MediScene

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

January 2022, Issue 1

Here's an Eye Opener!

Have you viewed the one-hour CME video required by the State Medical Board of Ohio for renewal of licensure?

This is from the State Medical Board of Ohio's September 2021 newsletter:

DUTY TO REPORT OBLIGATION

As a licensee of the State Medical Board of Ohio, you have a statutory and ethical duty to report misconduct. You are obligated to report violations of law, rule and code of ethics standards to the Medical Board. Examples of misconduct include, but are not limited to, sexual misconduct, impairment, practice below the minimal standards of care, and improper prescribing of controlled substances. If you suspect or have observed inappropriate behavior by a health care professional or colleague, you should contact your local law enforcement immediately and file a complaint with the State Medical Board. Knowing a colleague is violating regulations and not reporting to the Medical Board not only puts patients at risk but also puts your license to practice in jeopardy.

If the board discovers you failed to report a colleague's misconduct, you may be disciplined by the board, up to and including permanent license revocation, and you may be ordered to pay fines up to $20,000.

Effective May 31, 2021, MDs, DOs and DPMs are required to complete one hour of Continuing Medical Education (CME) prior to renewal on the topic of a licensee's duty to report misconduct. The enforcement of this requirement will commence with renewal applications submitted on or after July 1, 2021. The board has created a **one-hour course** designed to educate physicians (MDs, DOs, DPMs) on the duty to report to the State Medical Board of Ohio.

To file a complaint you can visit **med.ohio.gov** or call the board's confidential complaint hotline at 1-833-333-SMBO (7626). Remember, provisions in the Ohio Revised Code make all complaints received by the board confidential.

You can read more about your duty to report and the CME requirement on **State Medical Board of Ohio** website.

Before you "report for duty", know your duty to report.

Describing Mental Health Limitations- Ask JAN!

Question #3 in Industrial Commission Permanent Total Disability examinations challenges the examining mental and behavioral health specialist to take what has been learned from the history and examination, and then "summarize the Injured Worker's residual mental and behavioral capacity resulting from the impairment associated with the allowed condition(s)."

Finally, it requires the specialist to fill out the Occupational Activity Assessment (OAA). The OAA presents three options, all of which involve describing how the limitations identified impact the Injured Worker's ability to work. These options include; 1) This Injured Worker has no work limitations; 2) This Injured Worker is incapable of work, and; 3) This Injured Worker is capable of work with the limitation(s)/modification(s) noted below.

Our mental and behavioral health colleagues have asked us to provide some examples of potential limitations which might result from impairment associated with allowed conditions within the workers' compensation system, and which might require accommodation in the workplace.

Fortunately, this work has already been done by The Job Accommodation Network (JAN) a leading source of guidance on job accommodations and disability employment issues. JAN is funded by a contract from the U.S. Department of Labor, Office of Disability Employment Policy (ODEP) (#1605DC-17-C-0038). Its development has been achieved through the collaborative efforts of ODEP, West Virginia University, and private industry throughout North America.

Here is the link to the section of its website: **askjan.org Accommodation for Mental Health Disorder**

As you scroll down in this section, you'll see "Accommodation Ideas", which lists links to ideas by limitation and by work-related function.

We hope this feature will provide a useful resource when formulating your opinion in response to question #3.

MediScene Review Questions

You read the content, now earn some credit!*

DIRECTIONS AND SUBMISSION

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.

When completed, you may print this page and fax it to 614-466-1051, attention Medical Services, subject "*MediScene* Review Questions", to be placed in your file and held for your future reapplication. Alternatively, you may save your completed form to your computer by choosing "Print", and then choose "Destination" as "Save to PDF". Please email the saved document as an attachment to medical.services@ic.ohio.gov, subject line "*MediScene* Review Questions".

