

Claims & Underwriting

Medical Directors' Forum – Musculoskeletal Disease Case Studies

Wayne Heidenreich, MD – Medical Director, Northwestern Mutual

Marjorie Keymer, MD – VP & Medical Director, Genworth Financial – Claims

Jennifer Vey, RN – AVP Claim Management, TriPlus Services, Inc.



16th Annual Intercompany Long Term Care Insurance Conference



Case 1

How Did This Happen?

Case 1 – Underwriting – Application



- 65 y.o. female. No admitted tobacco use
- 5'5" # 110 with BMI of 17.8
- No cardiovascular risk factors

Admitted History:

- “Arthritis”
- “Works Full Time - Collections for Attorneys”
- “Never missed work due to Arthritis”
- “No limitations to Activities of Daily Living”
- “No Joint Infection in past 24 months”
- “No Large Joint Surgery in past 12 months”
- “No Active Rehabilitation Program”
- “No Compression Fractures”

Admitted Medications:

- “Arthrotec for Arthritis”
- “Minocycline for Arthritis”
- “Fosamax and Calcium for Back”
- “Prescribed by specialist, not primary MD”

Case 1 – Underwriting – PCP Medical Records



- Primary Care Medical Records
 - 1 month Prior to Application (PTA):
 - Doing well since IA steroid left knee
 - Exam with full ROM
 - 7 month PTA:
 - Small effusion left knee
 - Reference of “Rheumatoid knee”
 - IA steroid
 - Considering Methotrexate with rheumatologist
 - 15 month PTA:
 - Right knee injury resulting from a fall 4 months earlier
 - 2 more falls “attributed” to pain in knee
 - Allergic to Arava
 - Moderate right knee effusion
 - IA steroid

Case 1 – Claim – First Notice



- 2 years post-issue – Daughter calls in:
 - Policyholder fell on ice and fractured pelvis two months ago
 - Was living at home alone for 1 month after fall, until increasing pain caused her to move in with her son to recuperate
 - Increasing pain led policyholder to seek medical care
 - Diagnosis of fractured coccyx and pelvis
 - 1 month later policyholder is moving to an ALF:
 - After 3 weeks in Rehab with a great response, she has decided she will move to an ALF. Benefits not being pursued.

Case 1 – Claim – Second Notice



- 6 months after move to ALF, daughter reports policyholder needs help dressing and bathing
- Benefit Eligibility Assessment and Facility notes confirm unsteady use of walker, unable to lift arms above chest, requires assist with dressing and bathing
- Is not claiming back to event of broken pelvis
- Described as “stoic”
- After pelvis fracture, she tapered herself down from six Vicodin per day to 1 Vicodin in am to allow her to get moving

Case 1 – Claim – Second Notice continued



Claim information:

- Rheumatology Medical records:
 - 25 year history of Rheumatoid Arthritis started in her 40's
 - Severe deformity of hands due to ulnar deviation and erosive disease with subluxations
 - In past was on hydroxychloroquine, leflunomide, then trial of minocycline
 - At time of evaluation in ALF was on:
 - Methotrexate 15 mg q week
 - Vicodin 5/500 bid prn
 - Fosamax

Information known at underwriting :

- Primary Care Medical Records
 - Left Knee:
 - IA steroid injection
 - Small effusion
 - Reference of "Rheumatoid knee"
 - IA steroid
 - Considered Methotrexate with rheumatologist
 - Right Knee:
 - Injury resulting from a fall 4 months earlier
 - 2 more falls "attributed" to pain in knee
 - Moderate effusion
 - IA steroid

Case 1 – Closure of Claim



- After 7-years, claim is closed upon death of policyholder
- Policyholder was 75 years old with Alzheimer's and Rheumatoid arthritis at time of death
- Policyholder had had 2 hospitalizations in her last 3 months of life



Case 2

It All Adds Up

Case 2 – Underwriting – Application



- Admitted history
 - 73 y.o. male.
 - Non-smoker
 - 5'7" 135 lbs. with recent 14 lb. weight loss due to exercise
 - Prescribed medication for hypertension and prostate symptoms
 - 3 months PTA had successful hammer toe surgery



- Primary Care Medical Records
 - Hypertension, Kidney Stones, Diverticulitis, Benign Prostatic Hypertrophy
 - Degenerative Joint Disease
 - Bilateral bunions with hallux rigidus
 - 2nd left Hammer toe repair
 - Knee arthritis noted 5 years PTA
 - Left knee: Loose bodies
 - Right knee: Patellar-femoral syndrome
 - Left Total Hip Replacement noted 2 years PTA
 - Concurrent with application, low back x-ray: indication “back pain” but no symptoms documented in notes
 - Taking no arthritis medications at time of application



- Primary Care Medical Records (continued)
 - Grieving over death of wife 9 months PTA
 - Recognizes need for socialization so returned to working part-time in an ice cream truck
 - Insomnia treated with clonazepam at night
 - 3 months PTA had intermittent fatigue throughout day attributed to poor sleep and hypoglycemia (significant Glucose Tolerance Test finding of low blood sugar of 46 at 3 hours with symptoms)
 - 3 months PTA new onset of migraines with high anxiety level over impending cruise

Case 2 – Underwriting – FTF Assessment



- Face to Face Assessment
 - After death of spouse, daughter moved in to home with husband and 2 children
 - Retired 11 years
 - Drives daily: 10,000 miles per year
 - Hobby: model building 1-2 hours per week
 - Exercise: walks 5 miles/day; 1 hr weights at home
 - MMSE 28/30 with DWR 4
 - No TGUG done at time

