PART 3 - DESIGNATED DOCTOR 101 WORKSHOP

TDI Division of Workers' Compensation

STEPS FOR SUCCESS

STEPS FOR SUCCESS

A FAIL TO PLAN...
Is a PLAN to FAIL

What does this mean?

A successful DD examination takes planning and preparation.

STEPS FOR SUCCESS

- Obtain and review the records PRIOR to your exam
- Perform a thorough forensic history and exam to determine the compensable injury
- Consult the adopted GUIDELINES:
  - ODG for MMI
  - MDG for RTW
  - AMA Guides for IR
  - Evidence Based Medicine for determining the compensable injury and EOI
- Produce a medical report that is laid out logically and is medically and legally sufficient to answer the question in dispute

STEPS FOR SUCCESS

Obtain and review the records PRIOR to your exam

- It is helpful to create a thorough MEDICAL CHRONOLOGY ahead of your exam, to:
  - Assist you in what additional questions need to be asked and what additional forensic exam techniques need to be performed.
  - Assist you in determining the compensable injury
  - Demonstrate whether symptoms or findings are consistent with the injury model / tissue healing model
  - Demonstrate inflection points in treatment that may be appropriate for MMI
  - Provide the case specific details to answer all other questions in dispute

STEPS FOR SUCCESS

- Perform a thorough forensic history and exam to determine the compensable injury.

This will be covered later…

- Consult the adopted GUIDELINES.

This was covered this morning

STEPS FOR SUCCESS

Produce a medical report that is laid out logically and is medically and legally sufficient to answer the question in dispute.

- There is no adopted template
- Your report should flow like a good novel –
  - A beginning: What is the purpose of your examination
  - A middle: All the supporting information for your conclusions
  - The end: Provide a Conclusion
    - Wrap up your opinions so the reader of you report CLEARLY understands you opinion
    - Don't equivocate – answer the question within a degree of medical probability – more likely than not

STEPS FOR SUCCESS

Produce a medical report that is medically and legally sufficient to answer the question in dispute

Don't equivocate!

Answer the question within a degree of medical probability...

" more likely than not"

Avoid statements like:

"is consistent with"

is suggestive of",

"is possible",

"there is no other explanation"

"had no symptoms before but now has symptoms

STEPS FOR SUCCESS

Best Practice for Logical Report Writing

- How did the injury occur? / Mechanism of injury as reported to you
- What were the initial complaints and how have they evolved over time to the point of your exam?
- Provide a thorough medical chronology
  - Have the MOIs been consistent or inconsistent?
  - Have symptoms and findings been consistent with the injury model, or have additional symptoms expanded over time?
  - Have the objective findings been consistent with the injury model and has there been reasonable consistency of exam findings by the same provider and between providers?
  - Has there been consistency between the subjective / objective and any diagnostics?

STEPS FOR SUCCESS

- **Best Practice for Logical Report Writing** (continued)
  - Provide all the basic PE findings and any other necessary findings to answer the question in dispute
  - Document a thorough medical, social, avocational ad occupational history.
    - Many non-injury related disease processes can mimic or be misinterpreted to be caused by a work event = misattribution of symptoms
    - The claimant's history may reflect the "good old days" bias
    - If they have had a prior injury to the same area you are evaluating, how is this current episode different / or the same?
  - Determine and EXPLAIN the compensable injury.
  - Answer the question in dispute with sufficient detail and with supporting Guidelines or EBM

STEPS FOR SUCCESS – After Today

Steps for Success to be a good Designated Doctor.

- **Complete Post-DD 101cases.**
- **Review the DD Supplemental Information** at: https://www.tdi.texas.gov//wc/ dd/documents/sipacket.pdf.
  - This information will help you become familiar with commonly used acronyms and their definitions.
  - The packet also contains:
    - ✓Rules specific to DDs
    - ✓Texas Department of Insurance, Division of Workers' Compensation (DWC) contact information
    - ✓Relevant Appeals Panel decisions. Before attending a training course, print the present

STEPS FOR SUCCESS - to be a good Designated Doctor.

Schedule of training events

- **The only required training is the DD and Certifying Doctor Required Certification Training.**
  - Pre-course cases are provided for enhanced learning.
- PRIOR TO the Required Certification Training, you MUST ALSO listen to (and attest that you have done so) the pre-recorded lectures on:
  - Administrative
  - Maximum Medical Improvement and the Official Disability Guidelines
  - Return to Work (RTW) and the MDGuidelines
  - Extent of Injury

STEPS FOR SUCCESS - to be a good Designated Doctor

Schedule of training events

- All other webinar training events are optional, but STRONGLY ENCOURAGED.
- All webinars are interactive and live. They offer an opportunity to review and clarify information, ask questions, make comments, etc.