Your Name: _____ **Time Spent on CME Activity:** _____

Date: _____ (Maximum 30 minutes)

MEDISCENE REVIEW QUESTIONS, January 2022 - ISSUE 1

1. According to the State Medical Board of Ohio, which of the following are true of the duty to report misconduct?

- ☐ A. It includes, but is not limited to: sexual misconduct, impairment, improper prescribing, and practice below minimal standards of care.
- ☐ B. It is punishable by permanent license revocation.
- ☐ C. Providers licensed by the board with renewal applications on or after July 1, 2021, are required to complete one hour of CME on the topic.
- ☐ D. Provisions in the Ohio Revised Code make all complaints received by the board confidential.
- ☐ E. All of the above.

2. Using information from the JAN website, match the following categories of mental or behavioral limitations with potential workplace accommodations.

A. Decreased attentiveness or concentration	___ timers, watches, planners
B. Poor anger or emotional control	___ working remotely
C. Decreased stamina or excessive fatigue	___checklists, recorded directives, increased supervision
D. Poor executive functioning skills	___ flexible schedule, telepresence
E. Memory loss	___ uninterrupted work time
F. Stress intolerance	___ defined, periodic rest breaks

***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.

ANSWERS: 1. E; 2. D, B, E, F, A, C

MediScene

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

February 2022, Issue 2

Please Lend Us A Hand

The evaluation of impairment of complex upper limb injuries can be tedious, not only for the evaluating specialist, but also anyone in the system required to read the report. Fortunately, the *AMA Guides to the Evaluation of Permanent Impairment, 5th Edition (the Guides)*, provides on pages 436-437 a worksheet. This worksheet serves to save time and reduce error for the evaluator, and also provides an easy-to-follow summary of the impairment for the reader. So, when evaluating impairment of an upper limb injury which involves the hand, multiple joints, or includes impairment due to amputation, vascular disorders, or peripheral nerve disorders, please use this worksheet and submit it with your report.

"If it's Not Documented, it was Not Done"

We've all heard this dictum at some point in our training or practice, usually in reference to documenting a part of a procedure, an examination of a body part, or instructions to a patient. It implies not documenting what was done might give rise to allegations of error by omission.

Let's look at it from a slightly different perspective- that of the examinee's "experience", or perceived interaction with the doctor. There are elements of the interaction which should not only be done, but also documented by the practitioner as a matter of sound professional practice. These elements, and examples of associated dialogue, are discussed below:

1. **Documented element:** Purpose and limits of the encounter. *(Who requested the examination, and why)*
   Sample dialogue: "I understand you've applied for Permanent Total Disability with the Industrial Commission (IC). They've asked me to review your records, examine your low back and left shoulder and send them a report of what I see."
2. **Documented element:** Experience, training, qualifications, and preparation of the examiner.
   Sample dialogue: I am Dr. Smith. I'm a board-certified orthopedic surgeon. I've been in practice 20 years. I've had experience with a lot of cases like yours, and so the IC selected me to do your examination. They've provided me with your records, which I reviewed before I came in to see you."
3. **Documented element:** Relationship between the examiner and the examinee (no doctor-patient relationship).
   Sample dialogue: "Because of the type of this examination, I can't become your doctor or give you any medical advice."
4. **Documented element:** Providing a chaperone for the encounter, and/or allowing a family member to be present.
   Sample dialogue: "Your wife is welcome to stay in the room while I talk to you and examine you. My assistant, Tracey, will also be with us."
5. **Documented element:** What the examination will consist of, and the need for disrobing if necessary.
   Sample dialogue: "I will need to look at your back, your legs, and your shoulder. I will check your reflexes, strength, and sensation. I will ask you to walk, and to move your back and shoulder as best you can. To accomplish the exam, I'll to step out and let you get changed into this gown."
6. **Documented element:** Inviting dialogue during the encounter in the event of discomfort or uncomfortable feelings.
   Sample dialogue: "I don't want you to feel uncomfortable or have any discomfort during the examination. If you feel like you can't do something, or have any discomfort, please let me know right away, and I will stop."
7. **Documented element:** What will be done with the information obtained during the encounter.
   Sample dialogue: "After I am finished examining you, I will make a report. I'll send my report to the IC, where it will be made available to you and your representative."
8. **Documented element: I**nfectious disease precautions.
   Sample dialogue: "The staff has disinfected this area, and I will wear a mask during the examination, for your safety, and the safety of the staff and their families. I will confine my examination to your back, shoulder, and legs, and work through it thoroughly, but as quickly as I can, again, for your safety."
9. **Documented element:** Inviting questions about the encounter to assure understanding.
   Sample dialogue: "Did you have any questions? Is there anything else you would like for me to know?"*
10. **Documented element:** Consent for the examination and the right to refuse any or all of it at any time.
    Sample dialogue: "Are you OK with me going ahead with the examination? Again, please let me know if you are uncomfortable with any part of it, and I will stop."*

