Disability Evaluation
Under Social Security

Revised Medical Criteria for Evaluating

Endocrine Disorders

Effective

June 7, 2011

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Why a Revision?

Social Security revisions reflect:

• SSA’s adjudicative experience.

• Advances in medical knowledge.

• Methods of evaluating and treating endocrine disorders.

• Information from medical experts.

• Public comments received in response to a Notice of Proposed Rulemaking (NPRM).
Why a Revision? (cont)

• The last comprehensive revision to the Endocrine Listings was on December 6, 1985.
  – Specific listing revisions were made in 1993, 1999, and 2002, however, these revisions were not comprehensive

• These final rules will remain in effect 5 years “after the effective date” unless:
  – SSA extends the effective date

  or

  – SSA chooses to revise the rules before the end of the 5-year period

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Rule Making

• The Advanced Notice of Proposed Rulemaking (ANPRM) was published in the Federal Register on April 11, 2005.

• A NPRM (Notice of Proposed Rulemaking) was made on December 14, 2009 allowing public commentary until February 12, 2010.

• Clarity of these Proposed Rules:
  – In addition to inviting public substantive comments, SSA invites commentary on how to make the rules easier to understand. For example they asked:
    • “Have we (SSA) organized the material to suit your needs?”
    • “Are the requirements in the rules clearly stated?”
    • “Do the rules contain technical language or jargon that is not clear?”

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The Revisions

• Revise and expand the introductory text to the endocrine body system

• Remove all of the current adult listings in the endocrine body system, which include:
  
  9.02 Thyroid Disorders
  9.03 Hyperparathyroidism
  9.04 Hypoparathyroidism
  9.05 Neurohypophyseal Insufficiency (Diabetes Insipidus)
  9.06 Hyperfunction of the Adrenal Cortex
  9.08 Diabetes Mellitus
When will we use these final rules?

We will use these final rules beginning on their effective date, June 7, 2011. We will continue to use the current listings until the date these final rules become effective. We will apply the final rules to new applications filed on or after the effective date of the final rules and to claims that are pending on and after the effective date.

This means that we will use these final rules on and after their effective date in any case in which we make a determination or decision.
What are the listings and how do we use them?

Listings describe medical conditions that are so severe that we presume any person who has a medical condition(s) that satisfies the criteria of a listing is unable to perform any gainful activity and, therefore, is disabled. The inability to work must also have lasted or be expected to last for at least 12 continuous months or be expected to result in death.

Thus, the listings are special rules that provide us with a mechanism to identify claims that should clearly be allowed [approved].
Why the Revisions?

• SSA is revising the listings for endocrine disorders because:
  – Medical science has made significant advances in detecting endocrine disorders at earlier stages and
  – Newer treatments have resulted in better management of these conditions since the last comprehensive revisions were made in 1985
Why the Revisions? (cont)

• Consequently, most endocrine disorders do not reach listing-level severity because:
  – they do not become sufficiently severe
  – or
  – do not remain at a sufficient level of severity long enough to meet the 12-month duration requirement
Why the Revisions? (cont)

• Many of the current listings in the endocrine system are “reference listings” – listings that are met by satisfying the criteria of other listings.
  – SSA has been removing reference listings from all of the body systems as they have been revised and these changes are consistent with that approach.

• Therefore SSA has determined that there will no longer be listings in section 9.00 based on endocrine disorders alone.
Future Plan

Social Security is planning to publish a Social Security Ruling (SSR) with more detailed information about specific endocrine disorders, including DM, the types of impairments and limitations that result from these disorders, and how SSA determines whether individuals who have these disorders are disabled.

The SSR will address some of the symptoms and signs of DM that are not covered by listings in other body systems.
What is an endocrine disorder?

An endocrine disorder is a medical condition that causes a hormonal imbalance. When an endocrine gland functions abnormally, producing either too much of a specific hormone (hyperfunction) or too little (hypofunction), the hormone imbalance can cause various complications in the body.
Major Glands of the Endocrine System

- Pituitary
- Thyroid
- Parathyroid
- Adrenal
- Pancreas
How do we evaluate the effects of endocrine disorders?

