OVERVIEW

In cases of suspected child abuse or neglect, a medical examination assists with identifying, documenting, and interpreting injuries or potential medical conditions and helps determine the child's treatment needs.

It can be difficult to determine the cause of an injury through use of observation and interviews. For example, a child may be unable to report how an injury occurred or a parent may give an explanation that seems unlikely. Sometimes injuries are not obvious or old injuries exist from previous incidents.

DEFINITIONS

**Medical Practitioner** - A physician or physician's assistant licensed or authorized to practice under part 170 or 175 of the public health code, MCL 333.17001 to 333.17088 and MCL 333.17501 to 333.17556, OR a nurse practitioner licensed or authorized to practice under section 172 of the public health code, MCL 333.17210.

OBJECTIVES OF A MEDICAL EXAMINATION

The objectives of a medical examination are:

- To obtain professional medical documentation of an injury or medical condition.
- To obtain an accurate medical diagnosis and treatment plan for an injury or medical condition.
- To obtain a medical opinion as to whether an injury was caused by intentional actions or was accidental.
- To obtain a medical opinion as to the cause or potential cause of an injury or medical condition and whether an injury or medical condition is consistent with any provided explanation.
- To collect and preserve potential evidence.
INITIAL CONSULTATION WITH MEDICAL PROFESSIONALS

Caseworkers must consult with a medical practitioner immediately when an examination is needed; see When to Seek a Medical Examination in this item. Delay in securing a medical examination could result in the loss of evidence and could jeopardize a child's health and safety. Prior to the examination, the caseworker should contact the medical practitioner to request an examination and evaluation of the child, and provide the following known information:

- The reason the medical examination is being requested.
- The reason(s) for suspicion of abuse or neglect.
- All known health/medical information regarding the child and family.
- Any additional pertinent case information including:
  - History of alleged and confirmed abuse/neglect.
  - Household/family makeup.
  - Home environmental factors.
  - Parent's behavior toward the child.
  - Explanations provided for an injury

Note: If the medical practitioner is not directly available, the caseworker should provide the information to a professional at the facility who will directly provide the information to the medical practitioner completing the exam.

If there are bruises, marks, or injuries present that have not been photographed due to visual assessment restrictions, the caseworker must request the practitioner take photographs during the exam; see PSM 713-03, Face-to-Face Contact.

WHEN TO SEEK A MEDICAL EXAMINATION

A medical examination for the alleged victim is required in the following situations:
- Suspected child sexual abuse; see Medical Examinations for Sexual Abuse in this item.

- Allegations or indication that the child has been seriously or repeatedly physically injured as a result of abuse and/or neglect.

  **Note:** Injuries such as internal injuries and brain injuries are not easily observable and require medical evaluation.

- There is indication that the child suffers from malnourishment or is otherwise in need of medical treatment.

- The child has been exposed to or had contact with methamphetamine production; see Methamphetamine Production Examination in this item.

- An infant who is not mobile and 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 or mental health needs and any of the following conditions apply:

  - Parent, child, or caretaker has provided an explanation of the injuries that is not credible or is suspicious.

  - Child has unusual bruises, marks, or signs of extensive or chronic physical injury.

  - Child has physical or medical needs that appear to be unmet.

  - Child appears to be fearful of parents/caregivers or exhibits characteristics that indicate the child feels threat of harm; for example, appears withdrawn or anxious.

  - The person responsible for the child's care is/has been a perpetrator of severe physical injury.

  - Death of a sibling or other child in the household due to abuse or neglect.
Medical Examinations for Sexual Abuse

A medical examination should be sought in suspected sexual abuse cases, except in the limited circumstances described in this section. A decision to obtain a medical examination must be made quickly. If a medical exam for sexual abuse is not completed within 72 hours of the alleged incident, 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; refer to Who Should Do a Medical Examination in this item for more information.

Evaluate the following when determining whether a medical examination in sexual abuse cases is appropriate:

- Does the information gathered or statements made indicate that the child has been sexually abused and/or is at risk for a sexually transmitted disease through body fluid contact?
- Has the alleged incident occurred within 72 hours?
- Is the child experiencing physical problems, symptoms, or complaints?
- What type of incident is alleged/reported to have occurred, and will the medical evaluation provide value in regard to the type of contact alleged to have occurred? For example, sexual penetration versus grabbing of breasts over clothing.

Where the answer is yes to these questions, a medical examination should be sought. If the caseworker is uncertain whether to obtain an examination, a decision should be made in consultation with a medical practitioner who has experience with child sexual abuse examinations, if possible, and the caseworker's supervisor.

It is a commonly accepted medical fact that in the majority of sexual abuse cases there is no physical evidence. Sexual abuse evidence will usually depend upon skilled interviewing of the child and collateral contacts, including statements made by children to a caseworker, trusted adult, or medical practitioners.
Medically Fragile Children

Observation alone of a child who is medically fragile is insufficient to determining whether the child's special needs have been met. A caseworker must contact the child's primary care physician when it is alleged that a medically fragile child has unmet medical, health or safety needs.

When investigating complaints that include a medically fragile child, collateral contacts are required if the child meets any of the following criteria:

- Physically disabled.
- Developmentally disabled.
- Inability to verbally express themselves.
- Has a chronic medical condition.
- Has a diagnosed or reported mental health condition.