You can find all webinar training information at
https://www.tdi.texas.gov//wc/dd/training.html

STEPS FOR SUCCESS - to be a good Designatd Doctor

Schedule of training events

- Take a deeper dive with the Case Based Webinar Series – 6 webinars from 12 – 2pm, over 3 consecutive Monday and Wednesdays.
- These offer more detail and opportunity for interactive dialog between attendees and instructors
  - Module 1 – MMI
  - Module 2 – Spine MMI, IR, and EOI
  - Module 3 – Upper Extremity MMI and IR
  - Module 4 – Lower Extremity MMI and IR
  - Module 5 – Non-MSK MMI and IR
  - Module 6 – Non-MSK Traumatic Brain Injury

STEPS FOR SUCCESS - to be a good Designated Doctor

Schedule of training events

- **EOI WEBINAR** (optional)
  - This webinar provides a detailed introduction to the DD's role in addressing the issue of EOI.
  - It includes important concepts and step-by-step guidance.
  - Includes guidance on report writing
- **MSK Workshop** (optional)
  - In-person, live event.
  - Learn and practice advanced basic and forensic examination techniques.

STEPS FOR SUCCESS – Studying for the Exam

- Review the training PDFs and materials.
- Review your notes from the webinars you attended.
- Review the example cases in the AMA Guides, 4th Edition.
- Although The Guides Casebook for the 4th Edition is not adopted as an authoritative resource, it also has cases you can study
- Be very familiar with how to navigate and utilize the
  - AMA Guides, 4th Edition for answering IR questions
  - ODG for treatment guidelines for answering MMI questions
  - MDG for answering Return to Work questions

STEPS FOR SUCCESS – Studying for the Exam

- **Review the DD Sample Certification Test Questions.**
  - This document includes:
    - ✓An answer key that describes the concepts the test questions evaluate
    - ✓Explains the correct choice and why the other choices are not correct.
- **Testing:**
  - The DD Certification test is administered by our vendor, PSI, at multiple locations in Texas.
  - When you are ready to test, review PSI's Candidate Information Bulletin for information
    - ✓How to schedule your test
    - ✓Rules for the testing process.

STEPS FOR SUCCESS – Questions or concerns?

We are here to help!

Contact us by telephone or email

Designated Doctor Education:

desdoc.education@tdi.texas.gov

Telephone: 512-804-4765

Questions about Certification:

OMA@tdi.texas.gov

Telephone: 512-804-4766

Any Questions on Steps to Success?

FORENSIC PHYSICAL EXAMINATION

FORENSIC PHYSICAL EXAMINATION

BASIC CONCEPTS

Validity = Accuracy of a Measure

- The test's ability to measure what it is stated to measure

Reliability = Consistency of a measure

- The same test administered over time reproduces the same similar findings (unless there is recovery over time)

Clinical Correlation = Determining if the diagnostic testing results (imaging, EMG / NCS) matches the subjective complaints and objective findings

FORENSIC PHYSICAL EXAMINATION

The purpose of a forensic physical examination:

The challenge is to determine which of exam findings are relevant to the claimed symptoms.

WHY?

- The normal aging process results in loss of motion, strength and flexibility of the system
- Non-trauma related arthritis, medical conditions or illnesses also occur that can mimic trauma-related MSK symptoms

FORENSIC PHYSICAL EXAMINATION

The purpose of a forensic physical examination:

As with imaging,
the mere presence of a
finding on an clinical exam,
does NOT prove causation.

Evidenced based medicine documents that

- Clinical degenerative changes are present in asymptomatic individuals, regardless of the region / joint
- This increases with each increasing decade of life.

FORENSIC PHYSICAL EXAMINATION

The **physical examination** is just **ONE** component of the **overall clinical evaluation.**

As discussed this a.m., the clinical (COMPENSABLE) diagnosis is gathered by assessing:

- Mechanism of injury (MOI),
- Post-injury symptoms and findings,
- Imaging findings or other diagnostic findings
- Evidence based medicine

Then, correlating those to your history and forensic physical examination findings.

FORENSIC PHYSICAL EXAMINATION

To answer the questions in dispute with a degree of medical probability...

