Toronto ABI Network Conference – Connecting-Learning-Inspiring

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Getting to CAT – A Roadmap for Health Care Professionals

Presented by:

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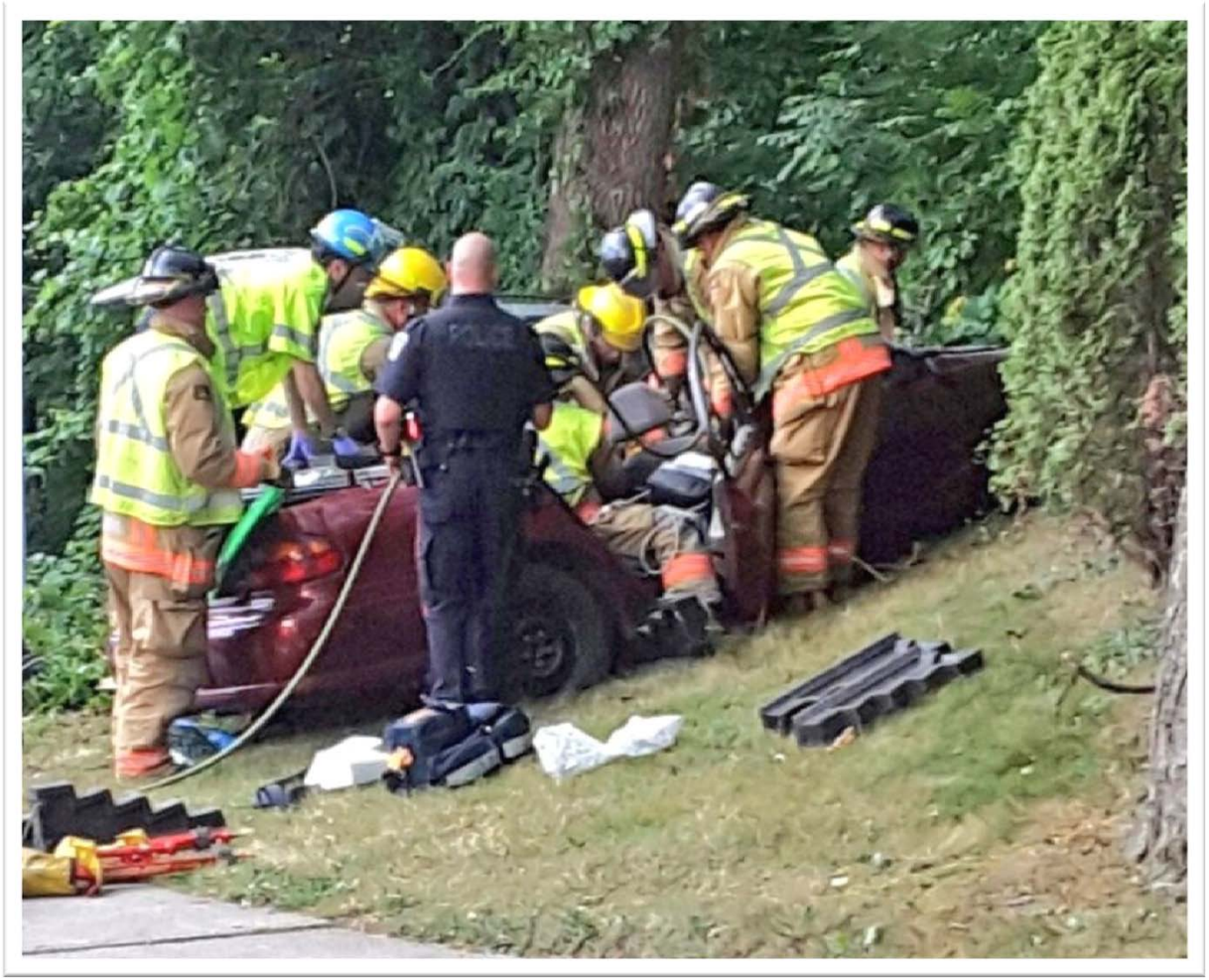
Statutory Accident Benefit Changes

Quantum

- Amount of benefits available
- Transition rules

Narrowing of the Catastrophic Impairment Test as it relates to adult TBI's

Case Study



Case Study

Case Study

Glasgow Coma Score

Glasgow Coma Score	Response	Value
Eyes open (G):	To pain	2
Best motor (G):	Withdraws to pain	4
Total		6

