



Effective 07/01/13

# **MEDICAL EXAMINATION**

MANUAL

**Ohio** | Industrial Commission

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 **Ohio** | Industrial Commission

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The Ohio Workers' Compensation System has provided Injured Workers with medical care and financial compensation for work-related injuries, diseases, and deaths since 1913. The Bureau of Workers' Compensation (BWC) is the administrative branch of this system, managing claims, collecting employer premiums, and paying bills. The Industrial Commission of Ohio (Commission) is the adjudicatory branch of this system.

This Manual presents Commission policies for independent medical examinations and medical file reviews. The purpose of the independent medical examination (IME) is to determine the degree of impairment resulting from an allowed work injury. Most examinations are to assist the Commission in the consideration of Permanent Total Disability (PTD). The first section of the manual explains administrative and examination policies common to all Commission independent examinations and file reviews. The remaining six sections of the manual describe specific examination requirements for evaluating various body parts, regions, or organ systems affected by an industrial injury or disease, and some special considerations related to maximum medical improvement.

We encourage specialist examiners and other interested parties to share ideas they believe may improve the system. Call the Commission Medical Advisor at 614.466.4291 with any questions.

## **GENERAL CONSIDERATIONS**

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## ADMINISTRATIVE POLICIES

### Legal Status

Examiners are independent contractors. Referral for medical review or examination represents a single fee-for-service commitment for the Commission and the examiner. The Commission requires examiners maintain professional liability insurance with \$1 million per incident and \$1 million annual aggregate.

### Examination Observers

Injured Workers may have a relative present at their examination if so desired.  
Legal representatives may not be present at examinations.

### Recording Examinations

Electronic recording equipment is not permitted in the examination room.

### Interpreter

The Commission will provide interpreters on request when a hearing impairment or language barrier exists.

### Chaperone

Examinations should be conducted with a chaperone present when appropriate.

### Impartiality

Examinations are to be performed by physicians and psychologists with no bias or conflict of interest with respect to the Injured Worker, the employer, or the workers' compensation system.

Examiners are excluded from performing specialist examinations when they have examined the Injured Worker or reviewed the claim file for the employer, the Injured Worker, the Bureau of Workers' Compensation or the Industrial Commission within three years of the filing date of an application for permanent total disability. Physicians and psychologists are also excluded from performing specialist examinations when they have a contractual relationship with the Injured Worker, employer, or their representative, or have been the physician of record for the Injured Worker.

An examiner who does not meet the impartiality requirements will decline to examine the Injured Worker. The Injured Worker will then be rescheduled with an impartial examiner.

Commission examinations are independent examinations. No authorization for treatment of the Injured Worker is implied or given in the Commission's request for examinations.

Physicians or psychologists performing examinations for the Commission may not communicate with the Injured Worker other than during the examination and may not accept the examined Injured Worker into treatment. Additionally, they may not communicate with the employer, the Bureau of Workers' Compensation or representatives of the Injured Worker or employer.

### Timeliness of Reporting

In consideration for all parties involved, reports are due within ten business days of the examination. Late reports may result in suspension or dismissal from the specialist examiners' panel.

### Deposition Policy

Parties to the claim must request Commission approval to schedule a specialist examiner deposition on her/his Independent Medical Examination. The party requesting this administrative deposition must state the reason for the deposition and must pay all deposition costs, including a fee (see below) to the specialist examiner who is to be

deposed. The requesting party must also provide an estimate of the time period required for deposition.

Commission policy prohibits pre-deposition conference between the physician and any party to the claim.

The requesting party must pay \$700 to the specialist examiner one week prior to the deposition date. If the deposition is cancelled with two business days’ notice, the examiner will refund this fee. With less notice, the physician may keep this fee. Depositions requiring more than one hour may be billed by the specialist examiner at the rate of \$350 per hour, in fifteen minute increments.

An Industrial Commission Hearing Officer usually attends administrative depositions held in Ohio. This hearing officer controls the deposition by determining the appropriateness of questions and whether the physician must answer. However, this hearing officer does not represent the physician in the deposition.

When a claim is pending in court, administrative deposition rules no longer apply. In a court deposition, civil rules of procedure and of evidence apply. Physicians having questions regarding court depositions should contact the Workers’ Compensation Section of the Attorney General’s office at 614.466.6696.

**Addenda**

In circumstances where additional information becomes available after the time of an examination, the examining specialist may be requested to provide an addendum to the original report. Specialists may charge \$200 per hour prorated in fifteen minute increments up to a maximum of \$200 for time spent preparing these addenda.

**Interrogatories**

Interrogatories are written questions submitted to examiners by Injured Worker/employer legal representatives and must be answered. Interrogatories must be submitted to the Commission for approval. Specialists may charge \$200 per hour prorated in fifteen minute increments up to a maximum of \$600 for time spent preparing their response.

**AMA Guide References by Specialty**

The following table summarizes the appropriate references for Industrial Commission examinations by specialty:

Specialty Description	AMA Guides Edition
Internal Medicine	Fifth
Neurology	Fifth
Occupational Medicine	Fifth
Orthopedics	Fifth
Physical Medicine & Rehab	Fifth
Psychiatry/Psychology	Second and Fifth
Pulmonary Disease	Fifth
Neuropsychologist	Second and Fifth
Cardiovascular Disease	Fifth
Dental Surgery	AAOMS*
Dermatology	Fifth
Otorhinolaryngology	Fifth
Gastroenterology	Fifth

Specialty Description	AMA Guides Edition
Ophthalmology	Fourth
Rheumatology	Fifth
Urology	Fifth
Allergy	Fifth
Endocrinology	Fifth
Maxillofacial Surgery	AAOMS*
Oncology	Fifth
Vascular Surgery	Fifth
Anesthesiology	Fifth
Gynecology	Fifth
Plastic Surgery	Fifth
General Surgery	Fifth

\* American Association of Oral and Maxillofacial Surgeons’ Guidelines to the Evaluation of Impairment of the Oral and Maxillofacial Region, 2002

## DEFINITIONS AND SOME LEGAL CONSIDERATIONS

### Injury

Ohio Workers' Compensation law states, for injuries occurring on or after August 25, 2006,

" 'Injury' includes any injury, whether caused by external accidental means or accidental in character and result, received in the course of, and arising out of, the injured employee's employment. 'Injury' does not include:

1. Psychiatric conditions except where the claimant's psychiatric conditions have arisen from an injury or occupational disease sustained by that claimant or where the claimant's psychiatric conditions have arisen from sexual conduct in which the claimant was forced by threat of physical harm to engage or participate.
2. Injury or disability caused primarily by the natural deterioration of tissue, an organ, or part of a body.
3. Injury or disability incurred in voluntary participation in an employer sponsored recreation or fitness activity if the employee signs a waiver of the employee's right to compensation or benefits under this chapter prior to engaging in the recreation or fitness activity.
4. A condition that pre-existed an injury unless that pre-existing condition is substantially aggravated by the injury. Such a substantial aggravation must be documented by objective diagnostic findings, objective clinical findings, or objective test results. Subjective complaints may be evidence of such a substantial aggravation. However, subjective complaints without objective diagnostic findings, objective clinical findings, or objective test results are insufficient to substantiate a substantial aggravation."

For injuries occurring prior to August 25, 2006,

" 'Injury' includes any injury, whether caused by external accidental means or accidental in character and result, received in the course of, and arising out of, the injured employee's employment. 'Injury' does not include:

1. Psychiatric conditions except where the conditions have arisen from an injury or an occupational disease.
2. Injury or disability caused primarily by the natural deterioration of tissue, an organ, or part of a body.
3. Injury or disability incurred in voluntary participation in an employer-sponsored recreation or fitness activity if the employee signs a waiver of the employee's right to compensation or benefits under this chapter prior to engaging in the recreational or fitness activity."

### Allowed Condition(s)

Industrial injuries become allowed conditions in workers' compensation claims as follows: When an injury occurs, a first report of injury (FROI-1) is filed with the Bureau of Workers' Compensation (BWC). The Bureau of Workers' Compensation reviews accident reports from the Injured Worker and the Employer as well as the medical treatment information, and allows or denies the claim within 28 days. When approved, the allowed condition becomes the legal basis for the Injured Worker's claim for compensation.

There may be multiple allowed conditions in one claim and multiple claims for one worker.

**Impairment**

The Ohio Supreme Court defines impairment as, "the amount of the Injured Worker's anatomical and/or mental loss of function caused by the allowed condition." It is the responsibility of the examining specialist in Permanent Total Disability examinations to provide an estimated percentage of whole person impairment arising from the allowed conditions in the claim, and to provide a discussion setting forth the physical or mental limitations resulting from the allowed conditions.

**Disability**

The Ohio Supreme Court defines disability as "the effect the impairment has on the claimant's ability to work," based on the allowed conditions in the claim. The Commission considers impairment arising from the allowed conditions, and disability factors (age, education and work training/experience) in determining Permanent Total Disability (PTD). Disability factors are not to be considered by the examining specialist when formulating opinions regarding percentage of impairment or physical or mental limitations resulting from the allowed conditions. Considering disability factors or impairment resulting from non-allowed conditions will disqualify the report.

**Maximum Medical Improvement**

A treatment plateau (static or well stabilized) where no fundamental or physiological change can be expected within reasonable probability, in spite of continuing medical or rehabilitative procedures. An Injured Worker may require supportive treatment to maintain this level of function.

In some circumstances, at the time of the Independent Medical Examination, it has already been determined by Industrial Commission order that the Injured Worker has reached maximum medical improvement. For these cases, please refer to the section **Maximum Medical Improvement- Special Considerations** on page 99.

**Acceptance of Allowed Condition(s)**

Allowed condition(s) are the legal basis of each claim. It is essential to the legal integrity of an Independent Medical Examination that examiners accept the allowed condition(s) in the claim. That is, the examiner should not question the validity of the allowed condition(s). The purpose of the Independent Medical Examination is to evaluate whether the allowed condition(s) have reached a level of maximum medical improvement (a plateau), and determine if and how much impairment has resulted from that condition(s).

Base opinion(s) solely on impairment arising from the allowed condition(s) highlighted on the Industrial Commission - Medical Exam Worksheet for each specialist examiner. *If current examination findings fail to confirm the presence of an allowed condition(s), examiners should state there is no evidence of impairment from the allowed condition(s) at the time of this examination. Examiners may not state that there is no evidence of the allowed condition(s).* This constitutes a denial of an allowed condition(s) and may disqualify the examination as "some evidence" at hearing or in court.

**Causation**

Opinions implying or stating that the industrial accident or exposure did not or could not cause the allowed condition(s) will disqualify the report as evidence at hearing.

**Clinical Findings**

Reports must present the objective clinical findings to support the physician’s opinion. These findings “shall be of sufficient quantity that they will hold true in fifty-one percent or more of similar cases.”

Possibilities are not acceptable as clinical findings as they are true less than fifty percent of the time.

**Review of Pertinent Medical Records**

The examiner is required to review pertinent medical records such as treatment(s), diagnostic testing, and examinations 36 months prior to the Injured Worker’s application for Permanent Total Disability. In some cases this may not be adequate and additional records may be provided.

## EXAMINATION SCHEDULING

Medical Services in the Columbus office schedules all initial medical examinations. Regional offices reschedule examinations in case of cancellations, etc. Please direct questions to the scheduling office identified in the referral letter. Consult the Information Directory of Commission Offices for office addresses, fax and telephone numbers.

The following information is sent to examiners prior to examination:

- Medical Examination Referral Letter– states the examination issue and Commission requirements.
- Industrial Commission - Medical Exam Worksheet – the allowed conditions in the claim to be addressed by the examiner are highlighted. In addition, all treating, examining, or reviewing physicians are listed, enabling the assigned examiner to determine whether impartiality conflicts exist.
- Statement of Facts – This is a Commission document providing a comprehensive summary of data, including: allowed claims, disallowed claims, claim number(s), allowed conditions, testing, treatment, disability factors and other pertinent information.

Additional evidence can be located on Industrial Commission Online Network (ICON). For access to this information, detailed instructions are found at [OhioIC.com](http://OhioIC.com). Click “Medical Specialist Resources,” then “Electronic Record Access.” Please contact the Industrial Commission Help Desk at 614-644-6595 if assistance is needed.

Examples of the Medical Examination Referral letter, Industrial Commission - Medical Worksheet, Statement of Facts, Permanent Total Disability Application, and appropriate forms: Physical Strength Rating, Occupational Activity Assessment, and Residual Function Assessment are shown on the following pages.

STATE OF OHIO  
THE INDUSTRIAL COMMISSION OF OHIO

# MEDICAL EXAMINATION REFERRAL

# SAMPLE

Doctor:

Specialty:

Date & time of exam:

Injured Worker:

Claim number(s):

The above Injured Worker has been referred to you for an independent medical evaluation to assist the Industrial Commission in its consideration of the Injured Worker's application for a determination of Permanent Total Disability. Pertinent medical records are enclosed. Based solely on the allowed condition(s) within your specialty, which are highlighted on the enclosed Medical Examination Worksheet, provide opinions on the following issues:

1. **Maximum Medical Improvement.** Please refer to your specialty section of the Medical Manual for complete instructions.
2. **Percentage of Impairment.** Please refer to your specialty section of the Medical Manual for complete instructions.
3. **Complete the enclosed form (Physical Strength Rating, Occupational Activity Assessment, Residual Functional Assessment) specific to your specialty.** Please refer to your specialty section of the Medical Manual for complete instructions.

Information on allowed testing is reflected in the Medical Examination Manual. Examiners may not treat examinees, as this ends their independent examiner status. Industrial Commission Policy states that independent medical examiners may have no contact with any parties to the claim other than the Injured Worker during examination.

Within ten business days from the date of examination, forward your signed typewritten report, the appropriate form, and your fee bill to the address below. Use official letterhead or white paper and our pre-addressed envelope for mailing.

If the Injured Worker fails to keep the appointment, or if you have other questions, please call *(telephone number will be provided)*.

*In this space will appear the name and address of the regional office for report mailing.*

DATE MAILED:

STATE OF OHIO  
THE INDUSTRIAL COMMISSION OF OHIO  
**MEDICAL EXAM WORKSHEET**

Claim Number: 93-00000

Heard with: 87-00000

Injured Worker's Name:

Street Address:

City, State, Zip Code:

Employer's Name:

Date of Birth:

Sex:

SSN:

Date of Injury/Disease:

Date of Death:

Claim Allowance(s):

93-00000	12/23/93	CERVICAL; STRAIN/SPRAIN; C6-7 DISC HERNIATION; BULGING DISC C5-6.
87-00000	1/23/87	SECOND DEGREE BURNS TO LEFT HAND AND NUMBNESS LEFT HAND; POST TRAUMATIC STRESS DISORDER AND SOMATOFORM DISORDER.

**PLEASE EXAMINE ON HIGHLIGHTED CONDITIONS ONLY**

Previous Physician(s): G. Gallucci, A. Krudy, L. Boulware, D. Braun, E. Ross, R. Corn, T. Craig, D. Lyons, R. Anschuetz, M. Allen, E. White, M. Leeb, A. Prochaska, F. Zahrawi, S. Kaffen, R. Lebham, L. Shapiro, J. Kenny, J. Fierro, R. Katzman, L. Leone

Number of Examiner(s): 02

Type(s): OCCMD, PSYCH

Examination Issue: ME5 (Permanent Total Disability)

Other Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF OHIO  
THE INDUSTRIAL COMMISSION OF OHIO

**STATEMENT OF FACTS**

Injured Worker:

Claim Number(s):

---

Issue: Application for permanent and total disability, filed.

1) Claim Number:

Employer:

Allowed condition(s):

Disallowed condition(s):

Date of injury:

Occupation at time of injury:

Description of injury:

Diagnostic tests within three years of IC-2 filing:

1. (ECM document date:)

Surgeries:

1. (ECM document date:)

Paid: Total Indemnity:

Total Medical:

Last Date of Temporary Total Compensation:

% Permanent Partial Disability:

---

Injured Worker's Medical Evidence:

1. (ECM document date:)

Employer's Medical Evidence:

1. (ECM document date:)

BWC Medical Evidence:

1. (ECM document date:)

Medical Evidence Obtained by the Industrial Commission:

1. (ECM document date:)

*Continued on Next Page*

STATE OF OHIO  
THE INDUSTRIAL COMMISSION OF OHIO  
**STATEMENT OF FACTS CONTINUED**

DISABILITY FACTORS FROM SOURCES OTHER THAN THE IC-2:

- |   |                   |
|---|-------------------|
| 1. Age:   | Date Last Worked: |
| 2. Education:   |                   |
| 3. Previous Occupations and Work Experience:          |                   |
| 4. Special Training and/or Special Vocational Skills: |                   |
| 5. Other Relevant Factors:                            |                   |

REHABILITATION INVOLVEMENT:

(ECM document date:) Closure Report Dated:

Statement Prepared By:

Date:

All forms should be printed at legal size and can be found on the Industrial Commission Web site at [www.ohioic.com/forms/](http://www.ohioic.com/forms/) or call the Commission Medical Advisor at 614.466.4291 to request a hard copy.



**APPLICATION FOR COMPENSATION FOR PERMANENT TOTAL DISABILITY**

\*Please type or print clearly and answer ALL questions to the best of your ability.  
 \*To ensure prompt processing, this application should be filed directly with:

The Industrial Commission of Ohio  
 Medical Services  
 30 W. Spring St. 1st floor  
 Columbus, Ohio 43215-2233

Injured Worker's Name	Social Security Number	Date of Birth
Address		Telephone Number ( )
City	State	Zip Code

**List your worker's compensation claims below:**

Claim Number \_\_\_\_\_ Date of Injury \_\_\_\_\_ Employer \_\_\_\_\_  
 Claim Number \_\_\_\_\_ Date of Injury \_\_\_\_\_ Employer \_\_\_\_\_  
 Claim Number \_\_\_\_\_ Date of Injury \_\_\_\_\_ Employer \_\_\_\_\_  
 Claim Number \_\_\_\_\_ Date of Injury \_\_\_\_\_ Employer \_\_\_\_\_

Medical examinations will be conducted for conditions allowed in active claims.

**OTHER DISABILITY BENEFITS**

Have you ever filed for Social Security Disability benefits?  yes  no

If you are now, or have ever, received Social Security Disability payments, complete the following section.

\*This does not apply to Social Security Retirement\*

STARTING DATE	TERMINATION DATE AND REASON FOR TERMINATION	RATE PER MONTH
---------------	---	----------------

Do you receive disability benefits other than Social Security? (i.e., VA, Fireman & Police Officer Disability, etc.)  
 yes  no

**EDUCATION**

What is the highest grade of school you completed? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_

Did you graduate from high school?  yes  no

If no, did you receive a certificate for passing the General Educational Development test (GED)?  yes  no

Why did you end your schooling? \_\_\_\_\_

Have you gone to trade or vocational school or had any type of special training?  yes  no

**Notice: IC USE ONLY**  
 Upon receipt of this application, forward immediately to:  
 The Industrial Commission of Ohio, Medical Services,  
 at the address indicated above.

EXAMINATION SCHEDULING

All forms should be printed at legal size and can be found on the Industrial Commission Web site at [www.ohioic.com/forms/](http://www.ohioic.com/forms/) or call the Commission Medical Advisor at 614.466.4291 to request a hard copy.

