The Mental Status Examination

“To seize the true character of mental derangement in a given case, and to pronounce an infallible prognosis of the event, is often a task of particular delicacy, and requires the united exertion of great discernment, of extensive knowledge and of incorruptible integrity.”

-Pinel, Treatise on Insanity, 1801

No doubt the examination of an injured worker’s mental state presents a great challenge. To then present it in an “infallible” manner in a report relevant to the evaluation of impairment for the purpose of determining permanent total disability is even more formidable. Below are suggestions meant to serve as footholds for your ascent:

1. **Follow a standard approach.** The Industrial Commission relies on the method described in *AMA Guides*, Fifth Edition, for evaluation of mental and behavioral health disorders. Fortunately, on page 371, the Guides provides an outline of the required content of the mental status examination (MSE). It is understood that each clinical situation may require some variation in emphasis of the components of the examination, and the sequence of the examination. However, by and large, the same questions need to be answered.

2. **Record actual observations.** As straightforward as this might seem, it is surprising how many examiners wander off the trail and report their own assessment of the injured worker’s performance during the various components of the MSE. Some even report the injured worker’s own description of their mental state. (These diversions are akin to the gastroenterologist reporting during an abdominal examination that “the bowels sound normal” or that the patient feels they have “too much gas”!) The MSE should describe what is seen and heard. This means describing the actual behavior of and responses from the examinee. This is particularly important when assessing specific cognitive components which may have neuroanatomic correlates.

3. **Recognize cultural and educational limitations of the MSE.** Questions testing fund of knowledge, memory, insight, reasoning, and judgment are particularly prone to be culturally biased and result in “false positive” or misleading responses.

4. **Paint a picture.** Imagine if there was no television or internet, and you wanted to learn the details about a royal wedding happening thousands of miles away, overseas. What would you want to know? What details would you expect the fashion reporter to tell you about the royal attire? Would you want to know details about who was there and what was said? Would you be interested in what was served?

For an insightful review of the mental status examination (by David C. Martin), as well as additional references, go to [http://www.ncbi.nlm.nih.gov/books/NBK320/](http://www.ncbi.nlm.nih.gov/books/NBK320/).

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**Did you Know?** The Ohio Psychological Association (OPA) is sponsoring a workshop on March 16, 2013, at Quest Business and Conference Center, just north of Columbus. The focus of the workshop will be Ohio Industrial Commission (IC) Permanent Total Disability Examinations and it will feature speakers from both the OPA and the IC. Save the date!
1. All of the following references should be utilized for Industrial Commission (IC) mental and behavioral health Permanent Total Disability (PTD) independent medical evaluations (IME) except:
   C. Treatise on Insanity.
   D. IC Medical Examination Manual.

2. The following information should be reported for the mental status examination (MSE):
   A. Observations of appearance and behavior.
   B. The injured worker’s responses to specific questions.
   C. The examiner’s assessment of the relevance of specific responses.
   D. The injured worker’s description of their functional status.
   E. A. and B.
   F. C. and D.

3. Cultural and educational variations may impact these components of the MSE:
   A. Memory.
   B. Reasoning.
   C. Judgment
   D. Insight.
   E. Fund of knowledge.
   F. All of the above.

Describing Limitations-Again!

April showers bring May flowers, and also a discussion of the challenge of describing physical and mental limitations due to the allowed conditions in Industrial Commission PTD examinations. Looking back, this has been the topic in April for the past two years. Based on feedback from hearings and court cases however, it seems we can’t give it enough attention.

The last question in the Industrial Commission referral letter states: “Complete the enclosed Occupational Activity Assessment (or Physical Strength Rating for musculoskeletal examinations). In your narrative report provide a discussion setting forth mental (or physical) limitations resulting from the allowed conditions(s).”

We’ve talked in past issues how important it is in the case of PTD for you to communicate clearly what activities you believe the injured worker may or may not be capable of due to the allowed conditions. This month we will talk about a specific problem that can arise from how you answer this two part question.

The first part of the question asks the examining specialist to fill out a form. In the case of psychological conditions, this is the Occupational Activity Assessment. That form has lines on the bottom half to fill out indicating what limitations or modifications the injured worker requires if capable of returning to work. For musculoskeletal examinations, the form is called the Physical Strength Rating, which requires the specialist to check a box indicating work capabilities within a specific physical exertion category, and then list “further limitations, if indicated.”

The second part of this question requires the specialist to provide- in addition to filling out the form- a narrative describing those limitations in a more detailed manner, specific to that injured worker.

A pitfall we have seen disqualify reports is when the first part doesn’t match the second part. This leads to an “inconsistency” in the report, and it cannot then be considered useful evidence.

