



There's an AI for that!

The Future of Integrated Absence Management and How AI Connects the Dots

Benjamin Berry, Chief Product Officer

Daniel Gabbay, MD, Clinical Technology Director

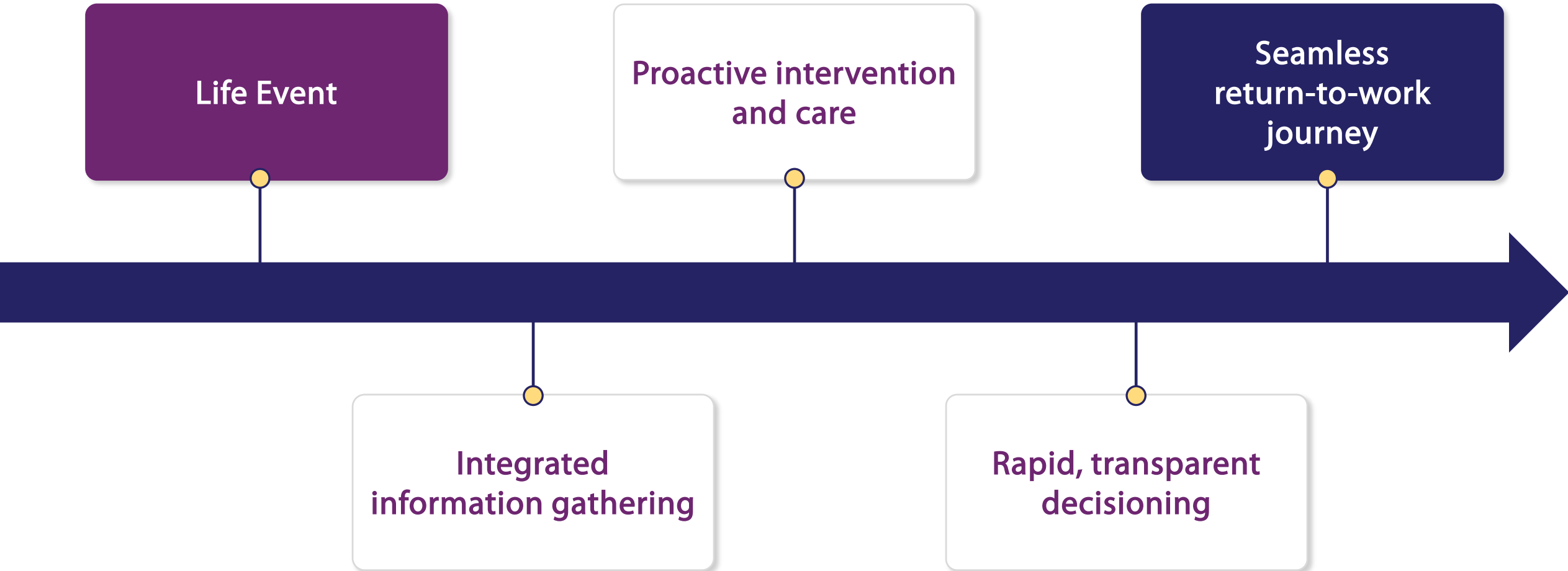


AUGUST 4-7 • WASHINGTON, DC

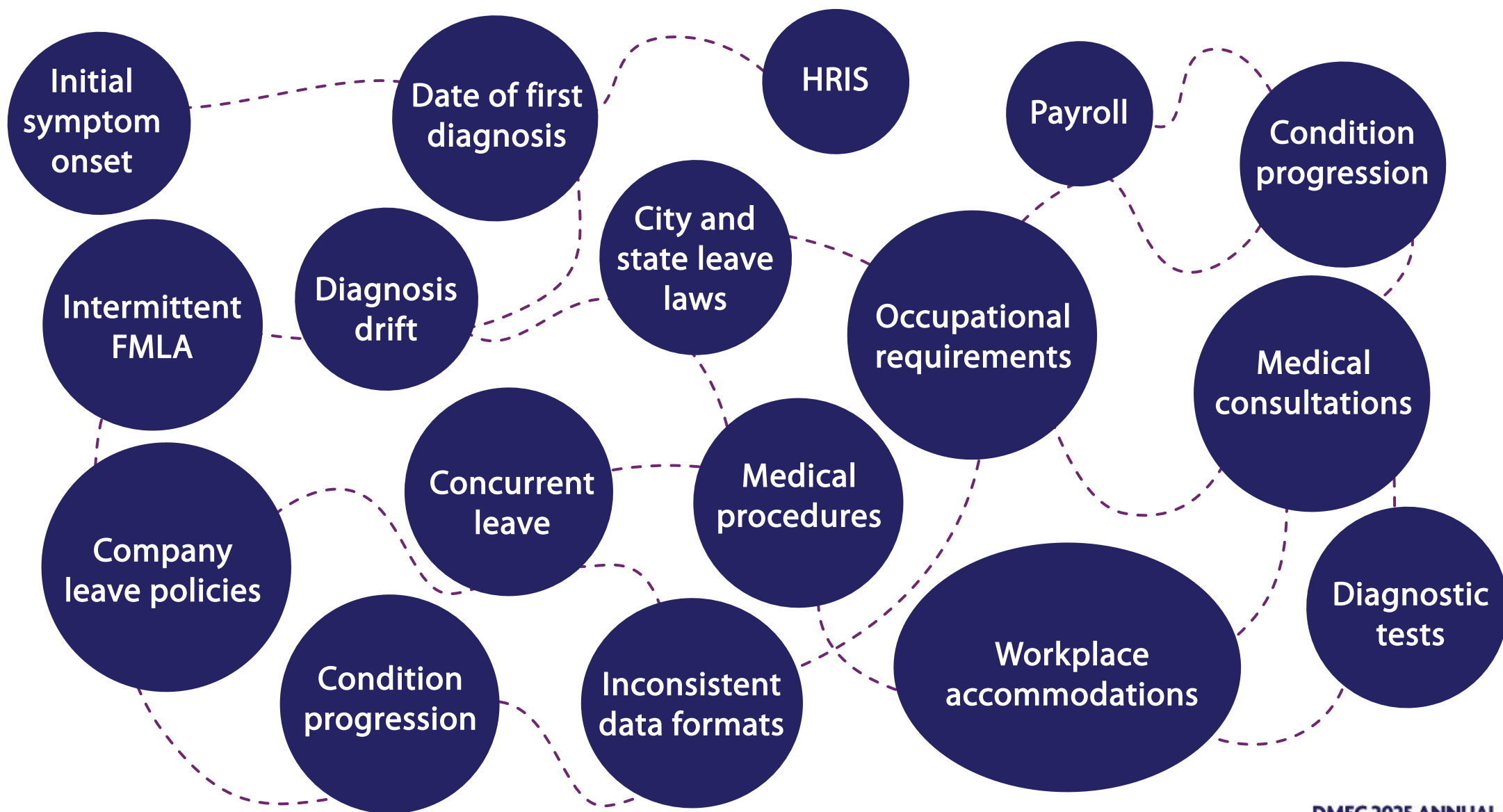


The Reality of Integrated Claim Management

Ideal Integrated Claim Management Experience



**Examiners have to juggle people,
data, and processes to deliver a
seamless integrated experience**





What could go **wrong**?

