



March 2009

THE IC Medi Scene

Ohio | Industrial Commission

Keeping You Up-to-Date with the Industrial Commission

Meet the Deputy Director of IC Medical Services

Wanda Mullins was appointed Deputy Director of Medical Services for the Industrial Commission (IC) of Ohio in June of 2007.

Wanda received her BSN from Mount Carmel College of Nursing, and then completed her Masters of Science degree in Administration from Central Michigan University in 2006.

Wanda has worked for the State of Ohio for approximately five years in various positions. These include IC Quality Assurance Coordinator, Ohio Health Plans (OHP) Disability Determination RN Manager, and OHP Quality Assurance Operations Manager. Wanda also has many years of relevant clinical and administrative experience which include working as a nurse reviewer, case manager, discharge planner, orthopedic office RN and preadmission testing coordinator.

Wanda's goals for Medical Services are grounded in the mission of the Industrial Commission of Ohio. She plans to expand the distribution of specialties utilized, and to assist the Commission in development of new scheduling procedures that will result in improvement in the impartiality of examiner selection. Wanda plans to improve examiner access to medical information through the electronic record. She will continue to perform quality reviews and provide constructive feedback to examiners on their medical reports.

To contact Wanda Mullins, please email wmullins@ic.state.oh.us or call 614-466-4291.

What's New: Our Referral Questions

In coming months, you will notice modifications in the questions we ask you to address at the time of examination for permanent total disability. These changes were motivated by feedback from our specialist examiners and Industrial Commission Hearing Officers.

The aim is to make the questions more clear, direct, and specific. We have two goals. The first is to make certain our examiners know exactly what should to be addressed in their reports. The second is to provide our examiners with appropriate references for the required format and content of their reports.

The first question relates to the issue of maximum medical improvement (MMI). We have clarified this to remind the examiners that if MMI has not been reached for all of the allowed conditions, they should not proceed to the subsequent questions related to impairment and function. We have also asked examiners to

provide a brief discussion of the rationale for their opinion.

Question number two asks for an impairment rating. Here we have provided specialty-specific references to the AMA Guides and the on line version of our Medical Examination Manual. We have asked that each allowed condition be listed and rated separately and then combined. We have reminded the examiner to indicate 0% if there is no impairment from an allowed condition.

The final question deals with physical or mental limitations resulting from the allowed conditions. We are now asking the examiner to provide a discussion to help the reader understand how specific impairments might limit specific activities.

We hope these changes will help you provide medically sound and legally sufficient reports. Let us know what you think!



Did you Know?

The Industrial Commission requires that mental and behavioral disorders be evaluated utilizing the principles described in AMA Guides, 5th Edition, Chapter 14. This includes classifying impairment in four functional areas:

- (1) activities of daily living; (2) social functioning; (3) concentration; and
- (4) adaptation. Because the 5th edition does not provide impairment percentages, a table has been constructed combining the principles for estimating percentage of impairment from the 2nd edition, with the classes of impairment from the 5th edition. This table, and a detailed description of the process, can be found in the Industrial Commission Medical Examination Manual on pages 33 and 34.

Continuing education review questions MediScene Mar. 09

1. The Industrial Commission requires specialists evaluating mental and behavioral disorders to reference which of the following resources?
 - A. *AMA Guides 5th Edition.*
 - B. *AMA Guides 2nd Edition.*
 - C. The Industrial Commission Medical Examination Manual.
 - D. All of the above.
2. Which of the following issues should **not** be addressed in an Industrial Commission Permanent Total Disability (PTD) examination report?
 - A. Causality.
 - B. Maximum medical improvement.
 - C. Percentage of whole person impairment.
 - D. Physical and mental limitations due to the allowed condition.
3. The most significant change that occurred in the modification of the referral questions for Industrial Commission PTD examinations is
 - A. We now ask the examiner to apportion what part of the impairment is due to conditions not allowed in the claim.
 - B. We made the questions identical to a BWC C-92 examination.
 - C. We now ask the examining specialist to provide some discussion of the rationale used in formulating their opinion regarding maximum medical improvement and physical or mental limitations due to the allowed conditions.
 - D. We now ask the examining specialist to provide an opinion as to whether or not the industrial accident or exposure could have caused the allowed conditions.

