IC Medi Scene

Keeping You Up-to-Date with the Industrial Commission's Medical Services • Summer 2019

"Coachable Moments"

There's Always Room to Learn and Improve

Moment #1 – Maximum Medical Improvement (MMI)

One of the roles of the specialist is to consider if the injured worker is at MMI with the current medical management at the time of the examination, rather than to propose or advocate for additional treatment. Current management may be supportive in nature to maintain current level of function.

Specialists should avoid opining that the allowed conditions are no longer at MMI, when that opinion is based on speculation of possible future treatment, which has not been performed, approved, or in some instances, requested.

Moment #2 – Spinal Whole Person Impairment (WPI)

Chapter 15 of the *Guides to the Evaluation of Permanent Impairment, 5th Edition (the Guides)* notes spinal impairment ratings are most commonly determined by the Diagnosis Related Estimate (DRE) method.

An injured worker may have multiple allowed conditions within a spinal region distributed over various BWC claims. The challenge is to determine the overall whole person impairment for all the allowed conditions related to the spinal region. This can be accomplished by selecting the DRE Category that describes the most significant impairment documented by the medical record and observed in the physical exam.

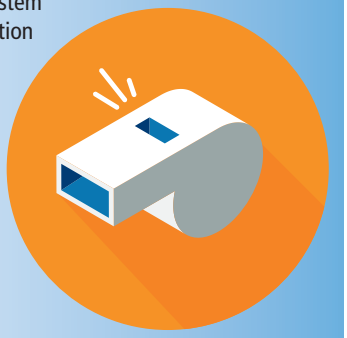
Although the DRE method is the principle method for spine evaluation, the Range of Motion (ROM) method may be used in certain situations:

- Impairment of the spine caused by illness;
- Multi-level involvement in the same spinal region;
- Two or more fusions in the same spinal region;
- Recurrent radiculopathy from recurrent HNP in the same spinal regions; or
- Multiple episodes of other pathology producing alteration of motion segment integrity and/or radiculopathy.

Per *the Guides*, the ROM method consists of combining impairments found in three specific components: **Specific Spine Disorders** (p. 404), **ROM Deficits** (p. 405-422), and **Neurological Impairments** (p. 423-424).

A few reminders for the ROM method:

1. **Specific Spine Disorders:** As mentioned above, an injured worker may have multiple allowed conditions within a spinal region distributed over various BWC claims. When this happens, determine the most significant spine disorder category, allowed spinal levels and associated operations utilizing Table 15-7 (p. 404).
2. **ROM Deficits:** A dual inclinometer system is recommended to measure spinal motion when assessing for ROM deficits.
3. **Neurological Impairments:** When addressing the nerve component,
   a. Clearly establish dermatome and myotome deficits in your examination section. Manual muscle testing and pin prick testing both produce valuable objective data when determining grade levels in Table 15-15 and Table 15-16 (p. 424).



   b. Limit nerve root selection to allowed conditions (Table 15-17 and 15-18, p. 424).
   c. Do NOT forget to convert the sensory and motor impairments to whole person impairment by multiplying appropriately for upper and lower extremities, 0.6 and 0.4 respectively.
4. ADD the impairments found within each component – specific disorder, ROM impairments, nerve impairments.
5. COMBINE the three components once determined – specific disorder, ROM impairments, and neurological impairments.
6. COMBINE impairments determined from the separate spinal regions – cervical, thoracic, and lumber.

Moment #3 – Lower Extremity Impairments

When addressing lower extremity conditions and their associated deficits, some evaluation methods may be combined. Reference Table 17-2 (p. 526) of *the Guides* to ensure acceptable usage.

For example, the lower extremity diagnosis based estimate (DBE) table can be combined with the skin loss and limb length discrepancy tables but not with the gait derangement table.

Also, when working with allowed conditions that result in total hip and/or knee replacements, *the Guides* require the evaluator to rate functional points by utilizing Table 17-34 (p. 548) and Table 17-35 (p. 549), respectively before determining the whole person impairment from Table 17-33 (p. 546-547). It is essential to document these points and converted impairment percentages under question number two in your report for clear understanding and rationale.