- **Must look for CONSISTENCY BETWEEN:**
  - Objective findings to the DOI and the normal biologic response to injury and recovery
  - Symptoms and complaints to OBJECTIVE FINDINGS
  - Active ROM to passive ROM
  - Active ROM to functional activities demonstrated during the history and the PE
  - Different examiners in the records

FORENSIC PHYSICAL EXAMINATION

- **Consistency** of the factors noted on the prior slide leads to **medically probable diagnoses.**
- **Subjective complaints** of pain alone is **not sufficient** to establish a diagnosis or causal relationship.
- Presence of **imaging findings** is **not sufficient** to establish a diagnosis or causal relationship.

FORENSIC PHYSICAL EXAMINATION

Consider that the 4th Edition GUIDES - Page 298 states:

- ***"results of physical and mental status examinations and other data and information of the evaluation may be inconsistent with the nature and intensity of the patient's complaints"***
- In such cases, the proposed diagnoses in the records are unlikely to be present with a degree of medical probability

FORENSIC PHYSICAL EXAMINATION

This should include:

- **All likely compensable body areas / systems**
- **Appropriate contiguous areas.**
- **Systems that might be alternate explanations for the collection of symptoms**

Forensic Physical Exam

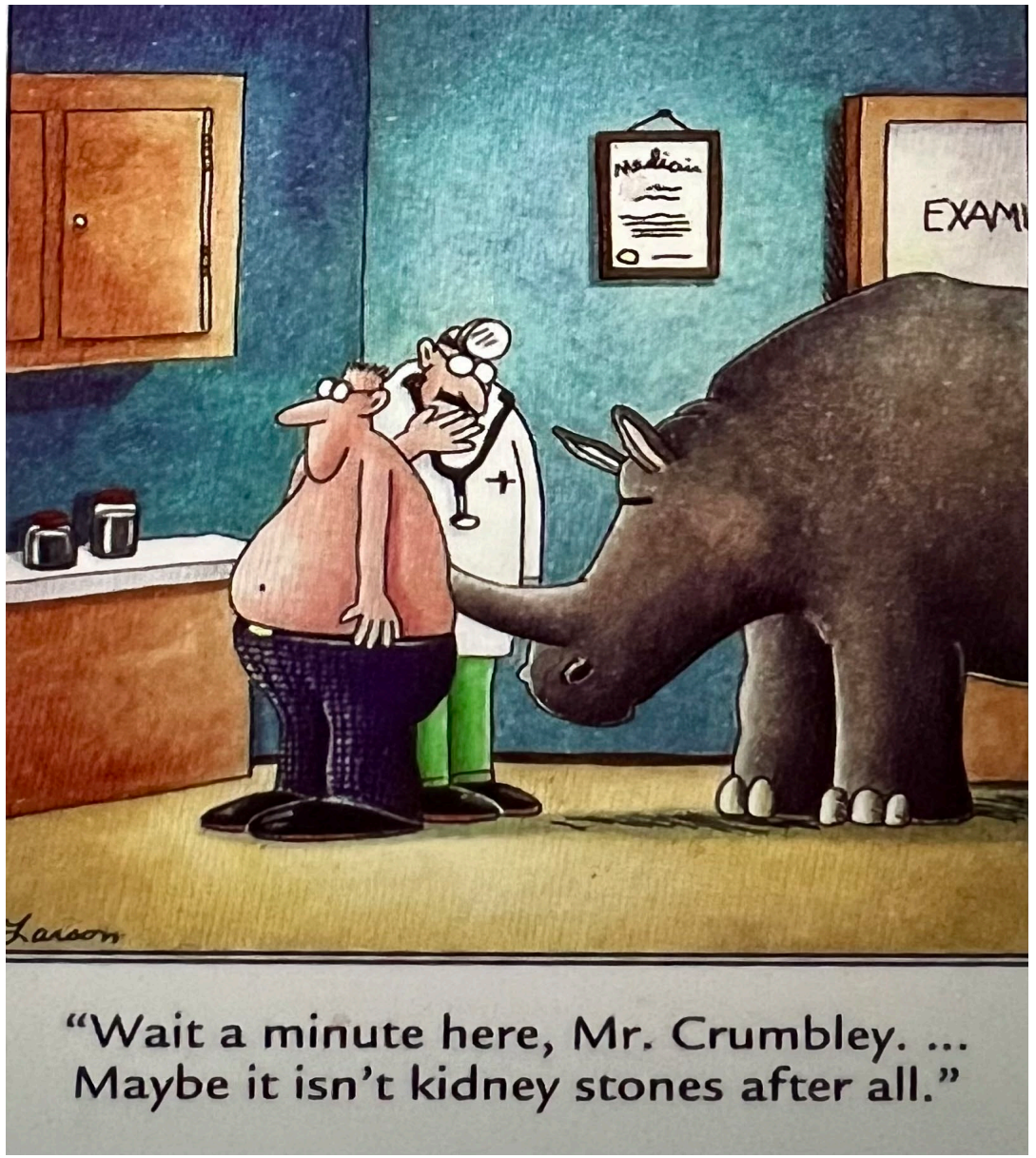
Examples of consideration of contiguous areas:

