

Analysis of Dr. Oms Psychiatric Medical Reports

1. Analyzed 1,062 records of Psychiatrist, Dr. Americo Oms Rivera, Psychiatric Medical Reports (DDPR-79 or facsimile).

2. The Psychiatric Medical Report is an official form from the SSA, Disability Determination Services (DDS) and such form is used exclusively for SSA examination of mental (psychiatric/psychological) disability. For this analysis, we selected six (6) questions out of thirteen (13) questions that contain the DDPR-79.

3. Psychiatric Medical Reports Questions. (DDPR-79)

Question 6. Family/Social History: Dysfunctional, Isolated, hardly goes out, poor, violent conduct. 1,009 found with the same answer.

Question 7. Who accompanied and mode of travel: Always accompanied, companion drove the car. 1,042 found with the same answer.

Question 8. Mental Status:

A. General Appearance: Clean but not neat, poor eye-to-eye contact, no jewelry, little interaction, anguished, older than chronological age. 1,030 found with the same answer.

B. Flow of thought and speech: Slow flow of thought and speech, psychomotor retardation, irrelevant, mental block, almost mute. 1,062 found with the same answer.

C. Content of thought: Poverty of ideas, obsessive ideas of worthlessness, usefulness, low self-esteem, neglected. 1,043 found with the same answer.

G. Attention: Impaired, easily distracted, unable to maintain uniform orientation, short attention span, extreme anxiety, loss of attention/concentration. 1,046 found with the same answer.

H. Concentration:

1. Months of the year and days of the week backwards: Poor, wrong sequence, very slowly, incomplete. 1,062 found with the same answer.

2. Subtract in series of 3 and 7: Failed both completely, wrong sequence, insecurities, difficulties. 1,051 found with the same answer.

I. Intellectual functions: Poor for general knowledge, well below average, without, restricted, lack. 1,001 found with the same answer.

J. Judgement: Poor for simple situations, but failed completely in more complex. 1,035 found with the same answer.

Question 9. Current functioning:

a. Activities of daily living: none, cannot do housework, cannot drive, mental fatigue, frustrated. 1,038 found with the same answer.

b. Social functioning: Dysfunctional, cannot tolerate crowded places, unsociable, withdrawn, no social interaction. 1,038 found with the same answer.

c. Stress tolerance: Poor, cannot complete task, easily decompensated, no tolerance to stress. 1,048 found with the same answer.

d. Task persistence: Poor, cannot complete a normal workday without interruptions. 1,025 found with the same answer.

Question 11. Diagnosis: Severe Major Depressive Disorder. 1,043 found with the same answer.

Question 12. Prognosis: Poor. 1,048 found with the same answer.

Question 13. Ability to handle funds: No. 616 found with the same answer.

Analysis

Dr. Oms Rivera submitted two different Psychiatric Medical Reports. The first and most commonly used was the official DDPR-79; the second format was a facsimile of the original DDPR-79 with slight changes of questions order and or wording, but essentially contained the same information. The answers on the facsimile version of the DDPR-79 maintained a similar template as well. The SSA also accepts said template in lieu of the official DDPR-79 as Dr. Oms Rivera is consider an acceptable medical source, because he is a licensed physician. SSA does not mandate strict use of the DDPR-79.

The analysis also revealed that Dr. Oms Rivera saw patients on Saturdays, Sundays, holidays and while traveling ten times to CONUS (continental US) and OCONUS (outside continental US). SSA reported that Dr. Oms Rivera's office hours are Tuesday from ----- until ----- in his Guayama office and Monday, Wednesday and Thursday from 8:00am to 3:00pm in his Ponce office. This is the latest information on his office hours; this could have been different in the past. The analysis also revealed that Dr. Oms Rivera saw up to 79 patients per day.

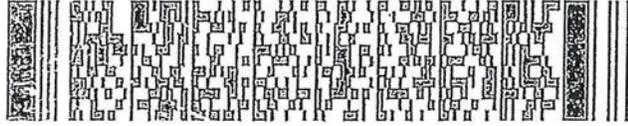
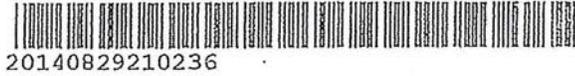
In addition, during the analysis, the names of Dr. [REDACTED] a psychiatrist and Dr. [REDACTED] a Rheumatologist surfaced many times as treating sources for physical impairments and it appears that Dr. Oms referred many patients to these physicians perhaps to make their claims stronger. Furthermore, Dr. Oms Rivera patients in many cases were represented by Non-Attorney Representatives Samuel Perez or Francisco Cabrera. Furthermore, in numerous

cases complete pages of the Psychiatric Medical Reports (DDPR-79) appeared to be replaced by generic template pages.

Dr. Oms Rivera claimed to have seen 632 patients on Saturdays, Sundays and holidays. Some of the holidays that Dr. Oms Rivera claimed to have seen patients are mayor holidays such as Mother's day, Father's day, Thanksgiving and Good Friday.