(Answers: 1. D.; 2. A.; 3. C.)



May 2009

THE IC *Medi Scene*

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The Industrial Commission Permanent Total Examination is a "No Code!"

No, this doesn't mean "Do not resuscitate."

What this means is that ICD-9 codes should not be used, referred to, or mentioned in your IC PTD examination report.

The reasons for this are as follows. First, the purpose of the examination is not to establish a diagnosis. By the time of application for PTD, the allowed conditions are already determined and, in a legal sense, are not matters of dispute. Secondly, a written description of a condition might generally apply to more than one code, and visa versa (think "lumbago" vs. "low back pain"). Finally, codes change over time, as do our descriptions of ailments. The code given for a psychiatric condition in 1984, for instance, may be much different than the code we use today.

In short, it can be a source of great confusion at hearing if you attempt to apply a diagnostic code to a condition in your IC PTD examination report. It is essential that each allowed condition in the claim be listed in your report exactly as it appears on the Statement of Facts- with "no codes."

What's New: Medical Manual Revision

The March issue of MediScene introduced changes in our referral letters. This month we are proud to introduce our new and improved Medical Examination Manual.

As many of you may know, the Industrial Commission Medical Examination Manual is an instructional reference for our specialist examiners. It includes general considerations for providers performing IC Permanent Total Disability Examinations as well as specialty specific instructions and sample reports.

Changes have been made to the body of the manual as well as the sample reports to reflect changes in the referral letters. There are changes that reflect change in statute

since the last revision, as well as changes in policy. We corrected typographical errors and improved language where necessary.

We provided contemporary dates and medication references.

The revised manual can be found on line at ohioic.com. Click "resources," then "medical manual." We are happy to provide a hard copy at your request.

Please take time to review the

general considerations, your specialty specific instructions, and the sample reports in the revised manual prior to your next examination. Your continued efforts to provide high quality, medically competent and legally sufficient reports are much appreciated!



Did you Know?

Injured workers may have a relative present at their examination if so desired. Legal representatives may not be present at examinations.

Continuing education questions MediScene May 09

1. Mental and Behavioral Health specialists should
 - A. Formulate a diagnosis for the injured worker during the course of the Permanent Total Disability examination.
 - B. Assign an ICD-9 diagnostic code and place it in the appropriate axis.
 - C. Recommend necessary and appropriate treatment for the injured worker.
 - D. All of the above.
 - E. None of the above.
2. Injured workers may have the following individuals with them during an examination for Permanent Total Disability
 - A. A friend.
 - B. A relative.
 - C. Their minister or other spiritual leader.
 - D. Their attorney.
 - E. All of the above.
3. 2009 revisions to the Industrial Commission Medical Examination Manual
 - A. Include changes in statute.
 - B. Can be found at ohioic.com.
 - C. Reflect policy changes.
 - D. All of the above.
4. The Industrial Commission Medical Examination Manual contains
 - A. Billing information.
 - B. Legal definitions.
 - C. Specialty specific instructions and sample reports.
 - D. All of the above.

(Answers: 1. E.; 2. B.; 3. D.; 4. D.)



July 2009

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Keeping You Up-to-Date with the Industrial Commission

Transcription for In-house Examiners

For those of you who perform examinations at an Industrial Commission office, there will be some changes in the processing of your draft report, effective June, 2009.

When a report is dictated at an IC office, a word processor from either Dayton, Cincinnati or Columbus will transcribe the report, regardless of the exam location.

The assigned word processor will then fax the transcribed document to you for review. Reports will no longer be hand delivered for review.

If corrections are needed, you will be directed to fax the report and necessary edits to the typist within five business days of the date of the exam.

If no corrections are needed, you will be directed to fax the report to the assigned report processing location within ten business days of the date of the exam.

The cover letter that accompanies your report will direct you to correct location and fax number. Please note that misdirected faxes may delay processing.

What's New: Raising the Bar

Beginning January of 2009, the Industrial Commission has adopted new standards for credentialing for its specialist examiners.