Examiners have to dig through bad documents and bad data


Examiners have to find the right information in the haystack of unstructured data

Examiners have to estimate medical recovery and return-to-work timelines

Examiners have to explain complex claims decisions to claimants

The scanned, faxed, and emailed documents that we want

The scanned, faxed, and emailed documents that we **get**

 ReleasePoint

Request for Medical Records

Customer Information

Report Date: November 2, 2020

RP ID:

Client Name:

Req. By:

Amanda Alfred@Prudential.Com

Patient Information

Name:

D.O.B.: 01/04/1965

Policy/Cert:

Special Requirements:

All medical records seen by Dr. Mallorie Tadriff

Provider Information

Provider: Alliance Physical Therapy
15425 N. Greenway Hayden Loop
ATTN: MEDICAL RECORDS
Scottsdale, AZ 85260

Phone: (480) 664-9988

Fax: (480) 515-1254

Electronic Order Data (If Applicable)

Patient Name:

Patient DOB:

Patient SSN:

Policy Number:

ID2:

ID3:

Provider Data: Alliance Physical Therapy for vestibular Therapy
Mallorie Tadriff
15425 N. Greenway Hayden Loop
Scottsdale, AZ 85260
4806649988

18/2/20 09:43:21 Prudential

→

7327764652 Darline Neill Page 865

Prudential

Group Disability Insurance

Group Disability Insurance Authorization

Member's Information

First Name

MI

Social Security Number (last four digits)

Date of birth (mm/yyyy)

99110

Phone Number

Digit Number

26

Authorization for Release of Information to Prudential Insurance Company

This authorization is intended to comply with HIPAA Rule.

I authorize and indicate any health plan, physician, health care professional, medical professional, hospital, clinic, laboratory, pharmacy, diagnostic facility, health workstation, or other organization that aggregates and maintains electronic data, HHS, Inc. (hereinafter known as the United Information Trust), medical facility or other health care provider or service provider or provider or provider that has provided information, present, or services to me or on my behalf ("the Provider") to disclose my entire medical record of any other information concerning me or my record in physical health to the Prudential Insurance Company of America (Prudential) for its health, insurance, and underwriting purposes. This includes information on the diagnosis or treatment of any health condition (including any chronic condition) and any other health condition. This includes information on the diagnosis and treatment of mental illness and the use of medical drugs, and devices, but excludes proprietary notes.

I authorize my insurance company, employer, the Social Security Administration, or other person or institution to provide any information, data, or records relating to my Social Security, Workers' Compensation, unemployment, earnings, activities, or other information to Prudential.

For purposes of this Authorization, I acknowledge that any agreement I have made with my Provider that prohibits the disclosure of any patient health information to disclosed below and not apply to this Authorization and I warrant My Providers to release and disclose my entire medical record without restriction, including any conditions or limitations herein or herein for which a health care provider has been paid or paid to be paid.

This information is to be disclosed under the Authorization to that Prudential may, (1) acknowledge receipt and confirm to be fully responsible for the receipt and use of the information, (2) obtain necessary consent, and (3) accept and accept all other necessary permissions that relate to any exchange or transfer of information to or from any applicable law or regulation.

This Authorization shall remain in effect for 24 months following the date of my signature herein, with the exception that, thereafter, I may terminate this Authorization at any time by written notice to Prudential. I understand that I have the right to revoke this Authorization at any time, in any form, by writing a written request for revocation to Prudential at PO Box 20466, Philadelphia, PA 19116. I understand that I have the right to revoke this Authorization at any time by writing a written request for revocation to my Provider or Prudential. I have signed this Authorization in the event that Prudential has a legal right to contact a medical provider or insurance provider to obtain the policy that I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and will no longer be protected by the HIPAA Privacy Rule, payment privacy and confidentiality of health information.

I understand that if I agree to sign this Authorization to release the entire medical record, Prudential may not be able to process my claims for benefits and may not be able to make a benefit payment. I understand that I have the right to terminate a copy of this Authorization.

Authorization for Release of Information to Prudential Insurance Company

X

Member (Signature) (last four digits) (Typed by me (last four digits))

Signature of agent

09/22/2020

© 2019 Prudential Insurance Company of America.

Prudential, the Prudential logo, the Rock logo and other marks of Prudential Insurance, Inc. and its subsidiaries, registered in appropriate jurisdictions.

ED 2014.02.01 EA 01/02/06

10/13/17

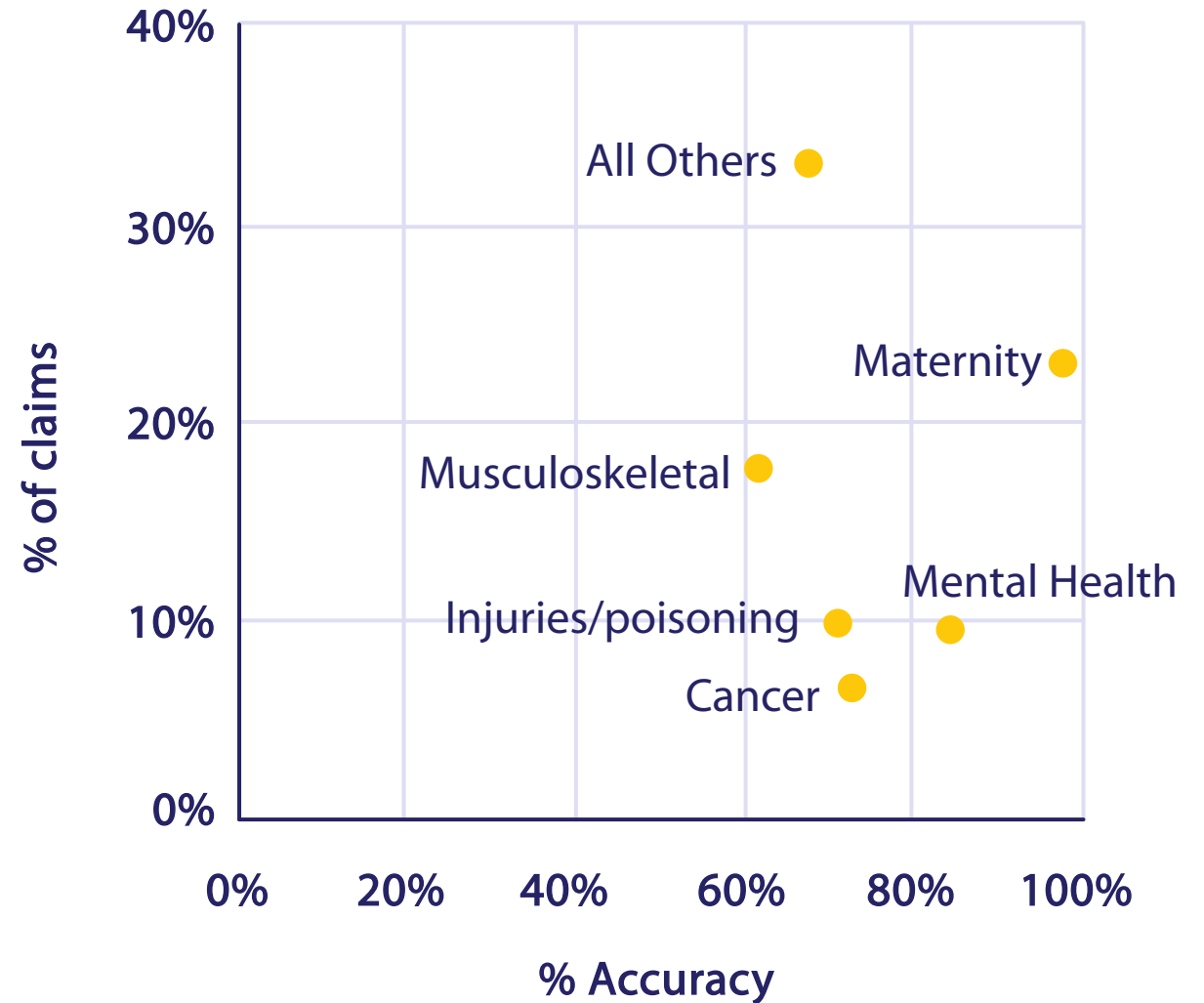
[illegible]

