PURPOSE OF MEDICAL EXAMINATION

The purpose of a medical examination in cases of suspected child abuse or neglect is to determine from a medical standpoint how an alleged injury or condition may have occurred and whether it could have resulted from other than accidental means. The medical evaluation can also help the physician, family and worker determine whether the child has any treatment needs.

There may be injuries that are not obvious or old injuries from previously reported or non-reported incidents. A child may be too young to communicate verbally or adequately. A child may be too frightened or may have been threatened not to tell and not be able to talk about abusive incidents or answer questions appropriately. The parent may give the worker or physician explanations for injuries which are possible but not probable or likely.

The worker and the medical practitioner must be objective when assessing a case of suspected child abuse or neglect.

The objectives of a medical examination are:

- Accurate medical diagnosis and treatment of a child's injury and/or condition.
- Professional medical documentation of the findings and collection of medical evidence.
- Medical opinion based on the findings as to whether an injury and/or condition was caused by the intentional actions or inactions of another.
- Medical opinion as to whether the injury and/or condition is consistent with the explanation of how it occurred.

GUIDELINES FOR DETERMINING NEED FOR MEDICAL EXAMINATION

Some reports of suspected abuse or neglect will originate in a hospital or physician's office and the medical examination will have already been completed. Consultation with a medical practitioner should be immediate when an examination is needed. For the
medical practitioner to effectively examine, evaluate and provide treatment (if needed), the worker must:

- Clearly state why a medical examination is being requested.
- Provide reasons for suspicion of abuse or neglect.
- Provide all known health/medical information regarding the child/family.
- Share pertinent case information, such as home environment, behavior of the parent toward the child, or in cases of injury, the parent’s explanation. Previous case history must also be shared, including previous complaints, investigations and findings.

Workers should never ask a medical practitioner whether an injury could have happened in the manner the parent or legal guardian said it happened. The appropriate question is whether the injury is consistent with the explanation.

If the child has bruises, marks or injuries that have not been photographed by CPS because of the visual assessment restrictions, see PSM 713-03 of the CPS law/policy. CPS must request that photographs be taken by the medical practitioner during the medical examination.

Delay in securing a medical examination may result in the loss of evidence and may jeopardize a child if treatment is needed. If possible, the worker should accompany the child to the medical examination. If the worker cannot, the worker must contact the medical practitioner by phone, prior to the examination, and must provide the medical practitioner with all relevant information as described above.

When to Obtain a Medical Examination

The department must obtain a medical examination of alleged victims and any other children residing in the household in the following situations:

- There is suspected child sexual abuse.

A medical examination must be done in suspected sexual abuse cases, with exceptions in limited circumstances. A
decision to obtain a medical examination must be made quickly. A medical examination should be done within 72 hours of the alleged incident. After 72 hours, medical evidence may not be possible to obtain. If a medical practitioner who specializes in sexual abuse medical examinations is not immediately available, the child may be examined in the nearest emergency department; see Who Should Do A Medical Examination section in this item for more information.

Evaluate the following when determining if an exception to obtaining a medical examination in sexual abuse cases is appropriate:

- Does the information and statements from the alleged victim, siblings, non offending parent and collateral contacts support the allegations that the child has been sexually abused?
- Has the alleged incident occurred in the last 72 hours?
- Is the child experiencing physical problems/symptoms/complaints?
- Do the allegations or information and statements obtained from the investigation indicate that the child may have been exposed to or at risk for (body fluid contact) a sexually transmitted disease?
- The value of the medical examination in regard to the type of contact alleged to have occurred. What type of incident is alleged/reported to have occurred? (Such as sexual penetration versus grabbing of breasts over clothing.)

If the worker is uncertain whether to obtain the examination, a decision should be made in consultation with a medical practitioner (one who has experience in doing child sexual abuse examinations, if possible) and supervision.

Commonly accepted medical findings indicate that there is no physical evidence in the majority of sexual abuse cases. Case evidence will usually depend upon skilled interviewing of the child and collateral contacts, including statements made by children to medical practitioners.

