

## These are the latest on line amendments to the **Decision Makers Guide** as at 27 February 2008

As is known the DMG is the technical operational manual that DWP Decision Makers refer to when considering benefit applications, reviews or supersession.

### VOLUME ONE CHAPTER 3

#### Medical evidence 01520 01539

#### **Vol 1 Amendment 27 February 2008**

##### **Medical evidence**

01520 In general, medical evidence should be treated in the same way as any other evidence. But there are additional considerations for DMs.

01521 Medical evidence is often given as a medical opinion and is not conclusive. See DMG Chapter 04.

01522 The DM is entitled to reject an opinion<sup>1</sup> where there is direct or circumstantial evidence which raises a strong inference against the opinion. Where doctors or HCPs disagree, the DM has to decide, on the balance of probabilities, which of the contrasting opinions is more likely to be correct. The view of the claimant's own doctor is not conclusive<sup>2</sup>.

*1 R(S) 4/60; 2 R(S) 4/56*

01523 Where

- 1.** a decision hinges on a medical issue **and**
- 2.** the DM is in any doubt whether the evidence is sufficient to make a decision without seeking advice from Medical Services, or how it should be interpreted, advice must be sought from Medical Services.

01524 It should be remembered that the onus is on the claimant to provide evidence in support of their claim or application. The DM may consider that additional evidence will help Medical Services give better advice. If this can be obtained quickly, either from the claimant or elsewhere, it should be requested. However, if the information is then delayed, the claim form or application should be sent to Medical Services who should be told that further evidence has been sought but not received. It will be for Medical Services to decide how then to proceed.

01525 The DM may refer any question of special difficulty to one or more experts for examination or report<sup>1</sup>. An expert in this context may include, for example,

1. a registered medical practitioner
2. a physiotherapist
3. a nurse.

Examination includes a physical examination if the claimant agrees<sup>2</sup>. Referral to an expert may be made through Medical Services. See benefit specific guidance for more details.

*1 SS Act 98, s 11(2) & s 19; 2 R(I) 14/51*

01526 The DM should decide the claim or application in the light of the HCP's report.

01527 – 01539

Medical evidence 01540 - 01560

## **The role of Medical Services**

### **AA and DLA**

01540 When a person makes a claim for AA or DLA, they complete a claim form, including a self-assessment of how their disability affects their daily life. This contains personal details such as name, address and whether they normally live in GB. They may also supply

1. a statement from another person, for example from a carer or a doctor, about the claimant's illness and disability
2. a corroborative statement from a third party to verify the claimant's disability.

01541 Although DLA and AA claims can be decided on the basis of the evidence in DMG

01540, the DM can refer the claim to Medical Services for advice.

01542 The main role of Medical Services is

1. to arrange references to a HCP approved by the Secretary of State
2. to provide advice, either by report or verbally (using the helpline), to the DM on claims and applications.

Medical Services if they have difficulty interpreting the medical evidence.

Medical evidence 01573 01595