Examiners have to find the right information in the haystack of unstructured data

Examiners have to estimate medical recovery and return-to-work timelines

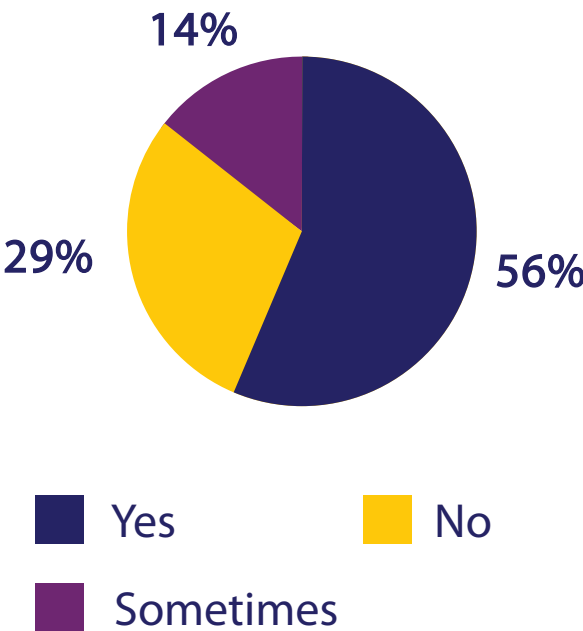
Examiners have to explain complex claims decisions to claimants

**At least 1 out of 4
primary diagnoses
entered at STD claim
intake are inaccurate**



The **Attending Physician Statement**,
a key entry point for
the Primary DX is...

Is APS Required At
STD approval?



RBC Insurance®

ATTENDING PHYSICIAN SUPPLEMENTARY STATEMENT

PATIENT'S INFORMATION

Name: Last First Middle

Date of Birth: (MM/DD/YYYY) Height (in/cm) Weight (lb/kg) Policy No(s)

DIAGNOSIS

- a) Primary diagnosis: (if psychiatric, indicate the DSM-IV, including all axes; if cardiac, include Cardiac Class and Blood Pressure at last visit)
- b) Secondary diagnosis: (including complications)
- c) Current symptoms which prevent or limit the patient's ability to work:
- d) Objective findings. Include the name of objective tests, dates performed and the results:
- e) If condition is due to pregnancy, what is the expected date of delivery? (MM/DD/YYYY)

TREATMENT

2. Date of latest visit: (MM/DD/YYYY) Frequency of visits: ☐ Weekly ☐ Monthly ☐ Other (specify)
3. Has the patient been hospitalized? ☐ Yes ☐ No If "Yes," indicate:
Name of hospital(s) Date(s) confined: from (MM/DD/YYYY) to (MM/DD/YYYY)
Name of hospital(s) Date(s) confined: from (MM/DD/YYYY) to (MM/DD/YYYY)
4. Has the patient had surgery in relation to this condition? ☐ Yes ☐ No If "Yes," indicate:
Name of procedure(s) Date(s) performed (MM/DD/YYYY)
5. Current medication(s):
Name of medication Dosage Date prescribed (MM/DD/YYYY)
Name of medication Dosage Date prescribed (MM/DD/YYYY)
Name of medication Dosage Date prescribed (MM/DD/YYYY)
6. Briefly summarize your treatment and return to work plan:
7. Is the patient non-compliant in any way with the recommended treatment plan? ☐ Yes ☐ No If "Yes," explain:
8. Are you aware of any personal, workplace or treatment factors of a primarily non-medical nature impacting the patient's ability to resume work? ☐ Yes ☐ No If "Yes," explain:

83738 (06/2008)

(OVER)

...inconsistently utilized & often misses key data points
around procedures or comorbidities

Long Term Disability Claims average 653 pages of documents per claim

DocsPack Sent - RECERT LTD (14:8)

Jun 11, 2025 • Roach, Taylor

Package ID: 14 Main Set: yes Status: COMPLETE Set ID: 8 Set Description: RECERT LTD (8) Recipient Name: Anthony Pecorara Recipient Type: Insured Completed Date: 06/11/2025 Completed Time: 3:48:50 PM Requested By: 401rtx Routing Type: Printer PACS-DOCS Document List: -- LTD 30 Day Letter (06/11/2025) -- Authorization to Obtain Info (06/11/2025) -- Occ-Ed Form (06/11/2025)

Action Plan

Jun 9, 2025 • Roach, Taylor

Claimant Name: Anthony Pecorara Claim #: 2012-07-02-0329-LTD-01 Policyholder: Ex 09/11/1979 Examiner Name: Taylor Roach Site Location: East Coast Office Date of L Diagnosis: paraplegia WFAM/R&L\2019s: under review Segment/Tier: 5 Claim Synop: Retail Co-Manager, a light occ. CX ceased working on DOL due to injuries sustained in complicated with open spinal fusion and DVT. CX lives with mother, drives regularly w activities per day, shops regularly, visits with friends weekly, and is a member of seve would not be capable of RTW due to his days being full and by the end of the day, he i CX has continued with speech and physical therapy along with wound care. CX may f CX's ability to stay in one position (in wheelchair/seated) for extended periods. It also cords which limit ability to speak at length. RN Conclusion 10/23/2014: There is supp paraplegia with voice fatigue and potential for skin breakdown. However claimant ex vocational assistance may be beneficial. FINANCIAL Review SSDI: Awarded; OVP res will consider with recert Internet/ Google Search: IG accts: https://www.instagram.co https://www.instagram.com/paddythepompom/?hl=en AO Date: 7/28/2013 Max Dur: discuss current status and barriers to working a sedentary occ Start POL for updated from MDs and therapists. Following rcpt of updated medical info, will review for at le:

Reassigned Claim

Jun 2, 2025 • Shorey, Susan

Reassigned from 426ril to Taylor for review. EE is wheelchair confined but may have s

er is filing and clmt is concerned

Apr 23, 2024 • Miller, Tracy

04/23/24 11 : 03 am est anthony percorara (tony) 843-934-8783 er has filed for bank that he can discuss with the ce amber patterson @ 267-256-3713 xfer the caller to th

MP

Feb 16, 2024 • Patterson, Amber

APS RECEIVED: 6/9/2021 DIAGNOSIS: PARAPLEGIA G82.20 NEUROMUSCULAR DYSF update in FT 2026

REA

Aug 20, 2019 • Bolks, Matthew

An REA was requested on 8/20/19 based on the medical review completed 8/20/19. According to this review: Claimant is still precluded from lifting greater than 5lbs. with no overhead reaching ongoing due to chronic bilateral shoulder pain with rotator cuff tear. Sedentary work function is supported and ongoing to facilitate continuance of care and avoid further injury. The claimant has been employed as a Bus Driver, School since 1998. The claimant graduated high school in 1980. She reports completing 4 years of training in Family Counseling from the National Christian Counseling Association but no degree was obtained and it is unclear what type of training program this was. The claimant reports she has not used a computer in the workplace. Based on the above restrictions and limitations and in consideration of the claimant\2019s education and occupational history no alternative occupations have been identified at a sedentary exertion level.

NTF - Status 8/2019

Aug 20, 2019 • Mack, Jeff

Per 8/2019 RN reveiw, claimant has sedentary WF. As a result - CE has sent file to VRS for REA completiong based on current WF. AO = 7/29/2020. If no alt occs, consideration for AO approval and migration referral to be completed.

Medical

Aug 20, 2019 • Saladores, Abe

The claimant is a 57-year old (03/21/1962) female, right hand dominant, School Bus Drive (physical job exertion not specified) with 04/26/18 date of loss due to a left arm injury with manual pulling and pushing pressure brake for student pick up. Claimant seen by Dr. Olenchak (Orthopedics) for chronic bilateral shoulder pain and had cortisone injection on 10/08/18 with mild pain relief. Claimant declined surgery but will continue conservative care including medication management (Motrin, Tylenol), activity modification, rest, alternating ice/heat application, physical therapy along with home exercise program. Right shoulder MRI on 01/14/19 showed significant findings. She has restrictions of no lift/carry more than 5 pounds, no extending lifting/reaching, no overhead work. As per orthopedist evaluation on 01/22/19, pain persisted, right shoulder greater than left. She again received cortisone injection on bilateral shoulder on 01/07/19 with reported temporary relief for 1-2 weeks. She stated that PT helps and been doing HEP. Medications provided minimal relief. She\2019s still not interested in left shoulder surgery and stated that right shoulder is much worse. MD opined based on claimant\2019s symptoms and course of treatment so far, plans were to proceed with continued conservative management and hold on to surgical intervention. Please see prior reviews for in depth history of treatment to date. Since the last review, as per Office Visit Notes dated 01/07/19 to 02/04/19 from Dr. Olenchak (Orthopedics), claimant contiously being followed for bilateral shoulder pain. She had been diagnosed with rotator cuff tendinopathy, AC joint arthrosis, and biceps tendinopathy in bilateral shoulder. She also has rotator cuff tear on the left as seen in ultrasound and MRI. As of 02/04/19, MD recommended continuance of conservative care and hold on surgical interventions for now. She was advised to follow-up with Dr. Holcomb if she decides to have surgical intervention. Progress Notes dated 01/25/19 to 05/21/19 from Dr. Holcomb (Orthopedic Surgery), claimant reported right shoulder worsening pain as compared to the left. Her injections in both shoulders helped temporarily. Right shoulder pain was described as aching and rated as 5/10 and aggravated by movement. She was diagnosed with complete tear of rotator cuff in both shoulders. Right shoulder arthroscopic rotator cuff repair was recommended. On 03/05/19, claimant was first seen after her right arthroscopic rotator cuff repair and been wearing a sling. By 04/04/19, pain was improving and use of sling was discontinued and was advised to use the arm for ADLs with no lifting more than 5lbs. As of 05/21/19, she stated that she has been working with physical therapy. She had a week off from therapy and went to travel to Arizona and Mexico and now expects to resume therapy. She reported mild pain on the right shoulder status post surgery. Range of motion was decreased as compared to the left. Since claimant has some limitation in her range of motion, MD encouraged continuance of PT as it is expected that the recovery is slow. She may use her right arm for daily activities. NOV in 6 weeks. Conclusion: Based on review of medical records, while claimant is still recovering from right shoulder surgery, mild pain and decreased range of motion was still noted which requires further rehabilitation. Claimant noted with slow recovery status post right surgery and claimant\2019s left symptoms appears ongoing although not as worse as compared to the right. Claimant is still precluded from lifting greater than 5lbs. with no overhead reaching ongoing due to chronic bilateral shoulder pain with rotator cuff tear. Sedentary work function is supported and ongoing to facilitate continuance of care and avoid further injury. Prognosis to at least Light capacity is possible if with continued

Examiners have to estimate medical recovery and return-to-work timelines

Examiners have to explain complex claims
decisions to claimants

Client Sample:



GERD

(K21.9) (gastroesophageal
reflux disease) diagnoses



1 Day Duration

The actual outcome timelines are **very different** from what Official
Disability Guidelines would recommend

Description	ODG Best Practice (B)	ODG Average Duration (A)	Actual Client Mean Duration	Difference
Heartburn	1d	8d	33d	+25d

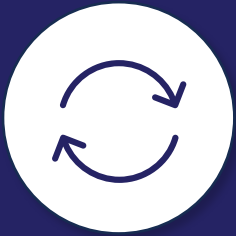
**Examiners have to explain complex claims
decisions to claimants**

Leave of Absence and Disability for Maternity

STD Claim	6 weeks	Up to 80% of pay
NY DBL	4 weeks + 6 weeks	50% of average weekly pay, up to \$170
NY PFL	12 weeks	67% of average weekly pay, up to \$1177
FMLA	12 weeks	Unpaid federal job protection after 12 months
Company Policy	14 weeks	14 weeks of full pay, benefits, and job protection concurrent with disability benefits



