

## Tips, Quips & Pits for Our Specialists

### Helpful Documentation Tips for Streamlined Reports

- Reject hand carried reports (ICON documents only).
- Use of report templates (MMI/not MMI) simplify and facilitate readability.
- Omit recommendations for treatment or testing.
- For a MMI change, think NEW and CHANGED circumstances or a TEMPORARY WORSENING with an expectation of SUBSTANTIAL CHANGE in the next 12 rolling months.
- When asked to opine on MMI, an opinion stating yes or no AND a rationale should be part of the report.
- Allowed conditions from multiple claims for one injured worker should be evaluated as a whole rather than separated per claim. Think BODY SYSTEMS, not individual claims, as this is for Permanent Total Disability and based on all of the allowances.
- Rate the impairment on the date of the exam, do NOT opine on disability.
- Complete an IME report and be sure to include the following:
  - Provide an analysis of the exam findings related to the allowed conditions;
  - Apply the tables, figures and methodology of the *AMA Guides 5<sup>th</sup> Edition*; and
  - Opine and provide rationale for Questions 1, 2, 3 of the Referral Letter and complete the Physical Strength Rating form.

### Spinal Examination Quips

- Assess the injured worker's functionality first then rate the impairment on date of the exam.
- The Range of Motion method should be used to evaluate individuals with:
  - Impairment that is not caused by an injury.
  - An injury at more than one level in the same spinal region.
  - Recurrent pathology.
- All examiners should use a dual inclinometer method when assessing spine ROM of an injured worker. (See *AMA Guides 5<sup>th</sup> Edition* pg. 450)

### Terminology Pitfalls

- RESOLVED in legalese denies the allowed condition. Please avoid the use of this word for conditions that have returned to baseline. One can state that the allowed condition has zero percent impairment at the time of this examination.
- AD LIB, LIMITED, AS TOLERATED, AS NEEDED all require quantification. Using "occasional," "frequent" and "constant" may be helpful because the words have established quantifications from the Department of Labor, provide range/flexibility for limitations, and mirror our Physical Strength Rating form.



### Department of Labor Definitions

#### Time Based:

An OCCASIONAL activity is an activity performed up to 1/3 of the workday. A FREQUENT activity is an activity performed from 1/3 to 2/3 of the workday. A CONSTANT activity is an activity performed from greater than 2/3 of the workday.

#### Repetition Based:

An OCCASIONAL activity is an activity that is performed 1-4 repetitions per hour. A FREQUENT activity is an activity that is performed 5-24 repetitions per hour. A CONSTANT activity is an activity that is performed greater than 25 repetitions per hour.

## Did You Know?

The Medical Services Department of the Ohio Industrial Commission serves injured workers and Ohio employers by providing expeditious claims processing, reviewing and summarizing pertinent data, and obtaining expert, impartial medical specialty examinations to assist the Ohio Industrial Commission in the determination of permanent total disability.

## New Chief Medical Advisor Brings Five Decades of Experience to the IC



If experience was the only prerequisite to become the chief medical advisor of the Ohio Industrial Commission, Dr. John McGrail more than meets the requirement.

Next summer, he will celebrate 50 years of practicing medicine.

In addition to five decades of medical knowledge, Dr. McGrail

said he is looking forward to offering his leadership and dedication to fairness to Ohio's employers and injured workers.

"In this role, my goal is to follow the mission statement of the IC by enhancing the quality of care that injured workers experience when interacting with our agency," McGrail said. "I would also like to advance the goals established by the previous medical advisors who did excellent work for the IC."

Dr. McGrail is currently the chief of surgery at Grady Memorial Hospital in Delaware, Ohio, and a member of the Ohio Health Sports Medicine Institute.

"As an orthopedic surgeon, I strive to direct my attention to the whole person, not just the injury or ailment," he said.

Dr. McGrail maintains a private practice with Orthopedic ONE, Ohio's largest physician-owned company that provides a range of orthopedic and rehabilitation services throughout central Ohio.

"I plan to scale down my surgical practice now that I have become the chief medical advisor at the IC," he said.

Dr. McGrail is certified by the American Board of Orthopedic Surgeons, and is a Fellow of the American Academy of Orthopedic Surgeons. Previously, he was active in orthopedic education and served as a faculty member at the Ohio State University and the University of Virginia. He has also published

several scholarly articles in various orthopedic journals. In addition, he has served as a consultant to the Ohio Bureau of Workers' Compensation since 1997 and began conducting medical exams for the IC in 2014.

"I have extensive experience in leadership, medical administration and workers' compensation consultation," he said. "I believe this position will allow me to apply those talents in a different area of medicine, which I find very exciting."

A United States Navy veteran, Dr. McGrail earned his bachelor's degree in history from Marquette University in 1962. He attended the Medical College of Wisconsin where he earned his medical degree, and later completed his residency in orthopedic surgery at the Henry Ford Hospital in Detroit, Michigan.

Born and raised on the west side of Chicago, Dr. McGrail now resides in Delaware, Ohio with his wife, Susan, a medical social worker at Marion General Hospital.