If yes, what type of trade school or special training have you received and when? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How has this schooling or training been used in any of the work you have done? \_\_\_\_\_

\_\_\_\_\_

Can you read?  yes  not well  no

Can you write?  yes  not well  no

Can you do basic math?  yes  not well  no

**MEDICAL HISTORY**

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_

Date first seen \_\_\_\_\_ Date last seen \_\_\_\_\_

Reason \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_

Date first seen \_\_\_\_\_ Date last seen \_\_\_\_\_

Reason \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_

Date first seen \_\_\_\_\_ Date last seen \_\_\_\_\_

Reason \_\_\_\_\_

**List all operations and surgical procedures you have undergone, beginning with the most recent.**

Date \_\_\_\_\_ Name of surgical procedure \_\_\_\_\_

Do you use a cane, brace, TENS unit, traction device, oxygen machine, or any other appliance or device on a regular basis?  yes  no

If yes, please specify. \_\_\_\_\_

What other medical conditions prevent you from working? \_\_\_\_\_

**REHABILITATION HISTORY**

Have you ever participated in rehabilitation services?  yes  no Please explain. \_\_\_\_\_

\_\_\_\_\_

If you have not sought or participated in rehabilitation services, are you interested in rehabilitation services offered by the employer or the Bureau of Workers' Compensation and do you desire to undergo rehabilitation evaluation?

yes  no

**EXAMINATION SCHEDULING**

**All forms should be printed at legal size and can be found on the Industrial Commission Web site at [www.ohioic.com/forms/](http://www.ohioic.com/forms/) or call the Commission Medical Advisor at 614.466.4291 to request a hard copy.**

DAILY ACTIVITIES	
Has your treating physician told you to cut back or limit your activities in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the name of the doctor and tell below what he told you about cutting back or limiting your activities. Can you drive a car? <input type="checkbox"/> Yes <input type="checkbox"/> No  _____ _____ _____ _____ _____	
Describe your daily activities in the following areas and how much you do of each and how often. Housekeeping Chores: (meal preparation, laundry, home repairs, etc.) _____  _____  Recreational Activities and Hobbies: (bowling, hunting, etc.) _____  _____  Describe other limitations or changes in your life style, if any, resulting from the allowed conditions in your claim.  _____ _____ _____	

WORK HISTORY	
--------------	--

**Part 1 INFORMATION ABOUT YOUR WORK HISTORY**

List all the jobs you have had. Start with your most recent job and work backwards to the first job you ever held.  
 List SELF-EMPLOYMENT as you would any other job.

1	Job Title (Be sure to begin with your most recent job.)	Type of Business or Industry (Example: auto, insurance, construction, etc.)	Dates Worked (Month and Year)		Days Per Week	Specify Rate of Pay (per hour, day, week, month or year)
			From	To		
2						
3						
4						
5						
6						
7						
8						

EXAMINATION SCHEDULING

All forms should be printed at legal size and can be found on the Industrial Commission Web site at [www.ohioic.com/forms/](http://www.ohioic.com/forms/) or call the Commission Medical Advisor at 614.466.4291 to request a hard copy.

When was the last date you worked anywhere? \_\_\_\_\_

Do you have military experience?  yes  no If yes, provide dates of service,

positions held and description of duties. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

**Job Title No. 1 (from Part 1)** \_\_\_\_\_

**A**

Describe your basic duties - what you did and how you did it. Please provide as much detail as possible.

1. Your basic duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Machines, tools, equipment you used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Exact operations you performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Technical knowledge and skills you used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Reading / Writing you did: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All forms should be printed at legal size and can be found on the Industrial Commission Web site at [www.ohioic.com/forms/](http://www.ohioic.com/forms/) or call the Commission Medical Advisor at 614.466.4291 to request a hard copy.

6. Number of people you supervised: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B** Describe the kind and amount of physical activity this job involved during a typical day in terms of:

**Walking** (circle the number of hours a day spent walking)      0 1 2 3 4 5 6 7 8  
**Standing** (circle the number of hours a day spent standing)      0 1 2 3 4 5 6 7 8  
**Sitting** (circle the number of hours a day spent sitting)      0 1 2 3 4 5 6 7 8  
**Bending** (circle how often a day you had to bend)      Never - Occasionally - Frequently - Constantly

Check below the heaviest weight lifted and weight frequently lifted and / or carried.

Heaviest weight lifted:		Weight frequently lifted / carried:	
<input type="checkbox"/> 10 lbs.	<input type="checkbox"/> 100 lbs.	<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/> Up to 50 lbs.
<input type="checkbox"/> 20 lbs.	<input type="checkbox"/> Over 100 lbs.	<input type="checkbox"/> Up to 25 lbs.	<input type="checkbox"/> Over 50 lbs.
<input type="checkbox"/> 50 lbs.			

**Job Title No. 2 (from Part 1)** \_\_\_\_\_

**A** Describe your basic duties - what you did and how you did it. Please provide as much detail as possible.

1. Your basic duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Machines, tools, equipment you used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Exact operations you performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Technical knowledge and skills you used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Reading / Writing you did: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of people you supervised: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All forms should be printed at legal size and can be found on the Industrial Commission Web site at [www.ohioic.com/forms/](http://www.ohioic.com/forms/) or call the Commission Medical Advisor at 614.466.4291 to request a hard copy.

**B** Describe the kind and amount of physical activity this job involved during a typical day in terms of:

**Walking** (circle the number of hours a day spent walking)      0 1 2 3 4 5 6 7 8  
**Standing** (circle the number of hours a day spent standing)      0 1 2 3 4 5 6 7 8  
**Sitting** (circle the number of hours a day spent sitting)      0 1 2 3 4 5 6 7 8  
**Bending** (circle how often a day you had to bend)      Never - Occasionally - Frequently - Constantly

Check below the heaviest weight lifted and weight frequently lifted and / or carried.

Heaviest weight lifted:      Weight frequently lifted / carried:

10 lbs.       100 lbs.       Up to 10 lbs.       Up to 50 lbs.  
 20 lbs.       Over 100 lbs.       Up to 25 lbs.       Over 50 lbs.  
 50 lbs.

**Job Title No. 3 (from Part 1) \_\_\_\_\_**

**A** Describe your basic duties - what you did and how you did it. Please provide as much detail as possible.

1. Your basic duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Machines, tools, equipment you used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Exact operations you performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Technical knowledge and skills you used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Reading / Writing you did: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Number of people you supervised: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B** Describe the kind and amount of physical activity this job involved during a typical day in terms of:

**Walking** (circle the number of hours a day spent walking)      0 1 2 3 4 5 6 7 8  
**Standing** (circle the number of hours a day spent standing)      0 1 2 3 4 5 6 7 8  
**Sitting** (circle the number of hours a day spent sitting)      0 1 2 3 4 5 6 7 8  
**Bending** (circle how often a day you had to bend)      Never - Occasionally - Frequently - Constantly

EXAMINATION SCHEDULING

All forms should be printed at legal size and can be found on the Industrial Commission Web site at www.ohioic.com/forms/ or call the Commission Medical Advisor at 614.466.4291 to request a hard copy.

Check below the heaviest weight lifted and weight frequently lifted and / or carried.

Heaviest weight lifted:		Weight frequently lifted / carried:	
<input type="checkbox"/> 10 lbs.	<input type="checkbox"/> 100 lbs.	<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/> Up to 50 lbs.
<input type="checkbox"/> 20 lbs.	<input type="checkbox"/> Over 100 lbs.	<input type="checkbox"/> Up to 25 lbs.	<input type="checkbox"/> Over 50 lbs.
<input type="checkbox"/> 50 lbs.			

**A** Job Title No. 4 (from Part 1) \_\_\_\_\_

Describe your basic duties - what you did and how you did it. Please provide as much detail as possible.

1. Your basic duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Machines, tools, equipment you used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Exact operations you performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Technical knowledge and skills you used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Reading / Writing you did: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Number of people you supervised: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B** Describe the kind and amount of physical activity this job involved during a typical day in terms of:

<b>Walking</b> (circle the number of hours a day spent walking)	0 1 2 3 4 5 6 7 8
<b>Standing</b> (circle the number of hours a day spent standing)	0 1 2 3 4 5 6 7 8
<b>Sitting</b> (circle the number of hours a day spent sitting)	0 1 2 3 4 5 6 7 8
<b>Bending</b> (circle how often a day you had to bend)	Never - Occasionally - Frequently - Constantly

Check below the heaviest weight lifted and weight frequently lifted and / or carried.

Heaviest weight lifted:		Weight frequently lifted / carried:	
<input type="checkbox"/> 10 lbs.	<input type="checkbox"/> 100 lbs.	<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/> Up to 50 lbs.
<input type="checkbox"/> 20 lbs.	<input type="checkbox"/> Over 100 lbs.	<input type="checkbox"/> Up to 25 lbs.	<input type="checkbox"/> Over 50 lbs.
<input type="checkbox"/> 50 lbs.			

All forms should be printed at legal size and can be found on the Industrial Commission Web site at [www.ohioic.com/forms/](http://www.ohioic.com/forms/) or call the Commission Medical Advisor at 614.466.4291 to request a hard copy.

**SPECIAL FACTORS**

Please use this space for comments, explanations or special factors you wish to add to support your application. (social, economic, psychological)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information on this page and the preceding pages is true to the best of my knowledge. By signing this application, I expressly waive all provisions of law which forbid any person, persons or medical facility who has medically attended, treated, or examined me, or who may have medical information of any kind which may be used to render a decision in my claim, from disclosing such knowledge or information to the Industrial Commission or employer(s) in my claim(s).

I am permanently and totally disabled as the result of the injuries sustained in the forgoing claim(s) and request that the Industrial Commission grant compensation for such disability. I further state that Dr. \_\_\_\_\_ has certified that I have physical and/or mental impairments resulting from the allowed conditions in my claims that permanently preclude me from returning to my former position of employment. I have attached to this form a copy of the doctor's report.

\_\_\_\_\_  
Person Completing This Form

**X** \_\_\_\_\_  
Injured Worker's Signature

**X** \_\_\_\_\_  
Date

**DO NOT** submit this application without the following:

- \* Supporting medical evidence signed by the physician
- \* Your signature on this application (above)

**ATTENTION**

This application will be dismissed if medical evidence supporting the request for Permanent Total Disability is not attached.

To ensure prompt processing, this application should be filed directly with:

**The Industrial Commission of Ohio  
Medical Services  
30 W. Spring St. 1st floor  
Columbus, Ohio 43215-2233**

**Help Us Help You!**  
Please take a minute to give us your correct address in the space provided on the first page of this application.

## PHYSICAL STRENGTH RATING

Injured Worker:

Claim number(s):

**Based solely on impairment due to the allowed condition(s) in the claim within my specialty and with no consideration of the Injured Worker's age, education, or work training:**

- ( ) This Injured Worker has no work limitations.  
 ( ) This Injured Worker is incapable of work.  
 ( ) This Injured Worker is capable of work as indicated below.

( ) "SEDENTARY WORK"

Sedentary work means exerting up to ten pounds of force occasionally (occasionally: activity or condition exists up to one-third of the time) and/or a negligible amount of force frequently (frequently: activity or condition exists from one-third to two-thirds of the time) to lift, carry, push, pull, or otherwise move objects. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Further limitations, if indicated: \_\_\_\_\_

( ) "LIGHT WORK"

Light work means exerting up to twenty pounds of force occasionally, and/or up to ten pounds of force frequently, and/or a negligible amount of force constantly (constantly: activity or condition exists two-thirds or more of the time) to move objects. Physical demand may be only a negligible amount, a job should be rated light work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling, or arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible.

Further limitations, if indicated: \_\_\_\_\_

( ) "MEDIUM WORK"

Medium work means exerting twenty to fifty pounds of force occasionally, and/or ten to twenty-five pounds of force frequently, and/or greater than negligible up to ten pounds of force constantly to move objects. Physical demand requirements are in excess of those for light work.

( ) "HEAVY WORK"

Heavy work means exerting fifty to one hundred pounds of force occasionally, and/or twenty to fifty pounds of force frequently, and/or ten to twenty pounds of force constantly to move objects. Physical demand requirements are in excess of those for medium work.

( ) "VERY HEAVY WORK"

Very heavy work means exerting in excess of one hundred pounds of force occasionally, and/or in excess of fifty pounds of force frequently, and/or in excess of twenty pounds of force constantly to move objects. Physical demand requirements are in excess of those for heavy work.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (print): \_\_\_\_\_

**OCCUPATIONAL ACTIVITY ASSESSMENT**

Mental & Behavioral Examination

Injured Worker: \_\_\_\_\_

Claim Number(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Based solely on impairment resulting from the allowed mental and behavioral condition(s) in this claim within my specialty, and with no consideration of the Injured Worker's age, education, or work training:**

- ( ) This Injured Worker has no work limitations.
- ( ) This Injured Worker is incapable of work.
- ( ) This Injured Worker is capable of work with the limitation(s)/modification(s) noted below:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (print): \_\_\_\_\_

## RESIDUAL FUNCTION ASSESSMENT

Injured Worker: \_\_\_\_\_

Claim Number(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Based solely on impairment arising from the allowed condition(s) within my specialty, and with no consideration of the Injured Worker's age, education and work experience:**

- ( ) This Injured Worker has no work limitations.
- ( ) This Injured Worker is incapable of work.
- ( ) This Injured Worker is capable of work with the limitation(s)/modification(s) noted below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (print): \_\_\_\_\_

**BILLING PROCEDURES**

**Fees**

**Ohio Industrial Commission Fee Schedule for Permanent Total Disability  
Independent Medical Evaluations**

Services	Fees
Evaluation, one body part or organ system	\$500
Evaluation, two or three body parts or organ systems	\$600
Evaluation, Mental and Behavioral Health	\$600
Evaluation, four or more body parts or organ systems	\$700

Evaluation fees include: examination, document review, and the report.

When an Injured Worker fails to keep an appointment scheduled in the examiner’s office, notify the referring office. A \$100 “no show” fee may be billed. A \$100 fee may also be billed if an Injured Worker cancels an appointment for an examination in a Commission office and no substitute examination is scheduled.

**Allowed Diagnostic Testing**

Industrial Commission Independent Medical Examinations are performed to determine degree of impairment and functional limitations due to allowed conditions- not to establish a diagnosis. Therefore, diagnostic testing requirements are minimal.

The *AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition; Fourth Edition, and; the *Guidelines to the Evaluation of Impairment of the Oral and Maxillofacial Region* (2002) clearly delineate necessary and appropriate testing for impairment rating for the various body parts and systems. These studies, when necessary for application of the Guides, are billable at the time of report submission, along with the usual fee for the examination:

CPT Code	Diagnostic Procedure
72040	Cervical spine x-ray, 2 or 3 views
72052	Cervical spine x-ray, complete with flexion and extension
72070	Thoracic spine x-ray, 2 views
72100	Lumbar spine x-ray, 2 or 3 views
72114	Lumbar spine x-ray, complete with bending views
72200	Sacroiliac joint x-ray, < 3 views
73100	Wrist x-ray, 2 views
73500	Hip, unilateral x-ray, 1 view

<b>CPT Code</b>	<b>Diagnostic Procedure</b>
73560	Knee x-ray, 1 or 2 views (AP +/- sunrise)
73600	Ankle x-ray, 2 views (include mortise)
73620	Foot x-ray, 2 views
70320	Teeth x-ray, complete, full mouth
70140	Facial Bones x-ray, < 3 views
70250	Skull x-ray, < 4 views
92557	Comprehensive Audiometry
94010	Spirometry
94060	Bronchodilation responsiveness (used with asthma and reactive airway disease only)
94720	CO diffusing capacity
NPT 1	1 hour neuropsychological testing
NPT 2	2 hours neuropsychological testing
NPT 3	3 hours neuropsychological testing
NPT 4	4 hours neuropsychological testing
80053	Comprehensive metabolic panel
81000	Urinalysis, non-automated with microscopic
81001	Urinalysis, automated with microscopic
85004	Blood count

Any other testing requires prior approval. If you feel that a specific diagnostic procedure is necessary to determine impairment or functional limitations due to the allowed conditions, please call Medical Services at 614.466.4291. You will be put in contact with the Chief Medical Advisor for a physician-to-physician discussion for consideration of authorization.

It will be required that you include in your fee bill the CPT code(s) for the diagnostic procedure(s) performed. Payment will be denied for any testing performed that is not preauthorized.

Reimbursement rates are according to the Bureau of Workers' Compensation (BWC) fee schedule. Neuropsychological testing will be reimbursed at a rate of one hundred dollars per hour, with a maximum of four hours.

Injured Workers are not required to submit to any diagnostic testing. If you feel additional testing is necessary for evaluation of impairment or functional limitations due to the allowed conditions, and the Injured Worker declines, note the refusal and base opinions on the available diagnostic information.

**Billing**

A Provider Fee Bill is included in each referral packet (copy of form on next page). A Bureau of Workers' Compensation provider number is required for billing. Contact Medical Services at 614.466.4291 for assistance in obtaining a provider number.

Update your office mailing address, sign and date the fee bill, verify your tax ID number, and send the fee bill with the examination report within 10 business days of the examination date.

If you have not received payment within three months from the date of service, contact Medical Services. Note that payment is withheld until addenda or supplemental reports have been provided.

"State fund" employee examination fees are paid by the Bureau of Workers' Compensation, and "Self-Insured" employee examination fees are paid by the employer. The billing process for examiners is the same.

If you encounter billing problems, contact Medical Services at 614.466.4291. Have your provider number, the Injured Worker's name, and claim number(s) available when making inquiries.