- Hip joints for lumbar spine conditions or "knee pain"
- Cervical, other upper extremity joints and chest wall for shoulder complaints
- Consider that there may be referred pain from other musculoskeletal areas or visceral causes.

FORENSIC PHYSICAL EXAMINATION

KEEP AN INDEX OF SUSPICION FOR ALTERNATE EXPLANATIONS:

- ✓ Peripheral vascular Disease as a cause of leg pain
- ✓ Angina as a cause of pain and tingling in the left arm
- ✓ Gallbladder pain as a cause of right shoulder pain
- ✓ Pancoast / upper lung tumor causing shoulder or lower plexus dysfunction



FORENSIC PHYSICAL EXAMINATION

- **YOU DON'T KNOW WHAT YOU DON’T LOOK FOR**
- **YOU DON'T KNOW WHAT YOU DON’T KNOW**
- There may always be people smarter than you, but you can always be more through than those smarter than you
  - Lori Wasserburger, MD

Forensic Physical Exam

Musculoskeletal Bullets:

- **Examination of gait and functional activities**
- **Joint Stability or other Provocative Joint Maneuvers**
- **ROM**
- **Spine –Neural Tension signs (i.e., SLR, Femoral Nerve Stretch Test)**
- **Other - Non-organic signs / Symptom Magnification, Pain Inhibition, etc.**

Forensic Physical Exam

Neurologic bullets:

- **Strength**
- **Sensation**
- **Deep Tendon Reflexes (DTRs)**
- **Measure for atrophy at specific anatomic points**
- **Upper motor neuron / long tract signs**
- **Cranial Nerves**
- **Cerebellar**

Forensic Physical Examination

Specifics of Exams

FORENSIC PHYSICAL EXAMINATION

Observation of functional activities:

Gives the examiner a forensic blueprint of what they ***should*** see:

- During measured ROM
- Other formal aspects of the forensic examination

FORENSIC PHYSICAL EXAMINATION

Observation of functional activities can assess:

- General neurovascular status
- Range of motion of the affected joints
- Integrity of the biomechanical chain (including stability) of the lower extremities and lumbar spine
- Work related functional abilities

Forensic Physical Exam

Lumber Spine & Lower Extremity Functional Activities

- **Normal Gait:**
  - **Symmetric and Stable?**
  - **Antalgic – real or feigned**
- **Ataxia or imbalance**
  - **Normal gait**
  - **Tandem Walk ***
- **Bilateral squat**
- **Repetitive Toe Raise / Heel Raise OR Toe and Heel Walk.**

***May a**lso evaluate under neurologic

Forensic Physical Exam

Lumber Spine & Lower Extremity Functional Activities

- **Compensated OR**
- **Uncompensated**
- **Trendelenburg during:**
  - **Single leg balance**
  - **Single leg Squat**
  - **Single step up on exam stool**
- ***May ALSO be considered under the hip joint**

Forensic Physical Exam

Cervical Spine & Upper Extremity Functional Activities

- **Movement patterns while opening or closing the door, completing paper-work, pulling a zipper, getting on and off the exam table inform you as to abilites for:**
  - **Gross Grasp**
  - **Prehension ability**
  - **ROM and strength of the upper extremity joints and spine**

Forensic Physical Exam

Cervical

Thoracic

Lumbar

Spine

Muscle spasm / guarding

- **Discussed under the SPINE IR section**
- Terms are often mis-used, even by doctors
- When truly present, can inhibit ROM
- These can be a learned pattern rather than a persistent sign of injury
- **Tenderness or withdrawal to touch is NOT = to guarding or spasm**

Forensic Physical Exam

General Cervical & Thoracic Inspection Examination

Check the spine for any malalignment in EACH plane:

- Forward Head Position
- Torticollis = Rotation and side bending of the head relative to the neck
- Scapular Asymmetry – elevated, protracted, winging
- Scapular Dyskinesis with **AROM**

Forensic Physical Exam

General
Thoracic
&
Lumbar
Inspection
Examination

Check the spine for any malalignment in EACH plane:

- Lumbar list or Pelvic shift = coronal plane
- Pelvic obliquity = axial plane
- Pelvic rotation = sagittal plane.
- Postural or fixed kyphosis = sagittal plane.
- Scoliosis = mostly coronal plane, it is a curve often with a twist

Forensic Physical Exam

Joint & Connective Tissue Evaluation

Presence or absence of:

- General ligamentous hypermobility of the joints
- Bony hypertrophic changes, synovitis or effusion of the joints (OA)
- Joint soft tissue swelling, erythema, warmth (OA or systemic arthritis)
- Rashes, abnormal skin texture, nail texture/ appearance (OA or systemic inflammatory arthritis)

Other general medical conditions can be alternate explanations to claimed work event

Forensic Physical Exam

Vascular Evaluation

Presence or absence of:

- Symmetric pulses
- Capillary refill
- Normal temperature
- Hair growth and skin texture
- Vasomotor instability or Raynaud's
- Edema
- Venous stasis changes and varicosities

Other general medical conditions can be alternate explanations to claimed work event

Forensic Physical Exam

RANGE OF MOTION (ROM)

As discussed before, keep in mind that each joint and region of the spine has a range of "normal"

- **This "normal" can be affected by**
  - **Age**
  - **BMI**
  - **Body Habitus**
  - **Gender**
  - **Prior Injury**
  - **Degenerative Conditions**

WHY it is SO important to check the contralateral side when doing measurements

Forensic Physical Exam

RANGE OF MOTION (ROM)

The "normal" range of motion can also be affected by:

- **Fear Avoidance**
- **Motivation / Effort**
- **Conscious deception**

✓ **Evaluate for Non-Organic findings if suspicious of these factors**

✓ **REGARDLESS of the CAUSE, the presence of these findings would be likely to INVALIDATE the ROM findings.**

Forensic Physical Exam

There are several pages in the authoritative **AMA GUIDES TO PERMANENT IMPAIRMENT - 4th Edition (Guides)** that discuss the necessity of corelating the examination findings with the injury and when findings may be invalid.

Please refer to:

- Chapter 2 - pages 8
- Chapter 3 – pages 14, 76, 77, 95
- Chapter 14 – page 298

Forensic Physical Examination

The GUIDES – Chapter 2, page 8,
"The physician must utilize the entire gamut of clinical skill and judgement in assessing whether or not the results of measurements or tests are plausible and relate to the impairment being evaluated."

What this means is do your measurements make sense? Are they reliable / consistent?

Forensic Physical Examination

The GUIDES – Chapter 3, Page 14 states
"evaluating the range of motion of an extremity or the spine is a valid method of estimating an impairment".
"To some extent, however, the ROM is subject to the patient's control. The results of such evaluations should be consistent and concordant with the presence or absence of pathologic signs and other evidence."

Forensic Physical Examination

The GUIDES – Chapter 3, Page 95 for the spine states that
"The physician should note any physical findings that are not consistent with the medical history".
"The physician should identify any information based on the patient's verbal responses or interpretation and <u>not confuse it</u> with objective clinical findings".

What this means is that symptoms without objective signs cannot be verified

Forensic Physical Examination

The GUIDES - Page 298 states that
"Malingering or exaggeration of symptoms may be suspected when the individual's symptoms are vague, ill-defined, overdramatized, inconsistent, or not in conformity with signs and symptoms known to occur".

Forensic Physical Examination

RANGE OF MOTION:

- **For the purpose of assessing impairment (IR), it is important to measure ACTIVE range of motion (AROM)**
- **However, it is important to address PASSIVE range of motion (PROM) as well. [Noted on page 14 of Chapter 3.]**
- **WHY? IF there is a mis-match with PROM being far greater than AROM, there are two main reasons:**
  - Pain inhibition or decreased effort – invalidates the measured ROM
  - There is an occult nerve injury that limits the active movement of the joint

Forensic Physical Exam

The ROM findings must make sense based on the injury.