We evaluate impairments that result from endocrine disorders under the listings for other body systems.

The following slides will provide reviewers with some examples.
Pituitary gland disorders disrupt hormone production and normal functioning in other endocrine glands and in many body systems. The effects of pituitary gland disorders vary depending on which hormones are involved.

For example, when pituitary hypofunction affects water and electrolyte balance in the kidney and leads to diabetes insipidus:

- Evaluate the effects of recurrent dehydration under 6.00
The Thyroid Gland

Thyroid gland disorders affect the sympathetic nervous system and normal metabolism.
Evaluate thyroid–related:

— Changes in blood pressure and heart rate that cause arrhythmias or other cardiac dysfunction under 4.00

— Weight loss under 5.00

— Hypertensive cerebrovascular accidents (strokes) under 11.00

— Cognitive limitations, mood disorders, and anxiety under 12.00
The Parathyroid Gland

Parathyroid gland disorders affect calcium levels in bone, blood, nerves, muscle, and other body tissues.
The Parathyroid Gland (cont)

Evaluate parathyroid-related:

- Osteoporosis and fractures under 1.00
- Abnormally elevated calcium levels in the blood (hypercalcemia) that lead to cataracts under 2.00
- Kidney failure under 6.00
- Recurrent abnormally low blood calcium levels (hypocalcemia) that lead to increased excitability of nerves and muscles, such as tetany and muscle spasms, under 11.00
The Adrenal Gland

Adrenal gland disorders affect bone calcium levels, blood pressure, metabolism, and mental status.
The Adrenal Gland (cont)

Evaluate adrenal-related:

— Osteoporosis with fractures that compromises the ability to walk or to use the upper extremities under 1.00

— Hypertension that worsens heart failure or causes recurrent arrhythmias under 4.00

— Weight loss under 5.00

— Mood disorders under 12.00
Diabetes Mellitus

Diabetes mellitus and other pancreatic gland disorders disrupt the production of several hormones, including insulin, that regulate metabolism and digestion.

Insulin is essential to the absorption of glucose from the bloodstream into body cells for conversion into cellular energy.
Diabetes Mellitus
(cont)

The most common pancreatic gland disorder is diabetes mellitus (DM).

There are two major types of DM:

- Type 1  and
- Type 2

Both type 1 and type 2 are chronic disorders that can have serious disabling complications that meet the duration requirement.
Type 1 DM previously known as “juvenile diabetes” or “insulin-dependent diabetes mellitus” (IDDM)—is an absolute deficiency of insulin production that commonly begins in childhood and continues throughout adulthood.

Treatment of type 1 DM always requires lifelong daily insulin.
With type 2 DM—previously known as “adult-onset diabetes mellitus” or “non-insulin-dependent diabetes mellitus” (NIDDM) – the body’s cells resist the effects of insulin, impairing glucose absorption and metabolism.

Treatment of type 2 DM:

— Generally requires lifestyle changes, such as increased exercise and dietary modification
— Sometimes insulin in addition to other medications
While both type 1 and type 2 DM are usually controlled, some persons do not achieve good control for a variety of reasons including, but not limited to:

- Hypoglycemia unawareness
- Other disorders that effect blood glucose levels
- Inability to manage DM due to a mental disorder
- Inadequate treatment
What is Hypoglycemia Unawareness?

Hypoglycemia unawareness is when you lose consciousness without ever knowing your blood glucose levels were dropping or that you were showing other symptoms of hypoglycemia. It tends to happen to people who have had diabetes for many years, but it doesn't happen to everyone.

Hyperglycemia

Both types of DM cause hyperglycemia, which is an abnormally high level of blood glucose that may produce acute and long-term complications.

