

PART 2 - DESIGNATED DOCTOR 101 WORKSHOP

TDI Division of Workers'
Compensation

RETURN TO WORK

Is the injured employee able to return to work in any capacity and what work can the injured employee perform?



Return to Work (RTW) and the Medical Disability Guidelines (MDG)

The legislatively ADOPTED guideline for the important question of RTW is the Medical Disability Guidelines (MDG)

- This guideline is an excellent source of information about different diagnoses and conditions and has evidence-based medicine that may be used for such**
- This Guideline also has tables related to MMI – DO NOT use the MDG for determination of MMI.**

Return to Work (RTW) and the Medical Disability Guidelines (MDG)

Expected disability duration does NOT equate to MMI
DO NOT use the *MDGuidelines* for MMI



Return to Work (RTW) and the Medical Disability Guidelines (MDG)

- Please refer to the Pre-Recorded Return to Work Lecture for more details that can be addressed here.
- **You MUST**
 - **ATTEST** to listening to the entire lecture prior to the Certification Course.
 - **OWN** an online version of the MD Guidelines and be familiar with how to use it

MDGuidelines™ Home Page:

<http://www.mdguidelines.com/>



Return to Work (RTW) and the Medical Disability Guidelines (MDG)

Steps:

1. Review DWC Form-032, the medical records, and perform a certifying examination to determine the **COMPENSABLE INJURY (CI)**
2. **Go online to MDGuidelines™, and**
3. **Look up:**
 - a. **Relevant disability duration table(s) for the CI**
 - b. **Physical Demand Level of job title**

MDG - Search by Diagnosis / Condition

The screenshot displays the MDGuidelines website interface. At the top, the MDGuidelines logo is on the left, and navigation links for 'My Dashboard', 'Shortcuts', 'Resources', and 'Help' are on the right. A search bar contains the text 'meniscus'. To the right of the search bar are two toggle switches: 'Health Advisor' (set to 'On') and 'ACOEM' (set to 'On').

The main content area features a 'Duration Analyzer' card. The card title is 'Duration Analyzer' and the description reads: 'Compare your organization's return to activity duration performance to activity duration performance to MDGuidelines physiological and population benchmarks.' Below the text is a 'See More' link with a right-pointing arrow. To the right of the text is a horizontal bar chart titled 'OVERALL BENCHMARK'. The chart shows four bars: 'physiological benchmark' (orange, 28 days), 'your organization' (blue, 99 days), 'population benchmark' (teal, 59 days), and 'ACOEM' (light blue, 40 days). The x-axis is labeled 'days' and ranges from 0 to 100.

Below the main card are three sections: 'Shortcuts', 'Resources', and 'Bookmarks'. The 'Shortcuts' section contains icons for 'ACOEM Guidelines', 'DART', 'Formulary', 'Health Advisor', 'Duration Views', and 'Add Shortcut'. The 'Resources' section contains icons for 'CDC Guidelines', 'Duration Analyzer', 'ICD Mapping', 'Job Title Explorer', 'Library', and 'State Guidelines'. The 'Bookmarks' section contains a 'Manage Bookmarks' link. The 'Recent Searches' section contains links for 'Meniscectomy and Meniscus Repair' and 'Carpal Tunnel Syndrome', along with a 'Clear Searches' link.

Search by Diagnosis / Condition. I.e. Meniscus

meniscus



On Health Advisor

On ACOEM

Suggested Health Advisor Topics

[Meniscus Disorders, Knee](#)

[Meniscectomy and Meniscus Repair](#)

[Internal Derangement of Knee](#)

[Baker Cyst](#)

[Sprains and Strains, Knee](#)

[Browse all>](#)



Suggested ACOEM Guidelines

[Meniscal Tears: Diagnostic Evidence](#)

[Meniscal Tears: Diagnostic Recommendations](#)

[Physical Examination: Meniscal Tears](#)

[Browse all>](#)



Health Advisor



to semicircular pads of cartilage in the knee between the



Health Advisor



Meniscectomy is the surgical removal of part of one of the two protective C-shaped pads of cartilage (meniscus) in the knee joint after it has been torn or dama

[/mda/internal-derangement-of-knee](#)

Search by Diagnosis / Condition

Search by Keyword or Medical Code (ICD or CPT)...