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Important Things to Know

Hand carried reports, records, images and videos cannot be accepted at the time of examination. **A polite "NO" is best.**

Moment #4 – Complex Regional Pain Syndrome (CRPS) I/II, Reflex Sympathetic Dystrophy (RSD) Syndrome, and Causalgia

Establishing objective evidence of a chronic persistent condition such as CRPS I/II, RSD, and causalgia is required before assigning an impairment rating. For physical signs of such conditions, reference Table 16-16 (p. 496) of *the Guides* and document appropriately in the examination section of your report.

Since eighty percent of CRPS I/II recover, absence of physical findings would indicate 0% impairment rating as there would be no residual signs and symptoms from the condition at the time of evaluation.

When objective evidence is present, nerve impairments for RSD and causalgia are addressed by *the Guides* in Section 13.8 (p. 343), recommending use of:

- Table 13-22 (p. 343) for upper extremity involvement; and
- Table 13-15 (p. 336) for lower extremity involvement (including CRPS I/II).

For an optional method in regards to CRPS I/II with upper extremity involvement, reference Section 16.5e (p. 496) in *the Guides*.

Moment #5 - Mental Behavioral Whole Person Impairment

The mental behavioral impairment rating is derived from the four functional areas:

1. Activities of Daily Living
2. Social Functioning
3. Concentration, Persistence and Pace
4. Adaptation

A few reminders for determining impairment ratings and capacity to work in regards to the mental behavioral examination:

- It is necessary to include documentation from the exam that highlights activities the injured worker **can** and **cannot** do as a consequence of only the allowed psychological conditions, narratively supporting the severity level chosen for each category.
- The higher the identified impairment, the more narrative documentation of impaired function is needed.
- The narrative documentation should also correlate with the Global Assessment of Functioning (GAF) scale. For example, if the final whole person impairment rating is 35%, the report narrative should be suggestive of issues such as panic attacks, conflicts with peers, few friends and/or interview presentations of flat affect and circumstantial speech in correlation to a GAF score of 60-51 as described in *Diagnostic and Statistical Manual of Mental Disorders IV*.
- Many mental behavioral reports discuss pain and physical limitations being addressed by the musculoskeletal specialist. It is essential to consider only deficits that are directly linked to the allowed psychological condition.

The Ohio Industrial Commission is Seeking a Chief Medical Advisor to Join its Columbus Regional Office

The Ohio Industrial Commission utilizes the services of a contracted medical advisor to provide medical expertise relevant to current workers' compensation issues that affect the adjudication process of contested claims. For more information and details on the job posting, visit the State of Ohio Procurement site at https://procure.ohio.gov/proc/viewProcOpps.asp?oppID=16023.

State Of Ohio RFP Opportunity Notice For The Ohio Industrial Commission

Title: Medical Advisor, Index #: OIC002, RFP Number: CSP903120
Posted Date: 6/28/2019, Inquiry Period: 6/28/2019 thru 7/19/2019 8:00:00 AM, Opening Date: July 26, 2019 at 1:00 PM

Continuing Education Questions

1. Which answer best describes an Injured Worker who is no longer at MMI.

   a. An injured worker who has had a recent surgery on an allowed condition.
   b. An injured worker who has an upcoming surgery approved.
   c. An injured worker who has had no treatment in several years.

2. What are the components of the ROM method for spinal impairments?

   a. Spinal Disorder and neurological impairments
   b. Spinal Disorder, ROM deficits and neurological impairments
   c. ROM deficits and Spinal Disorder
   d. None of the above

3. What chapter in *the Guides* addresses assessment of RSD and Causalgia?

   a. 13
   b. 14
   c. 15

4. In a mental behavioral report, the GAF score should correlate with the final whole person impairment percentage.

   a. True
   b. False

Answers:
1. A 2. B 3. A 4. True

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STREAMLINING REFERRAL QUESTIONS MAKES EVIDENCE MORE RELIABLE

Referral Letter Changes Now in Effect

Medical Services has spent the past year evaluating our Permanent Total Disability (PTD) independent medical examination (IME) report requirements, addressing recent changes and new case law. We have begun updating our materials to reflect these modifications. Specifically, we revised our referral letter to promote clarity with regard to requirements associated with maximum medical improvement (MMI) status, whole person impairment, and work capacity opinions. Medical Service's goal is for these opinions to provide medically credible and legally reliable evidence to assist the Commission in evaluating an injured worker's application for PTD.