SOME variability of ROM on any given day would be expected, **BUT be suspicious of:**

- Wide swings of ROM
- Evidence of mismatch of ROM with functional activities observed in the exam room or documented elsewhere
- Passive motion far greater than active motion without an associated nerve injury

Don't take the measurements obtained during your exam at face value.

Forensic Physical Examination

PALPATION:

- Comment on response to palpation
  - Superficial tenderness #
  - Global tenderness #
  - Focal or specific segmental pattern
- Are there any referral patterns to palpation of muscle trigger points or joint structures (sclerotomal pain or abnormal sensation).
  - Alternate explanation to radiculopathy or other nerve injury

- # Discussed further under non-organic signs

FORENSIC PHYSICAL EXAMINATION

PROVOCATIVE TESTING:

- **These tests help fine tune a diagnosis.**
- **It** is important in a forensic DD examination to tease out the pain generator and determine IF that is related to the claim / part of the compensable injury

Forensic Physical Examination

PROVOCATIVE TESTING:

- Many tests are intended to load a specific anatomic structure and thereby provoke pain at that structure **IF** it is symptomatic.
- Each joint has specific tests often identified by a name.

✓ [It is better to describe the positions the joint is put into, as this will determine which tissue is expected to be stressed.]

Forensic Physical Examination

PROVOCATIVE TESTING:

What is NOT helpful to making a forensic diagnosis?.

- Reporting a "positive" test
  - ✓ That may be OK for a treating MD, but not optimal in a forensic exam
- Reporting "pain" without an anatomic localization of the pain
  - ✓ Is the pain reported consistent with the tissue the test is designed to stress?
  - ✓ Example: Empty can test causing pain at the upper trapezius rather than the Supraspinatus tendon.

Forensic Physical Examination

PROVOCATIVE TESTING:

- Like ROM, it is important to test the uninjured side
- There can be gender and individual differences in the natural laxity of a joint. Don't identify something as *"abnormal"* , IF that is that individual's norm.
- When possible, test contiguous joints in the kinetic chain.
  - ✓ Assists in determining if there is referred pain
- Perform provocative testing PRIOR to ROM.
  - ✓ These tests require specific positioning or ROM of a joint
  - ✓ Gives the forensic doctor an idea what the active and passive ROM of each joint ***should*** be.
- ,

Forensic Physical Examination

PROVOCATIVE TESTING:

- Accuracy of a diagnosis is improved by using CLUSTERS of tests.
- Test clusters of many joints or body regions are discussed in the ODG, with associated evidence-based medicine (EBM)
- Many of the provocative tests are beyond this basic DD 101, but become familiar with and comfortable with the common tests for different joint conditions

Forensic Physical Examination

NON-ORGANIC SIGNS:

- **These are signs that DO NOT have an organic (anatomic or physiologic basis**
- They can indicate non-injury related factors that are influencing the claimant's expression of pain / dysfunction
  - ✓ Secondary Gain (and at times Tertiary Gain
  - ✓ Conscious Deception aka Malingering
- If present, you cannot tell if these findings are a subconscious process or conscious
- What they can inform you is whether that individual is likely to experience further material recovery AND if they are good candidates for invasive treatment (likely NO)

Forensic Physical Examination

Waddell Signs

DISTRACTION

OVER-REACTION

REGIONAL DISTURBANCES

SIMULATION TESTS

TENDERNESS

Forensic Physical Examination

NON-ORGANIC WADDELL SIGNs:

- **Distraction:** Findings that are present on formal testing that are not present while distracted.
  - ✓ Example: "positive" Supine SLR and negative seated SLR
- **Over-reaction:** Verbal / moaning, facial expressions, shaking / tremors, hyperventilating – out of proportion to the testing performed
- **Regional Disturbances:** Hemisensory or hemi-motor "loss" that does not follow accepted nerve anatomy

Forensic Physical Examination

NON-ORGANIC WADDELL SIGNs:

- **Simulation Tests: Simulating a movement pattern that the IE presumes will cause pain, but that movement is not actually performed**
  - ✓ **Simulated Compression**
  - ✓ **Simulated Rotation**
- **Tenderness: That does not make sense with a specific injury.**
  - ✓ **Superficial Tenderness –** tenderness to light touch / pinch over wide areas
  - ✓ **Non-anatomic Tenderness –** deep tenderness over a wide area of not only the spine but contiguous areas

Forensic Physical Examination

NON-ORGANIC SIGNs VARIATIONS:

- Prolonged "disability" experienced when there is (+)
  - ❑ Waddell + shoulder ROM causing LBP - ~ 53 % increase
  - ❑ Waddell + shoulder ROM + cervical ROM - causing LBP ~ 73 % increase

