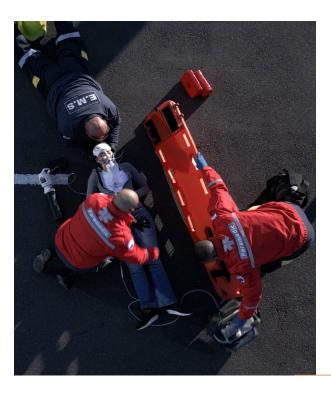


MEDSOL INSIGHTS

4TH EDITION

15 July 2025

YOUR WEEKLY NEWSLETTER



Dear Valued Partners and Colleagues

Welcome to the expanded Issue 4 of MedSol Insights. This edition dives deeper into the essential role of Functional Capacity Evaluations (FCEs) in RAF Serious Injury claims.

Functional Capacity Evaluations — Turning Impairment Into Measurable Work Capacity

While clinical examinations quantify anatomical impairment, functional capacity evaluations (FCEs) provide vital evidence of how those impairments limit real-world work performance. FCEs translate the clinical into the functional, making them indispensable for credible RAF claim substantiation.

Key Elements of Functional Capacity Evaluations:

 Task-Specific Assessment: Simulates daily work demands, including lifting, standing,

- sitting, carrying, pushing, pulling, balance, coordination, and stamina.
- Objective Measurement: Standardized protocols ensure reproducibility and defensibility.
- Pain Behavior Observation: Captures tolerance, pacing strategies, and compensatory mechanisms.
- Consistency Validation: Cross-references clinical impairment findings, reported symptoms, and observed function to detect inconsistencies or exaggeration.
- Work Tolerance Profiling: Defines safe limits for work-related physical tasks.



Why Functional Evidence is Increasingly Demanded in RAF Claims:

- Bridges Clinical and Vocational Assessment: FCEs connect WPI ratings to real-world employability.
- Supports Serious Injury Threshold: Demonstrates functional limitations exceeding personal and occupational tolerance.
- Provides Audit-Proof Data:
 Objective, measurable evidence reduces disputes during RAF audits.
- Strengthens Loss of Earnings Calculations: Clarifies whether full, partial, or no work capacity remains.



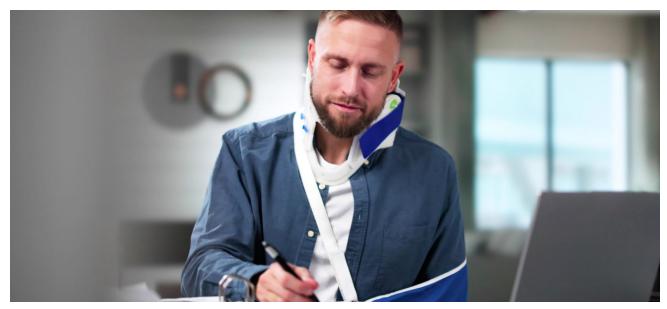
MedSol's Multidisciplinary FCE Protocol:

MedSol coordinates assessments across multiple disciplines to produce holistic vocational reports:

- Industrial Psychologists: Analyze employability and earnings capacity.
- Occupational Therapists: Assess physical, cognitive and functional work tolerance.
- Medical Specialists: Define clinical impairment foundations (orthopaedic, neurosurgical, psychological).

By integrating all findings into one comprehensive report, MedSol ensures coherence, defensibility and clarity in your RAF claims submissions.





Objective Functional Evidence Prevents Claim Rejection

A 35-year-old claimant presented with chronic neck and back pain following a high-impact motor vehicle accident. While radiology showed mild disc protrusions, MedSol's FCE objectively documented limited sustained sitting tolerance, restricted overhead reaching, and high fatigue on repetitive tasks. The functional evidence aligned with neuropsychological findings of cognitive fatigue. This integration secured acceptance of a serious injury classification after initial RAF skepticism.

Knowledge Bite: Functional vs. Clinical — Why Both Matter

- A 15% WPI for spinal injury may suggest mild impairment clinically.
- However, if FCE shows the claimant cannot sit beyond 20 minutes without pain or adjust positions effectively, this greatly restricts employability.
- The combination of clinical and functional data creates a robust claim.

RAF assessments increasingly demand this full-spectrum evidence to justify serious injury awards.



Upcoming Focus (Next Issue):

- MedSol's Turnkey Vendor Support Model
- RAF 2025 Audit Trends
- Proactive Claim Structuring for Plaintiff Attorneys

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MedSol Unlimited remains your trusted partner for multidisciplinary, audit-ready reporting that maximizes claim outcomes and supports your practice.

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