Case 2 – Claim – Notice



- 11 years after issue at age 84, Application for Benefit received
- Policyholder has sold house, moved into ALF
- Claimant Statement on Application for Benefit:

1. Cause or condition which requires you to need long-term care:

fall risk (uses cane)

medication management

supervision/support for anxiety-one on one
transportation

support paying bills

- Facility records document assistance with bathing and dressing
- Benefit Eligibility Assessment documents fragility



- Interim Medical Records
 - Bilateral Total Knee Replacement 2 and 3 years Prior To Claim (PTC)
 - Left Total Knee Replacement redo 1 year PTC
 - Lumbar laminectomy with persistent low back pain in year PTC with the following treatments:
 - Epidurals
 - PT
 - No heart disease
 - No diabetes
 - No cognitive impairment



Case 3

We Can't Anticipate it all

Case 3 – Underwriting – Application



- 55 y.o. female. No admitted tobacco use in last 10 yrs
- 5' 1.5" #140 with BMI of 17.8
- No cardiovascular risk factors
- Admitted History:
 - Mild arthritis, may take ibuprofen a few times per year; no prescriptions. (Never been diagnosed by anyone)
 - No other admitted medications
 - Works on family farm

Case 3 – Underwriting – Medical Records (1)



- Attending MD Records Primary Care
 - Concurrent office visit:
 - Asthma, doing well on medication regimen of Advair, Singulair and as needed Albuterol.
 - Intermittent mild symptoms of shortness of breath with activity and weather changes
 - 12 months PTA
 - CXR showed bilateral “fibrosis” Left > Right
 - 19 months PTA
 - asthma flare treated with prednisone taper
 - “Could hardly move”
 - Was referred to a rheumatologist due to family history of lupus (3 sisters) and mildly elevated ANA and sedimentation rate



- Rheumatologist Medical Records
 - 19 months PTA Rheumatology review of joints
 - Pain in multiple joints – bilateral shoulders, elbows, hands
 - Hobbies: reading and walking
 - Pain in all joints including both hands: Right>Left; No swelling, redness or warmth
 - RA factor, CMV, Epstein-Barr and Parvo virus all negative
 - C-reactive protein low
 - Impression:
 - Cannot entirely rule out early rheumatoid arthritis presentation
 - Continue non-steroidal prescription like ibuprofen
 - Return as needed for discomfort or inflammation of hand joints
 - Did not return to rheumatologist

Case 3 – Claim – Notice



- 11 years after issue, application for Benefit received:
 - Recent onset of severe back and leg pain
 - Difficulty walking
- Benefit Eligibility Assessment
 - Demonstrates need for assistance with bathing, transferring, toileting, and dressing

Case 3 – Claim – Medical Records



- Rheumatology Medical Records
 - Past Medical history:
 - Bilateral knee replacements and multiple falls
 - Chronic back pain for years, gradually worsening
 - 1 month PTC increased low back pain radiating to left leg, significant pain at rest, intensifying with raising, standing and ambulation
 - Exam:
 - MRI: significant stenosis at L4/L5
 - Normal gait, able to walk on heels and toes and tandem
 - Treatment:
 - Percocet and conservative therapy, epidural
 - No surgery planned because major problem is pulmonary disease
- Pulmonary Medical Records
 - Generalized fatigue, frailty and multiple falls
 - Diagnosis of idiopathic pulmonary fibrosis on biopsy
 - On O₂



Case 4

We Won't Be Fooled Again!

Case 4 – Underwriting – Application



- 60 y.o. female
- 5'4" 150 # with BMI of 25.7
- Non-smoker
- Not currently employed
- Admits to two Physicians
 - Primary care
 - Rheumatologist seen 30 months ago for psoriasis
- No admitted arthritis or treatment with arthritis medications

Case 4 – Underwriting – Rheumatology Records



- Rheumatology Consult – 30 months PTA
 - Past medical history:
 - Carried diagnosis of “rheumatoid arthritis”
 - Long-standing psoriasis
 - Intermittent pain in left side - knee, hip, shoulder; occasional discomfort bilateral feet
 - Treated with Methotrexate, prior treatment with Humira®
 - Current complaints of morning stiffness in hands; chronic neck and elbow pain
 - Exam:
 - Limited range of motion neck and left shoulder, fluid in left knee; tender left hip and right foot
 - MRI of shoulder: severe erosive disease, bone on bone, bicep tendon swelling
 - Impression:
 - Osteoarthritis and Psoriatic arthritis
 - Treatment plan:
 - Complete a series of x-rays to assess for active synovitis/psoriatic arthritis
 - if positive start infliximab with the methotrexate;
 - Physical Therapy for shoulder
 - Steroid injection for left hip
 - NSAIDs as needed

Case 4 – Underwriting – Pharmacy Records



- Pharmacy records
 - Show “eligibility” through the time of underwriting going back 6 years.
 - Methotrexate prescriptions last filled 24 months ago
 - Most recent prescription for an anti-inflammatory is 24 months PTA for indomethacin
 - Migraine meds with occasional opioid (Tylenol with codeine)
 - Does see a dermatologist who started treatment with a biologic, Stelara® (ustekinumab) started 24 month ago
 - No evidence of follow-up



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Questions/Comments