PREOPERATIVE DIAGNOSIS:
1. Left clavicular fracture.
2. Right SI joint dislocation.
3. Left sacral fracture.
4. Left comminuted proximal femur (subtrochanteric) fracture.
5. Polytrauma with Injury Severity Score greater than 16 with the following breakdown; Extremity 4 (16, comminuted femur fracture), abdomen 3 (9, grade 2 splenic laceration, extraperitoneal bladder rupture), neuro 3 (9, subarachnoid hemorrhage), total of 34. Other injuries also include clavicle fracture as well as multiple nondisplaced rib fractures and associated left-sided pulmonary contusion.

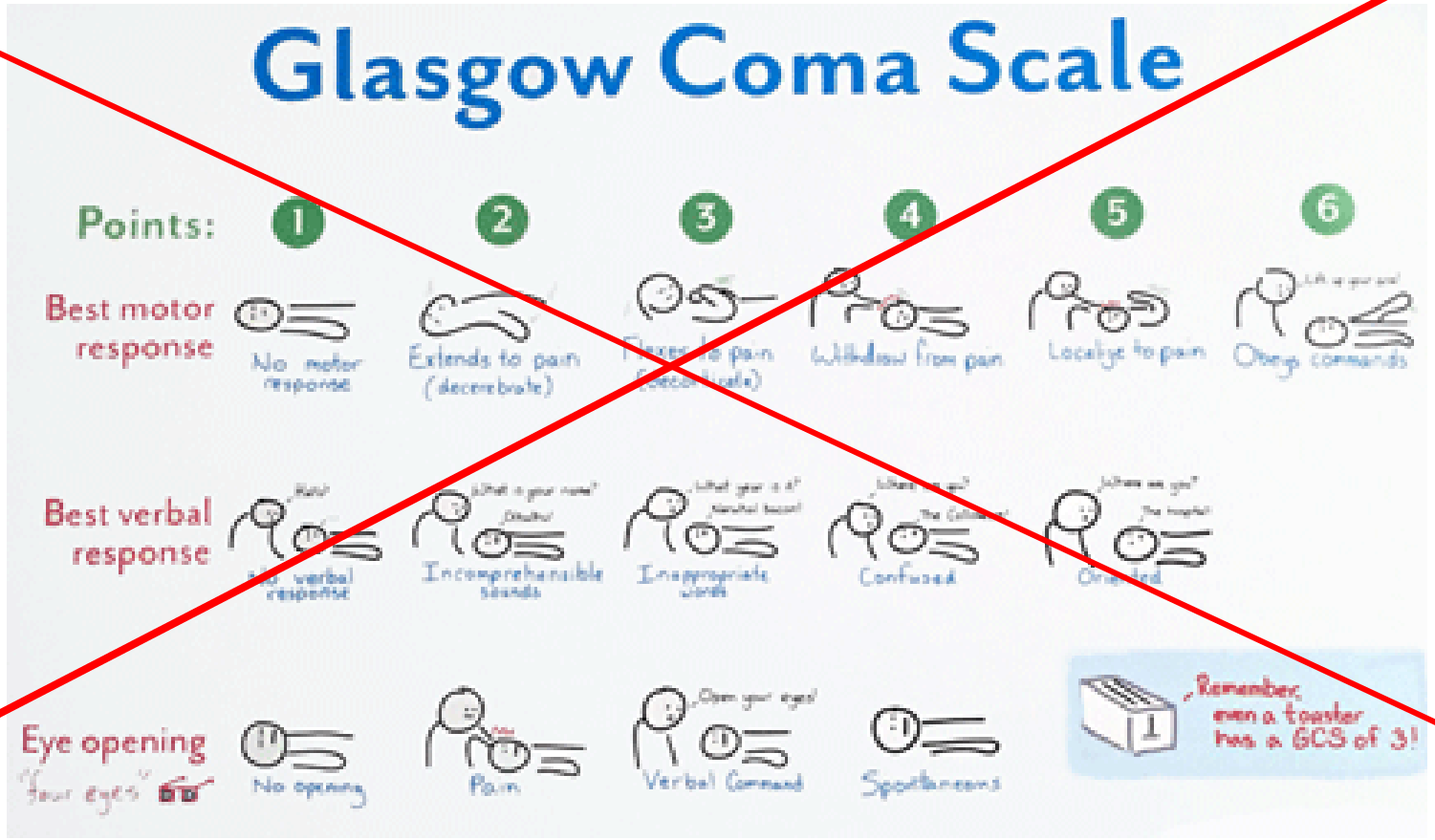
What we know

- Joe's collision occurred after June 1, 2016
- His automobile insurance policy renews December 2016.
- He had a GCS of 6