*__Note__: some examiners ask for a signed acknowledgement of understanding and consent.

Using this type of dialogue in the interactions with those you examine will help to bring a greater sense of professionalism and comfort to the encounter. However, to avoid ambiguity regarding the mutual understanding of the nature of the interaction, it is essential you document the elements of that conversation.

MediScene Review Questions

You read the content, now earn some credit!*

DIRECTIONS AND SUBMISSION

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.

When completed, you may print this page and fax it to 614-466-1051, attention Medical Services, subject "*MediScene* Review Questions", to be placed in your file and held for your future reapplication. Alternatively, you may save your completed form to your computer by choosing "Print", and then choose "Destination" as "Save to PDF". Please email the saved document as an attachment to medical.services@ic.ohio.gov, subject line "*MediScene* Review Questions".

Your Name: _____ **Time Spent on CME Activity:** _____

Date: _____ (Maximum 30 minutes)

MEDISCENE REVIEW QUESTIONS, FEBRUARY 2022 - ISSUE 2

1. It is beneficial to the evaluating specialist, and to the reader of the report, to utilize the AMA Guides worksheet for complex upper limb injuries, and submit it with the report. Complex upper limb injuries, for the purpose of IC PTD examinations, include:

   - ☐ A. Compound fractures
   - ☐ B. Multiple joint injuries
   - ☐ C. CRPS
   - ☐ D. Shoulder replacement
   - ☐ E. Amputations
   - ☐ F. Peripheral nerve injuries
   - ☐ G. Vascular disorders
   - ☐ H. Repeat carpal tunnel surgery
   - ☐ I. Any hand injury

2. Routine documentation at the time of service is best practice for avoiding misunderstanding regarding perception about what occurs during an interaction.

   - ☐ A. True
   - ☐ B. False

3. The following behaviors are considered standard professional practice during interactions:

   - ☐ A. Introducing yourself
   - ☐ B. Explaining your understanding of the purpose of the interaction, and the relationship of those involved
   - ☐ C. Having others present for verification of the nature of the interaction
   - ☐ D. Explaining what will occur during the interaction, and agreeing on parameters
   - ☐ E. Inviting mutually constructive communication
   - ☐ F. Describing safety measures
   - ☐ G. Asking permission
   - ☐ H. Checking for understanding
   - ☐ I. All of the above

