

Designated Doctor

Second Informal Rule Proposal to Chapters 127 and 180.23

June 7, 2022

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Designated Doctor Second Informal Rule Proposal

Goals:

- Increase physician participation.
- Maintain doctor of chiropractic participation.
- Decrease administrative burden for participation in the program.

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DWC posted a second informal draft of Chapters 127 and 180.23 on June 2, 2022.

A side-by-side comparison of the current rule language and language changed or added in second informal proposal is highlighted in green.

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Certification Training and Testing Requirements Issues

- Travel and expense to attend required training
- Testing requirement frequency, required by rule
- Complexity and length of test

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DD Qualifications:

Lack of board-certified DDs to examine injured employees with traumatic brain injury (TBI).

- About 1,000 exams a year for 13 doctors.
- Board-certified doctor available for TBI exams less than 75% of the time.
- Second informal proposal retains amended language to allow all physician board specialists to examine TBI.

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DD Qualifications - Injured employees with TBI

- In 2022, approximately 25% percent of injured employees with a TBI were examined by a physician DD without a board specialty in the current rule. The majority were injured employees with concussions.
- Assessments often involve referral of the injured employee for psychological testing and evaluation.
- DDs also refer out to other physicians with more routine experience with TBI patients.

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New Proposed Change to DD Qualifications – Multiple Fractures

Current

- Board certification required in:
 - emergency medicine, orthopaedic surgery, plastic surgery, physical medicine and rehabilitation, or occupational medicine
- To evaluate:
 - multiple fractures, joint dislocation, and pelvis or hip fracture

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New Proposed Change to DD Qualifications – Fractures with vascular injury

Proposed

- Board certification required in:
 - No change in board certifications
- To evaluate:
 - Fracture with vascular injury, joint dislocation, and pelvis or multiple rib fracture

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New Proposed Change to DD Qualifications – Conforming change to qualifications for evaluating spinal cord injuries

Proposed

- Board certification required in:
 - No change in board certifications
- To evaluate:
 - spinal cord injuries and diagnoses, a spinal fracture with documented neurological **injury or vascular injury, more than one spinal fracture**, or cauda equina syndrome

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Discontinue the DWC Form-068, *DD Examination Data Report*.

- Commentors liked the convenience and clarity of finding answers in one place.
- To address the concern, DWC is proposing a template for the DD report.

DD Report Template Part 1 First Page

DD uses their business
letterhead for the report.

[INSERT LETTERHEAD]

Designated Doctor Examination Narrative Report

Date: [mm/dd/yyyy]

Designated doctor name: [Name]

Designated doctor license number, type, and jurisdiction: [License number]

Designated doctor exam number: [DDNNNNNN]

Exam date and time: [mm/dd/yyyy, hh:mm AM/PM]

Exam location: [Address 1, Address 2, City, State, ZIP]

Exam start time: [hh:mm AM/PM]

Exam end time: [hh:mm AM/PM]

DWC claim #: [DWC number]

Injured employee name: [Name]

Injured employee SSN (last four): XXX-XX-[NNNN]

Injured employee date of birth: [mm/dd/yyyy]

Date of injury: [mm/dd/yyyy]

Treating doctor name: [Name]

Employer name: [Name]

Insurance carrier name: [Name]

Carrier claim number: [Claim number]

Certified workers' compensation health care network or health care plan name (if any):

[Network or health care plan name]

Part 1

DWC ordered me to address

List only those that apply:

- Maximum Medical Improvement
- Impairment Rating
- Extent of Injury
- Disability - Direct Result
- Return to Work
- Return to Work for Supplemental Income Benefits
- Other Similar Issues

Only list issues ordered to be
addressed by DWC.

DD Report Template Part 1 Second Page

Page [Number]
DD Report for Injured Employee: [Injured employee name]
Date of Exam: [mm/dd/yyyy]

Summary of Medical History
I reviewed the medical records and other documents provided by the insurance carrier, the treating doctor, and the injured employee. (See Attachment A.)