STATE OF OHIO  
THE INDUSTRIAL COMMISSION OF OHIO

**PROVIDER FEE BILL**

Claim File Number(s):  
Injured Worker's Name:  
Provider of Service Number:  
Pay to Provider Number:

<input checked="" type="checkbox"/>	Type of Service	Date of Service	Charges
	Exam by Ohio Provider		
	Exam by Out of State Provider		
	File Review by Ohio Provider		
	File Review by OOS* Provider		
	Employability Assessment Report		
	Employability Assessor Travel Expense		
	Language/Hearing Interpretation		
	Injured Worker "No Show" for Exam		
	Cancellation of Exam (IC approved)		
	Diagnostic Test Name/CPT Code(s) Required		
	*Out of State		<b>Total:</b>

I hereby certify that the information contained on this form is true and correct to the best of my knowledge and belief.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name (Use Stamp Below)  
Address  
City, State, Zip  
Phone Number

**For I.C. Use Only**

I.C. Verification:  
Initial here for SURPLUS payment \_\_\_\_\_ (Initials and Date) \_\_\_\_\_

**EXAMINATION QUESTIONS**

**AKRON REGIONAL OFFICE**

Akron Government Center  
 161 South High Street, Suite 301  
 Akron, OH 44308-1602  
 Telephone: 330.643.3550  
 Fax No.: 330.643.1468

**CINCINNATI REGIONAL OFFICE**

125 East Court Street, Suite 600  
 Cincinnati, OH 45202-1211  
 Telephone: 513.357.9750  
 Fax No.: 513.357.9761

**CLEVELAND REGIONAL OFFICE**

615 Superior Avenue, N.W., 7th Floor  
 Cleveland, OH 44113-1898  
 Telephone: 216.787.3001  
 Fax No.: 216.787.3483

**COLUMBUS OFFICE**

(MEDICAL SERVICES)

Medical Scheduling Section  
 30 West Spring Street, 10<sup>th</sup> Floor  
 Columbus, OH 43215-2233  
 Telephone: 614.466.4291  
 Toll Free: 1.800.574.6559  
 Fax No.: 614.466.1661

**DAYTON DISTRICT OFFICE**

3401 Park Center Drive, 3<sup>rd</sup> Floor  
 Dayton, OH 45414-2580  
 Telephone: 937.264.5116  
 Fax No.: 937.264.3760

**TOLEDO REGIONAL OFFICE**

One Government Center, Suite 1500  
 Toledo, OH 43604  
 Telephone: 419.245.2740  
 Fax No.: 419.245.2673

**YOUNGSTOWN DISTRICT OFFICE**

242 Federal Plaza West, Suite 303, 3<sup>rd</sup> Floor  
 Youngstown, OH 44503-1206  
 Telephone: 330.792.1063  
 Fax No.: 330.742.0088

**BILLING & TESTING**

**AUTHORIZATION QUESTIONS:**

**MEDICAL SERVICES**

30 West Spring Street, 10<sup>th</sup> Floor  
 Columbus, OH 43215-2233  
 Telephone: 614.466.4291  
 Fax No.: 614.466.1661  
 Toll Free: 1.800.574.6559

**File Reviews – Legal Requirements**

The Supreme Court of Ohio has held that “a physician who reviews the medical record, without conducting an examination of the Injured Worker, is required to expressly accept all the clinical findings of the examining physicians, but not necessarily the opinion drawn therefrom.” The Supreme Court also requires a reviewing physician to consider and note all medical reports on record that may be considered relevant to the review issue. For these reasons, reviewers must:

1. indicate all examination reports considered in their review.
2. expressly accept the findings reported by examiners.
3. review all available relevant examinations in the medical records.

**Other Examinations**

The Commission may require examinations on the following issues:

1. Original or additional allowance
2. Extent of disability
3. Amount of permanent partial disability due to amputation or loss of use as indicated in the referral letter
4. Determine permanent partial disability

Questions of cause of death and additional allowance requests sometimes require file reviews.

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## **EXAMINATIONS BY BODY SYSTEMS**

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**Musculoskeletal, Cardiovascular, Respiratory, Central and Peripheral Nervous System**

## THE EXAMINATION REPORTING FORMAT

### Background Information:

Injured Worker name  
 Claim number(s)  
 Date of birth  
 Date(s) of injury  
 Claim allowance(s)  
 Place of exam  
 Date of exam  
 Examiner name  
 Purpose of exam

**Medical History** including CC, HPI, and Pertinent PMH for each allowed condition

### Review of Pertinent Medical Records

**Examination Findings**, reporting all pertinent positive and negative findings

**Discussion** of the medical findings supporting the opinion

### Opinion

Opinions must be based solely on impairment arising from the allowed condition(s) in the claim. Examiners may not consider disability factors (age, education, and work training) in their opinion. Opinions on the following three issues are required.

1. Has the Injured Worker's condition(s) reached Maximum Medical Improvement (MMI) with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If 'yes' then please continue to items #2 and #3.

Maximum Medical Improvement is defined as a treatment plateau (static or well stabilized) where no fundamental or physiological change can be expected within reasonable probability, in spite of continuing medical or rehabilitative procedures. An Injured Worker may require supportive treatment to maintain this level of function.

Under AMA Guides, Fifth Edition, a condition must be Maximum Medical Improvement before permanent impairment can be estimated.

2. Based on AMA Guides, Fifth Edition, and with reference to the Industrial Commission Medical Examination Manual, provide the estimated percentage of whole person impairment from each of the allowed condition(s). Please list each condition and whole person impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate zero percent.

Cite the AMA Guides source for your impairment opinion.

Combine multiple allowed condition impairments using the AMA Guides Combined Values Chart.

3. Complete the Physical Strength Rating form. In your narrative report provide a discussion setting forth physical limitations resulting from the allowed conditions.

Consider only impairment arising from the allowed condition(s) in your opinion of the Injured Worker's strength rating. Do not consider disability factors (age, education and work training/experience).

Musculoskeletal and nervous system impairment directly limits body function, while cardiovascular and respiratory system impairment indirectly limits function by reducing work capacity. Use the Physical Strength Rating form for allowed condition(s) in any of these body systems.

### **ALLOWED DIAGNOSTIC TESTING**

Since Commission Independent Medical Examinations are performed to determine degree of impairment, and not to establish a diagnosis, testing requirements are minimal. Injured Workers are not required to submit to any diagnostic testing. If an examiner feels additional testing is necessary and the Injured Worker declines, note the refusal and base opinions on the available diagnostic information.

Musculoskeletal exams may require X-rays to grade joint cartilage intervals in arthritic allowances, and spinal flexion and extension X-rays in measuring loss of segmental integrity. These studies are billable without prior approval.

Evaluation of disorders of the respiratory system may require spirometry, bronchodilation responsiveness (used in asthma and reactive airway disease only), and carbon monoxide diffusing capacity, which are billable without prior approval.

Other testing must have prior approval of Medical Services at 614.466.4291. Bill for any approved additional testing on the Provider Fee Bill.

Examples of Musculoskeletal, Cardiac, and Respiratory Independent Medical Examinations follow.

OHIO INDUSTRIAL COMMISSION  
SPECIALIST REPORT

SAMPLE

**Injured Worker Name:** Robert Smith  
**Date of Birth:** 01/01/1953  
**Claim Number(s):** 97-00000, 99-00000  
**Date(s) of Injury:** 05/22/1997, 01/06/2001  
**Claim Allowance(s):** Lumbar Sprain; Herniated Disc At L5-S1; Bilateral Carpal Tunnel Syndrome

**Place of Examination:** 100 State St.  
Columbus, Oh 41111

**Date of Examination:** 05/21/2013  
**Examiner Name:** Michael Nowicki, M.D.

**Purpose of Examination:** Permanent Total Disability Impairment Evaluation.

**History Of The Present Condition:**

Mr. Smith reports while working in 1997, he tried to move out of the way of a forklift and he felt a twinge in his low back area. He was seen by the company doctor, placed on modified duty, had physical therapy, and returned to work.

Then, approximately one year later, he was lifting parts off of a skid when he experienced low back pain, with radiation into the right leg. He again underwent physical therapy while working modified duty, however experienced persistent symptoms. An MRI demonstrated a broad-based disc protrusion at L5-S1 to the right.

He underwent microdiscectomy surgery in 1998 at L5-S1. He indicates that he experienced persistent back pain and right leg pain after the surgery. He underwent additional physical therapy and epidural steroid injection without significant improvement. An EMG in 2000 demonstrated persistent chronic right L5 radiculopathy. Follow up MRI in 2000 showed post-operative cicatrix with no recurrent or residual disc herniation.

In 1999, he was required to work with impact wrenches, vibrating tools, and drills. He experienced the onset of numbness and tingling in both hands, and pain in the wrists. An EMG in 1999 revealed moderately severe bilateral carpal tunnel syndrome. He underwent bilateral carpal tunnel release in 1999. He reported some persistent paresthesia in his hands postoperatively, and went through Occupational Therapy. He experienced some improvement in his symptoms, and returned to work until retirement in 2003.

**Current Symptoms:**

He reports persistent low back pain, which he rates on a scale of 1 to 10 as 5/10 most of the time. It radiates to the anteriolateral calf. It is burning and stinging in nature. He reports worsening with long sitting, or bending and lifting. He reports his pain is alleviated if he gets into the semi-recumbent or fetal position with a pillow between his legs. He denies any associated dysfunctional bladder and bowel. He does report some associated paresthesia in the same distribution. He reports numbness in the great toe.

With regard to his hands, he reports tingling paresthesia, worse at night. He reports some stiffness and pain in his wrists. He reports that he drops things on occasion.

**Impact On Activities:**

He reports that he is able to walk approximately four blocks before having to rest because of back and leg pain. He reports a sitting tolerance of approximately 30 minutes before he has to get up and move around. He reports a standing tolerance of approximately 30 to 45 minutes before having to change position.

He is independent with his basic self-care, including dressing, bathing, and toileting. He does some light housework. He no longer does any heavy yard work. He continues to do some woodworking activities.

He indicates that his sleep is interrupted by numbness in his hands, and pain in his leg. He reports that he is able to drive, though only short distances, less than 30 minutes. He reports that his daily activities include getting up, taking the dog outside, occasionally going out to breakfast with his friends, working in his woodshop, watching TV, and doing some light housework.

**Past Medical History:**

Hypertension, osteoarthritis, and coronary artery disease.

**Past Surgical History:**

He has had kidney stones removed. He reports bilateral carpal tunnel release. He underwent open reduction and internal fixation of his left femur approximately six years ago.

**Current Medications:**

Gabapentin, 300 mg qid; hydrocodone, 5 mg qid; meloxicam, 15 mg qd; and lisinopril, 10 mg qd.

**Allergies:**

IVP dye.

**Social History:**

He is married, and lives with his wife. She continues to work outside of the home.

**Health Habits:**

He smokes a half pack of cigarettes a day, and does not drink alcohol. He denies any illicit drug use. He does not have a regular exercise program, though attempts to do some light low back stretching daily.

**Review of Medical Records:**

I reviewed all of the medical records provided to me by the Industrial Commission.

**Physical Examination:**

Height: 5'10"      Weight: 210 lbs.

This is a well developed, well nourished, late middle-aged male in no acute distress. Gait appears antalgic, favoring the right leg. He uses a cane in the right hand.

Lumbar range of motion includes 80 degrees of forward flexion, 10 degrees of bilateral flexion, and 10 degrees of

extension. There is a well healed surgical incision over the low back. He reports tenderness over tight muscles in the lumbar paraspinal region. Hip range of motion is full and pain-free. Reflexes are 2+ at the knees, and 2+ at the ankles. He has 4/5 left EHL weakness. Otherwise, strength is intact throughout the legs. Straight-leg raising appears non-radicular. Sensation is reported diminished to pinprick in a non-specific distribution in the right lower leg.

In the upper extremities, strength is intact throughout. There are well healed surgical incisions over the bilateral ventral wrists. He reports some tenderness over the ventral wrists. Tinel's and Phalen's signs are absent. Monofilament testing reveals patchy and diffuse decreased sensation reported throughout the palmar hands and fingers.

**Discussion:**

Mr. Smith's claim is allowed for low back injury, including herniated disc requiring surgery, and bilateral carpal tunnel syndrome. He is status post-bilateral carpal tunnel release. He has been through conservative care, both pre-operatively and postoperatively. He continues on medication for symptoms related to his allowed conditions, and reports some activity limitations due to symptoms related to the allowed conditions.

According to *AMA Guides, Fifth Edition*, Tables 16-10, 16-11, and 16-15, he has a Grade 2 sensory loss due to the carpal tunnel syndrome, and a Grade 5 motor loss due to the carpal tunnel syndrome. This results in 10% upper extremity impairment for each hand, resulting in a 6% whole person impairment for each hand.

With regard to his low back injuries, these are consistent with DRE Category III, which results in a 13% whole person impairment. Using the Combined Values Chart on pp. 604-605, this results in a combined whole person impairment of 23%, considering all of the allowed conditions in this claim.

**Opinion:**

- 1. Has the injured worker reached maximum medical improvement with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If "yes" then please continue to items #2 and #3.**

In my opinion, Mr. Smith has reached maximum medical improvement for all of the allowed conditions in this claim. He has had preoperative conservative care, surgical treatment, and then postoperative conservative care of his carpal tunnel syndrome and lumbar disc herniation. He has reached a treatment plateau at which no significant change can be expected at this time.

- 2. Based on *AMA Guides, Fifth Edition*, please provide the estimated percentage of whole person impairment arising from each allowed condition. Please list each condition and whole person impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate zero (0) percent.**

Allowed Condition	Table/Figure/Page Number	Comments	Whole Person Impairment %
Lumbar strain	Table 15-3, p. 384	Superseded by herniated disc at L5-S1	0%
Herniated disc at L5-S1	Table 15-3, p. 384	DRE Category III	13%
Bilateral carpal tunnel syndrome	Tables 16-10, 16-11, & 16-15, pp. 482, 484, 492	Grade 2 sensory Grade 5 motor	6% right 6% left
<b>Combined Values Chart, pages 604-606</b>		<b>Combined whole person impairment:</b>	<b>23%</b>

It is my opinion that the combined whole person impairment for the allowed condition(s) in these claim(s) is: 23%.

**3. Complete the enclosed Physical Strength Rating. In your narrative report, provide a discussion setting forth physical limitations arising from the allowed conditions.**

In my opinion, based solely on the allowed conditions in this claim, Mr. Smith is capable of sedentary work. There is no significant residual deficit related to his allowed condition of bilateral carpal tunnel syndrome. He does have persistent symptoms related to his disc herniation, with an associated neurologic deficit, and so his lifting should be limited as indicated in the sedentary work category.

In addition to the sedentary work limitations, he should be able to change positions from the seated to the standing position on an as-needed basis.

Please contact me if I can provide any clarification on these matters.

Respectfully yours,

*Michael Nowicki*

Michael Nowicki, M.D.

**PHYSICAL STRENGTH RATING**

Injured Worker: Robert Smith

CLAIM NUMBER(S): 97-00000  
99-00000**Based solely on impairment due to the allowed conditions in the claim within my specialty and with no consideration of the injured worker's age, education, or work training:**

- ( ) This Injured Worker has no work limitations.  
 ( ) This Injured Worker is incapable of work.  
 (X) This Injured Worker is capable of work as indicated below.

## (X) "SEDENTARY WORK"

Sedentary work means exerting up to ten pounds of force occasionally (occasionally: activity or condition exists up to one-third of the time) and/or a negligible amount of force frequently (frequently: activity or condition exists from one-third to two-thirds of the time) to lift, carry, push, pull, or otherwise move objects. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Further limitations, if indicated: Change position from seated to standing as needed

## ( ) "LIGHT WORK"

Light work means exerting up to twenty pounds of force occasionally, and/or up to ten pounds of force frequently, and/or a negligible amount of force constantly (constantly: activity or condition exists two-thirds or more of the time) to move objects. Physical demand may be only a negligible amount, a job should be rated light work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling, or arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible.

Further limitations, if indicated: \_\_\_\_\_

## ( ) "MEDIUM WORK"

Medium work means exerting twenty to fifty pounds of force occasionally, and/or ten to twenty-five pounds of force frequently, and/or greater than negligible up to ten pounds of force constantly to move objects. Physical demand requirements are in excess of those for light work.

## ( ) "HEAVY WORK"

Heavy work means exerting fifty to one hundred pounds of force occasionally, and/or twenty to fifty pounds of force frequently, and/or ten to twenty pounds of force constantly to move objects. Physical demand requirements are in excess of those for medium work.

## ( ) "VERY HEAVY WORK"

Very heavy work means exerting in excess of one hundred pounds of force occasionally, and/or in excess of fifty pounds of force frequently, and/or in excess of twenty pounds of force constantly to move objects. Physical demand requirements are in excess of those for heavy work.

Physician's Signature: Michael Nowicki Date: 5/21/2013Physician's Name (print): Michael Nowicki, M.D.

**OHIO INDUSTRIAL COMMISSION  
SPECIALIST REPORT**

SAMPLE

**Injured Worker Name:** John Jones  
**Date of Birth:** 07/19/1955  
**Claim Number(s):** PEL00000  
**Date(s) of Injury:** 12/06/2009  
**Claim Allowance(s):** Aggravation of pre-existing coronary artery disease; cariomypathy; ventricular tachycardia

**Place of Examination:** 100 Ohio St.  
 Cleveland, OH 40000

**Date of Examination:** 05/23/2013  
**Examiner Name:** Vighnesh Patel, M.D.

**Purpose of Examination:** Permanent Total Disability impairment evaluation.

**Occupational History:** Deputy sheriff, 1981-2009. Police officer, 1972-1981.

**History of The Present Condition:**

Mr. Jones was working as a deputy sheriff, in the process of an arrest, when a male suspect initially became combative, and then fled the scene. Mr. Jones reports having pursued the suspect, a brief altercation occurred, and he took the suspect into custody. Immediately after the event, Mr. Jones experienced the onset of severe crushing chest pain. He was taken to the emergency center at the local hospital, where he was found to have myocardial infarction. He was also noted to have ventricular tachycardia while in the emergency room. He required cardiac catheterization with stent placement. He also required implantation of a defibrillator device.

He underwent an echocardiogram, which demonstrated left ventricular hypokinesis, with an ejection fraction of 40%. He has not returned to work since the time of the injury.

**Current Symptoms:**

He reports intermittent chest pain with exertion. He tells me that this is relieved by rest, and he uses occasional nitroglycerin. He reports occasional swelling in his feet at the end of the day. He does report shortness of breath with exertion. He denies any palpitations.

**Impact on Activities:**

He reports a walking tolerance of four blocks. He tells me that his sitting and standing are unlimited. He does light housework, and is able to mow his small lawn with a self-propelled mower and rest breaks. He is independent with dressing, bathing, and toileting. He builds model airplanes for a hobby. He reports no sleep disturbances. He reports no difficulty driving. He does stay involved in volunteer church activities, and goes out to meals with his wife and friends approximately twice a month.

**Past Medical History:**

Diabetes, hypertension, depression, coronary artery disease, peripheral vascular disease, anxiety, and hypercholesterolemia.

**Past Surgical History:**

Right shoulder surgery for rotator cuff impingement in 2002. He also had a herniorrhaphy as a young adult. Right carotid endarterectomy, 2011.

**Current Medications:**

Zoloft 50 mg qd; aspirin 325 mg qd; Actos 15 mg qd; Glucophage 600 mg bid; Coreg 26 mg bid; Gemfibrosil 600 mg qd; Wellbutrin 160 mg qd; Zestril 10 mg qd; Pepcid prn.

**Allergies:**

None.

**Social History:**

He is married, lives with his wife and an adult child who requires continued care.

**Health Habits:**

He reports that he has two beers per week. He does not smoke cigarettes, and quit at the time of his initial work injury. He denies any other drug use or abuse. He exercises by walking on a treadmill three days a week.

**Review of Medical Records:**

I reviewed all the medical records provided to me by the Industrial Commission.

**Physical Examination:**

Height: 6'2"    Weight: 214 lbs.

Blood pressure: 120/62.    Pulse: 68, regular.    Respiration: 15, regular.

This is a well developed, well nourished white male in no acute distress.

HEENT: Extraocular muscles are intact. Pupils are round, equal, and reactive to light. There is no scleral icterus. He wears dentures. His neck is supple, without masses or adenopathy. He has a left carotid bruit, and there is a well healed surgical scar from a previous right carotid endarterectomy.

Chest/Cardiac: Chest was clear to percussion and auscultation. Cardiovascular examination showed regular sinus rhythm without murmurs. The PMI was just to the right of the midclavicular line. An implanted defibrillator device was palpable in the left chest.