***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.

ANSWERS: 1. B,C,E,F,G,I; 2. A; 3. I

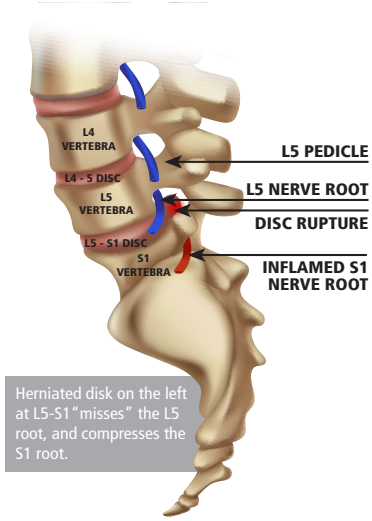
MediScene

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

July 2022, Issue 3

Words Matter: "Rooting" Out Spine Terminology

Why is this important? First, Spinal injuries are a commonly occurring injury in workers' compensation medicine. Secondly, the Ohio Industrial Commission (IC) requires independent specialist examiners to reference *AMA Guides to the Evaluation of Permanent Impairment* (the *Guides*), to help reviewers understand the justification for an impairment rating. The Guides are very specific regarding information required for estimating impairment arising from spinal conditions, whether it be by the Diagnosis-Related Estimate (DRE) method, or the Range of Motion (ROM) method. Therefore, penning a report which will be helpful to reviewers' understanding demands fundamental knowledge of the functional anatomy of the spine, and the use of the accurate terminology, as outlined in the *Guides*.



Herniated disk on the left at L5-S1 "misses" the L5 root, and compresses the S1 root.

What is the root of the problem? The lumbar disk anatomically cushions the space between two vertebral bodies (the building blocks of the spine), and is appropriately named by the vertebral body above and below. For instance, "the L4-5 disk" sits in the space between the L4 and L5 vertebral bodies. However, the spinal nerve roots, which are destined for specific areas of skin (dermatomes) and specific groups of muscles (myotomes), are appropriately named for the pedicle of the vertebra under which the nerve root exits the spine (please see diagram to the right). Therefore, there are no "L4-5" or "L5-S1" nerve roots, but rather L4, L5, and S1 roots. Likewise, in functional spinal anatomy, there is no such thing as a an "L4-5 radiculopathy, dermatome, or myotome." Radiculopathy, dermatome, and myotome each refer to one specific root.

How is the disk injury related to a radiculopathy, dermatome, or myotome? Radiculopathy refers to the clinical manifestations of pressure on, or injury to, a specific nerve root. These manifestations include pain and sensory loss in a dermatomal distribution, and weakness or reflex change in a myotomal distribution. For instance, a disk herniation at L5-S1 to the left, will generally result in left S1 radiculopathy. How do we know? By our physical examination. The table below shows the primary dermatomal and myotomal distributions of the most commonly affected lumbar roots- in order of prevalence- and the physical findings associated with radiculopathy involving those individual lumbar spinal nerves:

NERVE ROOT	DERMATOME	MYOTOME	CLINICAL FINDINGS
S1	Lateral foot	Gastrocnemius-soleus	asymmetrical absence of Achilles response, sensory loss lateral foot, soleus-gastrocnemius atrophy and/or weakness (difficulty standing on tip toes)
L5	Lateral calf and dorsum foot	EHL and tibialis anterior	extensor hallucis longus (EHL) weakness (inability to extend big toe under pressure) and sensory loss lateral calf to dorsum of foot
L4	Medial calf	Quadriceps	asymmetrical absence of knee jerk response, sensory loss medial calf, and quadricep atrophy and/or weakness (knee-buckling with partial one-legged squat)

Back to the *Guides*. In both the lumbar DRE and ROM methods of impairment rating described in the *Guides*, knowing the functional anatomy of the spine and specific spinal nerve roots and being able to accurately document physical examination findings are requisite to a well-supported impairment rating. In the DRE method, Table 15-3 clearly relies on the clinical findings described above for assignment to the correct category. The lumbar ROM method requires identifying and rating motor and sensory deficits related to specific lumbar nerve roots to support the estimated impairment rating. Below are some real-life examples of documentation we have seen in the physical examination section of reports, and then suggested alternatives. These alternatives are based on the *Guides*, as well as well-established principles of functional anatomy and medical documentation of findings*:

"The injured worker has a non-verifiable radicular complaints in the right upper limb."

Alternative anatomically correct documentation: "The injured worker reports diminished light touch (sensory grade 4) in a patchy and non-dermatomal distribution throughout the arm."

"The injured worker's motors were within normal limits with the exception of L4-5 innervated musculature on the right."