Deemed CAT

That is the question……

Narrowed test for catastrophic impairment in adult TBI cases



Narrowed test for catastrophic impairment in adult TBI cases

- As of June 1, 2016

  - ❖ Must have positive findings on an MRI or any other medically recognized brain diagnostic technology **and**

  - ❖ Glasgow Outcome Scale – Extended rating of:

    - ✓ VS – 1 month post collision
    - ✓ USD or LSD 6 months or more post collision
    - ✓ LMD 12 months or more post collision

Joe's MRI Result

Aug 12:
FINDINGS: There are multiple tiny scattered foci of acute subarachnoid noted within several of the bilateral frontotemporal cerebral sulci. There is a suspected tiny focus of intraparenchymal hemorrhage noted within the right temporal lobe which measures 3.3 mm in maximal diameter. There are tiny bilateral subdural hygromas noted layering anterior to the bilateral frontal lobes anteriorly which measure up to 2.5 mm in diameter. There is no resulting significant mass effect, midline shift or brain herniation. No hydrocephalus. Orbits are normal. The paranasal sinuses and mastoid air cells are well-aerated. No calvarial or skull base fractures.

IMPRESSION: Multiple tiny scattered foci of acute subarachnoid hemorrhage is noted within the bilateral frontotemporal cerebral sulci. Tiny bilateral subdural hygromas. A tiny suspected focus of intraparenchymal hemorrhage is noted within the right temporal lobe.

Aug 13:
FINDINGS:There are new areas of acute intraparenchymal hemorrhage, specifically a subcortical hemorrhage within the right superior parafalcine frontal lobe, measuring 5 mm. There is a 12 mm subcortical hemorrhagic contusion within the left frontal lobe, with mild perilesional edema, however no significant mass effect. Within the left basifrontal lobe, there is a 19 mm hemorrhage, with a mild amount of perilesional edema, no significant mass effect. A 3 mm focus of hemorrhage within the right basifrontal lobe. Several smaller scattered intraparenchymal hemorrhages are noted within the bilateral frontal temporal lobes which are slightly more distinct in comparison with the prior examination and the majority of which are noted at the gray white junction.

Understanding the GOS-E

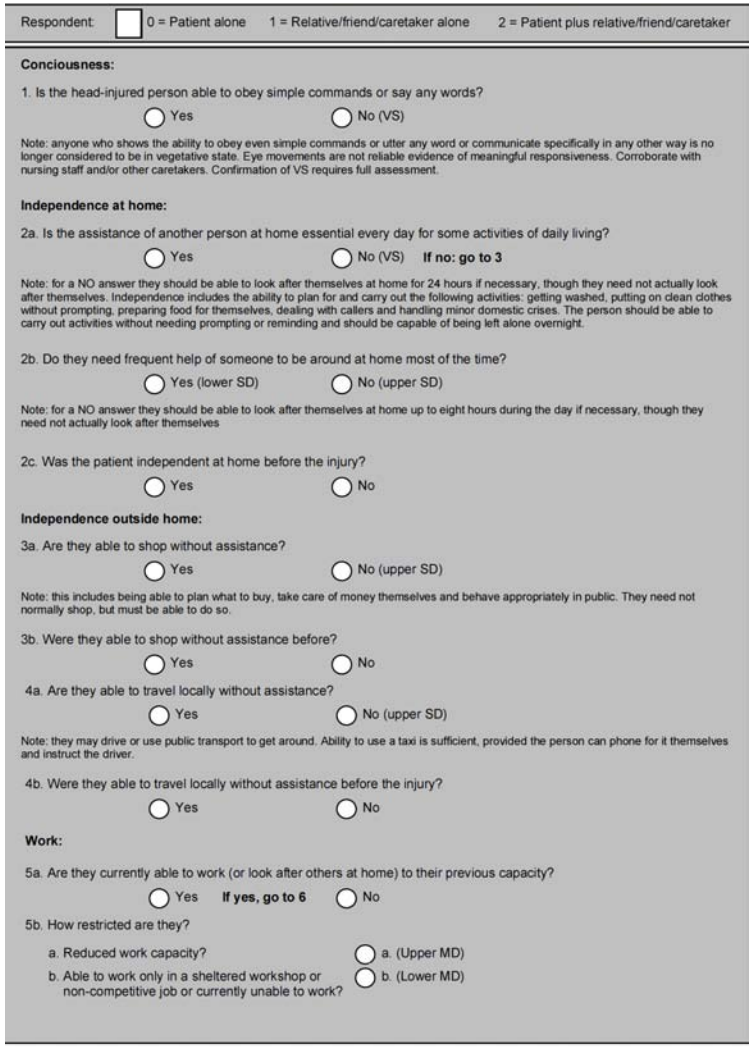
1	Death	D
2	Vegetative state	VS
3	Lower severe disability	SD -
4	Upper severe disability	SD +
5	Lower moderate disability	MD -
6	Upper moderate disability	MD +
7	Lower good recovery	GR -
8	Upper good recovery	GR +