Previously, two separate sets of questions were generated depending on whether the Commission had determined that the injured worker had attained MMI. At times, these two separately formatted letters created confusion, thus our decision to streamline to one referral question across the board.

All referral letters will now request our specialists to provide an opinion on whether the injured worker being examined has reached MMI status. As stated by the Ohio Supreme Court, "Maximum Medical Improvement is a treatment plateau (static or well stabilized) where no fundamental or physiological change can be expected within reasonable probability, in spite of continuing medical or rehabilitative procedures. An injured worker may require supportive treatment to maintain this level of function."

The injured worker, by way of their application for PTD, has attested to the fact that they are permanently and totally disabled. The injured worker's physician of record and/or legal counsel has provided evidence in support of the PTD application that presents the injured worker as having reached MMI.

Although rare, circumstances do exist where the injured worker would present as not at MMI. This concept is based around the premise the injured worker has had a "new and changed" circumstance at the time of the examination where either:

- The current treatment regimen is showing acute substantial improvement over a short period of time, or
- A temporary worsening of an allowed condition has occurred with the expectation the injured worker would return to baseline within a reasonable period of time.

Examples:

- Recent medication change (still in flux)
- Recent surgical intervention to restore to baseline
- Recent change or addition of Mental Health Intervention (new medication or therapy)

If a specialist determines that an injured worker is not at MMI for any of the allowed conditions, referral letter item #2 (opinion on whole person impairment) and item #3 (opinion of work capacity) should not be answered.

If a specialist opines that an injured worker is at MMI, referral letter items #2 and #3 MUST be completed. Whole Person Impairment rating should be supported by rationale and calculations should be documented, using the appropriate AMA Guide for the specialty. For work capacity opinions, the Commission is not looking for a discussion on whether or not the injured worker can return to a prior job or vocation, but rather how the allowed condition(s) affect the injured worker's capacity for work of any kind.

Examples of Declaration to Follow

Declare Injured Worker MMI

Example One: Based on my examination and medical record review, the injured worker has reached a plateau, receiving the full benefit of services with no further expectation of a significant change. Therefore, the injured worker is at MMI.

Example Two: Yes, the injured worker has reached MMI status. Since the injury 5 years ago, the injured worker has experienced symptoms of the allowed psychological condition that have been addressed through psychotropic medication and intermittent counseling ending 6 months ago. At this time, the injured worker reports functional impairments have remained the same over the last 12 months and continued treatment would be maintenance care only. Therefore, the injured worker is at MMI due to the psychological conditions.

Declare Injured Worker NOT MMI

Example One: Based on my examination and medical record review, the injured worker is currently not at MMI as there is a new and changed circumstance. A temporary worsening of the injured worker's status has occurred due to a recent medication change. This change will likely stabilize in the next 6 – 12 months with the belief that there will be a substantial improvement in a short period of time.

Example Two: Based on my examination and medical record review, the injured worker is currently not at MMI for the allowed conditions associated with the right shoulder. The injured worker had total shoulder replacement 4 weeks ago and is currently attending post-surgical physical therapy. I believe the injured worker's status at the time of my examination is temporary and the current regime of physical therapy will create a substantial improvement over the next 3 months.

Continuing Education Questions

1. Currently, there are two separate sets of questions generated in our referral letters.

   a. True
   b. False

2. MMI is a treatment plateau that is static and well stabilized.

   a. True
   b. False

3. The work capacity opinion of your IME report is based on previous employment and/or occupation.

   a. True
   b. False

4. If a specialist determines an injured worker is not at MMI, referral letter items #2 and #3 must still be completed.

   a. True
   b. False

Answers:

1. B 2. A 3. B 4. B