- **Hoover's Sign/Test:** Assesses effort
  - ✓ Examiner cups both heels of the IE
  - ✓ Instructs the IE to lift a leg off the table.
  - ✓ If good volitional effort is given, the examiner should feel increased downward pressure on the unexamined leg

Forensic Physical Examination

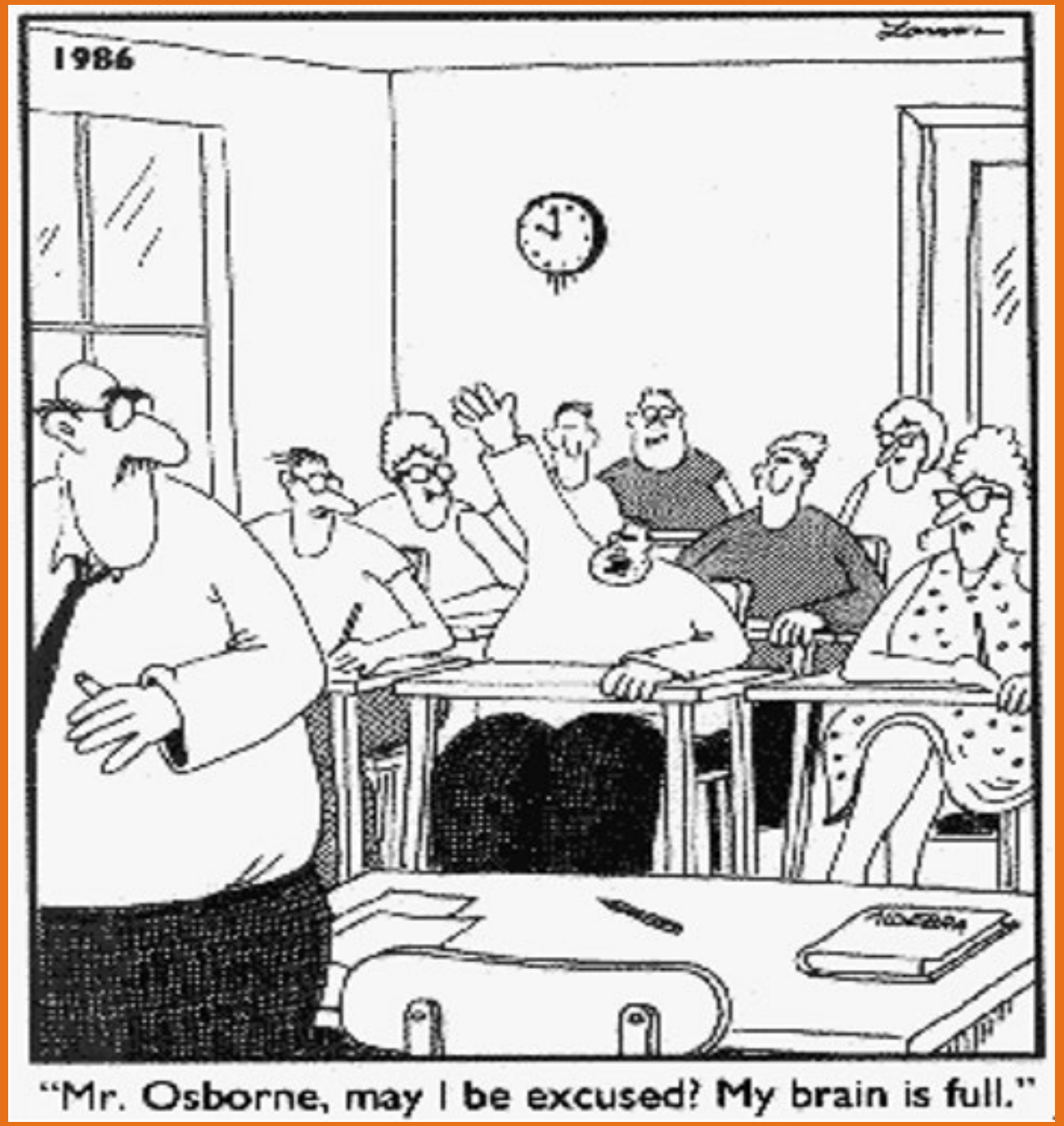
NON-ORGANIC SIGN VARIATIONS:

Even IF there is not a formal name given to non-organic findings:

- Document their presence
- Document any other inconsistencies
- Inform the reader of your report as to how these findings influenced your decisions on the compensable injury and the dispute issues you were tasked with
- If it does not make sense – do not try to fit a square peg in a round hole

Any Questions on Forensic Physical Exams?

