Keeping You Up-to-Date with the Industrial Commission's Medical Services • Fall 2017

THE IMPORTANCE OF "ALL RECORDS REVIEWED"

KEEP IT SIMPLE

To reassure all parties that an injured worker has had a complete, fair and impartial examination the specialist's provider is allowed access to all records in the claim. Those specialist that prefer to include a list of records reviewed should state in their report the list is not inclusive. For example, "I have reviewed the following records which include but are not limited to the following..."

Some primary sources of information for specialist providers are:

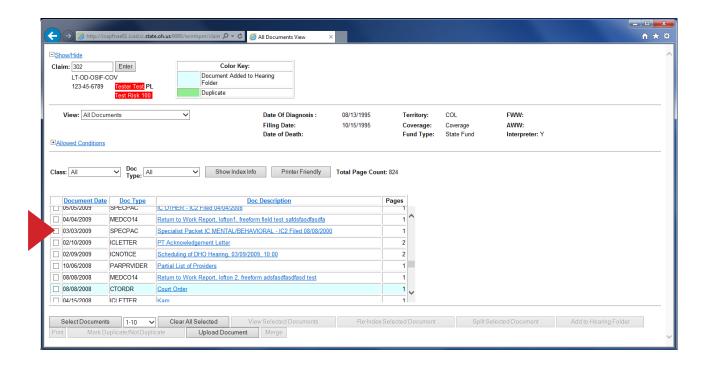
- 1. The Referral Letter questions
- 2. Medical Exam Work Sheet (MEWS)
- Statement of Facts (SOF)
- ICON electronic Specialist Packet and Supplemental Packet for your specialty.



SPECIALIST MEDICAL PACKETS

The Specialist Packet is posted in the claim on the Industrial Commission Online Network (ICON) for the providers and all associated parties. The packet is made up of medical documents relevant to the allowed conditions. The medical documents included are usually dated within three years of the filing date for the Permanent Total Disability (PTD) application or (IC-2) and provide a snapshot of medical treatment. Older documents may also be

included depending upon the severity of the conditions and age of the claim. Documents added to the claim **AFTER** the Specialist Packets have been published are not considered without first checking with the IC, as those documents may have been filed later than is permitted by rule. If additional medical documents are required outside of or not included in the Specialist Packet please contact Medical Services for assistance at 614-644-9234.



HELPFUL HINTS

- Accept all the allowed conditions and list them verbatim in the demographic section of the report and within your opinion section.
- Avoid using the word "diagnosis", state the allowed conditions.
- Never question the validity of an allowed condition or the causation.
 Causation has already been established and the allowed conditions are the legal basis for the claim.
- Specialist providers can only opine on allowed conditions established with a BWC or IC order, or by Self-Insuring Employer Certification.
- The whole person impairment (WPI) should be supported by objective
 evidence and a sound rationale describing the Injured Workers'
 functional abilities related to work. For instance, a low or mild WPI
 percentage of 10% lacks credibility if the final opinion is "incapable
 of work" and it is not supported by any objective evidence.
- The critical question to answer for all specialists: How do the allowed conditions affect or functionally limit the Injured Workers' ability to work?

- Comorbid or preexisting conditions that are not allowed in the claim
 can be documented within the body of the report but are not to be
 considered or included in the specialist examiners' final opinion,
 whole person impairment (WPI) percentage, or rationale for functional
 limitations and ability to work.
- The IC specialist report is only one factor considered within a Permanent Total Disability determination.

In conclusion, essential elements of an Industrial Commission independent medical examination are:

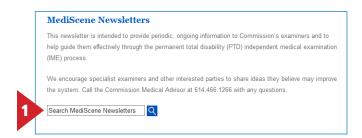
- Affirmation of the Access and Review of Records
- Consistent flow of objective data or evidence with pertinent examples
- A thorough and complete examination
- Lead to credible WPI percentage and opinion

We encourage specialist providers to use IC electronic report templates, email your request today to wanda.mullins@ic.ohio.gov or sara.castle@ic.ohio.gov.

NEW RESOURCE FEATURE NOW AVAILABLE

A new search bar has been added to the MediScene newsletters section on I.C.O.N. When you enter your search terms in this new search bar, it will only search current and archived MediScene newsletters.

1. Enter your search terms and click the SEARCH button.



 MediScene newsletters containing your search terms will be displayed under your search results.



Did You Know?

Injured workers may request a family member to interpret during their examination. However, in most cases, it is preferred that the family member not be a spouse or significant other. If the specialist provider discovers an interpreter might be needed prior to the examination, the provider should contact the Ohio Industrial Commission's Medical Services Section at 1-800-574-6559 to ask if an interpreter was previously requested to be present. If Medical Services indicates no interpreter was requested, it is acceptable to allow one (1) family member to interpret for the injured worker. Nevertheless, mental and behavioral providers should always be cautious during psychological evaluations. If the interpreter is a spouse or significant other of the Injured Worker, they may not be as forthcoming with personal information. Mental and behavioral providers should consider rescheduling the evaluation if this is the case. The injured worker, family member, or representative should contact Customer Service at 1-800-686-1589 to request a certified interpreter be scheduled; they may also request this electronically through ICON. There is no fee for Interpreter services.



QUESTIONS FOR CONTINUING DISABILTY EDUCATION

1.	The statement, "I have reviewed all of the medical records provided to me by the Industrial
	Commission" is not necessary for all specialist IME reports.
	TRUE
	FALSE
2.	The Industrial Commission requires that specialist providers list and date all medical reports
	reviewed as part of their independent medical examination report.
	TRUE
	FALSE
3.	It is essential for specialist providers to opine on how the impairments from the allowed
	conditions affect or limit the injured worker's ability to work.
	TRUE
	FALSE
4.	All specialist providers should include opinions from other medical professionals' reports or
	progress notes posted on ICON that are most recent or dated after the specialist packet was
	created is an essential report requirement.
	TRUE
	FALSE
Please answer true or false the following statements and send your completed worksheet to Sara or Wanda to	
include in your file and towards your 8 hours continuing medical education credits required by the OIC.	

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