GOS-E in the SABS

Meets CAT Def'n

VS [>1 mth]	SD- [>6 mths]	SD+ [>6 mths]	MD- [>1 yr]	MD+	GR-	GR+
Not VS if can communicate Y/N	For some activities of daily living Includes dependency on cueing and reminders Cannot be left alone for 8 hours	For some activities of daily living Need cueing and reminders Can be left alone for up to 8 hrs OR Need assist to shop – plan, purchase, appropriate behaviour OR Cannot travel without assistance – including taxi coordination	Unable to work - sheltered or non-competitive work only OR Rarely or never go out socially or for leisure OR Family and friend relationships disrupted – constant, intolerable	Reduced capacity to work OR Participate much less in social or leisure (less than half as much) OR Family and friend relationships disrupted – once a week or more but tolerable	Able to work OR Participate less in social or leisure – at least half as often OR Family and friend relationships disrupted – less than weekly OR Other problems that affect daily life	No problems that affect daily life

Post-discharge structured interview



Respondent: ☐ 0 = Patient alone 1 = Relative/friend/caretaker alone 2 = Patient plus relative/friend/caretaker

Conciousness:

1. Is the head-injured person able to obey simple commands or say any words?

◯ Yes ◯ No (VS)

Note: anyone who shows the ability to obey even simple commands or utter any word or communicate specifically in any other way is no longer considered to be in vegetative state. Eye movements are not reliable evidence of meaningful responsiveness. Corroborate with nursing staff and/or other caretakers. Confirmation of VS requires full assessment.

Independence at home:

2a. Is the assistance of another person at home essential every day for some activities of daily living?

◯ Yes ◯ No (VS) **If no: go to 3**

Note: for a NO answer they should be able to look after themselves at home for 24 hours if necessary, though they need not actually look after themselves. Independence includes the ability to plan for and carry out the following activities: getting washed, putting on clean clothes without prompting, preparing food for themselves, dealing with callers and handling minor domestic crises. The person should be able to carry out activities without needing prompting or reminding and should be capable of being left alone overnight.

2b. Do they need frequent help of someone to be around at home most of the time?

◯ Yes (lower SD) ◯ No (upper SD)

Note: for a NO answer they should be able to look after themselves at home up to eight hours during the day if necessary, though they need not actually look after themselves

2c. Was the patient independent at home before the injury?

◯ Yes ◯ No

Independence outside home:

3a. Are they able to shop without assistance?

◯ Yes ◯ No (upper SD)

Note: this includes being able to plan what to buy, take care of money themselves and behave appropriately in public. They need not normally shop, but must be able to do so.

3b. Were they able to shop without assistance before?

◯ Yes ◯ No

4a. Are they able to travel locally without assistance?

◯ Yes ◯ No (upper SD)

Note: they may drive or use public transport to get around. Ability to use a taxi is sufficient, provided the person can phone for it themselves and instruct the driver.

4b. Were they able to travel locally without assistance before the injury?

◯ Yes ◯ No

Work:

5a. Are they currently able to work (or look after others at home) to their previous capacity?

