

WHAT DO THE INSURANCE ADJUSTERS LOOK FOR IN PERSONAL INJURY CLAIMS?

When asked for a list of potential newsletter topics, a common theme repeated by doctors was “What do the adjusters look for in handling personal injury claims?” Based on our experience in handling claims, including litigation, and consulting with our experts, consisting of current and former insurance adjusters, it can be reduced to four items: the accident, the injured party, the provider(s) and the attorney.

THE ACCIDENT

The first thing examined in the “accident” is the nature of the incident itself. Certain types of collisions are given special handling, and different values based on their relative severity. For example, a high-speed rollover, or “heavy losses” are typically assigned a “plus” in terms of priority resolution and value. A heavy loss is best described in pictures (See slide 1) Other losses are assigned a “minus” based on their perceived lack of credible injury. These might include low property damage accidents. What is a low property damage impact? Well, Unfortunately, there is no exact number. Most of it depends on the nature of the damage to the vehicle and of course Pictures. This can be greatly aided by pictures of the defendant’s vehicle: The vast majority of claims are assigned a “neutral value”, which might include a rear-end collision with moderate cosmetic damage to minor structural involvement.

Along the same lines, the vehicles and scene are examined for any “shock value.” This is found where photographs exist, that despite relatively minor injury could allow a judge or jury to conclude that a higher value should be affixed to the case. This is typically encountered where pictures of the vehicle give the jury shock causing the jury to be thinking “It’s only luck that prevented our client from being very seriously injured in this serious impact. In fact, it is the practice of one prominent Southern California Insurer, NOT to accept claims into the minor impact unit or MIU, where the vehicle inspection photos reflect shock value. Think of it this way; it is much easier for a jury to award money damages where the damage is only a bumper cover (but the paint is jaggedly removed, and the cover is ripped from the car and dragging the ground) than it is where the damaged parts are the same, but the pictures reveal only a small penetration through the bumper cover, from a license plate frame, even if the cost to repair the damage is the same.

THE INJURED PARTY

The next thing examined is the injured party, or parties. Again, pluses and minuses are used in evaluation. An elderly person with a history of spinal issues is likely to receive a plus. A toddler, fully restrained in a properly installed car-seat is likely to receive a minus.

In investigating a claim, the adjuster will typically look for information that, if placed in front of a judge or jury, would cause the injured party to lose credibility, causing the injury and treatment to be questioned. The most common place to locate information that would reflect poorly on the injured party is on the popular “social networking” sites. Nearly everyone has a “facebook” or a “twitter” account these days, and not everyone values their privacy. Therefore, while you may “lock” your information, it is possible that a “friend” has not, and that photo of you enjoying your week long Karate tournament could negatively impact your claim of injury sustained in motor vehicle accident (MVA).

THE PROVIDER(S)

Chiropractic doctors have been unfairly singled out, for years, with regard to treatment rendered for injuries sustained in motor vehicle accidents. Our office works almost exclusively with chiropractic doctors and values the work done, that has given so much relief to our clients. While there are those in the insurance profession that will never treat the chiropractor fairly, there are some steps that the doctor can take to make sure that the claim is not receiving a low value because of something done by the doctor.

Don't try to offset the cutting of our bill by raising your prices so that they are outside the bell curve.

It is no written stone but having a Chiropractic bill over 5K without a referral to an Orthopedic or Neurological Doctor who says continue with conservative care is just asking for a denial or a low ball offer leaving all of us, the Client, Doctor and The Attorney in no man's land. The case is now too big to go to SMC and way too small to litigate in regular court. It's better if the bill doesn't exceed 4K without the above. When a bill reaches 3K or you have treated someone for two months you should have a pretty good idea that his person is going to resolve within the bell curve. If not call my office and let's talk about the case. There are several deciding factors in determining how much longer to treat the patient. I want to make it clear that I am not telling you from a medical or chiropractic viewpoint ANYTHING about how or how long you treat a patient. I am only going over this because it aligns with my purpose of getting cases resolved so that you get paid.

If an insurer can substantiate that illegal treatment has been performed, then that insurer is not legally obligated to pay for the medical treatment. And, if a claim loses the full value of medical specials, the overall claim value is substantially reduced, based on current case law. There are two ways that treatment is typically found to be illegal.

Absent very few exceptions, when a doctor is performing treatments at a "satellite clinic" that clinic must be listed on the doctor's licensure. Similarly, when the provider performs treatment that exceeds the scope of their license, the argument is again made, that payment is not required. This is common where massage therapists perform adjustments, which are required to be done by a licensed chiropractor.

THE ATTORNEY

Once an attorney has been the subject of discipline, by the State Bar of California, it is unlikely that his or her claims will settle promptly, for the maximum settlement value. All insurers are mandated by the California Department of Insurance, to conduct an investigation into all claims handled. Upon discovery that the attorney has been previously subject to discipline, means that the adjuster, in most cases, will refer the file to the Special Investigations Unit (SIU), which will at a minimum increase the amount of time the claim takes to settle.

When working with an attorney, it is important to work with skilled, knowledgeable practitioners that know what the insurers are looking for, and how to properly present documentary evidence, which will allow the insurer to reach the proper conclusion; or in the alternative, take them to task in litigation.

Our office is skilled in the presentation of personal injury claims to insurers and litigation of those same claims, while maintaining an impeccable record for professionalism and ethics.