Health Advisor



ACOEM

Dashboard > Health Advisor > Meniscus Disorders, Knee

Expand All

Meniscus Disorders, Knee



Table of Contents

Duration Views

Medical Codes

Length of Disability

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

- + Medical treatment, meniscus disorder.
- + Surgical treatment, arthroscopic meniscectomy.
- + Surgical treatment, meniscus repair.

Factors Influencing Duration

Length of disability is influenced by the severity of symptoms, anatomic region of meniscal tear, presence of underlying joint disease (e.g., osteoarthritis, [rheumatoid arthritis](#)), and type of surgery. Meniscal repairs and meniscal transplants require a period of immobilization and reduced weight bearing for healing before rehabilitation can begin, and thus the disability duration will be longer for these procedures. Sustaining multiple injuries to the knee lengthens disability. Individuals who sit

Search by Diagnosis / Condition

Dashboard > Health Advisor > Meniscus Disorders, Knee

Expand All

Meniscus Disorders, Knee



Table of Contents

Length of Disability

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[- Medical treatment, meniscus disorder.](#)

Duration in Days

Job Class	Minimum	Optimum	Maximum
Sedentary	7	7	14
Light	7	14	21
Medium	14	28	42
Heavy	28	35	91
Very Heavy	28	42	91

[+ Surgical treatment, arthroscopic meniscectomy.](#)

[+ Surgical treatment, meniscus repair.](#)

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Duration Views

Medical Codes

First Consideration of
Length of Disability

OTHER
Considerations of
Length of Disability

Return to Work Expectations

Definitions of

MINIMUM

OPTIMUM

MAXIMUM

Recovery Estimates

- **Minimum** – The minimum recovery time most individuals require to return to work at the same performance level as prior to injury or illness.
- **Optimum** – The point in time when most individuals are likely to be able to return to work, assuming their cases are optimally managed by their provider, and that the individuals do not experience significant complications and/or comorbid medical conditions.
- **Maximum** – The recommended point in time at which (or before) additional case information should be requested from the treating physician to determine when (and if) the disabled individual may be able to return to work.

Some physiological duration tables contain the term "indefinite". This word implies the potential for an indefinite disability. In these cases, it is possible that a return to work or activity may not be compatible at the same activity level.



Return to Work Expectations

Minimum, Optimum, and Maximum

- Recovery times according to U.S Department of Labor (DOL) job classifications
- The values do not represent the absolute minimum or maximum length of disability at which an individual must or should return to work
- They represent points in time at which, if full recovery has not occurred, additional evaluation should take place
- **CLAIM DEPENDENT:** Allow for individual differences in recovery time.
- **Factors to consider:**
 - *Co-morbidities
 - *Non-Injury Related Factors



Return to Work – Physical Demand Levels

The Department of Labor job classifications.

- May look these up in the MDG under RESOURCES – Job Title Explorer
- Physical Demand Levels (PDLs) are:
 - Sedentary
 - Light
 - Medium
 - Heavy
 - Very Heavy

BE FAMILIAR WITH THESE CATEGORIES



Return to Work – Physical Demand Levels

The Department of Labor job classifications.

- **Focus on physical effort only.**
- Factors other than pounds lifted include posture, biomechanics (size, shape, and manageability of the object being moved), height from and to which the object is lifted, and frequency of exertion.
- Physical effort alone may not be relevant to duration of some disabilities.



Job Titles

Attempt to verify job tasks with physical demand category

- Used in determining “full duty” capability
- Correlate functional abilities in medical records
- Verify with IE, records from employer, etc.
- May or may not fit Job Classification Physical Demand Classification as outlined in the MDG
- In your determination of RTW, **EXPLAIN WHAT PDL you chose to consider and WHY !**

Return to Work - SUMMARY

The MDG is the adopted Guideline for Return to Work Questions

The MDG IS NOT a rigid Guideline.

- DO NOT abdicate your decision to the treating doctor - they likely DO NOT have the MDG or consider EBM.
- Case / Claim specific details from evidence in the records, the certifying exam and other evidence based medicine (EBM) must be applied to these guidelines.
- If you deviate from the GUIDELINES, EXPLAIN your rationale

Any Questions on
Return to Work
concepts?