Ready for MSK Examinations?

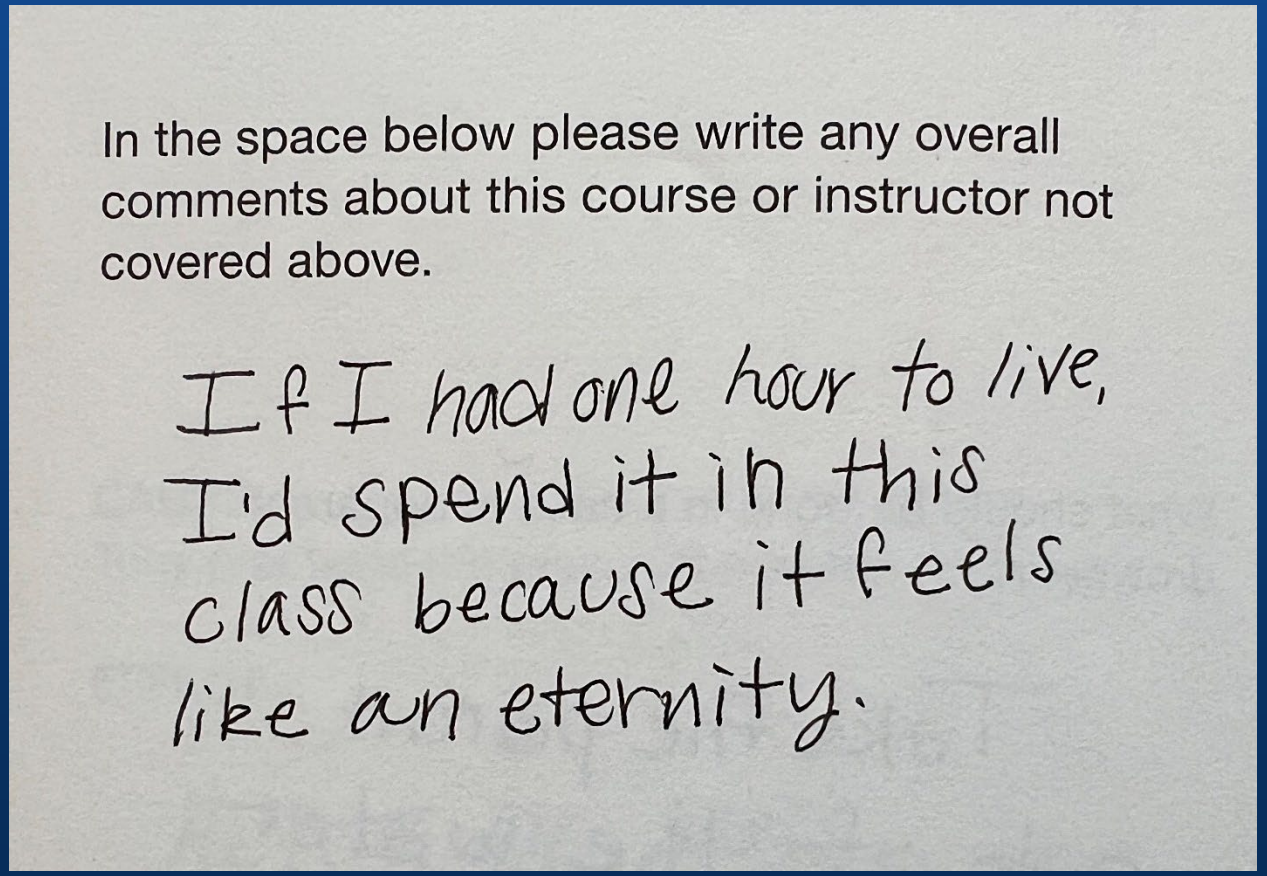


DD 101 Workshop Evaluation

Following the afternoon MSK Examination portion of the workshop, be sure to complete and turn in the DD 101 Workshop evaluation that is in your handout folder.

DD 101 Workshop Evaluation

Thank you for your feed back, it helps us provide better training


In the space below please write any overall comments about this course or instructor not covered above.

If I had one hour to live, I'd spend it in this class because it feels like an eternity.

From "F for Effort" by Richard Benson