– Acute complications of hyperglycemia include diabetic ketoacidosis

– Long-term complications of chronic hyperglycemia include many conditions that can affect various body systems
Diabetic Ketoacidosis (DKA)

Diabetic ketoacidosis is an acute, potentially life-threatening complication of DM in which the chemical balance of the body becomes dangerously hyperglycemic and acidic.

It results from a severe insulin deficiency, which can occur:

— Due to missed or inadequate daily insulin therapy
— In association with acute illness
Diabetic Ketoacidosis (cont)

Diabetic ketoacidosis usually requires hospital treatment to correct the acute complications of:

- Dehydration
- Electrolyte imbalance
- Insulin deficiency
Diabetic Ketoacidosis (cont)

Serious complications may result from treatment. For example, evaluate:

- Cardiac arrhythmias under 4.00
- Intestinal necrosis under 5.00
- Cerebral edema and seizures under 11.00

Recurrent episodes of DKA may result from mood or eating disorders, evaluate under 12.00
Chronic hyperglycemia, which is longstanding abnormally high levels of blood glucose, leads to long-term diabetic complications by disrupting nerve and blood vessel functioning.
Chronic Hyperglycemia (cont)

This disruption can have many different effects in other body systems.

For example evaluate:

– Diabetic peripheral neurovascular disease that leads to gangrene and subsequent amputation of an extremity under 1.00
– Diabetic retinopathy under 2.00
– Coronary artery disease and peripheral vascular disease under 4.00
– Diabetic gastroparesis that results in abnormal gastrointestinal motility under 5.00
Chronic Hyperglycemia (cont)

For example, evaluate:

- Diabetic nephropathy under 6.00
- Poorly healing bacterial and fungal skin infections under 8.00
- Diabetic peripheral and sensory neuropathies under 11.00
- Cognitive impairments, depression, and anxiety under 12.00
Hypoglycemia

Persons with DM may experience episodes of hypoglycemia, which is an abnormally low level of blood glucose.

Most adults recognize the symptoms of hypoglycemia and reverse them by consuming substances containing glucose; however, some do not take this step because of hypoglycemia unawareness.
Hypoglycemia (cont)

Severe hypoglycemia can lead to complications. For example, evaluate:

– Seizures or loss of consciousness under 11.00
– Altered mental status and cognitive deficits under 12.00
How do we evaluate endocrine disorders that do not have effects that meet or medically equal the criteria of any listing in other body systems?
If your impairment(s) does not meet or medically equal a listing in another body system, you may or may not have the residual functional capacity to engage in substantial gainful activity.

In this situation, proceed to the fourth and, if necessary, the fifth steps of the sequential evaluation process.
Ability to Sustain Work
Guidelines in Evaluating the Ability to Sustain Work

Consider how the following could adversely impact the ability to sustain work:

– Effects of signs/symptoms on the client’s ability to perform daily activities (pain, fatigue, incontinence, dizziness etc.)
– The location, duration, frequency, and intensity of symptoms
– Any precipitating or aggravating factors
– The type, dosage, effectiveness, and side effects of any medications
– Treatment, and other measures to relieve symptoms
– Other factors concerning functional limitations and restrictions
Ultimate Consideration:
If the client is not capable of performing past relevant work, would the client be capable of working without significant accommodation(s) or special considerations?
How will DR’s document Endocrine Disorders that do not effect another body system?

To be consistent with DES’ current practice for impairments that do not have a corresponding SSI Listing, document the endocrine disorder on the bottom of another listing (for a physical impairment).
Documentation of Endocrine Disorders that do not affect another body system (cont)

An example:

If you are documenting on 1.04 for back pain, under “OBJECTIVE MEDICAL EVIDENCE AND OTHER ADDITIONAL INFORMATION” an example for DM might say:

How will DR’s document when an endocrine disorder is the only impairment?

Pituitary: 6.02
Thyroid: 4.05
Parathyroid: 1.02
Adrenal: 1.02
Pancreas: 11.14
Questions?