Ohio | Industrial Commission

February 2024

MediScene

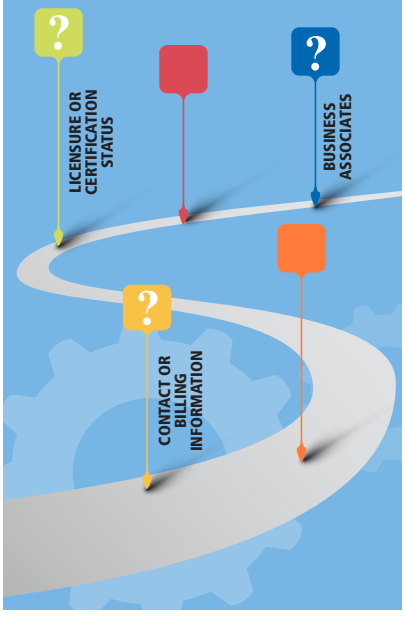
Keeping You Up-to-Date with the Industrial Commission's Medical Services

What's New in Your Life?

This is a reminder to inform IC Medical Services if there have been any changes in your professional information. This could range from something as basic as your contact or billing information, or a change in your business associates, to a change in your licensure or certification status.

An efficient way to approach this is for you or one of your practice team members to go through the IC "Specialists' Panel Application", and make sure you note and report any changes to the information contained therein, including your responses to the attestation questions on page 2.

If there have been changes, please contact us at: medical.service@ic.ohio.gov



So, Doctor, Where Did That Information Come From, and What Do You Think It Means?

The April 2023 MediScene issue introduced new examination report templates. In that issue we offered some "helpful hints" for using the new templates. One of those hints was: "Examiners may choose to develop a questionnaire for the injured worker, to assist in gathering elements of the history." Using a questionnaire is a common practice, and can be helpful in gathering information about the injury, treatment, symptoms, and the impact of the allowed condition(s).

The "hint" goes on to say: "This, however, is not a suitable substitute for the specialist examiner verbally reviewing and verifying the history with the injured worker." Why not?

Best practice for taking a medical history requires a face-to-face interaction, where there is opportunity for clarification and quantification of relative terms. Review of deposition transcripts arising from medicolegal reports has taught us reports of these interactions should clarify what information was exchanged, how information was gathered, and quantify any qualitative terms, within the context of the examination.

Substantially Aggravating

It is not uncommon to read a physician's report regarding a work-related injury, in which it is stated "in my opinion, this injury caused substantial aggravation of the pre-existing condition of (fill in the blank)." This statement, which sounds authoritative - and in fact might be true - may actually belie the examining physician's lack of knowledge and authority, which can be substantially aggravating to those who know better. The following is meant to clarify issues related to substantial aggravation for examining specialists.

Ohio Revised Code 4123.01 states "'injury' includes any injury, whether caused by external accidental means or accidental in character and result, and received in the course of, and arising out of, the injured employee's employment." Further, "'injury' does not include a condition that pre-existed an injury, unless that pre-existing condition is substantially aggravated by the injury." Whether a condition is substantially aggravated and compensable under the Ohio workers' compensation system (the system) is a legal determination, which physicians are not qualified or licensed to make.

However, to determine if there is substantial aggravation, the system must rely on medical evidence, which physicians are qualified and licensed to produce. This occurs in the form of a sufficient and reliable medical record. A medical record sufficient and reliable in assisting the legal determination of substantial aggravation must include objective diagnostic findings, objective clinical findings, or objective test results. Subjective complaints without objective findings are insufficient to substantiate a substantial aggravation

The value of accurately and reliably reporting objective findings – pre- and post-injury – should not be underestimated in the case of substantial aggravation.

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MediScene Review Questions

FIXED!

Thanks to your input (and quick response from our IT team), the IC Specialist Examiner Home page on the IC Online Network (ICON) has been updated! The top banner now includes the following dropdowns:

- MANAGE ACCOUNT - for editing account profiles;
- EXAMINER RESOURCES - for Medical Services contact information, examination forms and templates, and links to the IC Medical Exam Manual, and IC MediScene newsletter library; and
- REPORT MANAGEMENT - for uploading reports for review by the IC, and linking to REPORT COMMUNICATIONS.