Here is a good of example: The claim is allowed for a shoulder and low back injury. The examiner determines that the injured worker is capable of sedentary activities and so checks the sedentary category on the PSR form. Then, in the narrative the examiner states the injured worker is incapable of repetitive use of the arms, due to the shoulder injury. Unfortunately, this is inconsistent with “sedentary work” category, which includes “exerting negligible amount of force frequently to lift, carry, push, etc.” The solution to this is to only mark further limitations on the PSR or make it clear in the narrative that these are “in addition to” those spelled out on the form.

This also comes into play when the examiner indicates specific limitations, and then states that the injured worker would or would not be capable of performing a particular occupation. An example of this would be the case when the allowed condition is anxiety disorder, the examiner states the injured worker is capable of functioning in a low stress atmosphere, but then states the injured should be able to return to work as a school bus driver. Here the doctor has crossed the line and tried to become a vocational specialist.

In review, it remains essential that the examining specialist clearly describes limitations due to the allowed condition, in addition to filling out the form. Please review your report to make certain that two are consistent with each other, to avoid disqualification of your work. This can be accomplished by stating that the limitations in the narrative are in addition to those on the form, and by avoiding assigning any particular occupation to the injured worker.

Did you Know?

On Saturday, March 16, the Ohio Psychological Association and the Ohio Industrial Commission collaborated for a workshop at the Quest Conference Center just north of Columbus.

The purpose of the workshop was to share with Ohio’s mental and behavioral health practitioners’ requirements, expectations, and tips for performing effective impairment evaluations of IWs with psychological claim allowances who have applied for Permanent Total Disability.

Presenters included Jack Malinky, PhD, a practicing psychologist in Columbus, and Joel Steinberg, MD, a Cleveland psychiatrist who has contributed to the AMA Guides to Evaluation of Permanent impairment. Speakers from the Industrial Commission included Wanda Mullins, BSN, MSA, Director of Medical Services, Tom Connor, JD, Executive Director, and Terry Welsh, MD, Chief Medical Advisor.

The conference was well-attended by practitioners from around the state, including members of the Industrial Commission’s specialist panel. Question and answer sessions led to enlightening interaction with the speakers. Feedback from evaluations included “Packed with good information!” and “Needs to be longer!” Thanks to all who helped make this a success. We look forward to future educational opportunities with our providers!
Continuing education review questions MediScene- April 2013

1. The form for reporting limitations due to allowed conditions in mental and behavioral health examinations is called:
   A. Occupational Activity Assessment.
   B. Physical Strength Rating.
   C. Residual Functional Assessment.

2. The form for reporting limitations due to allowed conditions in musculoskeletal examinations is called:
   A. Occupational Activity Assessment.
   B. Physical Strength Rating.
   C. Residual Functional Assessment.

3. It is necessary and appropriate for the examining specialist to opine on whether or not the injured worker can return to their former position of employment in Industrial Commission PTD IMEs.
   A. True
   B. False.

4. Sedentary work requires frequent use of the arms, unless otherwise specified as an additional limitation:
   A. True.
   B. False.

(Answers: 1., A.; 2., B.; 3., B.; 4., A.)
New Sample Reports and Templates Now Available

Effective July 1, 2013, the Industrial Commission Medical Examination Manual has been revised. Please go to ohioic.com, click the quick link to “Medical Specialist Resources” and then “Medical Examination Manual” to view these changes.

The changes have primarily affected the sample PTD IME reports for each specialty. These sample reports have been standardized and updated to conform to current standards. Please take time to review these new sample reports. You should also be aware that we are happy to send you up-to-date report templates for your use, which also mirror these samples and reflect our standards for required content. Finally, of course, please read the referral letters you receive with each examination request carefully and be sure to answer the questions asked in the letter (They may vary!).

Electronic Record Access Rollout Underway

Examiners in the Akron, Cleveland, Dayton, Toledo, and Youngstown districts now successfully access the IC electronic specialists’ packet via the Industrial Commission Online Network (ICON). This provides time-limited access of claim-related medical information to specialist examiners who perform examinations for the IC.

For additional information, FAQs, and detailed instructions please visit ohioic.com, click “Medical Specialist Resources”, then “Electronic Record Access.” You will also find a link to this information in the PDF version of our revised Medical Examination Manual, on page 8. Please call the IT Help Desk at 614-644-6595 if assistance is needed.

IC Chief Medical Advisor Attains ABIME Recertification

Dr. Terrence Welsh, Chief Medical Advisor to the Industrial Commission, has again successfully passed his certification examination for the American Board of Independent Medical Examiners.

ABIME requires recertification every five years. Dr. Welsh has been a certified examiner for fifteen years.

“I value the process of board certification. It gives specialists the opportunity to put in extra work for intensive review of the most current information their area of expertise. The examination then serves as both a personal and public cross-check of knowledge gained. Certification by ABIME or the American Academy of Disability Evaluating Physicians (AADEP) is very worthwhile for those performing examinations related to impairment.” said Welsh.