Please carefully review the prerequisites listed below. Note that there is a provision for application for reappointment after five years, which will begin in January of 2014. All new applicants, as well as those applying for reappointment, will need to provide documentation of eight hours of continuing education credits specific to impairment rating within the prior five years. Additionally, there

are provisions for continued clinical practice within one's specialty, or recent retirement.

We believe these provisions are reasonably stringent for those providing medical specialty evaluations to assist the Industrial Commission in the important issue of its consideration of Injured Workers' application for a determination of Permanent Total Disability.

Please contact us at twelsh@ic.state.oh.us, 614-466-1266, or wmullins@ic.state.oh.us, 614-644-9234 if you have any questions.

Prerequisites for Appointment to the Medical Specialist Panel

1. A current unrestricted license to practice issued by the appropriate state licensing board.
2. Specialty Certification:
 - Medical Doctor (M.D.)--board certification as recognized by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons, Canada, or the Royal College of Surgeons of England
 - Doctor of Osteopathy (D.O.)--board certification as recognized by the American Osteopathic Association
 - Chiropractor (D.C.)--diplomate status in Orthopedics, Neurology, Internal Disorders, Sports Medicine or Occupational Health
 - Psychologist (Ph.D., Psy.D., Ed.D.)--three years experience in Health Psychology or Behavioral Medicine, or one year post doctoral training and two years clinical experience in Health Psychology or Behavioral Medicine
 - Doctor of Dental Surgery (D.D.S.)--board certification in Maxillofacial or Oral Surgery
 - Podiatrist (D.P.M.)--diplomate status by the American Board of Podiatric Surgery
 - Physicians providing electrodiagnostic studies must be board certified by the American Association of Neuromuscular and Electrodiagnostic Medicine
3. Unrestricted eligibility to participate in Medicare and Medicaid programs.
4. No suspension, public reprimand, or probation from professional practice within the past five years.
5. The specialist must maintain at her/his expense, professional liability insurance of \$1,000,000 per Incident and \$1,000,000 per annum.
6. The specialist must have two years of full time, clinical practice experience in her/his specialty.
7. The specialist must document eight hours of continuing medical education credits (CME) within the past five years, specific to impairment rating.
8. The specialist must practice direct patient care in her/his specialty at least eight hours per week on a recurring basis for forty weeks per year or have had an active clinical practice or office practice of at least five years duration voluntarily closed within the past seven years.

Did you Know?

The Ohio Supreme Court defines impairment as "the amount of the injured workers' anatomic and/or mental loss of function caused by the allowed condition."

Continuing education questions MediScene July 09

1. Impairment
 - A. Can be due to anatomic loss of function.
 - B. Represents the loss of ability to perform a type of work.
 - C. Can be due to mental loss of function.
 - D. All of the above.
 - E. A. and C.
2. Industrial Commission medical specialist examiners
 - A. Must have two years practice experience in their specialty.
 - B. Are required to apply for reappointment in two years.
 - C. Must be in active practice in their specialty or recently retired.
 - D. All of the above.
 - E. A. and C.
3. Continuing education requirements for Industrial Commission specialist examiners
 - A. Must be specific to impairment evaluation.
 - B. Can be category one or two.
 - C. Include eight hours of credit over five years.
 - D. All of the above.
 - E. A. and C.

(Answers: 1. E.; 2. E.; 3. D.)



October 2009

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Doctor Can you Spare a Time

We realize that many of our specialist examiners have extremely busy clinical practices. This may make it difficult to "work in" an impairment evaluation for the Industrial Commission. We have found that in many cases we are unable to schedule examinations with your office because there are no slots available within a reasonable time frame for the parties involved in the claim.

However, some of our specialists have been successful in not letting these opportunities pass by modifying the way they schedule with the IC.



This is how it works. Let's say you're interested in only one or two examinations a month. You can prearrange with our schedulers (and with the help of your staff) to block a designated appointment slot once every two weeks for an Industrial Commission examination, perhaps at the end of the day, for the next six months. We are obligated to provide two weeks' notice to the injured worker for an examination. So, if you don't hear from us two weeks prior to the appointment time, your staff can "release it" to be used for a work in appointment or a patient on your waiting list.