The REPORT COMMUNICATIONS option will allow specialists to view uploads including the "referral packet" (referral letter, assessment form, and fee bill) and messages from IC staff. This upload will occur at the time of scheduling. An email will simultaneously be sent to the email established in the account profile notifying the account holder of the newly uploaded communication.

The **"Claim Data"** section will continue to contain all claim file documents, including but not limited to the Medical Scheduling Work Sheet (MEDWRKSHT), the Permanent Total Disability Statement of Facts (PTD-SOF), and Specialist Packet (SPECPAC). These can be viewed by going to **Find a Claim** at the bottom of the **IC Specialist Examiner Home** page, entering the requested data in search boxes, clicking **Submit**, and then clicking on **View Claim Documents**.

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: _____ **Date:** _____

Time Spent on CME Activity: _____ *(Maximum 30 minutes)*

MEDISCENE REVIEW QUESTIONS, FEBRUARY 2024

1. Not informing the IC regarding changes in your professional status or contact information could result in:

   - ☐ A. Delay in payment for your services.
   - ☐ B. An undisclosed conflict of interest for an examination.
   - ☐ C. Not receiving announcement or educational information from the IC.
   - ☐ D. All of the above.

2. Injured worker questionnaires

   - ☐ A. Should never be used during an IME.
   - ☐ B. Must be disclosed in the report of the examination.
   - ☐ C. May be a good substitute for a protracted, face-to-face interview.
   - ☐ D. Offer an opportunity for clarification and quantification of Injured Worker responses.
   - ☐ E. All of the above.
   - ☐ F. None of the above.
   - ☐ G. B. and D.

3. The determination of substantial aggravation of a pre-existing condition always relies on pre-injury and post-injury objective medical evidence.

   - ☐ A. True
   - ☐ B. False

4. Whether a condition is "substantially" aggravated is a legal determination.

   - ☐ A. True
   - ☐ B. False

5. The claim-associated fee bill and assessment form are located in the:

   - ☐ A. Claim data section on ICON.
   - ☐ B. Account profile section on ICON.
   - ☐ C. Report communications section on ICON.
   - ☐ D. IC MediScene newsletter library on the IC's public website

6. The claim-associated MEDWRKSHT, PTD-SOF, and SPECPAC are located in the:

   - ☐ A. Claim data section on ICON.
   - ☐ B. Account profile section on ICON.
   - ☐ C. Report communications section on ICON.
   - ☐ D. IC MediScene newsletter library on the IC's public website

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.D.; 2. G.; 3. A.; 4. A.; 5. C.; 6. A

Ohio | Industrial Commission
May 2024

MediScene

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

"When you're having trouble and topping the ball, it means the ground is moving on you."

Juan "Chi Chi" Rodriguez,
Professional Golfer

Taking Your Best Shot

It is our aspiration that all Permanent Total Disability independent medical examination and file review reports received from our specialists contain the essential information requested to assist in adjudication of a claim. We hope all reports are a "hole in one" - free from clerical errors, unambiguous, free of contradictory statements, and present medical opinions which are well-supported and easily understood. Getting there would be good for Ohio's injured workers and employers by facilitating a more expeditious resolution of the adjudicatory process.

In pursuit of this goal, we recently asked some of the specialists on our panel how we might better communicate our report needs and template standards. We considered if we were to improve dialog on opportunities missed on the back end, it might help alleviate some of the report deficiencies moving forward.

The responses were generally favorable with regard to how we present our report needs to examiners. However, there was one interesting, and, hopefully, constructive suggestion: "Why don't you tell us the most common deficiencies you are seeing, so we can focus on avoiding them?"

The following is a list of the most common categories and report deficiencies, in order of decreasing frequency, ranging from 58% to 12% of the reports reviewed in January and February of 2024. Note some reports have deficiencies in more than one category.