**Sometimes the claimant
experience **isn't ideal****



**Rework
Overload**



**Employee
Frustration**



**Delayed
Recovery**

How does AI help with claims management **right now?**

1

Accurate Data Transformation

Claims decisions and absence management is only as good as the data it's built on

2

Useful Data Extraction

Gathering and extracting all the information that is needed to make claims decisions

3

Pattern Recognition


Identifying meaningful patterns in the extracted data to reveal predictions for claim trajectories

4

Rationalized Insights

Helping claims handlers explain decisions and discuss options with claimants

Deblur



Xpress Wellness Urgent Care
220 S Van Buren St
Enid, OK 73703-5812
580-234-9355 F: 580-540-3016

DOCTOR'S NOTE

To whom it may concern, **VALERIE PARKER** was seen at Xpress Wellness Urgent Care (ENID) on **1/10/2025** by **HEITKAMP, A.**

Date of
Full Name
SSN
Date of initial onset/injury: 1/9/2025
Reason: Right of ribcage

Diagnoses:

- Sprain of ribs, initial encounter (S23.41XA)
- Sprain of unspecified site of right knee, initial encounter (S83.91XA)

Disposition:

- You were seen today for a work related injury. We did obtain x-ray imaging of your ribs and knee that did not show any broken bones. You likely have sprains of these areas that should recover with supportive care. For the rib injury, I provided you with an incentive spirometer. This is to help prevent pneumonia. You can also try Tylenol/ibuprofen, heat/ice, and lidocaine patches. For the knee, we did provide you with a brace. You can do similar supportive care for the knee. For now, please follow the restrictions provided to help you heal appropriately. You will need to follow up with me on 1/16/25 for re-evaluation.

General-Drink plenty of fluids - Get plenty rest - ER-If your condition worsens, we recommend that you receive another evaluation in the Emergency Department immediately or contact your primary medical provider's after hours call service to discuss your concerns. You must understand that you have received an Urgent Care treatment only and that you may be released before all of your medical problems are known or treated. You, the patient, will arrange for follow up care as instructed.

Tylenol may be used every 4-6 hours for pain or fever. Avoid if you have liver problems. Ibuprofen may be used every 6-8 hours for pain or fever. Avoid use if you have kidney or stomach problems. Discuss the correct dosing with your pharmacist.

RICE treatment recommended - REST as much as possible; apply ICE for 20 minutes at a time 4 times a day, COMPRESS by wearing a sleeve/ACE wrap or continue wearing splint if placed to the injured area; ELEVATE the injured area(s) above the level of the heart if possible. Ibuprofen is preferred for inflammation. All will help to reduce inflammation though and make you feel better sooner.

PLEASE GO TO ER IF YOU DEVELOP ANY WORSENING OF SYMPTOMS, SHORTNESS OF BREATH, OR DIFFICULTY BREATHING

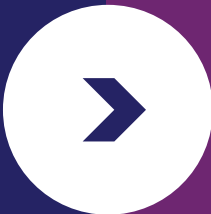
Work Restrictions:


- Patient Fit for duty with the following restrictions as of 1/10/2025

Signed By:
(HEITKAMP, ALYSSA, PA)

Page 1 of 2

PAGE 2113 * RCVD AT 3/17/2025 2:22:29 PM [Central Daylight Time] * SVR:KAU1P45014 * DNS:708670235 * CSD:InterFAX * DURATION (mm-ss):04-53





Xpress Wellness Urgent Care
220 S Van Buren St
Enid, OK 73703-5812
580-234-9355 F: 580-540-3016

DOCTOR'S NOTE

To whom it may concern, **VALERIE PARKER** was seen at Xpress Wellness Urgent Care (ENID) on **1/10/2025** by **HEITKAMP, A.**

Date of Vi
Full Name
SSN: ***
Date of initial onset/injury: 1/9/2025
Reason: Right of ribcage

Diagnoses:

- Sprain of ribs, initial encounter (S23.41XA)
- Sprain of unspecified site of right knee, initial encounter (S83.91XA)

Disposition:

- You were seen today for a work related injury. We did obtain x-ray imaging of your ribs and knee that did not show any broken bones. You likely have sprains of these areas that should recover with supportive care. For the rib injury, I provided you with an incentive spirometer. This is to help prevent pneumonia. You can also try Tylenol/ibuprofen, heat/ice, and lidocaine patches. For the knee, we did provide you with a brace. You can do similar supportive care for the knee. For now, please follow the restrictions provided to help you heal appropriately. You will need to follow up with me on 1/16/25 for re-evaluation.

General-Drink plenty of fluids - Get plenty rest - ER-If your condition worsens, we recommend that you receive another evaluation in the Emergency Department immediately or contact your primary medical provider's after hours call service to discuss your concerns. You must understand that you have received an Urgent Care treatment only and that you may be released before all of your medical problems are known or treated. You, the patient, will arrange for follow up care as instructed.

Tylenol may be used every 4-6 hours for pain or fever. Avoid if you have liver problems. Ibuprofen may be used every 6-8 hours for pain or fever. Avoid use if you have kidney or stomach problems. Discuss the correct dosing with your pharmacist.

RICE treatment recommended - REST as much as possible; apply ICE for 20 minutes at a time 4 times a day, COMPRESS by wearing a sleeve/ACE wrap or continue wearing splint if placed to the injured area; ELEVATE the injured area(s) above the level of the heart if possible. Ibuprofen is preferred for inflammation. All will help to reduce inflammation though and make you feel better sooner.

PLEASE GO TO ER IF YOU DEVELOP ANY WORSENING OF SYMPTOMS, SHORTNESS OF BREATH, OR DIFFICULTY BREATHING

Work Restrictions:

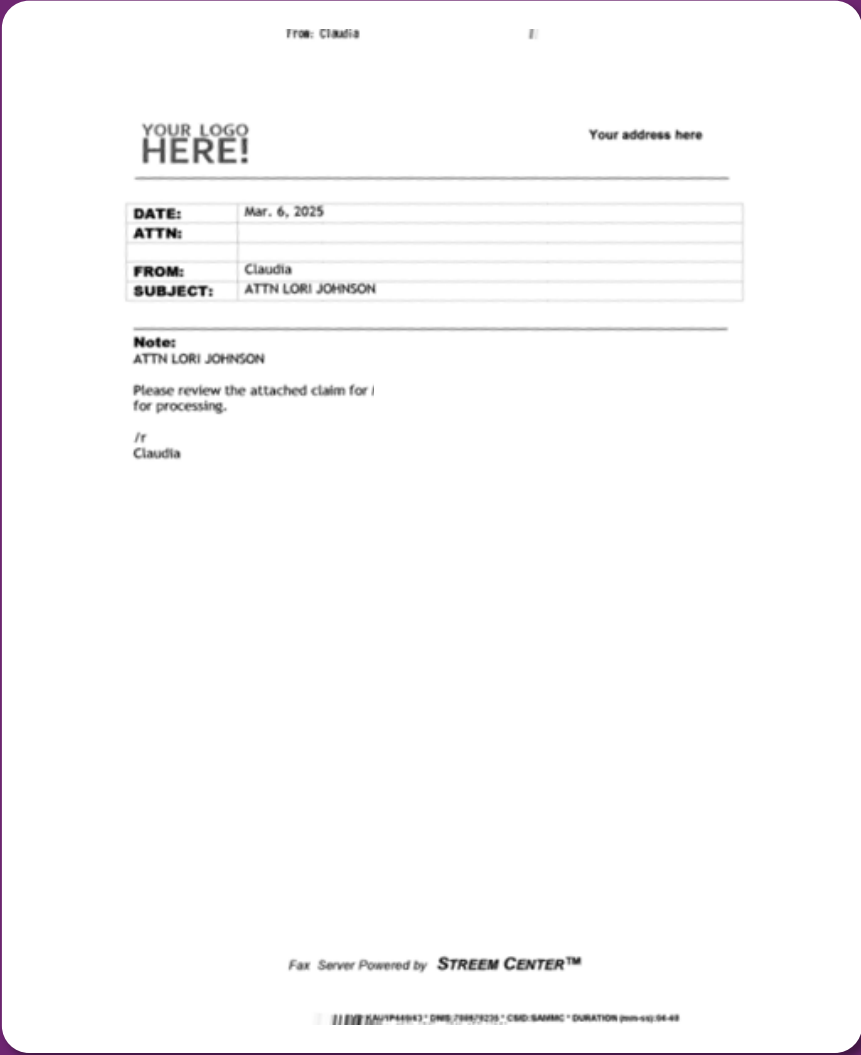
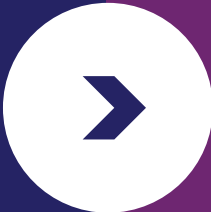
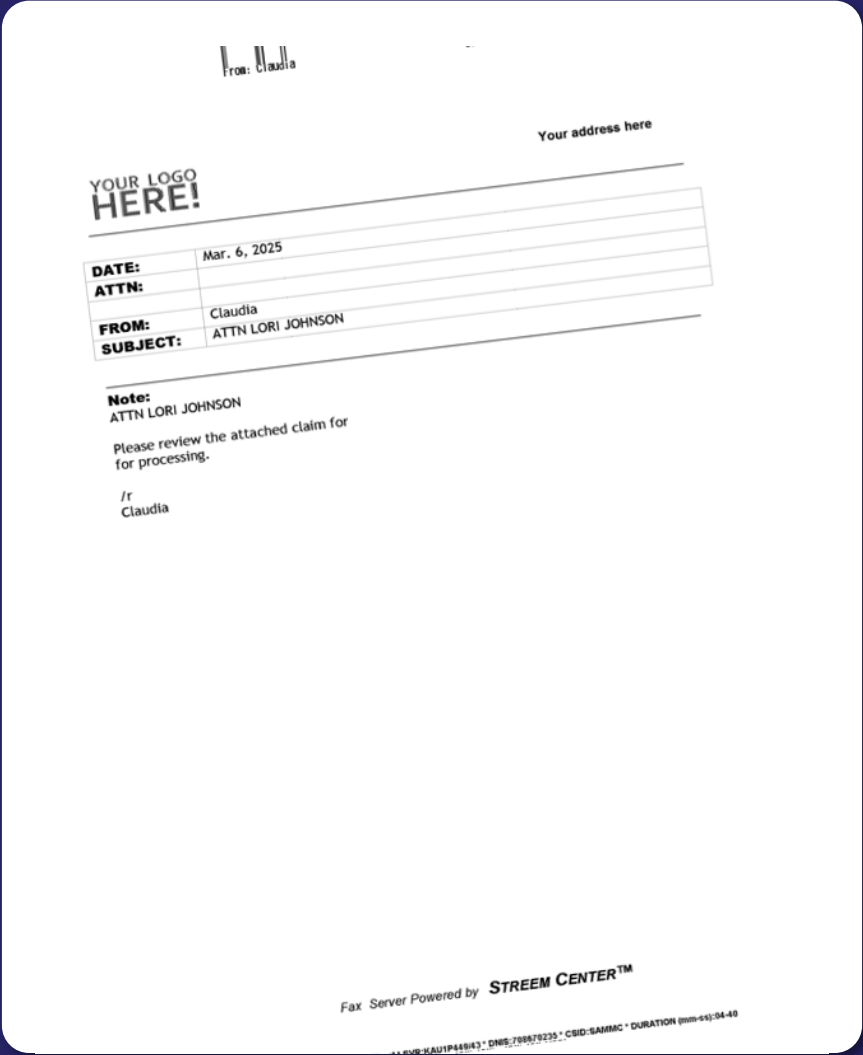
- Patient Fit for duty with the following restrictions as of 1/10/2025

Signed By:
(HEITKAMP, ALYSSA, PA)

Page 1 of 2

PAGE 2113 * RCVD AT 3/17/2025 2:22:29 PM [Central Daylight Time] * SVR:KAU1P45014 * DNS:708670235 * CSD:InterFAX * DURATION (mm-ss):04-53

Deskew



Keyhole correction



CareNow
5304 Cane Ridge Road
Nashville, TN 37013-3839
615-846-4545 F: 615-717-6239

Transcription

Historian: Self

Triage Notes:

- CC: Laceration to LEFT middle finger - patient was on job site, digging, and came into contact with a broken glass bottle.
- Numbness & tingling in LEFT middle/ring/index fingers; middle finger throbbing
- WC F/U 3/13/25: Pt presents to clinic to get stitches removed left middle ring finger,

History of Present Illness:

Complaint:

- Patient came in for a follow-up of laceration of the left middle finger which was originally seen on 03/05/2025. Original Onset was Wed, Mar 05, 2025 at 10:45 AM. The patient describes the severity as 9/10, with 10 being the worst imaginable.

Context - Initial History: presents with laceration of distal phalanx volar surface of left middle finger while at work today from broken glass.

Review of Systems:

The patient complains of the following recent symptoms:

- Skin:
 - laceration: See HPI

The patient denies the following recent symptoms:

- Neurological: denies numbness/tingling, loss of consciousness, weakness
- Musculoskeletal: denies swelling

Allergies:

- Penicillins: Drug allergy. Mild allergy.