- The complaint alleges or the department's investigation indicates that a child has been seriously or repeatedly physically injured as a result of abuse and/or neglect. There
may not be obvious physical evidence, but information from the reporting person or other contacts made during the investigation may raise concerns and result in a decision to have the child examined, such as blows to the head or abdomen, that could result in internal injuries or a brain injury.

- The investigation indicates that the child shows signs of malnourishment or is otherwise in need of medical treatment.

- The child has been exposed to or had contact with methamphetamine production.
  - A medical examination must be done immediately when a child is exhibiting symptoms (respiratory distress/breathing difficulties, red, watering, burning eye(s), chemical/fire burns, altered gait (staggering, falling), slurred speech, and any other symptom requiring emergency care) suspected to result from exposure to, or contact with, methamphetamines.
  - A medical examination should be obtained within four hours if a child is not displaying symptoms suspected to result from exposure to, or contact with, methamphetamines. The most accurate exposure levels are obtained when the medical examination is completed within four hours or less.

- An infant who is not mobile has marks or bruises.

- If a child is under the age of six or is physically or developmentally disabled or has any type of chronic medical and/or mental health needs that may increase his/her physical vulnerability and any of the following conditions apply:
  - Explanation of bruises or injuries by the child, parent(s) or caretaker(s) is not believable or is suspicious.
  - The child has unusual bruises, marks or any signs of extensive or chronic physical injury.
  - The child has any physical or medical needs that may not be met by the parents or caregivers.
  - The child appears to be fearful of parents or caregivers or exhibits other characteristics such as withdrawal or anxiety, that indicates that the child feels threat of harm.
Medically Fragile Children

Medically fragile children are particularly vulnerable to abuse and neglect; therefore, a worker’s observation of a medically fragile child is not sufficient to determine whether the child’s special needs are being met.

Regardless of the allegations, when investigating complaints which include a child who is physically or developmentally disabled or has a chronic medical and/or mental health condition, the worker is required to make collateral contacts with medical, school and other community resources who are knowledgeable about the child’s needs. These contacts will help to evaluate potential safety and risk factors within the home. If these collateral contacts do not assist the worker in determining whether the child’s needs are being met by their caregiver, a medical examination is required.

When an allegation is made that a medically fragile child’s needs are not being met by the caregiver, contact with the child’s primary doctor to evaluate the child’s care is required.

The CPS Investigation Report must document a comprehensive assessment of the caretaker’s ability to adequately provide for the physical and medical needs of the impaired child.

RESULTS OF A MEDICAL EXAMINATION

A worker must contact the medical practitioner or other medical personnel who would have knowledge of the exam and ask him/her to interpret the findings to ensure a proper understanding as soon as possible following the exam. In addition, the worker must seek clarification to properly understand the implications of what is documented in the medical report. Workers may contact other health care providers who have cared for a child or family for additional investigative information; see PSM 713-06, Requesting Medical and Mental Health Record Information, for more information on requesting medical records.
CASE RECORD DOCUMENTATION OF MEDICAL INFORMATION

See PSM 713-10, CPS Investigation Report, for how to document medical information, including documenting the reasons why a medical examination was not completed when required.

SECOND OPINION

There will be occasions when a second medical opinion is necessary and required. Seek a second medical opinion when one of the following applies to the investigation:

- Medical findings are in conflict with other information or evidence, such as statements by the child or a witness.
- Injury to a child who is not mobile.
- Bruising in uncommon locations, such as the abdomen, ears, neck, away from bony prominences or protuberances.
- Burns on children under 3 years of age.

**Note:** The worker has discretion to seek a second medical opinion throughout the course of any CPS investigation. However, a second opinion should not occur when a comprehensive examination and/or review has already been completed by a pediatric child abuse specialist.

The medical practitioner asked to provide a second opinion must be informed that he/she is being asked to reexamine and evaluate the child or review medical records and the reason. This medical practitioner also needs to know what the allegations were, what the results of the first medical examination and why the worker has concerns about these results. In addition, this medical practitioner needs to know any medical information the worker has on the child and/or family members, any history of abuse and/or neglect and other facts relevant to making a medical opinion.