Dr. Welsh is also certified by the American Board of Physical Medicine and Rehabilitation, the American Board of Electrodiagnostic Medicine, and the American Board of Pain Medicine.
Continuing education review questions MediScene July 2013

1) Industrial Commission specialist examiners must be board certified in their specialty.
   A. True
   B. False

2) Industrial Commission specialist examiners must be board certified in impairment evaluation.
   A. True
   B. False

3) Industrial Commission specialist examiners must document 8 hours of continuing education specific to impairment evaluation every five years.
   A. True
   B. False

4) Use of report templates and sample reports:
   A. Allow standardization of the report format.
   B. Contain the essential elements required for IC reports.
   C. Ensure that the specialist answers the correct referral questions.
   D. All of the above.
   E. A and B.

5) Specialist access to the IC electronic record:
   A. Allows examining specialists to view information regarding any claim they are associated with.
   B. Is time-limited and claim-specific.
   C. A and B.
   D. None of the above.

Exchanging the Issues: What’s Your Batting Average?

Unfortunately, our local Major League Baseball clubs, the Indians and the Reds, (though they came close) are not playing into October this year. This time of year still remains exciting for fans of big league baseball: the World Series is here!

Experts tell us that champions in any endeavor have one thing in common: they consistently do the “little things” right. Small errors in baseball, for instance, can lead to big run-scoring innings for the other team.

Avoiding errors requires unwavering concentration. Doing so leads to consistency. Consistency leads to success.

What does this have to do with Industrial Commission examinations? One of the checkpoints for a “winning” examination report (that is, one that is reliable as evidence), is consistency. Not only should a report consistently contain essential elements, but the body of the report must also be consistent with the conclusion.

This issue has come into focus with two recent court cases which hinged on the IC medical experts’ opinions regarding Injured Workers’ ability to perform activities. It was argued that the narrative descriptions contained in the IC reports were not consistent with the form filled out at the end of the reports, causing the reports to be questioned in court.

The first case was straightforward. The IC expert psychologist stated “(The Injured Worker) could not, from a psychological perspective alone, manage sustained remunerative employment.” Then, on the Occupational Activity Assessment (OAA) form, the doctor marked the box indicating that the Injured Worker would be able to work with modifications. It would appear that this may have been a simple clerical error by the doctor, which resulted in a time-consuming, costly court case, in which it was determined that the IC psychological report was inconsistent, and therefore unreliable.

The second case was somewhat more complex. The IC orthopedic specialist indicated that the injured worker was capable of sedentary work on the Physical Strength Rating (PSR) form, however “limit (left) grip and pinch to 5 lbs.” It was argued in court that “sedentary work” (as defined by Ohio Administrative Code) includes “exerting up to ten pounds of force occasionally,” and therefore the doctor’s report was inconsistent with the opinion that the Injured Worker was capable of sedentary work.

The IC expert’s report was eventually considered by the court as evidence. However, in cases such as these, the message to our examining specialists is this: If there are physical or mental limitations due to the allowed conditions described in your narrative which are at all different from those on the OAA, RFA or PSR form, then you must explain to the reader that these are “in addition to” or “except for” what is indicated on the form.

This attention to consistency in your reports will help you “cover all the bases,” and avoid costly errors.

Reminder: Read and Answer

It sounds simple. We send three questions, you answer them. Unfortunately, too often examiners do not respond to the questions asked. Please remember, all referral letters are not the same! Make sure you read the letter carefully, and answer the questions asked. To assure this, it is worthwhile to include the referral questions verbatim in your report. Taking this step will save you time and rework.

Did you Know?

Members of the Industrial Commission Medical Specialist Examination panel whose names begin with the letters A through D will receive reapplication packets in January of 2014. This is the beginning of our every five year credentialing process. For more information regarding credentialing for the panel, please visit our website by following this link: http://www.ohioic.com/medical/medicalcredential.html.
Continuing education review questions MediScene Oct 2013

1. Beginning in 2014, Industrial Commission specialist examiners will need to provide documentation of eight hours continuing education credits every five years specific to impairment evaluation.
   A. True
   B. False

2. Beginning in 2014, Industrial Commission specialist examiners will need to reapply for appointment every five years.
   A. True
   B. False

3. It is optimal for Industrial Commission specialist examiners to include the referral questions verbatim in the report to assure each question is answered appropriately.
   A. True
   B. False

4. If there are physical or mental limitations due to the allowed conditions described in the report narrative which are at all different from those described on the OAA, RFA, or PSR form filled out at the end, then the examiner must include a phrase such as
   A. “in addition to”
   B. “except for”
   C. Both