Medications:

patient specifies no active medications

Problem List:

- Unspecified open wound of left middle finger without damage to nail, initial encounter (status Active)
- Encounter for examination and observation following work accident (status Active)

Vitals:

- 10:06 AM (03/13/2025)
Pulse: 67 BPM, BP: 132/82 (Arm [L]), Respirations: 18/min, O2 Saturation: 100%, O2 Delivery: RA, Weight: 217.80 LBS,
Height/Length: 5' 10", BMI: 31.3
First entered 03/13/2025 10:06 by Ohara MA, Charnaja
Last edited 03/13/2025 10:08 by Ohara MA, Charnaja

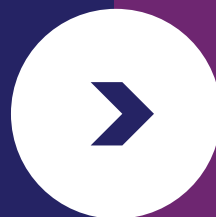
Physical Exam:

The following exam elements were documented to be abnormal:

- Skin (Left): open wound of distal upper extremity noted.
left middle finger distal phalanx volar surface with 2-cm semi-circular laceration.

The following exam elements were documented to be normal:

- Muscular (Left): normal range of motion of hand, thumb, and finger joints.



CareNow
5304 Cane Ridge Road
Nashville, TN 37013-3839
615-846-4545 F: 615-717-6239

Transcription

Historian: Self

Triage Notes:

- CC: Laceration to LEFT middle finger - patient was on job site, digging, and came into contact with a broken glass bottle.
- Numbness & tingling in LEFT middle/ring/index fingers; middle finger throbbing
- WC F/U 3/13/25: Pt presents to clinic to get stitches removed left middle ring finger,

History of Present Illness:

Complaint:

- Patient came in for a follow-up of laceration of the left middle finger which was originally seen on 03/05/2025. Original Onset was Wed, Mar 05, 2025 at 10:45 AM. The patient describes the severity as 9/10, with 10 being the worst imaginable.

Context - Initial History: presents with laceration of distal phalanx volar surface of left middle finger while at work today from broken glass.

Review of Systems:

The patient complains of the following recent symptoms:

- Skin:
 - laceration: See HPI

The patient denies the following recent symptoms:

- Neurological: denies numbness/tingling, loss of consciousness, weakness
- Musculoskeletal: denies swelling

Allergies:

- Penicillins: Drug allergy. Mild allergy.

Medications:

patient specifies no active medications

Problem List:

- Unspecified open wound of left middle finger without damage to nail, initial encounter (status Active)
- Encounter for examination and observation following work accident (status Active)

Vitals:

- 10:06 AM (03/13/2025)
Pulse: 67 BPM, BP: 132/82 (Arm [L]), Respirations: 18/min, O2 Saturation: 100%, O2 Delivery: RA, Weight: 217.80 LBS,
Height/Length: 5' 10", BMI: 31.3
First entered 03/13/2025 10:06 by Ohara MA, Charnaja
Last edited 03/13/2025 10:08 by Ohara MA, Charnaja

Physical Exam:

The following exam elements were documented to be abnormal:

- Skin (Left): open wound of distal upper extremity noted.
left middle finger distal phalanx volar surface with 2-cm semi-circular laceration.

The following exam elements were documented to be normal:

- Muscular (Left): normal range of motion of hand, thumb, and finger joints.

Transcribing Data

		Constantly: > 5.5 Hrs/Day > 2/2 of the Day	Frequently: 2.5 - 5.5 Hrs/Day 1/2 - 2/2 of the Day	Occasionally: Up to 2.5 Hrs/Day Up to 1/2 of the Day	0 Hours	Check if supported by clinical findings	Does Not Apply to Diagnosis
Sitting:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching:	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Desk Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Below Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment of Physical Abilities:

- **Mobility:** Claimant can occasionally reach overhead, desk level, and below waist level.

Overhead

☐☐☒☐☐

Desk Level

☐☐☒☐☐

Below Waist

☐☐☒☐☐

How does AI help with claims management **right now?**

1

Accurate Data Transformation

Claims decisions and absence management is only as good as the data it's built on

2

Useful Data Extraction

Gathering and extracting all the information that is needed to make claims decisions

3

Pattern Recognition

Identifying meaningful patterns in the extracted data to reveal predictions for claim trajectories

4

Rationalized Insights

Helping claims handlers explain decisions and discuss options with claimants

Extracting CPT Codes

Primary Diagnosis at Intake: M54.1 Cervicalgia

Cervicalgia is a term for pain or discomfort in the neck, specifically the area of the cervical spine. It can range from a mild ache to sharp, stabbing pain and may radiate to other areas like the shoulders or arms.



Unstructured Note



May 30, 2024

3 months status post C3-6 laminoplasty for cervical stenosis and myelopathy
still recovering from his cervical spine operation
spinal cord can continue to heal up to a year and half
patient has evidence of peripheral nerve entrapment on EMG

Extracting Medical Information

5 [2024-05-05aps_1-scan.pdf](#)  

APS | Created by Extenral MD, Primary Care on 05/05/2024

As an administrative assistant, Ms. Parker's role requires prolonged periods of sitting, typing, and frequent bending to retrieve files and other materials. These tasks exacerbate her pain and functional limitations. During her initial evaluation, she reported difficulty sitting for more than 20 minutes without experiencing sharp, shooting pain down her leg. She also noted challenges with bending...

4 [Radiology Report - MRI Lumbar Spine_Super_Tool_48-output.pdf](#) 

Medical Record | Created by External MD, Radiologist on 05/02/2024

...disc bulge at L4-L5 resulting in moderate to severe bilateral foraminal narrowing and impingement of the exiting L4 nerve Roots. 2. Focal disc protrusion at L5-S1 with annular fissure, causing moderate left foraminal narrowing and impingement of the exiting L5 nerve root.

3 [Microdiscectomy 6/20/24 OVN 2.pdf](#) 

Medical Record | Created by External MD, Orthopedic Surgeon on 06/20/2025

...Indications:

Ms. Parker presents for surgical intervention for persistent lower back pain with left leg sciatica, refractory to conservative treatment

Procedure:

The patient was brought to the operating room and placed under general anesthesia...

2 [Note - May 5, 2024](#)  

Claim Examiner Note | Created by Claim Examiner on 05/05/24

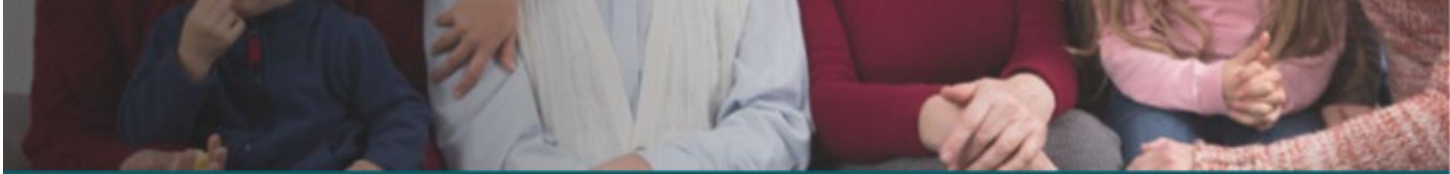
...with lumbar disc disease with sciatica.