Abdomen: Abdomen was soft, non-tender, with no organomegaly or masses. Liver, spleen, and kidneys were not palpable. Bowel sounds were active, and there was no tenderness on palpation of the back.

Extremities: No edema. Pulses were 2+ at the dorsalis pedis, posterior tibialis, and radial locations. No abnormal movements were noted.

**Discussion:**

Mr. Jones has a history of coronary artery disease, and sustained myocardial infarction while at work. He developed ventricular tachycardia and required implantation of a defibrillator device. Echocardiogram demonstrated findings consistent with cardiomyopathy, which has caused him functional limitation. He reports consistent with stable coronary artery disease at this time, and has had no events of ventricular tachycardia.

Based on his functional status, his echocardiogram, and his physical examination findings, he would be considered to be

in Class II-III, according to the *AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition*, and it is expected that he would be capable of only sedentary activities.

**Opinion:**

- 1. Has the injured worker reached maximum medical improvement with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If “yes” then please continue to items #2 and #3.**

Yes. He appears medically stable, with no significant changes expected in his medical care with regard to the allowed conditions at this time.

- 2. Based on *AMA Guides, Fifth Edition*, please provide the estimated percentage of whole person impairment arising from each allowed condition. Please list each condition and whole person impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate zero (0) percent.**

Allowed Condition	Table/Figure/Page Number	Comments	Whole Person Impairment %
Aggravation of pre-existing coronary artery disease	Table 3-6a, p. 36	Class II	10%
Cardiomyopathy	Table 3-9, p. 47	Class III	30%
Ventricular tachycardia	Table 3-11, p. 56	Class II	10%
<b>Combined Values Chart, pages 604-606</b>		<b>Combined whole person impairment:</b>	<b>43%</b>

It is my opinion that the combined whole person impairment for the allowed condition(s) in these claim(s) is: 43%.

- 3. Complete the enclosed Physical Strength Rating. In your narrative report, provide a discussion setting forth physical limitations arising from the allowed conditions.**

As stated above, due to his allowed cardiac conditions in this claim, Mr. Jones is considered capable of only sedentary activities at this time.

Please contact me if I can provide any further clarification on this matter.

Respectfully yours,

*Vighnesh Patel, M.D.*

Vighnesh Patel, M.D.

## PHYSICAL STRENGTH RATING

Injured Worker: John Jones

CLAIM NUMBER(S): PEL00000

**Based solely on impairment due to the allowed conditions in the claim within my specialty and with no consideration of the Injured Worker's age, education, or work training:**

- This Injured Worker has no work limitations.
- This Injured Worker is incapable of work.
- This Injured Worker is capable of work as indicated below.

"SEDENTARY WORK"

Sedentary work means exerting up to ten pounds of force occasionally (occasionally: activity or condition exists up to one-third of the time) and/or a negligible amount of force frequently (frequently: activity or condition exists from one-third to two-thirds of the time) to lift, carry, push, pull, or otherwise move objects. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Further limitations, if indicated: \_\_\_\_\_

"LIGHT WORK"

Light work means exerting up to twenty pounds of force occasionally, and/or up to ten pounds of force frequently, and/or a negligible amount of force constantly (constantly: activity or condition exists two-thirds or more of the time) to move objects. Physical demand may be only a negligible amount, a job should be rated light work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling, or arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible.

Further limitations, if indicated: \_\_\_\_\_

"MEDIUM WORK"

Medium work means exerting twenty to fifty pounds of force occasionally, and/or ten to twenty-five pounds of force frequently, and/or greater than negligible up to ten pounds of force constantly to move objects. Physical demand requirements are in excess of those for light work.

"HEAVY WORK"

Heavy work means exerting fifty to one hundred pounds of force occasionally, and/or twenty to fifty pounds of force frequently, and/or ten to twenty pounds of force constantly to move objects. Physical demand requirements are in excess of those for medium work.

"VERY HEAVY WORK"

Very heavy work means exerting in excess of one hundred pounds of force occasionally, and/or in excess of fifty pounds of force frequently, and/or in excess of twenty pounds of force constantly to move objects. Physical demand requirements are in excess of those for heavy work.

Physician's Signature: Vighnesh Patel Date: 5/21/2013

Physician's Name (print): Vighnesh Patel, M.D.

OHIO INDUSTRIAL COMMISSION  
SPECIALIST REPORT

SAMPLE

**Injured Worker Name:** Jim White  
**Date Of Birth:** 11/04/1946  
**Claim Number(s):** OD2222-22  
**Date(s) of Injury:** 06/13/1988  
**Claim Allowance(s):** Asbestosis

**Place of Examination:** 100 State St.  
Cincinnati, OH 40101

**Date of Examination:** 5/21/2013  
**Examiner Name:** Michelle Ramirez, M.D.

**Purpose of Examination:** Permanent total disability impairment evaluation.

**Occupational History:** Laborer for the railroad.

**History Of The Present Condition:**

Mr. White reports that he was employed by the railroad as a laborer since age 18. He worked primarily in the yard, performing repair work. His work included placing insulation inside of cars. He indicated that he was diagnosed as having asbestosis in 1988. He continued to work until 1992.

**Current Symptoms:**

He currently complains of constant chest pain, which is located in the mid-anterior chest. He reports increased pain with taking deep breaths or heavy breathing. He reports a non-productive cough. He denies any swelling of his feet. He reports that he sleeps on two pillows because of shortness of breath. He indicates that he is able to climb two flights of stairs, and then has to rest. He reports shortness of breath with any type of activity, and uses oxygen at night.

**Impact on Activities:**

He is capable of dressing himself, bathing, and toileting. He is able to drive. He reports that he spends most of his time watching TV, or sitting on his porch. He reports no hobbies.

**Past Medical History:**

Osteoarthritis, and chronic obstructive pulmonary disease.

**Past Surgical History:**

Bilateral total knee arthroplasty, and low back surgery.

**Current Medications:**

Arthrotec and Allegra.

**Allergies:**

Aspirin.

**Social History:**

He is a widower and lives by himself.

**Health Habits:**

He quit smoking in 1990. Prior to that, he had an approximately 30-pack-year history of smoking. He does not drink alcohol. He reports he is unable to sustain any significant exercise.

**Review of Medical Records:**

I reviewed all the medical records provided to me by the Industrial Commission. This included a pulmonary function test from January 2012, which demonstrated an FVC of 57% and FEV-1 of 58%.

There are multiple CT scan reports of the chest, and chest X ray reports in the record, which are reported as showing findings consistent with asbestosis, including pleural plaques.

**Physical Examination:**

Height: 5'9"      Weight: 154 lbs.

Blood pressure: 136/74. Respiration is 16, pulse 80.

Head, eyes, ears, nose, and throat evaluation is unremarkable, except for bilateral hearing aids. The chest is clear to auscultation. There are no rales or rhonci, rubs, or wheezes. He has mild clubbing of the fingers, with no swelling in the feet. He reports no tenderness on palpation or percussion of the chest. Cardiac examination reveals normal rate and rhythm, with no murmurs.

**Discussion:**

Mr. White's claim is allowed for asbestosis. According to the *AMA Guides, Fifth Edition*, based on his pulmonary function tests, his impairment related to the allowed condition of asbestosis would be considered Class 3, and results in a 35% whole person impairment.

It is my opinion, based on his limitations due to his asbestosis alone, he would be capable of sedentary work, with frequent rest from repetitive activities, approximately every ten or fifteen minutes.

**Opinion:**

- 1. Has the injured worker reached maximum medical improvement with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If "yes" then please continue to items #2 and #3.**

Yes. His pulmonary condition is at a plateau, and no change in his condition or treatment is anticipated at this time. The natural course of asbestosis is gradual progression.

- 2. Based on *AMA Guides, Fifth Edition*, please provide the estimated percentage of whole person impairment arising from each allowed condition. Please list each condition and whole person impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate zero (0) percent.**

Allowed Condition	Table/Figure/Page Number	Comments	Whole Person Impairment %
Asbestosis	Table 5-12, p. 107	Class 3	35%
<b>Combined Values Chart, pages 604-606</b>		<b>Combined whole person impairment:</b>	<b>35%</b>

It is my opinion that the combined whole person impairment for the allowed condition(s) in these claim(s) is: 35%.

**3. Complete the enclosed Physical Strength Rating. In your narrative report, provide a discussion setting forth physical limitations arising from the allowed conditions.**

The Physical Strength Rating Form is completed and enclosed. As stated above, his impairment due to his allowed condition of asbestosis is considered Class 3, which would be expected to significantly limit his activities to the sedentary work category, with frequent rest from repetitive activities.

Respectfully yours,

*Michelle Ramirez, M.D.*

Michelle Ramirez, M.D.

**PHYSICAL STRENGTH RATING**

Injured Worker: Donald Smith

CLAIM NUMBER(S): OD1234-22

**Based solely on impairment due to the allowed conditions in the claim within my specialty and with no consideration of the Injured Worker's age, education, or work training:**

- ( ) This Injured Worker has no work limitations.  
 ( ) This Injured Worker is incapable of work.  
 (X) This Injured Worker is capable of work as indicated below.

## (X) "SEDENTARY WORK"

Sedentary work means exerting up to ten pounds of force occasionally (occasionally: activity or condition exists up to one-third of the time) and/or a negligible amount of force frequently (frequently: activity or condition exists from one-third to two-thirds of the time) to lift, carry, push, pull, or otherwise move objects. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Further limitations, if indicated: Frequent rest from repetitive activities.

## ( ) "LIGHT WORK"

Light work means exerting up to twenty pounds of force occasionally, and/or up to ten pounds of force frequently, and/or a negligible amount of force constantly (constantly: activity or condition exists two-thirds or more of the time) to move objects. Physical demand may be only a negligible amount, a job should be rated light work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling, or arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible.

Further limitations, if indicated: \_\_\_\_\_

## ( ) "MEDIUM WORK"

Medium work means exerting twenty to fifty pounds of force occasionally, and/or ten to twenty-five pounds of force frequently, and/or greater than negligible up to ten pounds of force constantly to move objects. Physical demand requirements are in excess of those for light work.

## ( ) "HEAVY WORK"

Heavy work means exerting fifty to one hundred pounds of force occasionally, and/or twenty to fifty pounds of force frequently, and/or ten to twenty pounds of force constantly to move objects. Physical demand requirements are in excess of those for medium work.

## ( ) "VERY HEAVY WORK"

Very heavy work means exerting in excess of one hundred pounds of force occasionally, and/or in excess of fifty pounds of force frequently, and/or in excess of twenty pounds of force constantly to move objects. Physical demand requirements are in excess of those for heavy work.

Physician's Signature: Michelle Ramirez Date: 5/21/2013

Physician's Name (print): Michelle Ramirez, M.D.

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# **EXAMINATIONS BY BODY SYSTEMS**

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**Oral and Maxillofacial**

## THE EXAMINATION REPORTING FORMAT

### Background Information:

Injured Worker name  
 Claim number(s)  
 Date of birth  
 Date(s) of injury  
 Claim allowance(s)  
 Place of exam  
 Date of exam  
 Examiner name  
 Purpose of exam

**Medical History** including CC, HPI, and Pertinent PMH for each allowed condition

### Review of Pertinent Medical Records

**Examination Findings**, reporting all pertinent positive and negative findings

**Discussion** of the medical findings supporting the opinion

### Opinion

Examiners must use the Guidelines to the Evaluation of Impairment of the Oral and Maxillofacial Region published by the American Association of Oral and Maxillofacial Surgeons in their impairment examinations. A copy of these Guidelines is included in this manual following this section.

The Commission requires examiners to provide opinions in three areas for each examination. These opinions must be based solely on the allowed condition(s) listed for examination on the Medical Examination Worksheet.

1. Has the Injured Worker's condition reached Maximum Medical Improvement (MMI) with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If 'yes' then please continue to items #2 and #3.

Maximum Medical Improvement is defined as a treatment plateau (static or well stabilized) where no fundamental or physiological change can be expected within reasonable probability, in spite of continuing medical or rehabilitative procedures. An Injured Worker may require supportive treatment to maintain this level of function.

Under AMA Guides, Fifth Edition, a condition must be Maximum Medical Improvement before permanent impairment can be estimated.

2. Based on the *Guidelines to the Evaluation of the Oral Maxillofacial Region* (AAOMS), and with reference to the Industrial Commission Medical Examination Manual provide the estimated percentage of whole person impairment arising from each of the allowed condition(s). Please list each condition and whole person impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate zero percent.

Cite the AAOMS source for your impairment opinion.

3. Complete the Residual Function Assessment. In your narrative report provide a discussion setting forth physical limitations resulting from the allowed conditions.

In assuming function, examiners may not consider the Injured Worker's age, education and work experience or impairment arising from non-allowed medical or surgical disorders. Only the impairment resulting from the allowed Oral and Maxillofacial conditions may be considered.

### **ALLOWED DIAGNOSTIC TESTING**

Teeth (full mouth), facial, and skull X-rays require no prior authorization and may be billed on the Provider Fee Bill as outlined in the Billing section of the manual.

Any other diagnostic testing must have prior approval of Medical Services at 614.466.4291.

Injured Workers may decline testing. If so, note the refusal and base opinions on the available information.

An example of an oral and maxillofacial region Independent Medical Examination follows.

**OHIO INDUSTRIAL COMMISSION  
DENTAL  
SPECIALIST REPORT**

**Injured Worker:** Khushwant Singh  
**Date of Birth:** 06/04/1984  
**Claim Number:** 09-000000  
**Date of Injury:** 04/06/2009  
**Claim Allowances:** Traumatic brain injury; subdural hematoma; *fracture mandible*; fracture right orbit; fracture right clavicle; *loss of teeth #8, #9, and #10.*

**Place of Examination:** 100 State St.  
Toledo, Ohio 41234

**Date of Examination:** 05/21/2013  
**Examiner Name:** Isabella Russo, DDS

**Purpose of Examination:** Permanent total disability impairment evaluation.

**Occupational History:** Restaurant work.

**History of Present Condition:**

Mr. Singh was on a delivery for his restaurant when he was attacked, robbed, and beaten. He sustained multiple injuries as detailed above. With regard to his dental conditions, he required surgical repair of his mandible, and has had dental implants placed for restoration of his teeth.

**Current Symptoms:**

He reports some persistent jaw pain, particularly when chewing solid foods. He denies any facial pain, numbness of the face, or headache. He reports no difficulty with mastication otherwise.

**Impact On Activities:**

He reports no dietary restrictions or intolerances due to his injuries. He reports no change in his voice or speaking abilities.

**Past Medical History:**

None. He reports that he was otherwise healthy.

**Past Surgical History:**

None.

**Current Medications:**

None.

**Allergies:**

None.

**Social History:**

He is single, and worked in a family-owned restaurant.

**Health Habits:**

He does not smoke cigarettes, drink alcohol, or use illicit drugs.

**Review of Medical Records:**

I reviewed all of the medical records provided to me by the Industrial Commission.

Panoramic X rays were obtained today, which demonstrate adequate healing of his mandible, and his dental implants in place.

**Physical Examination:**

Mouth: Oral mucosa was pink and moist, with no palpable or visible lesions.

Dentition: Dental implants are in place for teeth #8, #9, and #10. All other dentition is intact, with good oral hygiene. Class I molar occlusion, 50% overbite, 3 mm of overjet and good midline.

Temporomandibular joint: Interincisal opening is 36 mm. Lateral excursive movement of his mandible is 2 mm in each direction. There is no palpable or auscultated crepitus of the joint.

Cranial nerves: Intact.

Face: No disfigurement.

**Discussion:**

Mr. Singh sustained injuries as detailed above. Considering only the dental allowances in his claim, which include mandible fracture and loss of teeth, he has some residual loss of motion, which, according to the *Guidelines for Evaluation for Impairment of the Oral and Maxillofacial Region of the American Association of Oral and Maxillofacial Surgeons*, corresponds to a 3% impairment in interincisal opening, and a 4% impairment in lateral excursion. This results in a 7% whole person impairment. There is no impairment in mastication, no cranial nerve impairment, and no disfigurement. He reports minimal pain secondary to his injuries. There are no obvious speech abnormalities. His dental injuries do not result in any work limitations.

**Opinion:**

- 1. Has the Injured Worker reached maximum medical improvement with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If "yes," then please continue to items #2 and #3.**

Yes. He has had adequate surgical treatment and healing time for his mandible fracture. His lost teeth have been restored. He is no longer under active treatment for his dental condition. No significant change is expected.

- 2. Based on the *Guidelines for Evaluation for Impairment of the Oral and Maxillofacial Region of the American Association of Oral and Maxillofacial Surgeons*, and with reference to the *Industrial Commission Medical Examination Manual*, provide the estimated percentage of whole person impairment arising from each allowed condition. Please list each condition and whole person**

**impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition indicate 0%.**

Allowed Condition	Table/Figure/Page Number	Comments	Whole Person Impairment %
Fracture of mandible	pp. 5 and 6	Decreased range of motion	7%
Loss of teeth #8, #9, and #10	p. 4	No impairment in mastication	0%
<b>Combined whole person impairment:</b>			<b>7%</b>

It is my opinion that the combined whole person impairment for the allowed condition(s) in this claim is 7%.

**3. Complete the enclosed Residual Functional Activities form. In your narrative report provide a discussion setting forth physical limitations resulting from the allowed condition(s).**

Mr. Singh has no work limitations due to his dental injuries.

Respectfully submitted,

*Isabella Russo, D.D.S.*

Isabella Russo, D.D.S.

### RESIDUAL FUNCTION ASSESSMENT

Injured Worker: Khushwant Singh

Claim Number(s): 09-000000

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Based solely on impairment resulting from the allowed condition(s) within my specialty, and with no consideration of the Injured Worker's age, education, or work training:**

- ( X ) This Injured Worker has no work limitations.
- ( ) This Injured Worker is incapable of work.
- ( ) This Injured Worker is capable of work with the limitation(s)/modification(s) noted below:

\_\_\_\_\_  
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Physician's Signature: Isabella Russo, D.D.S. Date: 5/21/2013

Physician's Name (print): Isabella Russo, D.D.S.



**GUIDELINES TO THE EVALUATION OF IMPAIRMENT  
OF THE ORAL AND MAXILLOFACIAL REGION**

American Association of Oral and Maxillofacial Surgeons- 2002

1

The American Association of Oral and Maxillofacial Surgeons has recognized the need for the establishment of a specific method of evaluating permanent impairments of the maxillofacial region. The committee on Health Care Programs of the American Association of Oral and Maxillofacial Surgeons was given the responsibility of establishing the methodology of measurement, and assigning values for permanent impairment of this area. Using the methods described in this document, and the AMA Guides to the Evaluation of Permanent Impairment, the practitioner will be able to assign an impairment value to the individual for the maxillofacial region.

### **OBJECTIVES**

- ❑ Provide a permanent Impairment Rating for the Maxillofacial Region
- ❑ Definition of terms
- ❑ Recognize that there are different purposes for providing an impairment rating, i.e. Workman's Compensation, Social Security Administration, Personal Injury Litigation and Medical Indemnity Insurance.
- ❑ Understand applicable state regulation for conducting such examinations.