1. **Question #2 opinion errors** - impairment rating, including the application of the AMA Guides or impairment rating methodology; miscalculations; lack of supportive information in report; omissions of ratings for some allowed conditions.
2. **Miscellaneous errors of fact** - erroneous dates; inaccurate gender pronouns; titles (e.g., use of "claimant" to describe the injured worker).
3. **Errors involving injured worker and claim information** - DOB; DOI; claim number; omissions; name typos.
4. **Allowance errors** - opining on the wrong allowances (e.g., allowances not assigned or outside of one's scope of practice); misnaming allowances; missing allowances.
5. **Question #3, residual functional capacity opinion** - lack of supporting objective findings; inconsistencies with information in the report; lack of specificity of limitations or abilities; limited explanation or support or rationale for the opinion.
6. **Miscellaneous typos** - misspellings; nonsensical sentences; nonsensical words.

Continued on page 2.

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

Other types of report deficiencies, with a frequency of less than 10%, included:

1. Stating an opinion in the report not congruent with Ohio law.
2. Insufficient or ambiguous reporting of the injured worker's ability to perform activities of daily living.
3. Documentation of physical examination findings of allowed condition(s) inadequate for application of the AMA Guides.
4. Reporting a Global Assessment of Function (in psychological examinations) not consistent with the estimated percentage of psychological impairment without explaining rationale for the inconsistency.

Similar to improving a golf swing, there's a lot to unpack here. When considering our action steps to address these variations, we thought a "Troubleshooting Guide" might be helpful. In other words, if you find your reports are deficient in a particular area (or areas), use the following guide to find the problem area, review possible causes, and try a likely solution. We hope these will help get your game back on solid ground.

PROBLEM	POSSIBLE CAUSE	LIKELY SOLUTION
Question #2 Error	1. Improper application of *Guides* 2. Inadvertent omissions 3. Miscalculations	1. Discuss with Medical Services, review Guides, take a refresher course 2. Use a proofreader and checklist 3. Double check your calculations and use a worksheet
Factual Errors	1. Inadvertent oversight 2. Too much information	1. Use a proofreader and checklist 2. Transcribe less information from the record
Identification Errors	Inadvertent oversight	Use a proofreader and checklist
Allowance errors	Inadvertent oversight	Use a proofreader and checklist
Question #3 error	1. Lack of consistency 2. Inadequate statement of relevant objective findings to support opinion of residual functional capacity	Consult "checkpoints for consistency" at https://www.ic.ohio.gov/for-examiners/template-pdfs/musculoskeletal-template-instructions.pdf, page 6
Miscellaneous typos	Inadvertent oversight	Use a proofreader
Other	1. Unfamiliarity with Guides 2. Unfamiliarity with IC report requirements	1. Discuss with Medical Services, review Guides, take a refresher course 2. Use IC report templates and guides at https://www.ic.ohio.gov/for-examiners/examiners.html 3. Explore other IC resources at https://www.ic.ohio.gov/for-examiners/examiners.html

More on Chi Chi:

- Born in Puerto Rico in 1935.
- When seven, he helped support his family by hauling water on a sugar plantation, until he found out he could make more as a caddie at a nearby golf course.
- He taught himself how to play by making a "club" from a guava branch, and using a metal can as a "ball". By age nine he was proficient at golf, by age twelve he shot a five-under par 67 for 18 holes. He joined the United States Army at age 19.
- He joined the PGA tour at age 25, won his first of eight tour victories at age 28, and went on later in life to win 22 PGA Senior tournaments. Though only 5'7" and 150 lbs., he could hit a driver as far as most other players on the tour.
- Light-hearted, he is credited with several whimsical quotes. However, he is best recognized for his routine on the putting green after making an eagle or birdie, which he called the "toreador dance". Using his putter as "sword" he would ceremoniously finish by "slaying" his ball, then wipe his "sword" and return it to its sheath.