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DDPR-79/D0079 (12/11)



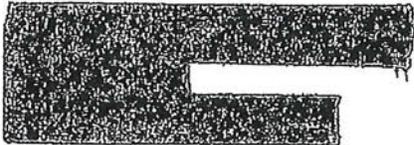
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August 29, 2014

AMERICO OMS-RIVERA MD
PO BOX 8774
PONCE PR 00732-8774

RE:



Case:



Examiner: SERVICIO AL CLIENTE/sar0857

PSYCHIATRIC MEDICAL REPORT

1. Date of first sign of illness _____ Date first seen _____

2. Frequency of Contacts _____ Exact date of visits _____

3. Complaints and findings on the first interview. Give Date. _____

4. Psychiatric History:

a. Onset: _____ Development of the condition, remissions, exacerbations,
hospitalizations and any special tests that substantiate the allegations
and diagnosis. _____

b. Substance abuse: Include any history of alcohol/substance abuse. _____

Type of Substance _____

Frequency of Use: _____

Last time used: _____

5. Past Medical History: Significant physical conditions in the claimant's history. _____

6. Family/Social History: Provide a history of the effects of the mental disorder on the claimant's family and social relationships. Focus on history of addictive, violent, disruptive or other maladaptive behavior. _____

7. Date of last interview: _____ Self sufficiency in coming to the office or who accompanied claimant and mode of travel. _____

8. Mental Status: This section should be based on the latest interview.

a. General appearance, attitude, behavior and interaction with therapist etc. _____

b. Flow of thought and speech: Psychomotor activity, coherence, relevance, logic, associations, blocking, mutism, etc. _____

c. Content of Thought: Hallucinations, delusions, obsessions, compulsions, phobias, ideas of reference and suicidal or homicidal ideas. Describe positive findings and specifically note if claimant was hallucinating during the interview. Give verbatim quotes, or illustrative incidents when appropriate. _____

If claimant is presenting high risk behavior (self-harm, suicidal thoughts, ideas or acts), explain management of these symptoms. (Hospitalization, reason for hospitalizing claimant, affirmative action)

d. Affect/Mood _____

e. Orientation:

- 1. Person _____
- 2. Place _____
- 3. Time _____

f. Memory: You can use our suggested tests or mention others of your choice.

- 1. Immediate: Give the number of digits he/she can repeat forwards and backwards. Test of FIVE unrelated words objects. _____

Please circle one: Digits forward 1 2 3 4 5 Digits backwards 1 2 3 4 5
If test was not performed please explain why not: _____

- 2. Short Term Memory: Test of FIVE words after five minutes: _____

Please circle one: Words forward 1 2 3 4 5 Words backwards 1 2 3 4 5
If test was not performed please explain why not: _____

- 3. Recent: Ask claimant how he/she got to this office. Test ability to remember what has happened a few hours ago or during the week. _____

- 4. Remote: When were you born? Ability to remember what has happened in the past _____

- 5. Since when has the claimant presented memory problems and/or disorientation? _____

- g. Attention: Indicate whether the claimant is attentive to what is being asked or explained. Indicate if attention is kept all the time, or if he/she becomes distracted, etc. _____

h. Concentration: Consider claimant's education and age.

- 1. Ask claimant to recite the months of the year and the days of the week backwards _____

- 2. Subtract in series of 3 and 7 _____

- i. Intellectual Functions: (e.g. arithmetic calculations, general information) _____

[REDACTED]

[REDACTED]

j. Judgment: Impulsivity, understanding of situation and response. If necessary, give examples. _____

k. Insight: _____

9. Current Functioning: Please describe activities in terms of frequency, independence and effectiveness: (e.g. if supervision is needed describe extent)

a. Activities of daily living: (household tasks, taking public transportation, using telephone, etc.) _____

b. Social Functioning: Include examples of disturbed behavior, ability to initiate social contacts, to communicate, interact, and participate in group activities. _____

c. Stress Tolerance: Deterioration and decompensation. Describe any episodes of decompensation or deterioration that have occurred in situations similar to those that might be encountered at work, e.g. situations requiring decisions, scheduling, attendance, completing tasks, interaction with supervisors. _____

d. Task Persistence: Describe with examples the claimant's ability to focus attention on and persist at tasks and/or complete a normal workday without interruption. _____

e. Any episodes of panic attacks? Give the description, frequency and duration. _____

~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

10. Therapy: Indicate current therapy including medications, dosage, compliance and side effects. _____

a. Initial treatment consist of (therapy and RX) _____

b. Changes in treatment and RX (include dates) _____

c. Compliance and side effects _____

d. If condition described is severe but prescribed medication is mild (for example low doses, no antipsychotic medication with psychotic symptoms present, explain why) _____

11. Diagnosis: (DSM IV) _____

12. Prognosis: _____

13. Ability to handle funds: () Yes () No () Unknown

14. If clarification of this information is needed, when is the best day(s) and time(s) to call? Day(s) _____ Time _____ Phone _____

Knowing that anyone making a false statement or representation of a material fact for use in determining a right payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

I ACCEPT TO EVALUATE THIS PERSON FOR SOCIAL SECURITY PURPOSES () YES () NO

LICENSE NUMBER

PHYSICIAN'S SIGNATURE

SPECIALTY

DATE