Alternative anatomically correct documentation: "Motor testing in the legs revealed intact strength, except for 4/5 weakness in the right EHL and quadriceps muscles. The right knee jerk response was blunted."

"The injured worker had persistent decreased sensation in the dermatome of the L4-5 nerve root on the left."

Alternative anatomically correct documentation: "Testing of two-point discrimination revealed consistent decreased sensation (sensory grade 3) in the left medial and lateral calf."

MediScene Review Questions

You read the content, now earn some credit!*

DIRECTIONS AND SUBMISSION

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.

When completed, you may print this page and fax it to 614-466-1051, attention Medical Services, subject "*MediScene* Review Questions", to be placed in your file and held for your future reapplication. Alternatively, you may save your completed form to your computer by choosing "Print", and then choose "Destination" as "Save to PDF". Please email the saved document as an attachment to medical.services@ic.ohio.gov, subject line "*MediScene* Review Questions".

Your Name: _____ **Time Spent on CME Activity:** _____

Date: _____ (Maximum 30 minutes)

MEDISCENE REVIEW QUESTIONS, JULY 2022 - ISSUE 3

1. What is the most common lumbar radiculopathy?
   - ☐ a. L4
   - ☐ b. L5
   - ☐ c. S1
2. What findings are associated with L5-S1 radiculopathy? (Choose all which apply.)
   - ☐ a. EHL weakness
   - ☐ b. Loss of Achilles reflex
   - ☐ c. None- this is a misnomer which doesn't exist!
3. Each of the following statements may have a place in a medical report. Indicate which of them are properly considered examination findings (EF); subjective symptoms (SS), or; examiner conclusions (EC):
   - ___ a. non-verifiable radicular complaints
   - ___ b. 4/5 weakness right EHL
   - ___ c. needs orthotic to walk
   - ___ d. pain and tingling in the big toe
   - ___ e. left ankle jerk response absent
   - ___ f. decreased sensation anterolateral right calf
   - ___ g. decreased sensation in the right L5 distribution

Did You Know?

*"A finding," in the context of a medical examination, is something which has been found, or observed by the examiner, rather than the examiner's (or examinee's) conclusions regarding what was seen, heard, or felt. Findings are reported in the examination section of the report. Symptoms and reported functional abilities are part of the history. Conclusions, or "examiner impressions" regarding what was observed, belong at the end of the report.

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.

ANSWERS: 1. c; 2. c; 3. a: EC, b: EF, c: SS, d: SS, e: EF, f: EF, g: EC

MediScene

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

October 2022, Issue 4

Mood and Affect – Birds of a Feather?

Oftentimes, "mood" and "affect" are put in the same category when reported in a mental status examination.

Are they the same thing? Are they assessed in the same way?

The answers, of course, are "no", and "no".

Mood is something subjective. It is felt or experienced only by the examinee, and so needs to be inquired about by the examiner. Examples are "sad", "anxious", "relaxed", and "peaceful".

Affect, however, can be observed and described by the examiner in terms of, for instance, appropriateness to situation, consistency with mood, and congruency with thought content. It can be characterized by fluctuation (labile versus even), and range (broad or restricted). The intensity can be blunted, flat, or hyper. The quality can range from detached to engaged, demanding to docile, and animated to hypomobile.

One thing mood and affect do have in common, however, is neither can be accurately described as "normal" in a mental status examination. Mood is an expressed feeling elicited by inquiry, and affect refers to observed behavior. They both stand apart from a "tested" component of an examination, such as memory or knowledge.

Reviewing these differences and commonalities of mood and affect helps us to remember the importance of distinguishing the components of the "examination" for the reader. Some are objective observations, some are tested for, and some are subjective reports, elicited by inquiry.

Question #3: Residual Functional Capacity – Checkpoints for Consistency

For Industrial Commission PTD examinations, question #3 asks the independent specialist examiner to summarize the injured worker's residual functional capacity resulting from the impairment associated with the allowed condition(s). The specialist is then asked to complete a form indicating what work limitations would be reasonable, based solely on impairment due to the allowed condition(s) in the claim.