MediScene Review Questions

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Your Name: _____ **Date:** _____

Time Spent on CME Activity: _____ *(Maximum 30 minutes)*

MEDISCENE REVIEW QUESTIONS, MAY 2024

1. Most IC PTD report deficiencies are clerical in nature, and could be avoided by proofreading.

   - ☐ A. True
   - ☐ B. False

2. Which of the following are serious knowledge-based report deficiencies?

   - ☐ A. Misapplication of the *Guides*.
   - ☐ B. Statement of opinions not congruent with Ohio law.
   - ☐ C. Miscalculation of percentage impairment.
   - ☐ D. A and B.
   - ☐ E. All of the above.

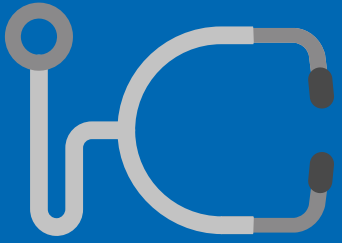
3. The Industrial Commission public website, ic.ohio.gov, has a section for examiners which:

   - ☐ A. is awesome.
   - ☐ B. is a "chip-shot" to navigate.
   - ☐ C. contains archived newsletters in a searchable PDF format.
   - ☐ D. includes the *Medical Examination Manual*, examination templates, educational resources, contact information, and allows you to access your ICON portal.
   - ☐ E. All of the above.

4. Match the following types of deficiencies with the best example:

   A. Injured worker or claim information
   B. Inadequate examination findings to support opinion
   C. Factual
   D. Miscalculation
   E. Equivocation
   F. Inconsistency
   G. Insufficiency

   - ___ Referring to injured worker as "claimant"
   - ___ GAF = 70; WPI = 20% incapable of work
   - ___ Incomplete review of ADLs
   - ___ No identifying data on page headers
   - ___ No neurological examination on spine allowance
   - ___ "This self-limiting condition should be resolved by now"
   - ___ Range of motion impairments in knee flexion and extension are combined



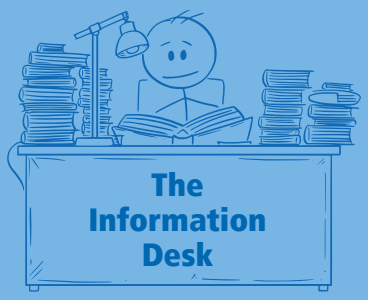
NOTE: This activity is not a certified AMA category 1 activity, and so it cannot be used as credit toward medical board licensure in Ohio. However, it can be used toward the Ohio Industrial Commission requirement for continuing education credit specific to impairment rating at the time of your five-year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

ANSWERS: 1. A; 2. E; 3. E; 4. C, F, G, A, B, E, D.

Industrial Commission
October 2024

MediScene

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



Last issue we communicated common deficiencies found in Permanent Total Disability independent medical examination reports and file reviews. In general, we found the most common of these were related to inaccurate information in reports. They included inaccurate claim numbers, missing or misnaming of allowances, and misunderstanding of which conditions to opine upon, to name a few. We suggested using a checklist for proofreading as a possible hack for avoiding these time-consuming variances.

Wouldn't it be great to avoid these claim allowances variances in the first place? We believe this can be accomplished by knowing where to go for allowed condition information, how to get there, and how to get that information into your report accurately, as described in this issue.

Rules of Engagement

Extracting the Allowed Conditions and Importing to Your Report

1. Login to your ICON account. Don't go to the BWC site!
2. The only accurate place to find the allowances assigned to you is the Medical Scheduling Worksheet labeled with your specialty.
3. How to get there: At the bottom of the IC Specialist Examiner Home page, enter the requested data in the search boxes under "Find a Claim". Click "Submit" and then "View Claim Documents". You are now in the "All documents view". You will now be able to view all the allowed conditions by clicking the "Show/Hide Allowed Conditions" button at the top.
4. How to get them out of there, and into your report: Simply cut and paste all of the allowed conditions from this view into your report.

