



"All medical evidence of impairment shall be based on objective findings reasonably demonstrable and medical reports that are submitted shall be in conformity with the industrial commission medical examination manual.."

- Ohio Administrative Code 4121-3-34 (Permanent Total Disability)

Show Your Work (Continued)

Last issue, we discussed "explaining how you got there" when communicating an impairment estimate. We offered examples of clinical tools and rating systems for estimating impairment arising from hip and knee conditions and complex upper limb injuries that improve accuracy, enhance readers' understanding, and reduce the need for requests of clarification.

This issue will continue the discussion by applying these same concepts to rating impairment due to psychological allowances and lumbar spine conditions.

Mental Status Examination (MSE)

The MSE is different from a "more physical" examination, but it does have similarities. For instance, it is an examination or an inspection. It is that part of the impairment evaluation where a skilled clinician gathers objective data points to assess impairment. It should not include recitation of the history of subjective complaints (e.g., "I can't concentrate on anything."), nor conclusions and opinions about what is seen (e.g., "Judgment is intact."). Those comments belong to other sections of the report.

The MSE should report what is seen or heard by the examiner, and then this information should be evaluated for its consistency with the injured worker's subjective complaints. For instance, if the injured worker reports she has difficulty concentrating, but the MSE showed normal attentiveness and concentration during the examination, that should be accompanied by a 0% impairment in concentration due to its inconsistency, and/or an explanation by the examiner for what appears to be an inconsistency (the *Guides*, Section 2.5c, page 19).

Functional and Clinical Classification

There are many sections of the Guides where the examiner is asked to classify an impairment based on observed functional or clinical data from the examination or testing. In those circumstances, the data that justifies the classification needs to be spelled out by the examiner.

When estimating impairment due to a psychological allowance, for example, an adequate rationale might look like this: "The injured worker has a GAF of 40, with a 55% impairment, classified as Class 4, Marked, due to his allowed condition of depression. This is evident from his illogical speech and noticeable defiance in social interactions, as previously described. Based on the AMA Guides, Fifth Edition, and with reference to the Industrial Commission Medical Examination Manual, this impairment level significantly impedes useful functioning."

Another opportunity to "show your work" arises when applying the Diagnosis-Related Estimate (DRE) method to estimate impairment in a single-level lumbar injury.





Keeping You Up-to-Date with the Industrial Commission's Medical Services

Table 15-3 of the Guides requires objective findings to support assignment to a specific lumbar DRE category, such as: "The injured worker has a 13% whole person impairment, DRE category III, due to his allowed condition of lumbar disk herniation, right L5-S1, because of his examination findings of asymmetrical absence of his Achilles reflex on the right side, and right calf atrophy."

Applying the Range-of-Motion (ROM) method to a multi-level allowance requires examiners to explain how they applied the various tables utilized to get to percentage of impairment.

What category was the allowance assigned to in Table 15-7, and why?

What percentages were assigned for decreased ROM in Tables 15-8 and 15-9?

In using Tables 15-15 and 15-16, what severity was assigned to the sensory and motor findings, and referring to chapters 16 and 17, what specific nerve multipliers were incorporated in the estimate?

"What's important is the work. That's the game I have to suit up for.
That's the field on which I have to leave everything I've got."

 from Steven Pressfield's book, "The War of Art"

Heads Up! Template Updates:

Based on feedback from our legal colleagues, there has been a change in both the Mental and Behavioral Health and Musculoskeletal Examination Templates. The new templates will ask the specialist examiner to distinguish medications used for treatment of allowed conditions in the claim(s) reviewed, and those prescribed for conditions unrelated to the claim(s). The modified templates are now available to be downloaded at https://www.ic.ohio.gov/for-examiners/report-templates.html.

Resolving "Resolved": Huh?

Some might wonder what's wrong with reporting (in an IC PTD IME) "This condition (e.g., contusion, sprain, depression) is **resolved** and there is 0% impairment."

When an examiner states that "this condition has resolved," it can constitute a denial or improper dismissal of an allowed condition, implying that the condition no longer exists and therefore should not be considered in the impairment or disability evaluation.

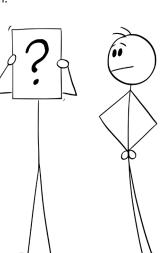
You don't want to be "that guy."

Below are a couple of examples of language you can use to put **"resolved"** to rest:

"At the time of this examination, there are no objective findings of impairment related to this allowed condition(s)."

"There are no clinical signs or symptoms at this time that indicate functional impairment due to this condition."

(IC Medical Examination Manual, (https://www.ic.ohio.gov/for-examiners/medical-pdfs/medicalexammanual.pdf,page 5)





MediScene Review Questions

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After reviewing the material in the newsletter, please fill in your name, date, time spent on the activity, and your answers to the review questions.

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Your Name:	Date:
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MEDISCENE REVIEW QUESTIONS, DECEMBER 2025	
 It is requested that specialist examiners distinguish in their reports regarding the issue of permanent total disability, which of the injured worker's medications are prescribed for treatment of the allowed condition(s), and which are prescribed for other purposes, unrelated to the claim. A. True B. False Ohio Administrative Code 4121-3-34 (Permanent Total Disability) states "All medical evidence of impairment shall be based on objective findings reasonably demonstrable and medical reports that are submitted shall be in conformity with the industrial commission medical examination manual."	 4. When assigning impairment consistent with DRE Lumbar Category III, which of the following elements must be documented in your report, according to AMA Guides, 5th edition? (Choose all that apply.) A. Review of imaging studies. B. Review of electrodiagnostic findings, if available. C. Dermatomal sensory examination. D. Grading of bilateral muscle strength in the quadriceps, extensor hallucis longus, and soleus/gastrocnemius muscles. E. Grading of bilateral reflexes at the patella, medial hamstring, and Achilles tendons. F. Past surgical history of the lumbar region. G. Review of the location and character of pain. H. A statement of correlation of the above I. ROM measurements of the lumbar spin J. Straight leg raising. K. Palpation of the spine.



NOTE: This activity is not a certified AMA category 1 activity, and so it cannot be used as credit toward medical board licensure in Ohio. However, it can be used toward the Ohio Industrial Commission requirement for continuing education credit specific to impairment rating at the time of your five-year application for reappointment to the specialist examiners' panel.