Please let us know if this might work for you. Email or call wmullins@ic.state.oh.us (614) 644-9234 to provide a contact person in your office and we will have our schedulers help make the arrangements.

What's New: Credentialing Clarifications

In the July, 2009 issue of The IC MediScene, recent revisions in the Industrial Commission prerequisites to appointment to the Medical Specialist Panel were presented.

Thanks to input from interested readers, we understand that further clarification is necessary. The bullets below will summarize the primary items of interest:

- Doctors of Osteopathy require board certification in their specialty by either the American Osteopathic Association or the American Board of Medical Specialties.
- Specialists examining dental conditions may be Doctors of Dental Surgery (D.D.S.) or board certified in Oral and Maxillofacial Surgery.
- Specialists are now required to complete eight hours of continuing education credits specific to impairment evaluation over the course of five years. This will first be reviewed in 2014, at the time of application for reappointment. These may include AMA Categories I or II or equivalent credits (go to ama-assn.org, click continuing medical education, click frequently asked questions to find

out more about learning opportunities). Please be prepared to provide documentation of your activities.

- The Industrial Commission will not be your primary source of continuing education relevant to impairment evaluation, though we will be happy to help you explore resources. You are encouraged to seek out your own learning opportunities.
- Archived editions of MediScene, along with review questions are now available at ohioic.com.
- Some specialists who examine for the Industrial Commission on an infrequent basis (less than ten times a year) are considered appointed on a temporary basis, and are not subject to the continuing education requirement.

We hope this helps to clarify any questions you might have had about our credentialing process. If you would like to discuss this information in more detail please contact us at twelsh@ic.state.oh.us (614)466-1266 or wmullins@ic.state.oh.us (614)644-9234.

Did You See What I Saw?

Please consider taking the time when preparing your report to indicate that you reviewed the records supplied to you at the time of the examination. It is also appropriate in many cases to summarize the pertinent elements of some reports used in the formulation of your opinions. This is not only basic to the preparation of a sound report (AMA Guides, Fifth Edition, section 2.6, page 21), but also might help you avoid the need for an addendum, interrogatory, or deposition by simply indicating "what you saw."

Did you Know?

The Industrial Commission provider fee schedule, last updated in 1998, has been revised and can be found in our Medical Examination Manual at ohioic.com.

Continuing education review questions MediScene Oct. 09

1. The Industrial Commission fee schedule
 - A. Is a flat fee system, regardless of the complexity of the examination.
 - B. Is based on the BWC fee schedule.
 - C. Is found in the Medical Examination Manual at ohioic.com, and includes updates for no shows, file reviews, interrogatories, and depositions.
 - D. Is based on how many *claims* are involved in the application for permanent total disability.
2. Which statement is true regarding Industrial Commission credentialing?
 - A. Doctors of Osteopathy must be board certified by the American Osteopathic Association.
 - B. Specialists must document eight hours of AMA category I hours of continuing education over five years, specific to impairment evaluation, at the time of application or reapplication to the Industrial Commission Medical Specialist Panel.
 - C. The Industrial Commission will be your primary source of continuing education.
 - D. The Industrial Commission Medical Section will provide you with resources for continued education relevant to impairment evaluation.
3. Which statement is true regarding scheduling of Industrial Commission medical examinations?
 - A. The Industrial Commission is obligated to provide two weeks' notice to injured workers for the examination.
 - B. The Industrial Commission examination scheduling staff will work with your office to prearrange times to be held for potential examinations months in advance.
 - C. Guidelines for examination scheduling are driven by the Industrial Commission mission, which states we will be impartial and expeditious.
 - D. All of the above.
4. *AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition*, (section 2.6)
 - A. Instructs physicians to include a detailed list of prior evaluations in their reports.
 - B. Instructs physicians to list diagnostic study results.
 - C. Instructs physicians to discuss the medical basis for determining whether the person is MMI.
 - D. Instructs physicians to explain any conclusion about the need for restrictions or accommodations for standard activities of daily living or complex activities such as work.
 - E. All of the above.

(Answers: 1. C.; 2. D.; 3. D.; 4. E.)