It's causing me a lot of pain in my lower back and left leg, and it's making it difficult to sit, stand, and walk for any extended period of time. I'm an administrative assistant, and my job requires me to sit at a desk for most of the day. I'm also required to do a lot of bending and lifting. I've been having a lot of trouble doing my job since the pain sta...

 Sort: Most Recent

 1 

Extracting Regulatory & Policy Information



SECTIONS

Overview

Frequently Asked Questions

Employer Resources

Overview

What's new for 2025

Since first launching in 2018, New York State Paid Family Leave has provided critical benefits to [improve the lives of tens of thousands of working New Yorkers and their families](#). In addition to ongoing enhancements, the wage replacement benefits continue to increase in line with the New York State Average Weekly Wage.

Read on to learn how Paid Family Leave may be able to help you and your family in 2025.

Up to 12 weeks of leave

New York State Paid Family Leave provides eligible employees with up to 12 weeks of job protected, paid time off to bond with a new child, care for a family member with a serious health condition, or to assist loved ones when a family member is deployed abroad on active military service. This time can be taken all at once, or in increments of full days.

At 67% of pay (up to a cap)

Of the current New York State Average Weekly Wage (NYSAWW). For 2025, the NYSAWW is \$1,757.19, which means the maximum weekly benefit is \$1,177.32. This is \$26.16 more than the maximum weekly benefit for 2024.

Employees can get an estimate of their benefits using the [PFL 2025 Benefits Calculator](#).

Paid Family Leave Benefits Examples

Worker's Average Weekly Wage	Weekly PFL Benefit*
\$600	\$402
\$1,000	\$670
\$2,000	\$1,177.32

*The weekly PFL benefit is capped at \$1,177.32(67% of the NYSAWW).

Same strong protections

Employees can take leave to care for their family members knowing New York has their backs. With some of the nation's strongest worker protections, New York State Paid Family Leave guarantees

How does AI help with claims management **right now?**

1

Accurate Data Transformation

Claims decisions and absence management is only as good as the data it's built on

2

Useful Data Extraction

Gathering and extracting all the information that is needed to make claims decisions

3

Pattern Recognition

Identifying meaningful patterns in the extracted data to reveal predictions for claim trajectories

4

Rationalized Insights

Helping claims handlers explain decisions and discuss options with claimants

Identifying patterns to forecast medical recovery timelines and outcomes

Claim Details

Age: 63

Gender: Female

Diagnosis: *Osteoarthritis of Right Knee*

Policy Type: 180 day

Examiner Estimated Recovery:

65 days

AI Predicted Duration: **93 days**

Sedentary lifestyle

Multiple
comorbidities

Claim Details

Age: 56

Gender: Male

Diagnosis: *Osteoarthritis of Right Knee*

Policy Type: 180 day

Examiner Estimated Recovery:

65 days

AI Predicted Duration: **51 days**

Younger age

Maintaining healthy
weight

What else could we do together?

1

Accurate Data Transformation

Claims decisions and absence management is only as good as the data it's built on

2

Useful Data Extraction

Gathering and extracting all the information that is needed to make claims decisions

3

Pattern Recognition

Identifying meaningful patterns in the extracted data to reveal predictions for claim trajectories

4

Rationalized Insights

Helping claims handlers explain decisions and discuss options with claimants

Identify and Justify Impactful Specialist Interventions

Refer to a Behavioral Health Expert to determine next steps.

Accept

Reject

Why these recommendations? ^

💡 Recovery Challenge

The claimant's substance use disorder is hindering recovery and return to work, despite current treatment.

A BH-NCM can coordinate integrated care, address relapse triggers, and optimize support, significantly reducing the risk of claim escalation and improving long-term recovery.

Refer to a Clinical Expert to determine next steps.

Accept

Reject

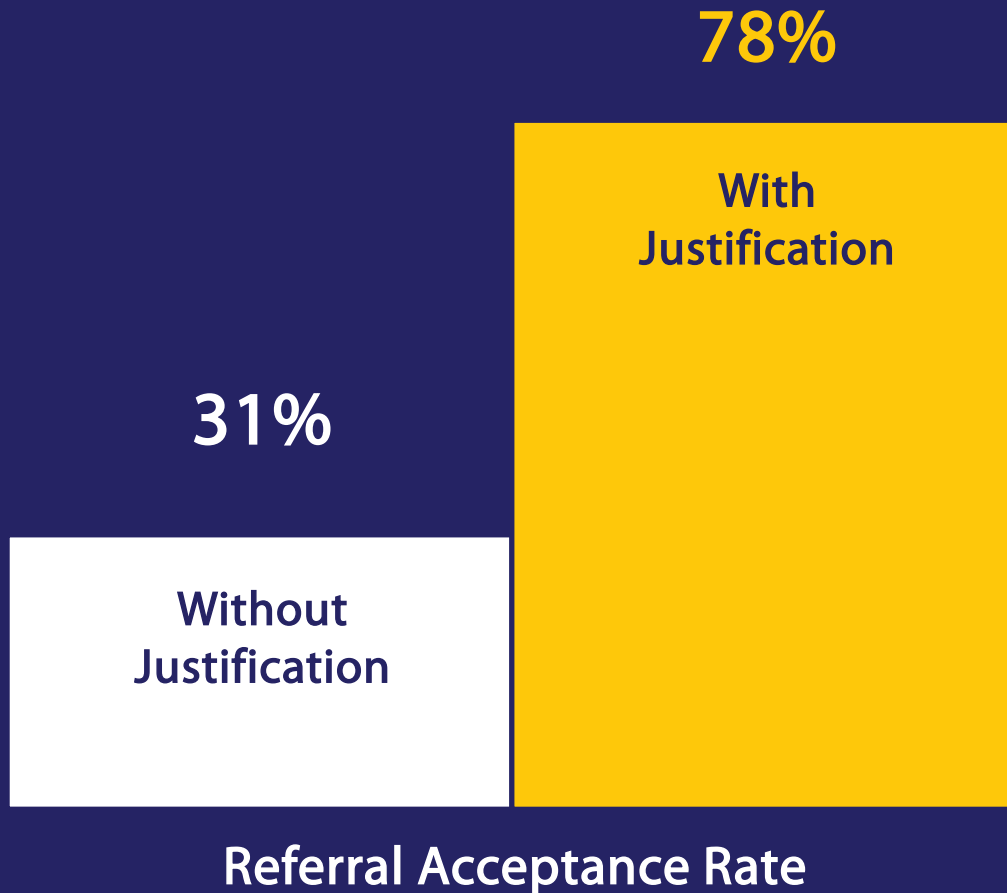
Why these recommendations? ^

💡 Inconsistent Care

The claimant isn't receiving regular, appropriate care due to missed appointments and inconsistent treatment.

Clinical intervention is vital to identify and address these gaps, ensuring they get the medical support needed for recovery and to avoid a prolonged claim.

Why is justification so important? To keep humans in the loop.





Questions?

EvolutionIQ
A CCC COMPANY