### **ACKNOWLEDGEMENT**

The Report of Medical Evaluation (Permanent Medical Impairment) on page 11, 12 & the combined injury ratings on page 3 are taken from the Guides to the Evaluation of Permanent Impairment, current edition 5<sup>th</sup> AMA Guides.

This document does not constitute endorsement by the American Medical Association of the methods and procedures described by the AAOMS in the Guidelines to the Evaluation of Impairment of the Oral and Maxillofacial Region.

## I. HOW TO PERFORM AN IMPAIRMENT EXAMINATION

- 1- History, physical examination, and review of pertinent medical records.
- 2- Review special studies.
- 3- Identify objective findings and compare with criteria (Injury Model vs. Range of Motion Model)
- 4- Consider permanency of Impairment  
N.B. If impairment is resolving, changing, unstable or expected to change significantly within 12 months, do not do a rating. If condition is not fixed and stable, or if one is making a recommendation for curative (not palliative) treatment, do not give a rating

If range of motion model is used then combine the impairment ratings for injury model ratings

With neurologic impairment	p. 330, Table13-11, Ed. 5 VII, p332, Table13-12
With disfigurement impairment	p. 255, p. 272, p256, Table 11-5, Ed. 5.
With dietary impairment	p. 262, Table 11-7, Ed. 5
With pain	p 569, p 571, Table18-1, p573

If speech, airway, olfaction, ocular, auditory function is impaired, use ratings for injury model.

## II DEFINITIONS

Clarification of the following terms is important in distinguishing between different terminology associated with impairments.

### IMPAIRMENT DISABILITY HANDICAP

**Impairment:** is an alteration of an individual's health status that is assessed by medical means. Loss of or use of a body part, system of function.

**Disability:** is an alteration of an individual's capacity to meet personal, social, or occupational demands or to meet statutory or regulatory requirement. It assumes a medical impairment exists.

For example: Impairment: Loss of index finger.

For a person who is a singer, this in fact would be impairment, but not a disability. For an individual who is a typist, this could represent significant disability in their work as a typist.

**Handicap:** The Federal Rehabilitation Act of 1973 identifies a “handicapped” individual as one who has an impairment that substantially limits one or more life activities including work, has a record of such impairment, and this impairment can be overcome only by compensation. i.e. artificial limb, etc.

### III EVALUATION OF THE ORAL AND MAXILLOFACIAL REGION FOR PERMANENT IMPAIRMENT

Injury model or range of motion model can be used to assess impairment in the maxillofacial region

#### A. Masticatory Dysfunction:

Eating involves the function of the teeth, jaws, muscles of mastication, muscles of deglutition, and temporomandibular joint. In addition, it requires the ability of a person through lip, tongue and muscle function to be able to swallow food. Loss or change in the functional relationship of any of these anatomic-physiologic components of the system will result in a functional change for the individual.

Loss of teeth and / or dentoalveolar structure (underlying osseous or soft tissue structure) may be due to trauma, developmental condition, or associated disease e.g. extractions indicated for radiation therapy.

There is a distinct and measurable variation between forces generated by natural dentition versus patients with prostheses (full removable dentures). Maximal bite forces appear to be five to six times less for complete denture wearers. In addition, many prosthetic patients select foods that require reduced masticatory capability.

Patients may also develop adverse sequelae with tooth loss including speech difficulties and associated psychosocial problem secondary to cosmetic changes.

The following recommendations are made for determining the impairment rating of the individual loss based on the contribution of each component to the masticatory system. However, reconstruction with prosthesis after a Loss of Dentition.

Patient restricted to liquid foods = 40 – 60% impairment of whole person if feeding tube is necessary

Loss of dentition with ability to wear dentures= 5 – 19% impairment of whole person if restricted to semi-solid and soft food, p 262, AMA Guides Ed 5.

Speech should not be evaluated by an Oral and Maxillofacial Surgeon, suggest referral to speech pathologist.

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*Example of trauma or oral cancer patient:*

Calculation of whole person impairment using the combined value chart with the following assignments:

- 1- 24% impairment of a person who is restricted to a liquid diet and
- 2- 10% for speech impairment (not rated by an Oral Surgeon) is a combined value equals 32% whole person impairment.

**B. Temporomandibular Joint**

Range of motion model used to assess impairment in the maxillofacial region involving the TMJ

The craniomandibular articulation is composed of the temporomandibular joints bilaterally and the masticatory musculature. These two joint function as a unit.

Total loss of motion or ankylosis renders the patient unable to chew or speak in a normal manner.

The following are not correlated to AMA Guide, but are suggestions of the Health Care Committee:

**Summary of Steps in Evaluation Impairments of Craniomandibular Articulation**

- 1- Identify the area of involvement.
- 2- Measure the voluntary, non-painful interincisal opening between maxillary and mandibular central incisors (Interincisal Range of Motion).  
Measure the lateral excursive distance of the mandible, using the dental midlines from maximum dental intercuspation.
- 3- Add the impairment values for loss of interincisal opening and lateral excursive distance to obtain the craniomandibular articulation impairment value.

INTERINCISAL RANGE OF MOTION	% OF NORMAL WHOLE PERSON	% IMPAIRMENT WHOLE PERSON
Hypomobile 0-10 mm	20	10
Hypomobile 10-20 mm	40	8
Hypomobile 21-29 mm	50	5-7
Hypomobile 30-35 mm	70	3-4
Hypomobile 35- 39mm	95	3-5
Normal 40-50 mm	100	0

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\*35 mm is an acceptable range of jaw opening in the AAOMS Par Path Document.

LATERAL EXCURSION RANGE OF MOTION	% OF NORMAL	% IMPARIMENT OF WHOLE PERSON
Hypomobile 0-4mm	60	4
Hypomobile 4-7 mm	70	3
Hypomobile 8-10 mm	90	1
Normal 12 mm	100	0

Hypermobility generally does not impair function and is not ratable. If it appears to cause impairment, it should be treated as a muscle weakness.

Example: A patient has a noted disc derangement with an incisal opening of 25 mm. And lateral excursive movements of 6 mm.

Ratable Criteria:

Interincisal opening 6% impairment

Lateral excursive movement 3% impairment

The two range of motion values are added together:  
 $6\% + 3\% = 9\%$  impairment of whole person (see combined values chart p 604-5 AMA Guides Ed 5).

Example: A Patient has an ankylosis of the temporomandibular joint with a maximum opening of 5 mm. And lateral excursive movements of 2 mm. Diet is restricted to liquid foods.

Ratable Criteria:

Interincisal opening 10% impairment

Lateral excursive movement 4% impairment

Diet restriction (p. 262 Table 11-7 AMA Guide Ed.5) 30% Impairment

First, add the range of motion values  $10\% + 4\% = 14\%$ , then using the combined values chart (AMA Guides p604-5) add the  $14\% + 30\% = 44\%$  of the whole person.

Note impairments secondary to other derangement such as resection, implant arthroplasty, or musculoskeletal disorders are usually rated according to the above

criteria. It is left up to the individual examiner whether to consider these disorders separately. The evaluator must use judgment and avoid duplication of impairments.

### C. Skeletal Facial Deformities & Facial Disfigurement

(p. 255-9 AMA Guide Ed5)

Skeletal-facial deformities of the maxilla and / or mandible can produce abnormal function and appearance. These deformities may arise from multiple genetic factors, environment influences, acquired defects, neoplastic processes, degenerative disease and trauma.

Documentation of a skeletal-facial deformity should include

- ❑ History to clearly indicate the source of the skeletal-facial deformity (congenital, developmental, or acquired);
- ❑ Imaging documentation when feasible of the deformity, e.g. post-traumatic defects and / or lateral skull and facial bone x-rays for cephalometric analysis;
- ❑ Clinical photographs and /or
- ❑ Facial moulage or dental models.

Impairment evaluation of an individual with a skeletal facial deformity should be based on a combined value score using AMA's combine value table based on the following ratable symptoms that are deviations from normal function.

The following conditions (impairments) should be separately rated. Then, using the combined value table, a whole person impairment can be calculated.

***Masticatory Insufficiency:*** Premature loss of teeth not in functional occlusion as a result of the underlying skeletal deformity.

All teeth missing or not in functional occlusion could be assigned an impairment value of 5% of the dental system for molars and 3% of the dental system for incisors. If the whole person impairment value based on premature loss of teeth or teeth not in functional occlusion is less than that of a total restriction to liquid diet, the greater value of a whole person impairment assigning 20-30% loss of whole person impairment based on a liquid diet should be used.

A person missing 30 teeth with prosthesis is not usually on a liquid diet. Therefore, 0% - 8% for loss of teeth (injury model).

***Abnormal Respiratory (Airway) Problem:*** (this usually would be rated by other examiners) – relating to the skeletal dental deformity which results in either obstruction, snoring, or sleep apnea. Needs referral for a laboratory sleep study.

Patient with facial skeletal deformities such as vertical maxillary excess and mandibular retrognathia may have upper airway impairment. A sequela of this deformity may be multiple episodes of cessation of breathing for at least 10 seconds during periods of sleep.

Some of the signs and symptoms of this syndrome are snoring, abnormal behavior during sleep and interrupted sleep patterns, and excessive daytime somnolence.

**Facial Appearance (Disfigurement):** Facial appearance is extremely important for identification and self image. Disturbances in facial appearance or function can also have major impact in social acceptance. Loss of structural integrity and soft tissue changes or injury can result in disfigurements that result not only in physical, but social and functional problems.

In those cases, where the skeletal facial defects, as a result of either congenital or developmental deformities, disease, trauma, or surgical intervention results in a permanent disfigurement, the following impairments may be assigned and used with the combined values scale in determining a total value for skeletal facial deformities.

The AMA Guides to the Evaluation of Permanent Impairment recommend the following classification s and rating of whole person impairment. P. 256 Table 11-5AMA Guide Ed5

- Class 1            Impairment of the Whole Person, 0-5%  
A patient belongs in class 1 when the facial abnormality is limited to a disorder of the cutaneous structures, such as visible scars and abnormal pigmentation, or mild unilateral total facial paralysis, or nasal distortion that affects appearance
  
- Class 2            Impairment of the Whole Person, 6-10%  
A patient belongs in class 2 when there is a loss of supporting structure of part of the face, with or without cutaneous disorder. Depressed cheek, nasal, or frontal bones.
  
- Class 3            Impairment of the Whole Person, 11-15%  
A patient belongs in class 3 when there is an absence of a normal anatomical area of the face. Loss of an eye or loss of part of the nose with the resulting cosmetic deformity (if visual or respiratory loss, suggest other examiners), or severe unilateral total facial paralysis, or mild bilateral facial paralysis
  
- Class 4            Impairment of the Whole Person, 16-35%  
A patient belongs in class 4 when facial disfigurement is so severe that it precludes social acceptance.  
Massive distortion of normal facial anatomy, or severe bilateral total facial paralysis, or loss of major portion of nose

<u>Disfigurement</u>	<u>Impairment of Whole Person</u>
Unilateral Total Facial Paralysis	= 1-4% mild
	= 5-9% severe
Bilateral Total Facial Paralysis	= 5-18% mild

	=	20-45% severe
Loss of Deformity of Outer Ear	=	0-2% mild
Loss of the Entire Nose	=	25-50%
Nasal Distortions in Physical Appearance	=	0-5%

(p. 2332, Table 13-12 AMA Guide Ed.5)

**Cleft Palate Deformity:** Example: Cleft palate deformity is a congenital deformity that is amenable to surgical correction and improvement from the time of birth through adolescent and adult year. It is a congenital deformity requiring multiple surgical procedures of the cleft. The cleft palate patient can be evaluated for impairment value based on skeletal deformity values of:

- 1- Mastication dysfunction / malocclusion
- 2- Articulation
- 3- Temporomandibular joint problems
- 4- Facial appearance
- 5- Psychosocial and / or behavioral problems
- 6- Sleep disorder

**Psychosocial:** If indicated, impairment values can be assigned for behavioral or psychosocial problems that are the result of a facial deformity, but suggest rate by other examiners.

**Pain:** This section has been totally revised from AMA Guides Ed4. A qualitative value for the evaluation of chronic pain and pain behaviors is now included in Edition 5. Although migraine, cluster and tension headache are now eliminated, pain disorders, somatoform disorder, psychogenic pain and malingering are discussed. A method for integrating impairment rating for pain with other impairments is now available. (see p. 580, Table 18-5, p584, Tables 18-6, 18-7.

- 1- Headache: example, page 586.
- 2- Cranial Nerve Pain: example page 330, Table 13-11

a. *Trigeminal Nerve Pain*

Mild impairment due to uncontrolled Facial neuralgic pain	=	0-14% whole person
Moderate impairment	=	15-24%
Severe	=	25-35%

b. *Facial Nerve*

Complete loss of taste – anterior tongue	=	1-4% whole person impairment
Mild unilateral facial weakness	=	1-4%
Mild bilateral facial weakness	=	5-19%

or

Severe unilateral facial paralysis with 75% or greater facial involvement

Severe bilateral facial paralysis with inability to control eyelid closure =20-45%

c. *Impairment of Cranial Nerve IX , X and XII, p 334, Table 13-14.*

Mild dysarthria, choke on liquid or  
semi-solid food

= 1-14% whole person  
impairment

**REPORT OF MEDICAL EVALUATION PERMANENT MEDICAL IMPAIRMENT**

TO:

RE:

CASE #:

DATE OF LOSS:

- |           |  |                      |
|-----------|--|----------------------|
| <b>1.</b> | <b>PAST MEDICAL HISTORY</b>                | <b>YES / NO</b>      |
|           | A. MEDICAL OFFICE RECORDS                  | REVIEWED<br>ENCLOSED |
|           | _____                                      | _____                |
|           | B. HOSPITAL RECORD                         | REVIEWED<br>ENCLOSED |
|           | _____                                      | _____                |
|           | C. FROM PATIENT                            | _____                |
|           | D. FROM OTHER SOURCES (DESCRIBE)           | _____                |
| <br>      |  |                      |
| <b>2.</b> | <b>CLINICAL EVALUATION</b>                 | <b>YES / NO</b>      |
|           | A. PHYSICAL EXAMINATION                    | REPORT<br>ENCLOSED   |
|           | _____                                      | _____                |
|           | B. LABORATORY TEST                         | REPORT<br>ENCLOSED   |
|           | _____                                      | _____                |
|           | C. SPECIAL TESTS AND DIAGNOSTIC PROCEDURES | REPORT<br>ENCLOSED   |
|           | _____                                      | _____                |
|           | D. SPECIALTY EVALUATIONS                   | REPORT<br>ENCLOSED   |
|           | _____                                      | _____                |
| <br>      |  |                      |
| <b>3.</b> | <b>DIAGNOSES</b>                           |                      |
|           | A. _____                                   |                      |
|           | B. _____                                   |                      |

C. \_\_\_\_\_  
D. \_\_\_\_\_

**4. STABILITY OF MEDICAL CONDITION**

A. THE CLINICAL CONDITION IS STABILIZED AND NOT LIKELY TO IMPROVE WITH SURGICAL INTERVENTION OR ACTIVE MEDICAL TREATMENT MEDICAL MAINTENANCE CARE IS WARRANTED.  
YES / NO

B. THE DEGREE OF IMPAIRMENT IS NOT LIKELY TO CHANGE BY MORE THAN 3% WITHIN THE NEXT YEAR  
YES / NO

C. EMPLOYMENT IS NOT LIKELY TO IMPROVE WITH SURGICAL INTERVENTION OR ACTIVE MEDICAL TREATMENT.  
YES / NO

D. THE PATIENT IS NOT LIKELY TO SUFFER SUDDEN OR SUBTLE INCAPACITATION  
YES / NO

**5. OTHER ANALYSES**

A. EXPLAIN BRIEFLY THE IMPACT (S) OF THE MEDICAL CONDITION (S) ON THE PATIENT'S ACTIVITIES OF DAILY LIVING (SEE APPENDIX A. P. 243)

\_\_\_\_\_  
\_\_\_\_\_

B. IS THERE A MEDICAL REASON TO BELIEVE THE PATIENT IS LIKELY TO SUFFER INJURY, HARM, OR FURTHER MEDICAL IMPAIRMENT BY ENGAGING IN USUAL ACTIVITIES OF DAILY LIVING OR OTHER ACTIVITIES NECESSARY TO MEET PERSONAL, SOCIAL, OR OCCUPATIONAL DEMANDS? EXPLAIN BRIEFLY.

YES / NO

\_\_\_\_\_  
\_\_\_\_\_

C. IS THERE A MEDICAL REASON TO BELIEVE OTHER RESTRICTIONS OR ACCOMMODATIONS ARE NECESSARY TO HELP THE PATIENT CARRY OUT USUAL ACTIVITIES OR MEET PERSONAL, SOCIAL AND OCCUPATIONAL

DEMANDS? IF SO, BRIEFLY EXPLAIN THEIR THERAPEUTIC, RISK-AVOIDANCE, OR OTHER KIND OF VALUE?

YES / NO

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**6. IMPORTANT EVALUATION ACCORDING TO AMA GUIDES – ATTACH A COMPLETE REPORT OF FINDINGS AND NARRATIVE COMMENTS FOR EACH BODY PART OR SYSTEM.**

BODY PART OR SYSTEM	CHAPTER #	TABLE
---------------------	-----------	-------

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

- THIS PATIENT HAS BEEN UNDER MY CARE FROM \_\_\_\_\_ TO \_\_\_\_\_
- I HAVE NOT PROVIDED CARE FOR THIS PATIENT. I HAVE SEEN THIS PATIENT \_\_\_\_\_ TIME (S) FOR THE PURPOSE OF EVALUATING MEDICAL IMPAIRMENT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PLEASE PRINT NAME

## REFERENCES

Parameters and Pathways: Clinical Practice Guidelines for Oral & Maxillofacial Surgery (AAOMS Par Path 01)

Fundamentals of Impairment and Disability Evaluations Handbook, American College of Occupational and Environmental Medicine 1995.

Guides to the Evaluation of Permanent Impairment Fifth Edition. American Medical Association.

Statements by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures Temporomandibular Disorders.

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# **EXAMINATIONS BY BODY SYSTEMS**

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**Mental and Behavioral**

**THE EXAMINATION REPORTING FORMAT:**

**Background Information:**

- Injured Worker name
- Claim number(s)
- Date of birth
- Date(s) of injury
- Claim allowance(s)
- Place of exam
- Date of exam
- Examiner name
- Purpose of exam

**Review of Pertinent Medical Records**

**A Mental Health History**

**The Mental Status Examination**

**A Multiaxial Diagnosis**

**Opinions**

Opinions must be based solely on the allowed psychiatric/psychological conditions highlighted on the Industrial Commission Medical Exam Worksheet. Examiners must accept the allowed condition(s) in the claim. If examination findings fail to confirm the presence of the allowed condition(s) in the claim at the time of the examination, an acceptable opinion is, "I find no evidence of impairment resulting from the allowed condition at the time of this examination." Examiners may not state, "I find no evidence of the allowed condition at this examination." Denial of the allowed condition may disqualify the examination as "some evidence" at hearing or in court.