After case assignment, the caseworker must complete the following collateral contacts as soon as possible in order to assess the child's needs:

- Medical professionals, such as, primary care physician.
- A school or day care if enrolled.
- Other community resources knowledgeable of the child's needs.

If collateral contacts do not enable the caseworker to determine whether the child has been abused or neglected, a medical examination is required.

The caseworker must document the caretaker's ability to adequately provide for the physical and medical needs of a potentially fragile child within a social work contact in MiSACWIS.

Methamphetamine Production Examination

In cases of methamphetamine production, if the child is exhibiting symptoms suspected to be due to exposure of methamphetamine, the child must be medically examined, immediately. Symptoms may include:

- Respiratory distress/breathing difficulties.
• Red, watering, burning eye(s).
• Chemical/fire burns.
• Altered gait (staggering, falling).
• Slurred speech.

When a child is not actively displaying symptoms suspected to be due to exposure, but has been found to have been exposed to methamphetamine production, a medical exam must be obtained within four hours. **The most accurate exposure levels are obtained when the medical exam is completed within four hours.**

**RESULTS OF A MEDICAL EXAMINATION**

A caseworker must contact the medical practitioner or other medical professional familiar with the case, to have them to interpret the medical-examination findings. Contact should be made as soon as possible following the exam. Caseworkers 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 findings or implications are unclear, the caseworker must seek clarification.

Caseworkers 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.

**SECOND OPINION**

Caseworkers have the discretion to seek a second medical opinion throughout the course of any CPS investigation, except when a comprehensive examination or review has already been completed by a pediatric child abuse specialist. Caseworkers should seek a second medical opinion when one of the following exists:

• Medical findings conflict with other information or evidence, such as statements by the child or a witness.

• A non-mobile child was injured.
• Occurrence of bruising in uncommon locations, such as the abdomen, ears, neck, away from bony prominences or protuberances.

• Burns on children under 3 years of age.

Referral Requirements

The referral for a second opinion must include the following information:

• A clear statement informing the medical practitioner that he/she is being asked to re-examine and evaluate the child or review medical records.

• The reason for the second opinion.

• All of the information required in the Consultation with Medical Professionals for a Medical Examination section, in this item.

• All medical information/records obtained through the investigation.

If a second opinion is required but not obtained, the caseworker must document in a social work contact and in the disposition questions, the reason a second opinion was not obtained; see PSM 713-10, CPS Investigation Report regarding documenting medical examinations/information.

CONFLICTING OPINIONS

When there are conflicting medical opinions, caseworkers may consult with a pediatric specialist or physician in their region who has experience assessing child abuse/neglect.

If a Child Abuse Medical Expert Resource list is needed to identify an expert, contact the Child Welfare Policy In-Box.
PARENTAL CONSENT FOR MEDICAL EXAMINATION

A parent has the right to withhold consent to a medical examination of his/her child. If a parent does not consent, the caseworker must engage with the parent by taking the following steps:

- Clearly explain the need for a medical examination to the parent.
- As much as possible and within reason, allow the parent to participate in decisions regarding the medical examination. For example:
  - Allow the parent to determine whether a support person is present during the examination and who this person should be.
  - Allow the parent to determine who performs the medical examination; see Who Should do a Medical Examination below.
- Assist in making transportation arrangements.
- Accompany the parent to the examination.

If consent is still not granted, the caseworker must contact his/her supervisor. If the caseworker and supervisor determine that a medical exam or second opinion is required to determine child safety, the caseworker must seek a court order. Child Protection Law (CPL), MCL 722.626(3).

To seek a court order during regular court hours, the caseworker must file a petition setting forth the basis for the suspected abuse or neglect and the need for a medical examination.

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

If the court refuses to authorize an after-hours medical examination, the caseworker must continue the investigation without the medical examination and follow-up by filing a petition seeking a court order on the next business day.
MEDICAL EXAMINATION WITHOUT COURT ORDER

Under the CPL, MCL 722.626(3)(a) and (b), a caseworker 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.

If a medical examination without a court order is required and the child needs to be transported to receive the examination, and there is no parent or legal guardian who is not suspected of abuse/neglect to accompany the child, the caseworker must have law enforcement or an ambulance transport the child.

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/neglect.
- Specializes in child-sexual-abuse medical examinations, when available (for sexual abuse allegations).
- Can provide an opinion as to whether an injury is consistent with any provided explanation.
- Will collect all relevant medical evidence and document medical facts.
- Is willing to provide court testimony.

CASE RECORD DOCUMENTATION

See PSM 713-10, CPS Investigation Report, for instructions on documenting medical information, including any reason why a medical examination was not done.
PAYMENT FOR THE MEDICAL EXAMINATION

The payment for the medical examination is presumed to be the parent's responsibility. Caseworkers should request that the parent use his/her private health insurance plan, pay out of pocket, or apply for Medicaid Assistance (MA). If MA eligibility exists, the provider should bill the MA program.

If the department initiated a diagnostic medical examination and payment is not available from a third-party and the parent is unable to pay, the caseworker must make arrangements with the hospital, clinic or physician and add a DHS-93, Examination Authorization/Invoice for Service, under the Case Services tab of the ongoing module in MiSACWIS to obtain payment by the department. Reimbursement is based upon the Diagnostic Examination Fee Schedule; see RFT 285.

Note: Payment for inpatient hospitalization or treatment may not be authorized using the DHS-93. Costs for these services are paid by MA or are the parent's responsibility.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox.