

Disability claims (lump sum and income benefits) for Chronic Fatigue Syndrome (CFS) are not uncommon. The aim of this article is to remind adjudicators of the claims assessment and management principles that should be followed when dealing with these complex.6j)-5 (u)-10 (d)-8.3 (i)-5.5 (c)-li54 Diagnostic criteria for chronic fatigue syndrome (Ch H4602 V4684 0 severe intensity.

---

Neither a cure nor a standard of care treatment exists for CFS. The [focus of treatment](#) is to address the symptoms associated with the condition, including sleep disorders, pain, depression and anxiety, as well as cognitive dysfunction such as memory and concentration difficulties. Maintaining physical activity is important and may improve fatigue and other symptoms. Excessive activity and exercise, however, can exacerbate post-exertional malaise (PEM), i.e., worsening of



Consider the following recommendations:

- Through a process of tele-interviews, obtain a good understanding of the insured's medical history as well as their functional and social circumstances. This initial discussion will help adjudicators identify additional areas of investigation to be performed and to be specific and targeted with requests for further claims evidence.
- Important details should be noted regarding medical history including the presentation and management of COVID-19 diagnosis, clinical evidence such as recent lung function test results, current medication, and other treatment regimens being followed.
- A paper review of existing medical evidence by a Chief Medical Officer (CMO), followed by an independent medical examination, can be useful to obtain a second opinion on the diagnosis of chronic fatigue. Where a claimant is being managed by a general practitioner only, a discussion should take place with the CMO to determine whether the lack of specialist intervention is appropriate and whether specialist input should be recommended as part of the claims management strategy.
- Functional enquiries should get a good understanding of the insured's performance in various roles and activities of daily living prior to the diagnosis of COVID-19, and this can be contrasted to current levels of functioning and performance of usual roles. The approach to establishing a functional benchmark at the time of claim may vary. The initial assessment as part of a physical conditioning program may be preferred rather than a functional capacity evaluation (FCE). Claimants may respond better to the environment in which the baseline assessment was conducted.