**Allowed Condition for Mental and Behavioral Disorders**

Psychiatric/psychological conditions become allowed conditions in the following manner: When an injury occurs, a first report of injury (FROI-1) is filed with the Bureau of Workers' Compensation (BWC). The Bureau of Workers' Compensation reviews the Injured Worker's and employer's report of the accident, the medical reports, and either allows or denies the claim within 28 days. When approved by the Bureau of Workers' Compensation, the allowed condition becomes legal basis for the Injured Worker's claim for compensation.

The Injured Worker later suffers a psychological condition resulting from the injury. A request for the additional allowance of the psychological condition is made, and is allowed. The psychological condition then becomes an additional allowance to the original claim. There may be multiple allowed conditions in one claim and multiple claims for one worker.

**1. Maximum Medical Improvement (MMI)**

Has the Injured Worker reached Maximum Medical Improvement with regard to each of the allowed condition(s)? Briefly describe the rationale for your opinion. If 'yes' then please continue to items #2 and #3.

Maximum Medical Improvement is defined as a treatment plateau (static or well-stabilized) where no fundamental or physiological change can be expected within reasonable probability, in spite of continuing medical or rehabilitative procedures. An Injured Worker may require supportive treatment to maintain this level of function.

Note that under AMA Guides, Fifth Edition, a condition must be Maximum Medical Improvement before permanent impairment can be estimated.

## **2. Impairment**

Based on the AMA Guides Second and Fifth Editions, and with reference to the Industrial Commission Medical Examination Manual, provide the estimated percentage of whole person impairment arising from the allowed psychological/psychiatric condition(s). Provide the class and percentage of impairment due to the allowed psychological/psychiatric conditions(s) in each of the four functional areas, and then provide the percentage of whole person impairment. If there is no impairment for an allowed condition, indicate zero percent.

The AMA Guides, Fifth Edition, Chapter 14, (Mental and Behavior Disorders) discusses an approach to evaluate and classify mental and behavioral disorders. However, neither the Guides Fourth or Fifth Editions provide impairment percentages.

Therefore, a table has been constructed for use by the examiners to assist them in classifying and estimating percent impairment, and in order to fulfill the Industrial Commission requirements. This table combines the principles for estimating percentage of impairment taken from the Guides Second Edition, Chapter 11, Table 1, and the classes of impairment taken from the Guides Fifth Edition, Chapter 14, Table 14.1. A checkpoint for consistency is also offered by the Global Assessment of Function (GAF), as this value is inversely related to whole person percentage impairment. This table is included in this section of the Industrial Commission Medical Examination Manual.

The Independent Medical Examination shall indicate the class of impairment in each functional area, and an estimated percent whole person impairment for the allowed psychological/psychiatric condition(s). If there is no impairment, indicate zero percent.

The table located on the following page is useful in summarizing impairment assessment of an Injured Worker.

Classes of Impairment	Class 1 No	Class 2 Mild	Class 3 Moderate	Class 4 Marked	Class 5 Extreme
<b>Description of Impairment Severity</b>	No Impairment is noted	Impairment levels are compatible with most useful functioning	Impairment levels are compatible with some, but not all, useful functioning	Impairment levels significantly impede useful functioning	Impairment levels preclude useful functioning
<b>Area/Aspect of Functioning</b>					
Activities of Daily Living					
Social Function					
Concentration					
Adaptation					
<b>GAF Value</b>	81-100	61-80	51-60	31-50	1-30
<b>Whole Person Impairment % Guides 2<sup>nd</sup> Edition</b>	0-5%	10-20%	25-50%	55-75%	>75%

### 3. Occupational Activity Assessment

Complete the Occupational Activity Assessment (OAA). In your narrative report provide a discussion setting forth mental limitations resulting from the allowed psychological conditions.

#### ALLOWED DIAGNOSTIC TESTING

MMPI and Bender-Gestaldt are considered part of a psychological examination and are not billable. Injured Workers may decline testing, and if this is the case, note the refusal and base opinions on the available data.

Neuropsychological testing, when appropriate, will be reimbursed at a rate of one hundred dollars per hour, with a maximum of four hours.

Any additional diagnostic testing must have prior approval of Medical Services at 614.466.4291. Bill for approved additional testing on the Provider Fee Bill.

An example of a Mental and Behavioral Health Independent Medical Examination follows.

**OHIO INDUSTRIAL COMMISSION  
MENTAL AND BEHAVIORAL HEALTH  
SPECIALIST REPORT**

SAMPLE

**Injured Worker Name:** Sydney Jackson

**Date of Birth:** 12/04/1965

**Claim Number(s):** 06-000000

**Date(s) of Injury:** 08/01/2006

**Claim Allowance(s):** Lumbosacral strain; aggravation of pre-existing degenerative arthritis, lumbar spine; aggravation of pre-existing disc herniation L5-S1; *depressive disorder.*

**Place of Examination:** 100 State St.  
Youngstown, OH 49999

**Date of Examination:** 05/21/13

**Examiner Name:** Darius Miller, Ph.D.

**Purpose of Examination:** Permanent Total Disability impairment evaluation.

The purpose of the examination was discussed with the injured worker prior to its initiation. I also explained that this would be a one-time evaluation at the request of the Industrial Commission in response to her/his application for permanent total disability, and that I would be providing a written report to the Industrial Commission, and that the results are not confidential. I explained that I would not be providing her with any type of treatment or advice.

**Historian:** Sydney Jackson.

**Present During Examination:** Sydney Jackson.

**Description of Injured Worker:**

Ms. Jackson is a mid-aged African-American female with a reported height of 5'6" and weight of 280 lbs. She arrived on time for the examination, driven by her sister. She wore a "warm-up" suit, and a baseball cap. She used no walking aids. She moved slowly and guardedly, and grimaced when she sat down. There was no body odor. Her clothes were neat, clean, and appropriate for the weather. Her hair was cut short and was neat and clean. She did have some tears at times during the interview when discussing her injury and having to quit work. Her face looked sad and strained. She was cooperative with the interview and appeared to attempt to engage with the examiner.

**HISTORY:**

**Chief Complaints:**

Low back and leg pain, depression, poor sleep, poor concentration, excessive worry, does not feel like a good wife, frequent crying, low self-esteem.

**History of Present Condition:**

Ms. Jackson reports while working as a dietary aide in a hospital, she began to experience progressively severe low back pain. Eventually, the pain radiated into her legs. She indicates that this was aggravated by pushing and pulling food trays. As her pain worsened, she requested that her supervisor have her see the occupational health doctor at the hospital. She was evaluated, and was started on physical therapy, and placed on modified duty. Her back pain continued to worsen, and she could no longer tolerate work. She had xrays and an MRI. She was told that "her back was shot" and she would be unable to return to her work. Surgery was not recommended. She underwent injections in her back. Pain medications were tried. She reports no relief from her pain.

She reports that, after leaving work, she became increasingly depressed. She reports feeling useless. "I missed the people at work." She reports more financial stress and stress in her marriage. "I couldn't do nothing to help my family or my husband. I couldn't pay my bills." She was referred for a psychological evaluation, and was diagnosed with depressive disorder.

She reports that she feels sad and lonely. She reports "I can't sleep, and I wake up worried." She reports crying spells five times per week. She reports that at times she has had suicidal thoughts, the last time being one month ago. She reports that she has never had any direct plans to kill herself. She reports no intent to harm anyone else. She reports a low energy level. She reports that she feels hopeless, helpless, and worthless. She reports that she can't do the things she wants to help support her husband financially, emotionally, and physically.

**Review of Past Treatment:**

With regard to her depression, she reports that she has been tried on various medications, and has undergone counseling on an approximately twice-per-month basis. She tells me that the counseling has helped her understand how to relax at times and cope with her emotional swings. "I don't take it out on everybody else as much."

**Review of Records:**

I have reviewed all records provided to me by the Industrial Commission.

These include a letter from Dr. Song, her treating psychologist, dated 12/04/12, indicating that "she is permanently and totally disabled due to her depression."

In a letter directed to BWC dated 09-21-07, Dr. Chang, a psychiatrist states "it is my opinion that her diagnosis of depressive disorder is directly and causally related to her work injury of 08/01/06."

In an IIME performed for the Industrial Commission on 06-05-10, Dr. Green, a psychologist states "In my opinion, the allowed condition of depression does not in and of itself preclude all work activities for Ms. Jackson. Solely due to her allowed psychological condition she would be capable of functioning in a low stress environment in which she would be able to work at her own pace and with little direct contact with the public."

**Current Treatment:**

She continues counseling with her psychologist on a twice-per-month basis. She also sees a psychiatrist once every three months for medication. She has been on Lexapro tapering up to her current dose now for two years. She indicates "it's been the best one I've tried."

**Medications:**

Other medications include Prilosec, Ultram, Celebrex, and Ditropan. She takes Doxapin at night.

**Mental Health History:**

Ms. Jackson saw a counselor in the early 1990s for a short period of time following her divorce, and prior to her second marriage. "A couple of months. I felt betrayed." She did not require medication at that time. She reports no other psychiatric problems in the past.

**Past Medical History:**

She reports recurrent urinary tract infections with urgency and frequency, for which she uses Ditropan. She also has a history of right carpal tunnel syndrome, and has not had surgery. She reports osteoarthritis and joint pain, primarily in her hands and knees. Past surgical history is remarkable for a hysterectomy.

**Family Of Origin And Procreation:**

Ms. Jackson was born in Cleveland. "My mother and father had a fling." She reports that she never knew her father, and was raised by her mother and stepfather. She reports both physical and verbal abuse by her mother and stepfather. She reports sexual abuse by a friend of her stepfather when she was 15. She left home at age 17 and was married. She reports three siblings, and still keeps in touch with her older sister. "She is my best friend." She has very little contact with her brothers.

She reports that her first marriage lasted about three years, and produced two children. She then remarried several years later, and remains married to the same man, with no children from that marriage.

**Education:**

She quit school in the 11th grade. She reports that she was not in any special education classes. She achieved her GED approximately five years later.

**Work History:**

She initially worked as a waitress in a diner. She then worked for about seven years in a factory as a laborer, building automotive components. She then worked as a nursing assistant in a nursing home for about 10 years, and then as a dietary aide at a local hospital for about six years, until the time of her injury. She has not returned to work since 2006.

**Legal History:**

She reports no legal problems.

**Military History:**

None.

**Substance Use and Abuse:**

She reports that she never drank alcohol or smoked cigarettes. She denies the use of any illicit drugs, and tells me she does not misuse or abuse any prescription drugs.

**MENTAL STATUS EXAMINATION:****Appearance:**

Ms. Jackson is a mid-aged African-American female with a reported height of 5'6" and weight of 280 lbs. She wore a "warm-up" suit, and a baseball cap. She used no walking aids. There was no body odor. Her clothes were neat, clean,

and appropriate for the weather. Her hair was cut short and was neat and clean. She did have some tears at times during the interview when discussing her injury and having to quit work.

**Attitude:**

She was cooperative with the interview.

**Behavior:**

Mentation was slow, and she struggled to articulate each thought. She stated, "Some things come to me okay, other things I just can't focus on."

**Mood and Affect:**

She had dark circles under her eyes, and sad facial features. She fidgeted in her chair at times. She would wring her hands at times. She had tears when saying "I just want my life, my work back." She reported no substantial change in appetite over several years, but indicated that she did gain 40 pounds in the first year after she left work. She reports that she typically sleeps four or five hours and then wakes up and has trouble getting back to sleep. She reports forgetting appointments. She reports decreased sex drive.

**Speech and Language:**

Her speech was of low tone, slow pace, and normal rhythm. She was relevant and coherent. There was no tangential speech or circumlocution.

**Perceptual Disturbances:**

She denied any hallucinations. She denied any feelings that people are "out to get her."

**Thought Process (Quantity, Tempo and Form):**

There is no tangential or circumstantial conversation, and she appears to maintain the flow of conversation in a goal-directed fashion.

**Thought Content (Delusions, Hallucinations, Obsessions and Phobias):**

She denies any suicidal or homicidal ideation. She reports suicidal thoughts about once a month. "I've thought about it, but I couldn't leave my sister or kids." She denies any obsessions or delusions.

**Cognition (Alertness, Orientation, Attention, Memory, Language and Executive Function):**

She is alert and oriented to person, place, time, and situation. She states the place as Youngstown, Ohio, the year as 2013, the month as May, and the situation as "Workers' Comp." She demonstrated recall of her past information regarding her work injury history, which was consistent with the medical record. She stated the current President as Obama, and former President as Bush. When asked, "Who was Thomas Edison?" she stated "light bulbs." When asked, "Who was Martin Luther King, Jr.?" she stated "civil rights leader." When asked, "What is Genesis?" she stated, "A book of the Bible." When asked, "What did you have for dinner the night before?" she stated, "Creamed corn, beans and meatloaf." When asked, "What did you watch on TV the day before?" she stated, "Dancing with the Stars." She could not recall the winner. She did not recall my name. She did recall two of three objects at five minutes. She was able to recall six digits forward and three digits backward. She was able to spell the word house backwards without errors. She was not able to spell the word world backwards without errors. She was able to complete serial sevens backwards from 100 to 93, and then said "87."

**Insight:**

When asked, "What is causing your problems?" she stated, "I was hurt at work. I have pain. It took away my life. I am not the person I used to be. I feel bad about myself, and how I have to live now."

**Judgment:**

When asked, "What do you do if you're the first person in a movie theater to see smoke and fire?" she stated, "Look for the fire alarm and tell people to get out." When asked, "What would you do if you found on the street of a city an envelope that was sealed, addressed, and stamped?" she stated, "Mail it." When asked, "Why shouldn't people smoke in bed?" she stated, "They'll catch on fire."

**REVIEW OF FOUR FUNCTIONAL AREAS:**

**Adl/Typical Day:**

Ms. Jackson reports that she is physically limited by back pain. She reports that she can only stand at the sink for 5 minutes at a time, and walks about a half block before having to sit down. I asked her to try to separate her physical limitations from what she can do based on her depression. She is able to perform her own hygiene activities, "but it takes me twice as long." She reports that she and her husband argue over that a lot, especially about preparing meals. She stated that she does not have the "push" to cook every night, or to complete all of her housework in a day. She will go to the store with her sister, who helps her. She rides an electric cart. She states that she does make phone calls and talks to her sister and friends most days. She spends much of her time reading magazines or watching TV, or sitting on the porch if the weather is nice. She indicates that when they recently moved, she felt like a burden because she was not able to help with any of the lifting or boxing. She reports that her desire for sex is markedly decreased "I feel like I have to force myself." Class II, mild, 20%.

**Social Functioning:**

She reports that she does go to church with her husband on a weekly basis. She does not participate in any volunteer activities. She says, "I feel like I'm just not worth anything to anybody." She talks on the phone with her sister and friends several times a week. She and her husband do not go out to eat, unless there is some special occasion with the family. She does not belong to any clubs or organizations. Class II, mild, 15%.

**Concentration, Persistence, And Pace:**

She tells me that she has forgotten appointments, and her husband makes a point to write things on the calendar for her. She was able to pay attention and persist in goal-directed conversation during the interview. She tells me she reads about a half an hour at a time "then things get fuzzy. I can't remember what I read the day before." Class II, mild, 20%.

**Adaptation:**

She tells me that several times a week, she becomes frustrated with her situation, and breaks down and cries. This often happens when her husband asks her to complete a task. She tells me that when this happens, she "shuts down," and is not motivated to pursue anything more the rest of the day. Class III, moderate, 25%.

**Multiaxial Diagnosis:**

- AXIS I: Depressive disorder
- AXIS II: Diagnosis deferred
- AXIS III: Diagnosis deferred
- AXIS IV: Occupational stress and physical pain
- AXIS V: GAF = 70

**OPINIONS:**

- 1. Has the injured worker reached maximum medical improvement with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If “yes” then please continue to items #2 and #3.**

Yes. Her depressive symptoms appear stable over time. She continues on medication and counseling, which have not changed now for several years, and are not expected to change in the foreseeable future.

- 2. Based on *AMA Guides, Second and Fifth Editions*, and with reference to the *Industrial Commission Medical Examination Manual*, provide the estimated percentage of whole person impairment arising from the allowed psychological/psychiatric condition(s). Provide the class and percentage of impairment due to the allowed psychological/psychiatric condition(s) in each of the four functional areas, and then provide the percentage of whole person impairment. If there is no impairment for an allowed condition, indicate zero (0) percent.**

Overall, Ms. Jackson’s impairment is considered Class II, mild, resulting in a 20% whole person impairment.

- 3. Complete the enclosed Occupational Activity Assessment. In your narrative report, provide a discussion setting forth mental limitations arising from the allowed conditions.**

Considering only her psychological impairment due to the allowed condition of depressive disorder, it is my opinion that Ms. Jackson would be capable of simple, repetitive, low-stress work, with little interaction with the public. She would be expected to have some difficulty dealing with the public, and appears to be prone to decompensate during stressful times. She would likely have difficulty with planning, initiating and carrying out a work plan. She would be expected to have some difficulty responding appropriately to criticism from supervisors. She may also have difficulties getting along with co-workers or peers without distracting them or exhibiting emotional behavioral extremes.

*Darius Miller, Ph.D.*

Darius Miller, Ph.D.

## OCCUPATIONAL ACTIVITY ASSESSMENT

Mental & Behavioral Examination

Injured Worker: Sydney Jackson

Claim Number(s): 06-00000

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Based solely on impairment resulting from the allowed mental and behavioral condition(s) in this claim within my specialty, and with no consideration of the Injured Worker's age, education, or work training:**

- ( ) This Injured Worker has no work limitations.
- ( ) This Injured Worker is incapable of work.
- (X) This Injured Worker is capable of work with the limitation(s)/modification(s) noted below:

Considering only her psychological impairment due to the allowed condition of depressive disorder, it is my opinion that Ms. Jackson would be capable of simple, repetitive, low-stress work, with little interaction with the public. She would be expected to have some difficulty dealing with the public, and appears to be prone to decompensate during stressful times. She would likely have difficulty with planning, initiating and carrying out a work plan. She would be expected to have some difficulty responding appropriately to criticism from supervisors. She may also have difficulties getting along with co-workers or peers without distracting them or exhibiting emotional behavioral extremes.

Physician's Signature: *Darius Miller, Ph.D.* Date: 5/21/2013

Physician's Name (print): Darius Miller, Ph.D.



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# **EXAMINATIONS BY BODY SYSTEMS**

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## **Visual System**

## THE EXAMINATION REPORTING FORMAT:

### Background Information:

Injured Worker name  
Claim number(s)  
Date of birth  
Date(s) of injury  
Claim allowance(s)  
Place of exam  
Date of exam  
Examiner name  
Purpose of exam

### Review of Pertinent Medical Records

### Injury or Occupational Disease History

### Examination Findings

Identify and describe any ocular or facial deformities due to the injury, report the corrected and uncorrected near and distant vision each eye, note visual field examination findings, by confrontation if normal or formal visual field determination if abnormal, and describe ocular motility (extraocular muscle examination). Include any other appropriate findings.

Please note that corrected vision should be used for rating impairment in the case of application for Permanent Total Disability, including if the correction is by surgical or other (e.g., contact lens or glasses) means.