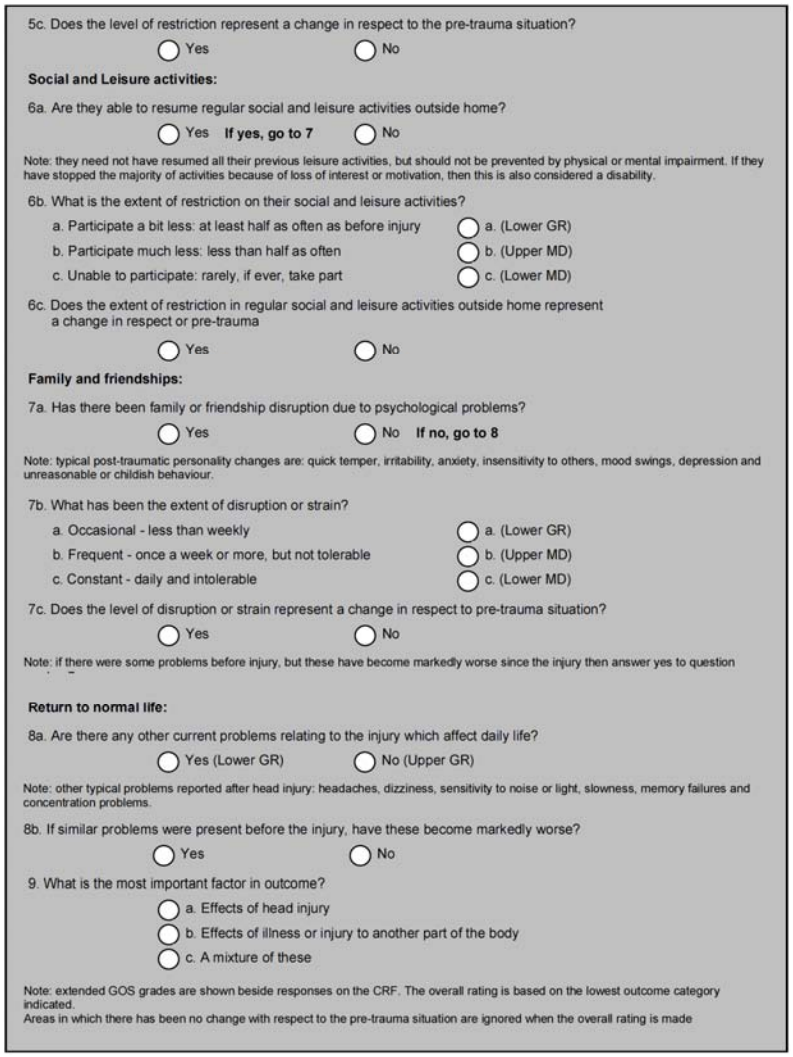
◯ Yes **If yes, go to 6** ◯ No

5b. How restricted are they?

a. Reduced work capacity? ◯ a. (Upper MD)

b. Able to work only in a sheltered workshop or non-competitive job or currently unable to work? ◯ b. (Lower MD)

Post-discharge structured interview



5c. Does the level of restriction represent a change in respect to the pre-trauma situation?

◯ Yes ◯ No

Social and Leisure activities:

6a. Are they able to resume regular social and leisure activities outside home?

◯ Yes **If yes, go to 7** ◯ No

Note: they need not have resumed all their previous leisure activities, but should not be prevented by physical or mental impairment. If they have stopped the majority of activities because of loss of interest or motivation, then this is also considered a disability.

6b. What is the extent of restriction on their social and leisure activities?

a. Participate a bit less: at least half as often as before injury ◯ a. (Lower GR)

b. Participate much less: less than half as often ◯ b. (Upper MD)

c. Unable to participate: rarely, if ever, take part ◯ c. (Lower MD)

6c. Does the extent of restriction in regular social and leisure activities outside home represent a change in respect or pre-trauma

◯ Yes ◯ No

Family and friendships:

7a. Has there been family or friendship disruption due to psychological problems?

◯ Yes ◯ No **If no, go to 8**

Note: typical post-traumatic personality changes are: quick temper, irritability, anxiety, insensitivity to others, mood swings, depression and unreasonable or childish behaviour.

7b. What has been the extent of disruption or strain?

a. Occasional - less than weekly ◯ a. (Lower GR)

b. Frequent - once a week or more, but not tolerable ◯ b. (Upper MD)

c. Constant - daily and intolerable ◯ c. (Lower MD)

7c. Does the level of disruption or strain represent a change in respect to pre-trauma situation?

◯ Yes ◯ No

Note: if there were some problems before injury, but these have become markedly worse since the injury then answer yes to question

Return to normal life:

8a. Are there any other current problems relating to the injury which affect daily life?

◯ Yes (Lower GR) ◯ No (Upper GR)

Note: other typical problems reported after head injury: headaches, dizziness, sensitivity to noise or light, slowness, memory failures and concentration problems.

8b. If similar problems were present before the injury, have these become markedly worse?

◯ Yes ◯ No

9. What is the most important factor in outcome?

◯ a. Effects of head injury

◯ b. Effects of illness or injury to another part of the body

◯ c. A mixture of these

Note: extended GOS grades are shown beside responses on the CRF. The overall rating is based on the lowest outcome category indicated.
Areas in which there has been no change with respect to the pre-trauma situation are ignored when the overall rating is made

Glasgow Outcome Scale - Extended

- Simple test
- Structured interview format
- Risk client's will under report their function state and assessors will over estimate client's abilities
- Highly subjective to bias

Watters v. State Farm

Dr. Moddel admitted on cross-examination that, ***at the time he formed his opinion*** *concerning the Applicant's GOS score,* ***he had not recently reviewed*** *the 1975 article and he was unfamiliar with the 1981 article or the standardized structured interview questionnaires referenced in the 1998 article. He* ***refused to consider or give any weight to reports (that were provided to him) by occupational therapists and others who observed the Applicant in real-world settings and that contained relevant information concerning the Applicant's level of function and independence with respect to various activities of daily living, inside and outside of her home****. He also* ***failed to conduct collateral interviews of the Applicant's husband or other close associates that might shed light on personality, behavioural and cognitive changes of the Applicant as well as information about her daily activities and level of independence****. Dr. Moddel focused exclusively on neurological test results (his and earlier neurological test results referenced in the documents provided to him) and his observations and communications with the Applicant during his assessment of her. This is because* ***Dr. Moddel, incorrectly, sees the GOS as simply a measure of the severity of any neurological deficits caused by brain impairment****. Since he found virtually no neurological deficits (other than an impaired sense of smell), he concluded that the Applicant had not sustained a "severe disability" under the GOS and felt that no further explanation was needed.* ***I find this interpretation and application of the GOS to be far too simplistic and I reject it.***

Watters v. State Farm

*... the evidence clearly shows that **while the Applicant has made some gains** since the accident, **she still requires a substantial amount of attendant care and requires daily assistance**. While she can be left alone in her home for several hours without undue risk of harm, **she is not truly independent either inside or outside of her home. She requires constant monitoring and cueing to ensure that she is eating properly, changing into clean clothes, properly caring for her dog and taking the right medication at the right time. She only occasionally leaves her home; usually to attend medical appointments, engage in physical rehabilitation** (such as swimming and aqua fitness) **or going shopping. When she leaves the home, she is almost always accompanied by a family member or other attendant. Based upon the overwhelming weight of the evidence presented, I am satisfied that she cannot independently use public transportation or go shopping. There have been times when the Applicant has been unable to remember where she is going or why and when she has been unable to follow a shopping list**, even if she helped to prepare it. **Past incidents described** by Derek Wafters **demonstrate** that the Applicant can become **confused and overwhelmed when out in the community** and that she needs to have an attendant with her when she leaves her home. In short, the Applicant is dependent upon daily support. This ongoing need for daily support is, in large part, due to the brain impairment she sustained as a result of the September 29, 2011 accident.*

N.M v. Gore Mutual

1. ***As a result of the accident of, has the claimant, [redacted] sustained a catastrophic impairment as per the definition for catastrophic impairment under Part 4, Criterion 6 in accordance with the SABS?***

   No. I find that the claimant does not meet criteria for catastrophic impairment based on Criterion 6 in accordance with the SABS primarily because there is no objective documentation of a brain impairment. The claimant did have fluctuating levels of consciousness with a Glasgow Coma Scale ranging from 4 to 15.

What we can do

- **C**ontinue to study the test
- **A**pply the “Wilson Guidelines”
- **T**rack your clients progress by documenting your file in a way that:
  - Documents demonstrative examples of real world functional impairments
  - Develops a negative reporting style
  - Describes impairments in keeping with the language of the GOS-E

THANK YOU

Please feel free to call or email with questions.

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