected to involve a substantial harm.

**Addendum Sheet
to the
Treating Physician's Statement**

Please use this sheet to provide further information in the event that you find the space provided on the form to be insufficient. Please identify the question(s), by Page Number and Question Number, for which you are providing further information.