However, in the rare case of evaluation for loss of use of an eye in the case of application for a scheduled loss award, then the specialist must use uncorrected vision, without consideration of correction to vision due to surgical or other (e.g., contact lens or glasses) means.

### Discussion

Provide an analysis of the examination evidence supporting the opinion.

### Opinion

Opinions must be based solely on the allowed conditions listed for examination in your specialty on the Medical Examination Worksheet. Opinions on the following three issues are required.

1. Has the Injured Worker reached Maximum Medical Improvement with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If 'yes' then please continue to items #2 and #3.

Maximum Medical Improvement is defined as a treatment plateau (static or well-stabilized) where no fundamental or physiological change can be expected within reasonable probability, in spite of continuing medical or rehabilitative procedures. An Injured Worker may require supportive treatment to maintain this level of function.

Under AMA Guides, Fourth Edition, a condition must be Maximum Medical Improvement before permanent impairment can be estimated.

2. Based on the AMA Guides, Fourth Edition, and with reference to the Industrial Commission Medical Examination Manual, provide the estimated percentage of the whole person impairment arising from each of the allowed condition(s). Please list each condition and whole person impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate zero percent.

The accepted methodology for this determination is described on the following page.

3. Complete the Residual Function Assessment. In your narrative report provide a discussion setting forth physical limitations resulting from the allowed conditions.

A Residual Function Assessment form is used to assess the affect of the Injured Worker's visual impairment on his or her overall functional capability. In assessing function, examiners may not consider the injured worker's age, education and work experience or impairment arising from non-allowed medical or surgical disorders. Only impairment resulting from the allowed eye disorder may be considered.

### **ALLOWED DIAGNOSTIC TESTING**

Visual acuity and visual field studies are considered part of eye examinations and are not billable.

Any other additional testing must have prior approval of Medical Services at 614.466.4291.

Injured Workers may decline testing. If so, note the refusal and base opinions on the available information.

Bill for approved additional testing on the Provider Fee Bill.

**Eye Examination**

The following method for determining loss of vision meets the administrative and legal needs of the Industrial Commission of Ohio.

**Methodology**

The Commission will continue to use AMA Guides to the Evaluation of Permanent Impairment, Fourth Edition, in determining whole person percentage impairment, since AMA Guides, Fifth Edition, procedures do not meet Ohio's legal requirements.

Please note that corrected vision should be used for rating impairment in the case of application for Permanent Total Disability, including if the correction is by surgical or other (e.g., contact lens or glasses) means.

However, in the rare case of evaluation for loss of use of an eye in the case of application for a scheduled loss award, then the specialist must use uncorrected vision, without consideration of correction to vision due to surgical or other (e.g., contact lens or glasses) means.

AMA Guides, Fourth Edition, permanent impairment percentages consider near and far central visual acuity, visual field perception, abnormal ocular motility and binocular diplopia. Examiners may combine an additional five to ten percent impairment for ocular or adnexal conditions that interfere with visual function not reflected in the visual acuity, visual field, or ocular motility impairment. These conditions might include media opacities, corneal or lens opacities, and abnormalities that cause symptoms such as epiphora, photophobia, or metamorphopsia. Up to ten percent additional impairment may also be considered for scars or cosmetic defects.

Table 3 "Loss (in %) of Central Vision in a Single Eye" provides the percent loss of central vision in a single eye using the measured Snellen rating for distant and near vision. The table also provides values for each combination of near and distant vision with and without allowance for monocular aphakia and pseudophakia.

Table 5 "Loss of Monocular Visual Field" provides percent loss based on the number of degrees of visual field loss due to the allowed condition. Figure 3 "Percentage Loss of Ocular Motility of One Eye in Diplopia Fields" is used to determine the loss due to ocular motility when appropriate.

To determine visual loss for "an eye," loss of central and near vision, loss due to visual fields, and loss due to diplopia are combined using the AMA Guides Combined Values Chart (pages 322-324).

An example of an Ophthalmologic Independent Medical Examination follows.

**OHIO INDUSTRIAL COMMISSION  
OPHTHALMOLOGY  
SPECIALIST REPORT**

SAMPLE

**Claimant Name:** Daniel Brown  
**Date of Birth:** 07/15/1964  
**Claim Number(s):** 10-00000  
**Date(s) of Injury:** 05/05/2010  
**Claim Allowance(s):** *Retinal edema, left eye; optic atrophy, left eye;* traumatic brain injury; subdural hematoma; fracture right humerus; pneumothorax; hearing loss, left ear; tinnitus.

**Place of Examination:** 100 State Street,  
Dayton, OH 45454

**Date of Examination:** 05/01/2013

**Examiner Name:** Alexis Hill, M.D.

**Purpose of Examination:** Permanent Total Disability Impairment Evaluation

**Occupational History:** Mr. Brown was working as a construction laborer/carpenter doing house framing, window, door, and dry wall installations.

**History of the Present Condition:**

Mr. Brown was working on a roof trying to throw an extension cord from the second floor when he slipped and fell downward from the roof rafters for about 20 feet. He fell face down in the dirt, as well as on his chest and arm. He had multiple injuries as outlined in the allowed conditions. He did obtain some stitches above his left eyebrow.

**Current Symptoms:**

He says his vision is fuzzy all the time. The closer the object gets, the fuzzier the image. He feels he has some type of pimple or foreign body in his eyes and he uses tears for relief. He reports frequent headaches and the light bothers him especially when he moves his eyes. He has a lot of pain in the front of his eyes. When he moves his eyes it feels like his whole forehead is moving.

**Impact on Activities:**

The claimant reports modest visual impact as a result of his injuries. He is able to read fine print with reading glasses that are appropriate for his age. He was able to obtain a standard driver's license.

**Past Medical History:**

Headaches, depression, and anxiety.

**Past Surgical History:**

Cholecystectomy, 2009.

**Current Medications:**

Ultram, Neurontin, Cymbalta

**Allergies:**

Penicillin

**Social History:**

He is divorced and has two grown children.

**Health Habits:**

He denies alcohol or tobacco use.

**Review of Medical Records:**

I reviewed all of the medical records provided to me by the Industrial Commission.

**Physical Examination:**

Uncorrected distance vision OD is 20/20. Best corrected distance vision OD is 20/20. Uncorrected near vision OD is J-7. Best corrected near vision OD is J-1. Uncorrected distance vision OS is 20/25. Best corrected distance vision OS is 20/25. Uncorrected near vision OS is CF. Best corrected near vision OS is J-1.

Pupil OD is normal. Pupil OS is normal but there is a faint suggestion of an APD. Motility OU is normal. Adnexa OU is normal with exception of a lateral horizontal scar above left eyebrow. Eyelids are normal OU. Sclera is normal OU. Conjunctiva is normal OD. Conjunctiva OS has a pterygium which is well onto the cornea nasally. Iris is normal OU. Media is clear OU. IOP is 18 mm Hg OU. Fundus is normal OD (optic nerve, macula, vessels and periphery). Fundus is normal OS with exception of temporal optic nerve atrophy (macula, vessels and periphery).

Goldmann visual field OD is normal. Goldmann visual field OS shows nasal hemianopsia but otherwise normal. Confrontation field OD is normal. Confrontation field OS tested normal with only minimal nasal field depression.

**Discussion:**

As a result of his injury, Mr. Brown sustained optic nerve atrophy OS, which has mildly reduced his vision, and retinal edema, which has receded. He also has some moderate peripheral vision loss as tested with the Goldmann visual field OS which is not consistent with his confrontation field OS.

He has a history of ocular irritation and photosensitivity that is relieved by artificial tears. This is consistent with dry eyes, unrelated to his injuries.

He has reached the age of presbyopia and he can see markedly better with reading glasses. He doesn't require any glasses for distance vision.

He has a pterygium OS which is extending on to his cornea. In the event that this progresses he will need surgical removal to prevent vision loss. The pterygium is not related to his injury. It results from chronic exposure to dust, wind and ultraviolet light over his lifetime.

**Opinion:**

- 1. Has the injured worker reached maximum medical improvement with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If "yes" then please continue to items #2 and #3.**

Yes. His allowed conditions related to the left eye have had adequate time for healing and are not expected to change.

- 2. Based on *AMA Guides, Fourth Edition*, please provide the estimated percentage of whole person impairment arising from each allowed condition. Please list each condition and whole person impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate zero (0) percent.**

Allowed Condition	Table/Figure/Page Number	Comments	Whole Person Impairment %
Retinal edema, left eye		Receded.	0%
Optic atrophy, left eye	Tables 3 and 6, pp. 212 and 218.		3%
<b>Combined Values Chart, pages 604-606</b>		<b>Combined whole person impairment:</b>	<b>3%</b>

It is my opinion that the combined whole person impairment for the allowed condition(s) in this/these claim(s) is: 3%.

- 3. Complete the enclosed Residual Function Assessment. In your narrative report, provide a discussion setting forth physical limitations arising from the allowed conditions.**

Solely with regard to his allowed visual conditions, there are no work limitations. He should be able to safely work at heights or around moving equipment as his central visual reduction and his peripheral vision reduction should not be limiting. Corrected reading and distant vision are not significantly affected.

*Alexis Hill, M. D.*

Alexis Hill, M.D.

## RESIDUAL FUNCTION ASSESSMENT

Injured Worker: Daniel Brown

Claim Number(s): 10-00000

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Based solely on impairment arising from the allowed condition(s) within my specialty, and with no consideration of the Injured Worker's age, education and work experience:**

- This Injured Worker has no work limitations.
- This Injured Worker is incapable of work.
- This Injured Worker is capable of work with the limitation(s)/modification(s) noted below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: *Alexis Hill, M.D.* Date: 5/21/2013

Physician's Name (print): Alexis Hill, M.D.

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## **EXAMINATIONS BY BODY SYSTEMS: OTHER BODY SYSTEMS**

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**Digestive • Ear, Nose and Throat • Endocrine  
• Hematopoietic • Skin • Reproductive • Urinary**

**THE EXAMINATION REPORTING FORMAT:****Background Information:**

Injured Worker name  
 Claim number(s)  
 Date of birth  
 Date(s) of injury  
 Claim allowance(s)  
 Place of exam  
 Date of exam  
 Examiner name  
 Purpose of exam

**Medical History** including CC, HPI, and Pertinent PMH for each allowed condition

**Review of Pertinent Medical Records**

**Examination Findings**, reporting all pertinent positive and negative findings

**Discussion** of the medical findings supporting the opinion

**Opinion**

Opinions on the following three issues are required. Opinions must be based solely on impairment arising from the allowed condition(s) in the claim. Disability factors (age, education, and work training) may not be considered in the opinion. Opinions on the following three issues are required.

1. Has the Injured Worker's condition(s) reached Maximum Medical Improvement (MMI) with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If 'yes' then please continue to items #2 and #3.

Maximum Medical Improvement is defined as a treatment plateau (static or well-stabilized) where no fundamental or physiological change can be expected within reasonable probability, in spite of continuing medical or rehabilitative procedures. An Injured Worker may require supportive treatment to maintain this level of function.

Under AMA Guides, Fifth Edition, a condition must be Maximum Medical Improvement before permanent impairment can be estimated.

2. Based on AMA Guides, Fifth Edition, and with reference to the Industrial Commission Medical Examination Manual, provide the estimated percentage of the whole person impairment arising from each of the allowed condition(s). Please list each condition and whole person impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate zero percent.

Cite the AMA Guides source for your impairment opinion.

Combine multiple allowed condition(s) impairments using the AMA Guides Combined Values Chart and indicate the total whole person impairment from all allowed conditions in the claim.

3. Complete the Residual Function Assessment. In your narrative report provide a discussion setting forth physical limitations resulting from the allowed conditions.

Consider only impairment arising from the allowed condition(s) in completing the Residual Function Assessment. Do not consider disability factors (age, education and work training or work experience).

*Please note that you may be examining the body systems described in this section along with Musculoskeletal, Cardiac, Respiratory and/or Nervous Systems in a single examination. In such cases, the Physical Strength Rating form would be appropriate.*

### **Methodology for Rating Hearing Impairment**

As stated in *AMA Guides*, Fifth Edition, hearing should be measured and reported with and without the injured worker's assistive device, if applicable. Impairment rating is to be determined without the assistive device. Assisted hearing is to be considered when determining limitations due to the allowed conditions when the Injured Worker has an assistive device.

### **ALLOWED DIAGNOSTIC TESTING**

Since Commission Independent Medical Examinations are performed to determine degree of impairment and functional capacity rather than to establish a diagnosis, diagnostic testing requirements are minimal. Further, Injured Workers are not required to submit to any testing. If an examiner feels additional testing is necessary, and the Injured Worker declines, note the refusal, and base opinions on the available diagnostic information.

If an examiner finds testing is necessary for an IME in any of the above body systems, comprehensive audiometry (92557) testing, CBC, urinalysis, and comprehensive metabolic profile laboratory test panels, when appropriate, may be ordered and billed without prior approval from the Commission.

Other testing must have prior approval of Medical Services at 614.466.4291. Bill for any approved additional testing on the Provider Fee Bill.

An example of an ENT Independent Medical Examination follows.

OHIO INDUSTRIAL COMMISSION  
ENT  
SPECIALIST REPORT

SAMPLE

**Claimant Name:** Daniel Brown  
**Date of Birth:** 07/15/1964  
**Claim Number(s):** 10-00000  
**Date(s) of Injury:** 05/05/2010  
**Claim Allowance(s):** Retinal edema, left eye; optic atrophy, left eye; traumatic brain injury; subdural hematoma; fracture right humerus; pneumothorax; **hearing loss, left ear; tinnitus.**

**Place of Examination:** 100 State Street,  
Dayton, OH 45454

**Date of Examination:** 05/01/2013  
**Examiner Name:** Kelly Sullivan, M.D.

**Purpose of Examination:** Permanent Total Disability Impairment Evaluation

**Occupational History:** Construction laborer/carpenter.

**HISTORY OF THE PRESENT CONDITION:**

**Complaint:** Hearing loss.

**Location:** Left ear.

**Quality:** Ringing.

**Severity:** Trouble following conversations with background noise.

**Timing:** Constant.

**Setting in which it first occurred:** Work injury fell 20 feet with head injury.

**Aggravating factors:** None.

**Relieving factors:** None

**Associated manifestations:** None

**Previous tests/evaluations:** Prior audiometry on record December 2010 reported moderate neural hearing loss.

**Previous treatment:** None

**Impact on Activities:**

He reports trouble hearing in crowds or when there is background noise.

**Past Medical History:**

Headaches, depression, and anxiety.

**Past Surgical History:**

Cholecystectomy, 2009.

**CURRENT MEDICATIONS:**

Ultram, Neurontin, Cymbalta

**ALLERGIES:**

Penicillin

**SOCIAL HISTORY:**

He is divorced and has two grown children.

**HEALTH HABITS:**

He denies alcohol or tobacco use.

**REVIEW OF MEDICAL RECORDS:**

I reviewed all of the medical records provided to me by the Industrial Commission.

**PHYSICAL EXAMINATION:**

**Inspection of the Head and Face:** Face and head symmetry and contour normal. No skin lesions noted.

**Percussion and palpitation of the Face:** No tenderness to percussion or pressure.

**Palpation of Parotid and Submaxillary glands:** Right parotid normal. Left parotid normal. Right submaxillary gland normal. Left submaxillary gland normal.

**Facial Mobility:** Normal

**Temporomandibular Joints:** Hypomobile.

**Pinnas and External Nose:** Normal.

**Otoscopic exam:**

\*Right ear – External canal – normal size; skin normal; cerumen absent. Tympanic membrane translucent, normal light reflex; normal mobility to pneumatic otoscopy.

\*Left ear – same as the right. External auditory canal normal. Tympanic membrane translucent, normal light reflex; normal mobility to pneumatic otoscopy.

**Hearing:** Normal to conversational and whispered speech and to tuning fork tests.

**Nasal Interior:** Normal nasal septum.

Turbinates and middle meatus –

\*Right – inferior turbinate normal.

\*Left – inferior turbinate normal.

Normal mucosa with no swelling, polyps, active bleeding or evidence of bleeding.

**Lips, Teeth and Gums:** Lips normal. Teeth in good repair. Gums normal.

**Oral Cavity and Oropharynx:** Tonsils and soft palate normal. Posterior pharynx normal. Oral mucosa with normal color and moisture. No oral or oropharyngeal mucosal lesions. Anterior 2/3rds of tongue normal. Hard palate normal.

**Base of tongue, Pharyngeal walls, Vallecula and Pyriform Sinuses:** The hypopharyngeal walls normal. Pyriform sinuses normal.

**Larynx:** Epiglottis – normal. False vocal cords – normal. True vocal cords – normal mobility, no lesions. Voice quality – normal.

**Nasopharynx examination:** Could not visualize with the mirror due to gag. Nasopharyngeal mucosa normal. Adenoids normal. Posterior choanae normal. Eustachian tubes orifices normal.

**Neck:** Normal symmetry; trachea midline; normal laryngeal crepitation; no adenopathy; no neck masses.

**Thyroid:** Normal size; no masses or tenderness

**Lymph nodes neck:** Normal

**92557 Comprehensive Audiometry:**

**Tympanograms:** Type Ad for the right ear, Type A for the left ear. Acoustic Immitance revealed normal external auditory canal volumes for both ears. Speech discrimination

**Scores:** R: 100%, L:92%. Pure tone audiometry testing indicated hearing WNL from 250-4000 Hz sloping to a mild hearing loss at 8 kHz in the right ear, and a moderately-severe SNHL for the left ear. The impairment calculated from this audiogram is based on the DSHL. The DSHL for the left ear is 30 (5+5+5+15) and 0% for the right.

**Discussion:**

There is 34% hearing loss, left ear, with tinnitus, stable. Limitations due to the allowed condition would only be apparent in work that requires immediate sound localization.

**Opinion:**

- 1. Has the injured worker reached maximum medical improvement with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If "yes" then please continue to items #2 and #3.**

Yes. His allowed conditions related to hearing are stable compared to previous audiometric examination on the record. No further change is expected with or without treatment.

- 2. Based on *AMA Guides, Fifth Edition*, please provide the estimated percentage of whole person impairment arising from each allowed condition. Please list each condition and whole person impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate zero (0) percent.**

Allowed Condition	Table/Figure/Page Number	Comments	Whole Person Impairment %
Hearing loss, left ear	Tables 11-1, 11-2, and 11-3, pp.247-249		2%
Tinnitus	Page 246		3%
<b>Combined Values Chart, pages 604-606</b>		<b>Combined whole person impairment:</b>	<b>5%</b>

It is my opinion that the combined whole person impairment for the allowed condition(s) in this/these claim(s) is: 5%.

- 3. Complete the enclosed Residual Function Assessment. In your narrative report, provide a discussion setting forth physical limitations arising from the allowed conditions.**

See discussion above.

*Kelly Sullivan, M.D.*

Kelly Sullivan, M.D

### RESIDUAL FUNCTION ASSESSMENT

Injured Worker: Daniel Brown

Claim Number(s): 10-00000

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Based solely on impairment arising from the allowed condition(s) within my specialty, and with no consideration of the Injured Worker's age, education and work experience:**

- This Injured Worker has no work limitations.
- This Injured Worker is incapable of work.
- This Injured Worker is capable of work with the limitation(s)/modification(s) noted below:

No work that requires immediate sound localization.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: *Kelly Sullivan, M.D.* Date: 5/21/2013

Physician's Name (print): Kelly Sullivan, M.D.