Determining Which Allowed Conditions to Examine or Review

1. In this "All documents view", you will also see a list of links to various documents. Find the "Medical Scheduling Worksheet" for your specialty. Click the link to this document, and you will see all of the conditions you are asked to examine or review underlined.
2. Now's the time to step back, take a look at those allowances, and see if those underlined make sense for the scope of your specialty. If they don't, please call us before the examination. This is important, because there are naturally some conditions which can be considered within the scope of practice of more than one specialty.*

*Allowance Red Flags- "When in doubt, give us a shout!"

Here are some things to look out for when reviewing allowances to be examined:

- ✓ "Musculoskeletal" examinations might include conditions which could be adequately assessed by an Orthopedist, Physical Medicine specialist, or Occupational Medicine specialist.
- ✓ Examinations of injured workers with allowances involving a "pain" diagnosis, or a "brain injury" could be assigned to Psychology or Physical Medicine, or both, depending on the circumstances in the claim.

Thank you again for the feedback which has allowed us to review this process. We hope keeping this information handy will be help streamline your work, and expedite the process for Ohio's injured workers and employers.

Ohio Industrial Commission
October 2024

MediScene Review Questions

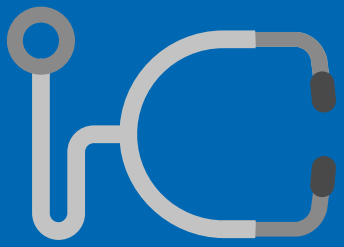
Heads Up!

This is to let you know you will be receiving an email from us informing you when your report has been forwarded to the claim file for the hearing process. This is to "close the loop" for you, so you will know you've successfully provided the necessary information for report submission. We hope this will provide you with useful feedback, especially for those of you who have incorporated their reports into an electronic medical record.

2024 Medical & Health Symposium

We'll be exhibiting at the virtual 2024 Medical & Health Symposium (MHS24) Nov. 13-15. Stop by our booth in the Exhibitor Hall.

MHS24 features education sessions led by the nation's top health-care experts and offers over 20 types of continuing education credit. Because it's free to attend and completely virtual, it's a great value you can't beat! Visit the MHS24 website to learn more or register today!



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Your Name: _____ **Date:** _____

Time Spent on CME Activity: _____ *(Maximum 30 minutes)*

MEDISCENE REVIEW QUESTIONS, OCTOBER 2024

1. You will find your specialty assigned allowed conditions underlined:

   - ☐ A. on the Permanent Total Disability Statement of Facts.
   - ☐ B. on the Medical Scheduling Worksheet IC (for your specialty).
   - ☐ C. in the text of the "Show/Hide Allowed Conditions" button.
   - ☐ D. in the claim demographics on the BWC website.

2. You can copy and paste all of the allowed conditions accurately (verbatim) to your report:

   - ☐ A. from the Permanent Total Disability Statement of Facts.
   - ☐ B. from the Medical Scheduling Worksheet IC (your specialty).
   - ☐ C. from the text of the "Show/Hide Allowed Conditions" button.
   - ☐ D. from the claim demographics on the BWC website. (hint: Do not pick this answer!)
   - ☐ E. Nowhere. You can't do this.

3. Musculoskeletal conditions can only be adequately assessed by an Orthopedist, or Physical Medicine physician.

   - ☐ A. True
   - ☐ B. False

4. Skin conditions (e.g., contusions, lacerations, rashes) can be adequately assessed by any physician who has access to the AMA Guides

   - ☐ A. True
   - ☐ B. False

5. When assigned a claim with allowed conditions which involve "pain" or "brain injury" (or the clinical manifestations thereof) a Psychologist or Physical Medicine physician should assume they should evaluate all of those conditions.

   - ☐ A. True
   - ☐ B. False

6. Many report deficiencies can be avoided by:

   - ☐ A. Using a checklist for proofreading.
   - ☐ B. Knowing where to obtain and extract accurate data from ICON.
   - ☐ C. Being savvy on the BWC website.
   - ☐ D. All of the above.
   - ☐ E. A and B.

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ANSWERS: 1. B; 2. C; 3. B; 4. A; 5. B; 6. E.