EXTENT of INJURY

EXTENT OF INJURY - DWC 32, Box 31C

C. Extent of Injury

List all injuries (diagnoses/body parts/conditions) in question, claimed to be caused by, or naturally resulting from the accident or incident **and** describe the accident or incident that caused the claimed injury.



Extent of Injury (EOI): DWC Form-032, Box 31C

- Lists all injuries I / conditions in dispute, as per either the carrier or IE / IE Representative.
- Gives a description of the accident/incident that caused the claimed injury in question/in dispute.
- DD must address EACH injury (diagnosis/body part/condition) listed in Box 31C.
- Failure to do so may result in your opinion not being adopted.

28 TAC §127.1(b)(11)(C) Revised 12/06/18

Extent of Injury (EOI): DWC Form-032, Box 31C

- Continue to refer to the injury or condition using the **same terms** as listed in Box 31C
- If referring to injury or condition by different medical term or grade of condition than listed in Box 31C, this must be explained
 - Do you view these terms as synonymous? If so, state that these are same and provide evidence.
- If there are injuries that can be **grouped together** as the same, or part of the same medical process, explain diagnoses / conditions in a grouping



Extent of Injury Question for the Designated Doctor

Was the accident or incident giving rise to the compensable injury a **substantial factor** in bringing about the additional claimed injuries or conditions, and **without it, the additional injuries or conditions would not have occurred?**

Include an explanation of the basis for your opinion, NOT just your opinion.

Extent of Injury Question for the Designated Doctor

What IS Substantial Factor?

- No legal definition in DWC system
- **Substantial factor is relative**
- Consider the mechanism of injury
- Co-morbidities

Substantial factor is not the same as sole cause.

There may be more than one substantial factor



Extent of Injury Question for the Designated Doctor

“Injury”

- Damage or harm to the physical structure of the body
- Disease or infection naturally resulting from the damage or harm
- Includes occupational disease

Texas Labor Code §401.011(26)



Extent of Injury Question for the Designated Doctor

“Appeals Panel Interpretation of AGGRAVATION”

- Claimed injury that causes additional damage or harm to the physical structure of the body
 - May include any naturally resulting disease or infection
 - Can include an enhancement, acceleration or worsening of an underlying condition*
- * Not just increase in subjective symptoms.



EOI Analysis: Understanding the Question of EOI

- Important medical/legal question in workers' compensation
- **You** give your opinion and rationale as to which conditions are caused by events of the DOI and which are not
- Support your opinion, from a medical perspective, within the legal framework
- You provide medical expertise to inform those reading your report, including an Administrative Law Judge

Do not assume the reader of your report has any medical knowledge!



EOI Analysis: Understanding the Question of EOI

Give thorough explanation. Describe:

- Terms of the additional claimed diagnoses / conditions
- How the injury in question typically occurs
- The pertinent positives and negatives in the records that support your opinion
- The consistencies or any inconsistencies of the MOI, subjective complaints (SC), objective findings (OF) in the medical records.
- Determine IF the MOI, SC, OF are consistent with the injury model



EOI Evaluation

Steps for Success for EOI

The revised DWC-32 as of June 2023 WILL NOT have a "Carrier Compensable" but will have the Additional Claimed Conditions.

- **Provide:**
 - A Forensic Exam that captures all the necessary information
 - Research and Literature Review
 - Causation Analysis
 - Produce a Narrative Report that is legally sufficient



