

Ohio | Industrial Commission

OHIO INDUSTRIAL COMMISSION SPECIALIST REPORT

INJURED WORKER NAME:

DATE OF BIRTH:

CLAIM NUMBER(S):

DATE(S) OF INJURY:

CLAIM ALLOWANCE(S):

DISALLOWED CONDITION(S):

To access this information, log into our [ICON website](#) where you will find all the records needed for your examination.

This information must be listed exactly as provided on the **Medical Scheduling Worksheet** and the **Statement of Facts** .

Examination information

PLACE OF EXAMINATION:

DATE OF EXAMINATION:

DATE OF REPORT:

EXAMINER NAME:

Prior to the examination, the following was discussed with the injured worker, to explain the purpose and nature of the examination:

- This examination is at the request of the Ohio Industrial Commission, in response to the Injured Worker's application for permanent total disability.
- The specialist examiner will be submitting a report to the Ohio Industrial Commission.
- This is not a comprehensive examination. It is focused toward the questions asked by the Ohio Industrial Commission.
- The results of this examination are not confidential. It will be sent to the Ohio Industrial Commission, where the parties to the claim(s) will receive a copy.
- The examining specialist will not be providing the injured worker with any type of treatment or medical advice. There will be no established doctor-patient relationship as a result of this examination.

The injured worker verbalized understanding and agreed to proceed.

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Who was in the room and who provided the information?

HISTORIAN:

ALSO PRESENT DURING EXAMINATION:

RECORD REVIEW: I have reviewed all of the medical records provided to me by the Ohio Industrial Commission, including but not limited to those referenced in this report. I accept the findings of the examining physicians represented in the medical records provided, however do not necessarily agree with their opinions. I accept all of the allowed conditions in the claim(s).

These include the Medical Scheduling Worksheet, Statement of Facts, Referral letter, and the Specialist Packet.

All fields are required.

HISTORY OF THE PRESENT CONDITION:

- **JOB DUTIES AT THE TIME OF THE INJURY OR INJURIES:**
- **DESCRIPTION OF INJURY OR INJURIES:**
- **TREATMENT(S) OF INJURY OR INJURIES AND REPORTED RESPONSE TO TREATMENT:**
- **CURRENT TREATMENT FOR ALLOWED CONDITION(S):**
- **TREATMENT PLAN FOR EACH ALLOWED CONDITION:**

CURRENT REPORTED SYMPTOMS ARISING FROM ALLOWED CONDITION(S):

- **LOCATION:**
- **CHARACTER:**
- **INTENSITY:**
- **AGGRAVATING FACTORS:**
- **ALLEVIATING FACTORS:**
- **ASSOCIATED SYMPTOMS:**

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INJURED WORKER'S SUBJECTIVE REPORT OF THE IMPACT OF THE ALLOWED CONDITION(S) ON ACTIVITIES:

- LEVEL OF ASSISTANCE NEEDED AND TEMPO FOR BASIC ACTIVITIES OF DAILY LIVING:

- MEAL PREPARATION:
- BATHING:
- GROOMING:
- DRESSING:
- TOILETING:
- TRANSFERING FROM SITTING TO STANDING:
- EATING:

- MOBILITY:

- SITTING TOLERANCE:
- STANDING TOLERANCE:
- WALKING TOLERANCE:
- BENDING TOLERANCE:
- TWISTING TOLERANCE:
- CLIMBING STAIRS TOLERANCE:
- CRAWLING TOLERANCE:
- REACHING TOLERANCE:

- EXERTION OF FORCE:

- LIFTING:
- CARRYING:

- PUSHING
- PULLING

- COMMUNICATION:

- WRITING:
- TYPING:
- SEEING:
- HEARING:
- SPEAKING:

- HOBBIES:

- HOUSEWORK:

- VACUUM:
- DUST:
- TAKE OUT TRASH:

- YARDWORK:

- RAKE LEAVES:
- MOW GRASS:
- USE HOSE OR LEAF BLOWER:

- DRIVING:

- SLEEPING:

- DESCRIPTION OF A TYPICAL DAY:

HISTORY OF NON-ALLOWED MEDICAL CONDITIONS:

All fields are required.

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HISTORY OF NON-ALLOWED MEDICAL CONDITIONS:

HISTORY OF SURGERIES UNRELATED TO ALLOWED CONDITIONS:

MEDICATIONS:

HEALTH HABITS:

- **EXERCISE:**
- **DIET:**
- **SUBSTANCE USE:**

HOME LIFE, SOCIAL AND RELATIONAL SUPPORT:

PHYSICAL EXAMINATION:

Please be sure to include documentation of appropriate examination findings for all allowed body parts and conditions.

For example, for spinal conditions, the *AMA Guides* require including documentation of neurologic findings (motor, strength, and reflexes), range of motion, loss of motion segment integrity and percentage of compression of vertebral bodies, if applicable.

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Ohio Administrative Code 3121-3-32 states: “Maximum Medical Improvement’ is a treatment plateau (static or well stabilized) where no fundamental functional or physiologic change can be expected within reasonable medical probability, in spite of continuing medical or rehabilitative procedures. An injured worker may require supportive treatment to maintain this level of function.”

To support your opinion the Injured Worker was at a treatment plateau at the time of the examination, please indicate if there has been any recent significant change in symptoms, treatment, or function.

Please indicate if you expect any significant change in symptoms, or function in the foreseeable future with current treatment.

OPINIONS:

1. Has the Injured Worker reached maximum medical improvement with regard to the allowed condition(s)? If “no”, describe the rationale for your opinion and disregard items #2 and #3. If “yes”, describe the rationale for your opinion and complete items #2 and #3.

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2. Based on the AMA Guides, Fifth Edition, and with reference to the Industrial Commission Medical Examination Manual, provide the estimated percentage of whole person impairment arising from each allowed condition. Then, provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate 0%.

Allowed condition	Table/figure/page number	Comments	Whole Person Impairment %
	Combined Values Chart, pgs. 604 -606	Combined whole person impairment:	

Whole Person Impairment must be expressed as a whole number.

3. Summarize the Injured Worker's residual functional capacity resulting from the impairment associated with the allowed condition(s). Then, complete the enclosed Physical Strength Rating.

CHECK POINTS FOR CONSISTENCY:

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?

What objective examination findings are reasonably associated with the allowed condition(s) and support your opinion?

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)?