What do you need to be asking yourself- as a medical expert- when you attempt to construct this summary in a way which supports your opinion? The following questions should help you form a firm foundation:

1. What objective examination findings are reasonably associated with the allowed condition(s) and support your opinion?
2. What findings on review of records support your opinion regarding the severity of the impact and degree of impairment due to the allowed condition(s)? Are the mechanism of injury, and the type and degree of treatment required, supportive of your assessment of residual functional capacity resulting from the impairment associated with the allowed condition(s)?
3. Are the Injured Worker's subjective reports of symptoms and function consistent with what would reasonably be expected to arise from the allowed conditions, and congruent with your review of records and examination findings?

To fortify your expert opinion regarding residual functional capacity required in question #3, it will be helpful to include in your summary consideration of these checkpoints for consistency.

Question #3: Another Perspective – "If It Looks Like a Duck…"

Do you remember this idiom? "If it looks like a duck, walks like a duck, and quacks like a duck- it is probably a duck!"

The idiom has commonly been applied to medical conditions, and can provide a different perspective on assessment of residual functional capacity.

Expert independent examiners would be expected to recognize, characterize, analyze, summarize, and functionally categorize residual functional capacity arising from impairment due to allowed conditions within their specialty, and then effectively communicate their conclusions by way of a history, examination, review of the medical record, and application of their knowledge and experience.

MediScene Review Questions

You have read the content, now earn some credit!*

DIRECTIONS AND SUBMISSION

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.

When completed, you may print this page and fax it to 614-466-1051, attention Medical Services, subject "*MediScene* Review Questions", to be placed in your file and held for your future reapplication. Alternatively, you may save your completed form to your computer by choosing "Print", and then choose "Destination" as "Save to PDF". Please email the saved document as an attachment to medical.services@ic.ohio.gov, subject line "*MediScene* Review Questions".

Your Name: _____ **Time Spent on CME Activity:** _____

Date: _____ (Maximum 30 minutes)

MEDISCENE REVIEW QUESTIONS, OCTOBER 2022 - ISSUE 4

1. Which component of the summary of an injured worker's residual functional capacity best supports an opinion of loss of, or loss of function of, a body part or body system?

   - ☐ A. Description of the objective physical or mental findings.
   - ☐ B. Description of the review of records of the mechanism of injury and treatment required.
   - ☐ C. Description of the injured worker's subjective report of impact of injury on activities.

2. Which component of the summary of an injured worker's residual functional capacity best supports an opinion regarding the degree or severity of the injury?

   - ☐ A. Description of the objective physical or mental findings.
   - ☐ B. Description of the review of records of the mechanism of injury and treatment required.
   - ☐ C. Description of the injured worker's subjective report of impact of injury on activities.

3. Which component of the summary of an injured worker's residual functional capacity best supports an opinion regarding the consistency of the reported symptoms, and what an expert would reasonably expect to arise from the allowed conditions?

   - ☐ A. Description of the objective physical or mental findings.
   - ☐ B. Description of the review of records of the mechanism of injury and treatment required.
   - ☐ C. Description of the injured worker's subjective report of impact of injury on activities.

4. Components of the report of a mental status examination can best be described as:

   - ☐ A. Observed.
   - ☐ B. Tested for.
   - ☐ C. Subjective reports, elicited by inquiry.
   - ☐ D. Normal.
   - ☐ E. All of the above.
   - ☐ F. All except "D."

Did You Know? More on Fowl:

The word "quack" is used to describe the harsh, guttural sound uttered by waterfowl of the family Anatidae. According to Webster's dictionary, it can also be used as short for the Dutch word "quacksalver", and applied to a fraudulent pretender to medical skill. "Foul" indeed.

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.

ANSWERS: 1. A; 2. B; 3. C; 4. F