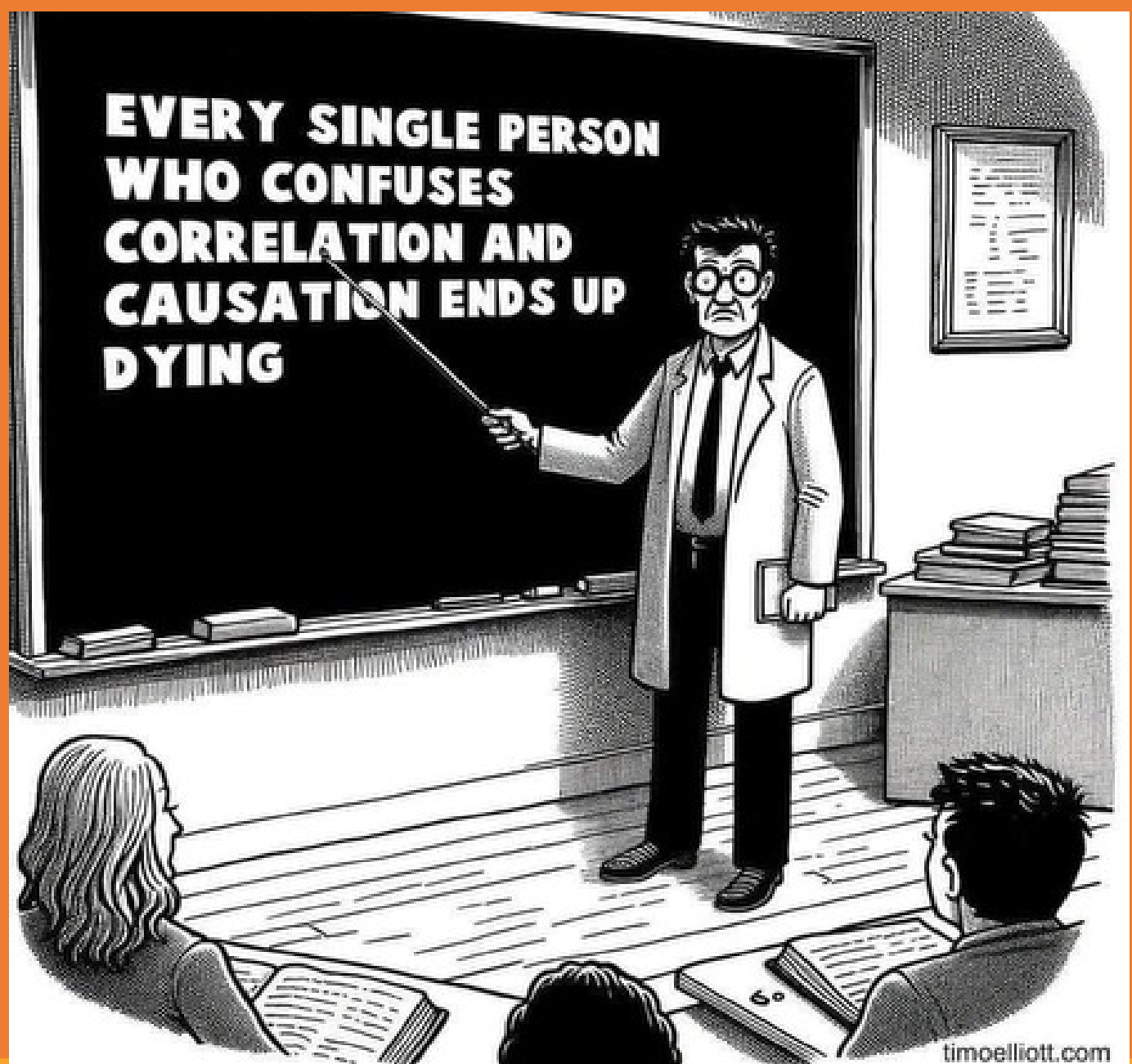
EOI Evaluation

Insufficient Causation Analysis

- DOES NOT provide an EXPLANATION
- Provides CONCLUSIONS, rather than an explanation
 - Only listing diagnoses or ICD-10 codes
 - General statements that the symptoms or condition was not present until after accident – the Post Hoc Ergo Propter Hoc fallacy

All parties, including Administrative Law Judge, need explanation as to *why* you reached your conclusion, **not just a conclusion.**