If a second opinion must be obtained, request that the parent consent. If the parent refuses, request a court order to facilitate the second opinion.

If a second opinion is not obtained and if the above policy applies to the case situation, the worker must document the reason a second
Opinion was not obtained in the DHS-154; see PSM 713-10, CPS Investigation Report, regarding documenting medical examinations/information.

CONFLICTING OPINIONS

When cases appear to have conflicting medical opinions, caseworkers may consult with a pediatric specialist, or a physician with experience in assessing child abuse/neglect identified in their region. The Medical Resource System contract may also be utilized, where available; see Medical Resource System in this item for more information.

OBTAINING THE MEDICAL EXAMINATION WITHOUT CONSENT

If the parent or guardian refuses to consent when it is determined that a medical examination must be done, the department must seek authority to obtain the services without consent. Contact the Family Division of Circuit Court requesting an order for a medical examination of the child, as follows:

- During regular court hours, the worker must be prepared to file a written complaint or petition setting forth the basis for the suspected abuse or neglect and the need for a medical examination. The complaint or petition can be amended or dismissed later if necessary.

- During after hours (nights, weekends, and/or holidays), the worker should contact the judge or other designated court official to request the order.

Notes: The court may refuse to authorize an after-hours medical examination. The worker must proceed with the investigation without the benefit of the medical examination. The worker must follow up on the next business day by filing a petition for an order for the medical examination. See the Medical Examination Without Court Order section if the court cannot be reached and the worker believes that a child's health is seriously endangered or the child has had contact with methamphetamine production.
MEDICAL EXAMINATION WITHOUT COURT ORDER

Under the Child Protection Law (MCL 722.626(3)) workers must obtain a medical examination without a court order in the following situations:

- The child’s health is seriously endangered and a court order cannot be obtained.
- The child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.

Note: Workers cannot transport a child without a court order. If the worker cannot obtain a court order and a medical exam is needed (due to the two situations outlined above), the worker should have the police or an ambulance transport the child to the hospital.

WHO SHOULD DO A MEDICAL EXAMINATION

The examination should be done by a medical practitioner who:

- Has experience and expertise in interviewing and examining child victims of abuse and neglect. In child sexual abuse cases, the medical examination should be done by a medical practitioner who specializes in child sexual abuse medical examinations, whenever possible.
- Can provide an opinion as to whether an injury is consistent with the explanation.
- Will collect all relevant medical evidence and document medical facts to protect the child.
- Is willing to be involved, including providing court testimony, if needed.

MEDICAL RESOURCE SYSTEM (MRS)
MDHHS maintains a contract with medical providers through the Medical Resource System (MRS). This contract provides a 24-hour, seven day/week statewide hotline for medical providers, MDHHS workers and law enforcement seeking medical information on cases involving CA/N.

To access this statewide hotline, counties must call (616) 391-1242, or can email ccptriage@spectrumhealth.org during usual business hours. After hours workers can page the triage team by dialing 616-479-5858. After you dial this number you will only hear a beep, and after that beep must enter a return telephone number (area code included), followed by the # sign.

CASE RECORD DOCUMENTATION OF MEDICAL INFORMATION

See PSM 713-10, CPS Investigation Report, for how to document medical information, including documenting the reasons why a medical examination was not done when required.

PAYMENT FOR THE MEDICAL EXAMINATION

The cost of the medical examination must, at least initially, be presumed to be the responsibility of the parents or guardians. Where appropriate, the worker should request that the parents use their private health insurance plan, pay privately or apply for Medicaid Assistance (MA).

If MA eligibility exists, the provider should bill the MA program.

For department-initiated medical examinations, when no third-party payment is available, and the parents are unable or unwilling to pay, a diagnostic medical examination may be paid by means of the DHS-93, Examination Authorization/Invoice for Services, form.

**Note:** Payment for inpatient hospitalization or treatment may not be authorized using the DHS-93. These must be paid by MA or will be the responsibility of the parent(s) or legal guardian(s).

For examinations at state expense, arrangements must be made by the worker with the hospital, clinic or physician.
Reimbursement for medical examinations must be based upon the Diagnostic Examination Fee Schedule, as described in RFT 285.