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# **MAXIMUM MEDICAL IMPROVEMENT**

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## **Special Considerations**

## MAXIMUM MEDICAL IMPROVEMENT – SPECIAL CONSIDERATIONS

In the event that it has been determined by Industrial Commission order that an Injured Worker has reached maximum medical improvement (MMI), then the Permanent Total Disability examination referral questions will read as follows:

“It has been determined by Industrial Commission order that this Injured Worker has reached maximum medical improvement (MMI).

Answer questions 1 and 2, if you believe the Injured Worker is still at MMI. Only answer question 3, if you do not believe the Injured Worker is still at MMI.

1. If you believe the Injured Worker is still at MMI, based on the *AMA Guides*, Fifth Edition, and with reference to the Industrial Commission *Medical Examination Manual*, provide the estimated percentage of whole person impairment arising from each allowed condition. Please list each condition and whole person impairment arising from each allowed condition separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition indicate zero (0) percent.
2. If you believe the Injured Worker is still at MMI, complete the enclosed Physical Strength Rating. In your narrative report provide a discussion setting forth physical limitations resulting from the allowed condition(s).

**or**

3. If you do not believe the Injured Worker is still at MMI, note the following and answer accordingly:

In order for an Injured Worker to be found no longer MMI, there must be a worsening of the allowed condition since the determination of MMI accompanied by the prognosis that the worsening is temporary. The mere prospect of improvement in the allowed condition beyond a level previously declared MMI with a proposed treatment will not justify change in the MMI determination.

What is the rationale for your opinion that the Injured Worker is no longer at MMI?”

Examples of musculoskeletal and mental and behavioral health independent medical examinations in which the injured worker has been determined by Industrial Commission order to have reached maximum medical improvement follow.

**JONES ORTHOPEDICS**

100 MAIN ST.

MILLERS VILLAGE, OH

**THE INDUSTRIAL COMMISSION OF OHIO****SPECIALIST REPORT****IW NAME:** John Smith**DATE OF BIRTH:** 04-06-59**CLAIM NUMBER(S):** 00-000000**DATE(S) OF INJURY:** 01-01-00**CLAIM ALLOWANCE(S):** Right knee strain; lumbar disc herniation, L4-5; major depression.**PLACE OF EXAMINATION:** Jones Orthopedics, Millers Village, OH**DATE OF EXAMINATION:** 03-09-2011**EXAMINER NAME:** Michael Jones, M.D.

**PURPOSE OF EXAMINATION:** To assist the Industrial Commission in its consideration of the Injured Worker's application for a determination of Permanent Total Disability.

The purpose of the examination was discussed with the injured worker. I explained that this would be a one-time evaluation at the request of the Industrial Commission in response to his application for permanent total disability, that I would be providing a written report to the Industrial Commission, and that the results of this examination are not confidential. I explained that I would not be providing him with any type of treatment or advice.

**HISTORIAN:** John Smith**ALSO PRESENT DURING EXAMINATION:** wife

**OCCUPATIONAL HISTORY:** Mr. Smith was working as a bouncer on weekends at Lakeview Bar and Grill at the time of his injury, which he had done for three years. He was also self-employed in boat repair for 30 years.

**HISTORY OF THE PRESENT CONDITION:** While working as a bouncer, Mr. Smith attempted to break up a fight. One of the patrons fell onto his right knee and caused him to strike his low back on a table. He was seen in the emergency department where X-rays of the back and knee were negative. He followed up with Dr. Patel, an orthopedic surgeon. He was treated with physical therapy and pain medication and experienced persistent back and knee pain. MRI of the back showed disk herniation at L4-5 to the right. MRI of the right knee showed an effusion, otherwise negative. He

underwent lumbar epidural steroid injection for his back without relief. He underwent cortisone injection and arthroscopic surgery for his knee. He was referred to Dr. Alam for low back surgery. He underwent laminectomy and discectomy by Dr. Alam in December of 2000. He reports that he experienced some relief of his back and leg. He underwent

additional physical therapy and injections without relief. He's been maintained on pain medicine for the last ten years and has not returned to work.

Mr. Smith reports that two months ago he experienced a severe increase in his pain. Follow-up MRI of the low back on 02-10-11 demonstrated a recurrent disk herniation at L4-5 to the right. He has had to increase his medication and is awaiting consultation with Dr. Alam.

**CURRENT SYMPTOMS:** He reports 4/10 right knee pain that he tells me has been constant. His knee swells occasionally and is worse in rainy weather. No locking or buckling. He reports that his low back generally has been 6/10, but over the last two months has increased to 10/10. It radiates to the anterolateral calf. He describes it as burning He is unable to sit.

**IMPACT ON ACTIVITIES:** Before two months ago, Mr. Smith reports that he was independent with self care and mobility. However he was only able to walk about one block without stopping. He was unable to lift more than ten pounds. He did no yard work or house maintenance. He did the dishes and some light cooking occasionally. Now he reports his wife has to help with bathing, and dressing. He sleeps in a recliner.

**PAST MEDICAL HISTORY:** Hypertension, high cholesterol.

**PAST SURGICAL HISTORY:** As noted above. He has also had appendectomy, and inguinal hernia repair.

**CURRENT MEDICATIONS:** Oxycontin 40 mg. every four hours; Neurontin 800 mg. four times a day. Percocet 10mg. every four hours as needed for pain. He also takes Lipitor, Celexa, Buspar, and Altace.

**ALLERGIES:** Penicillin

**SOCIAL HISTORY:** He is married and lives with his wife.

**HEALTH HABITS:** He does not drink alcohol. He smokes one pack of cigarettes a day. No illegal drugs. He does not exercise.

**REVIEW OF MEDICAL RECORDS:** I reviewed all of the medical records and documents provided by the Industrial Commission.

**PHYSICAL EXAMINATION:** Height: 5' 9" Weight: 190 lbs.

This is a well-developed, well-nourished mid-aged male who appears in some distress. He is unable to sit during the interview. He walks with a list. He is unable to demonstrate consistent lumbar range of motion secondary to reported pain. Straight leg raising aggravates his leg pain in the seated position. Reflexes in the legs are 2+ at the knees and 1+ at the ankles. Motor strength is intact except for 4/5 right ankle dorsiflexion weakness. Palpation of the back reveals muscle guarding with no focal tenderness. He is able to walk on his toes briefly but is unable to get up on his right heel. Examination of his knee is difficult secondary to his reported back and leg discomfort. In the supine position, he is able to demonstrate active range of motion including minus 10 degrees of extension and 130 degrees of flexion. There is no effusion. He reports medial joint line tenderness. The knee ligaments appear stable with no clear meniscal signs.

**DISCUSSION/OPINION:** The following questions were asked to be addressed by the Industrial Commission:

**It has been determined by Industrial Commission order that this Injured Worker has reached maximum medical improvement (MMI).**

**Answer questions 1 and 2, if you believe the Injured Worker is still at MMI. Only answer question 3, if you do not believe the Injured Worker is still at MMI.**

1. If you believe the Injured Worker is still at MMI, based on the *AMA Guides*, Fifth Edition, and with reference to the Industrial Commission Medical Examination Manual, provide the estimated percentage of whole person impairment arising from each allowed condition. Please list each condition and whole person impairment arising from each allowed condition separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition indicate zero (0) percent.
2. If you believe the Injured Worker is still at MMI, complete the enclosed Physical Strength Rating. In your narrative report provide a discussion setting forth physical limitations resulting from the allowed condition(s).

**OR**

3. If you do not believe the Injured Worker is still at MMI, note the following and answer accordingly:

In order for an Injured Worker to be found no longer MMI, there must be a worsening of the allowed condition since the determination of MMI accompanied by the prognosis that the worsening is temporary. The mere prospect of improvement in the allowed condition beyond a level previously declared MMI with a proposed treatment will not justify change in the MMI determination.

What is the rationale for your opinion that the Injured Worker is no longer at MMI?

It is my understanding that it has been determined by Industrial Commission order that Mr. Smith has reached maximum medical improvement (MMI). However, it is my opinion that he is no longer at MMI. Two months ago, he experienced a sudden increase and recurrence of low back and right leg pain. Recent MRI demonstrated a recurrent disc herniation on the same side and at the same level as his previous herniation, which is an allowed condition in this claim. His history and physical examination today is consistent with his MRI findings. He is awaiting further evaluation and treatment. This represents a worsening of the allowed condition of lumbar disk herniation. This worsening is likely temporary and likely to improve.

Respectively submitted,

*Michael Jones, M.D. 03/09/11*

Michael Jones, M.D.

**GARCIA PSYCHIATRIC CARE**

100 HIGH ST.

JOHNSON STATION, OH

**THE INDUSTRIAL COMMISSION OF OHIO****SPECIALIST REPORT****IW NAME:** John Smith**DATE OF BIRTH:** 04-06-59**CLAIM NUMBER(S):** 00-000000**DATE(S) OF INJURY:** 01-01-00**CLAIM ALLOWANCE(S):** Right knee strain; lumbar disc herniation, L4-5; major depression.**PLACE OF EXAMINATION:** Garcia Psychiatric Care, Johnson Station, OH**DATE OF EXAMINATION:** 07-11-2011**EXAMINER NAME:** Maria Garcia, PhD.

**PURPOSE OF EXAMINATION:** To assist the Industrial Commission in its consideration of the Injured Worker's application for a determination of Permanent Total Disability.

The purpose of the examination was discussed with the injured worker. I explained that this would be a one-time evaluation at the request of the Industrial Commission in response to his application for permanent total disability, that I would be providing a written report to the Industrial Commission, and that the results of this examination are not confidential. I explained that I would not be providing him with any type of treatment or advice.

**HISTORIAN:** John Smith**ALSO PRESENT DURING EXAMINATION:** wife Mary Smith

**DESCRIPTION OF INJURED WORKER:** Mr. Smith and his wife arrived on time for his appointment. He was dressed in a sweat suit and tee shirt. Hygiene appeared adequate, though he was unshaven with a rough beard. He appeared anxious and moved frequently from the seated to standing position during the interview.

**HISTORY:**

**CHIEF COMPLAINT:** Low back and right leg pain. Depression and despair.

**HISTORY OF PRESENT CONDITION:** Mr. Smith reports an injury to his low back and right knee while working part-time in a bar on New Year's Eve in 1999. He states "Some yahoos got drunk and got in a fight. It was my job to break it up. One of them fell on me and my back and leg have not been the same since. I'm in constant pain and I've lost my life." He underwent surgery for both that same year and reports some improvement after the procedures, though still required medication and was never able to return to work. He had also worked most of his adult

life self-employed in a boat repair shop, and was unable to keep that up. He says "I lost my shop and now I'm about to lose my house." He reports that after his back surgery late in 2000 he began to get depressed. "It relieved some of my pain, but it was still so bad that I couldn't do much." He indicates he went through physical therapy and other treatments for his back and knee, but was unable to return to work. He continued to treat with pain medication. He

reports after he was forced to close his boat repair shop he began to withdraw. He felt worthless. He had crying spells. He was started on medication and counseling and reports that these were helpful.

In January of 2011, he experienced sudden worsening and recurrence of his low back and right leg pain. He was found to have a new disk herniation in his low back and had a second surgery last month. He reports complications of the surgery including infection and possible medication reactions. "I don't remember anything for a week in the hospital." His wife reports that he was delirious, did not know where he was and didn't recognize his family. He was having visual hallucinations, thinking little kids were running around his room. He thought some teenagers were out driving his car. She reports that they took him off all of his medicines in the hospital for a week, because of his mental changes, and placed him on Risperidol. He tells me his pain is better than it was before surgery, but reports increased symptoms of despair. "I wouldn't care if I would have died. I'm tired of this crap. I'm done. I don't want to do anything." He denies suicidal thoughts.

**REVIEW OF PAST TREATMENT:** He has had surgery on his knee, injections, and physical therapy. He has had two back surgeries, the first by Dr. Alam and the second by Dr. Williams. He has had counseling once or twice a month with Dr. Harris for about ten years. He has had various antidepressant medications prescribed by his family doctor, Dr. Martinez.

**REVIEW OF RECORDS:** I reviewed all of the medical records and documents provided by the Industrial Commission.

**CURRENT TREATMENT:** He continues with psychological counseling with Dr. Harris. He was placed back on his regular pain medication antidepressant about two weeks ago by Dr. Martinez.

**MEDICATIONS:** Oxycontin, Neurontin, Percocet, Lipitor, Celexa, Buspar, and Altace.

**MENTAL HEALTH HISTORY:** He denies any symptoms or treatment for depression prior to his work injury. He reports no other psychiatric care.

**PAST MEDICAL HISTORY:** High blood pressure and high cholesterol.

**FAMILY OF ORIGIN AND PROCREATION:** He was born in Johnson Station. His parents were married 35 years before the death of his father from lung cancer about 12 years ago. He has one older sister with whom he keeps in touch with. His mother is living and resides about a mile away. His father worked as a construction laborer. He denies any abuse or neglect as a child.

**SOCIAL HISTORY:** He is married, and lives with his wife Mary of 25 years. They have three children ages 19, 22, and 24, all out of the house. Until his recent worsening and surgery, he and his wife would go to church weekly, out to eat once every week or so, and played Euchre with another couple once a month. He would go to McDonalds once or twice a week and have coffee.

**EDUCATION:** He completed three years of high school and then when he was 26 completed his GED.

**WORK HISTORY:** He worked at a local boat shop for about ten years, and then opened his own shop. He worked various part-time jobs at convenient stores and then worked about three years as a bouncer at a local bar on weekends (where he was injured).

**LEGAL HISTORY:** He reports one DUI arrest just after high school.

**MILITARY HISTORY:** None.

**SUBSTANCE USE AND ABUSE:** He quit drinking ten years ago. He reports no treatment for drug or alcohol abuse. He denies illegal drugs. He smokes one pack of cigarettes a day.

**MENTAL STATUS EXAMINATION:**

**APPEARANCE:** Middle-aged Caucasian male. Hygiene good. Poorly shaven. Casually dressed. Appears anxious and in some physical distress. He walked slowly and guardedly with some facial grimacing.

**ATTITUDE:** He was cooperative with the interview; however had his wife answer many questions. Eye contact was poor.

**BEHAVIOR:** He shifted in his seat and stood frequently during the interview.

**MOOD AND AFFECT:** He appeared sad with blunted affect.

**SPEECH:** Intelligible with multiple pauses and brief answers.

**PERCEPTUAL DISTURBANCES:** None apparent.

**THOUGHT PROCESS (QUANTITY, TEMPO, AND FORM):** He perseverated on his pain and despair. "I just want to get rid of this pain and get my life back."

**THOUGHT CONTENT (DELUSIONS, HALLUCINATIONS, OBSESSIONS, AND PHOBIAS):** No psychotic features. Denies suicidal thoughts or ideation.

**COGNITION (ALERTNESS, ORIENTATION, ATTENTION, MEMORY, LANGUAGE, AND EXECUTIVE FUNCTION):**

He was alert and oriented in all spheres. He appeared distractible and tangential at times but was easily redirected. He remembered two of three items at one minute, and one of three at five minutes. He stated the president as "Obama" and named the previous three presidents. He followed the three step command "hold up one finger, tap your foot, and nod your head." He counted backward by seven from 100 to 65, with multiple errors. He was able to name eyeglasses and a wrist watch and what they are used for when presented. When asked how a tree and grass are the same he stated "They're both green."

**INSIGHT:** He verbalized understanding of his situation. "My back problem has made me depressed. I don't want to do anything anymore. I don't have any money and I'm afraid they're going to take my house."

**JUDGMENT:** When asked if he found a sealed, stamped, addressed envelope on the ground, he indicated he would mail it.

**REVIEW OF FOUR FUNCTIONAL AREAS:**

**ADL/TYPICAL DAY:** Since home from the hospital, he has only left the house for doctors' appointments. His wife says she has to force him to get dressed. He either stays in bed or in his chair. He doesn't read the paper or watch TV. He shaves only after several days of "nagging". His appetite has been poor. ("He won't eat anything.") He does no chores.

**Class 4- Marked Impairment.**

**SOCIAL FUNCTIONING:** He will not answer the phone or answer the door. He has avoided talking to his mother and sister on the phone. He is short with his sons when they visit and makes poor eye contact. **Class 4- Marked Impairment.**

**CONCENTRATION, PERSISTENCE, AND PACE:** He demonstrated psychomotor retardation. He was slow, distractible, and tangential. He was unable to complete serial sevens and short-term memory was poor. **Class 4- Marked Impairment.**

**ADAPTATION:** He appears to have little mental ability to adapt to his change in circumstance at this time. **Class 4- Marked Impairment.**

**MULTIAXIAL DIAGNOSIS:** Axis I: Major depression

**Axis II:** none

**Axis III:** deferred to medical evaluation

**Axis IV:** none

**Axis V: GAF VALUE:** 40

**DISCUSSION/OPINION:** I have been asked to address the following questions by the Industrial Commission:

**It has been determined by Industrial Commission order that this Injured Worker has reached maximum medical improvement (MMI).**

**Answer questions 1 and 2, if you believe the Injured Worker is still at MMI. Only answer question 3, if you do not believe the Injured Worker is still at MMI.**

1. If you believe the Injured Worker is still at MMI, based on the *AMA Guides*, Second and Fifth Editions, and with reference to the Industrial Commission Medical Examination Manual, provide the estimated percentage of whole person impairment arising from the allowed psychological/psychiatric condition(s). Provide the class and percentage of impairment due to the allowed psychological/psychiatric condition(s) in each of the four functional areas, and then provide the percentage of whole person impairment. If there is no impairment for an allowed condition indicate zero (0) percent.
2. If you believe the Injured Worker is still at MMI, complete the enclosed Occupational Activity Assessment. In your narrative report provide a discussion setting forth mental limitations resulting from the allowed condition(s).

**OR**

3. If you do not believe the Injured Worker is still at MMI, note the following and answer accordingly:

In order for an Injured Worker to be found no longer MMI, there must be a worsening of the allowed condition since the determination of MMI accompanied by the prognosis that the worsening is temporary. The mere prospect of improvement in the allowed condition beyond a level previously declared MMI with a proposed treatment will not justify change in the MMI determination.

What is the rationale for your opinion that the Injured Worker is no longer at MMI?

It is my understanding that it has been determined by Industrial Commission order that Mr. Smith has reached maximum medical improvement (MMI). However, it is my opinion that he is no longer at MMI. By history, his psychological allowance of major depression was stable, and he was on maintenance treatment. He then required surgery for his allowed back condition, and his post operative course was complicated by a change in mental status. His medication for depression was interrupted, and only recently restarted. Though he reports some improvement in his pain since surgery, his depression and sense of despair has clearly deepened. His functional status from a psychological standpoint has severely declined. His examination demonstrates worsening signs and symptoms of major depression. It is my opinion that this worsening is temporary, and will likely improve.

Respectfully Submitted,

*Maria Garcia, Ph.D. 07/11/11*

Maria Garcia, PhD.