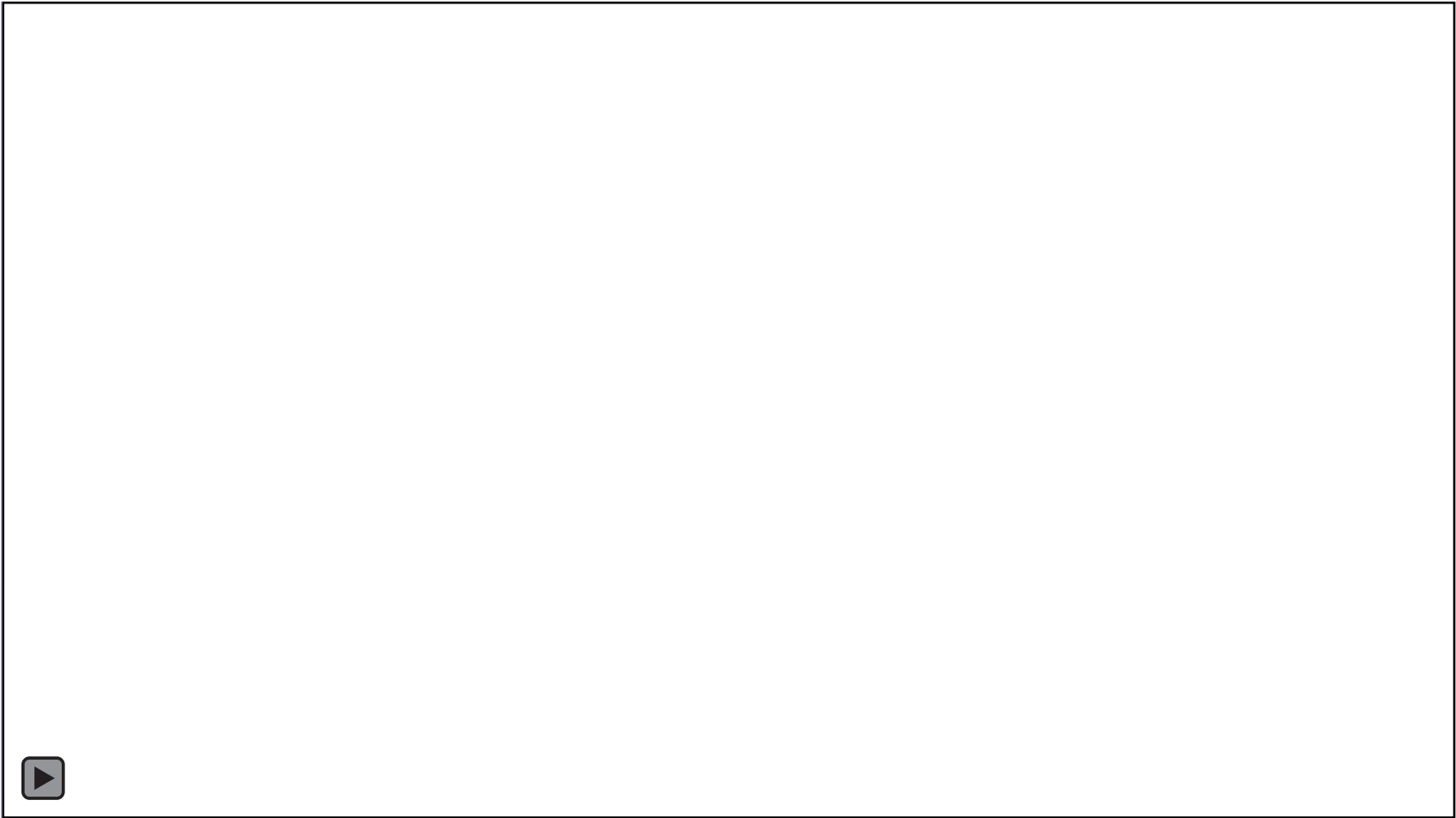
EOI Evaluation
Insufficient
Causation
Analysis





EOI Evaluation

LEGALLY SUFFICIENT DESIGNATED DOCTOR REPORT



EOI Evaluation

This is a more legally challenging role of the DD.

- PLEASE REFER TO THE PRE-RECORDED EOI Webinar that is part of YOUR MANDATORY TRAINING prior to the Certification Course.
- IF you are a NEW potential DD, we strongly encourage you to attend the additional EOI WEbinar
 - Usually conducted 2 weeks after the Certification Course
 - Has valuable information on Report writing

Any Questions on
EXTENT OF INJURY
concepts?
