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Insurance Company Medical Records Review in Personal Injury Cases

After a accident resulting in personal injuries, an insurance company will conduct an investigation of the medical treatment you received as a result of the accident. They do this to determine their responsibility for your injuries and other damages and to limit their liability to anything that falls outside the scope of the accident.

To begin, a claims adjuster or other insurance personnel will typically request a recorded statement. This statement may or may not be taken under oath, depending on whether or not there are questions surrounding liability or policy coverage. It is highly inadvisable in a case with significant injuries and damages to provide the interview in the absence of an attorney. There are situations where the interview is inadvisable even with an attorney present.

In the event that the interview is conducted, the adjuster will ask general questions surrounding the accident, as well as more detailed questions surrounding the medical care you have received and any prior accidents or injuries. You will then be asked to make a statement that what you have said is true and correct to the best of your knowledge.

The adjuster will want to obtain your personal medical information directly from your health care providers. In order for them to do this, Federal law requires that they have your signed authorization. Again, the decision of whether and when to provide a release to the insurance company is something that should be carefully considered with the advice of an attorney.

In most cases, the adjuster will only request documents directly related to the accident. However, it is not uncommon for an insurance company to request medical records prior to the accident, as these prior records may outline pre-existing conditions that could lead to an reduction in liability. As such, the scope of the release may also become an issue.

The insurance company will be attempting through a review of your medical records to determine whether or not the injuries alleged in the accident actually occurred. They may dispute the existence of any accident related injuries. A outright denial of injuries is most common in soft-tissue injuries despite the well established medical literature on the seriousness and duration of soft-tissue injuries.

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**Main Office:
400 Gold Ave. SW
Suite 500
Albuquerque, NM 87102
(505) 242-5958**

<http://www.newmexicoinjuryattorneyblog.com/>

The insurance company will also attempt to determine if the injuries were pre-existing in nature. Pre-existing injuries may reduce and in some circumstances negate a claim for damages. On the other hand, pre-existing injuries may be greatly aggravated by an accident. It is up to the injured party, his or her attorney and doctors to prove damages or aggravation of damages.

There are some insurance companies that will try to tie injuries suffered in the accident to even the most trivial prior medical issues. These same companies will often deny the existence of even very serious injuries. A good place to start to determine whether you are dealing with one of these companies is the [JD Power rankings of insurance companies](#). You can also search for the insurance company and bad faith insurance practices to determine what to expect when dealing with the insurance company in your case.

There are many insurance companies that deal fairly and responsibly with accident victims. Even with these companies, the issues can be rather complex and difficult suggesting the need for legal counsel. There are others that simply do not play fair. These insurance companies can be difficult to deal with even for an experienced personal injury attorney. Unfortunately, a party acting on his or her own behalf stands little if any chance of a fair settlement with these firms.

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