Time spent reviewing medical history:
Description of the injured employee's medical history:

Physical Exam
Exam findings:

Mechanism of injury:

I certify that:

- I have reviewed and approve this report.
- I have no known disqualifying association as described in [28 Texas Administrative Code Section 127.140 \(relating to Disqualifying Associations\)](#) between the designated doctor (DD) and the injured employee, the injured employee's treating doctor, the insurance carrier, the insurance carrier's certified workers' compensation health care network, or a network established under [Labor Code Chapter 504](#).
- I filed this report by verifiable means within seven working days of the exam date with DWC, or within 15 days from receiving the results of additional testing, with the injured employee, injured employee's representative (if any), treating doctor, and insurance carrier.
- I sent copies of the report to:

The injured employee:
[Injured Employee Name]
[Address or Fax Number]

Repeat basic claim information the header.

Insert template for additional testing and referrals, and each issue addressed, as needed.

Closing information for all reports

DD Report Template Part 2 Additional Testing

Page [Number]
DD Report for Injured Employee: [Injured employee name]
Date of Exam: [mm/dd/yyyy]

Part 2

Referrals and Testing or Evaluation

I [sent/did not send] the injured employee to another health care provider for testing or evaluation necessary to complete this designated doctor exam.

Provide specifics about each test or referral ordered.

	Referral Health Care Provider Name	Provider License Number	Date of Service (mm/dd/yyyy)	Type of Testing
1.				Functional capacity evaluation (FCE), electromyography (EMG), nerve conduction velocity (NCV), magnetic resonance imaging (MRI); computed tomography (CT) Scan, Describe other testing.
2.				
3.				
4.				
5.				

Discuss findings.

Analysis of Results of Referral for Testing or Evaluation

Referral 1.

Referral health care provider name: [Name]
 Health care provider license number: [License number]
 Date of service: [mm/dd/yyyy]
 Type of referral or test: [Type]
 Reason for referral or test to resolve a question: [Reason]

Analysis of referral or test findings

DD Report Template Part 2 MMI

Page [Number]
DD Report for Injured Employee: [Injured employee name]
Date of Exam: [mm/dd/yyyy]

Designated Doctor Exam Findings

Maximum medical improvement (MMI) (Also see DWC Form(s)-069, Report of Medical Evaluation attached.)

The exam requester asked if any further healing or recovery from the employee's injury can be expected (MMI), and if so, on when the injured employee reached that point?

Yes, I certify the injured employee reached Statutory Clinical MMI on [mm/dd/yyyy] and have included documentation relating to this certification below.

No, I certify that the injured employee has not reached MMI, but is expected to reach MMI on or about [mm/dd/yyyy]. The reason the injured employee has not reached MMI is documented below.

Analysis

Expand section and add sub-headings as needed.

Complete DWC Form-069.

DD Report Template Part 2 IR

Page [Number]
DD Report for Injured Employee: [Injured employee name]
Date of Exam: [mm/dd/yyyy]

Complete DWC Form-069.

Impairment rating (See DWC Form(s)-069, Report of Medical Evaluation)

The exam requester asked what is the injured employee's whole person impairment on the date of MMI?

Impairment rating analysis



Expand section and add sub-headings as needed.

DD Report Template Part 2 Extent of Injury

Page [Number]
DD Report for Injured Employee: [Injured employee name]
Date of Exam: [mm/dd/yyyy]

Extent of injury

The exam requester asked whether the accident or incident giving rise to the compensable injury was a substantial factor in bringing about the additional claimed diagnoses or condition, and without it, the additional diagnoses or conditions would not have occurred. This table summarizes my determination of the diagnoses or conditions listed by the requestor or requestors in Box 36C of the DWC Form-032.

	Diagnoses or Conditions in Question	Yes	No	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
1.		<input type="checkbox"/>	<input type="checkbox"/>				
2.		<input type="checkbox"/>	<input type="checkbox"/>				
3.		<input type="checkbox"/>	<input type="checkbox"/>				
4.		<input type="checkbox"/>	<input type="checkbox"/>				
5.		<input type="checkbox"/>	<input type="checkbox"/>				
6.		<input type="checkbox"/>	<input type="checkbox"/>				

Answer whether the diagnoses and conditions asked by the requester on the DWC Form-032 are including in the compensable injury.

Additional diagnoses or conditions that I determined resulted from the compensable injury:

	Additional diagnoses or conditions resulting from the compensable injury	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
1.					
2.					
3.					
4.					
5.					
6.					

Add any other diagnoses or conditions not requested, but resulting from the compensable injury.

Analysis

Diagnoses or injuries in question:

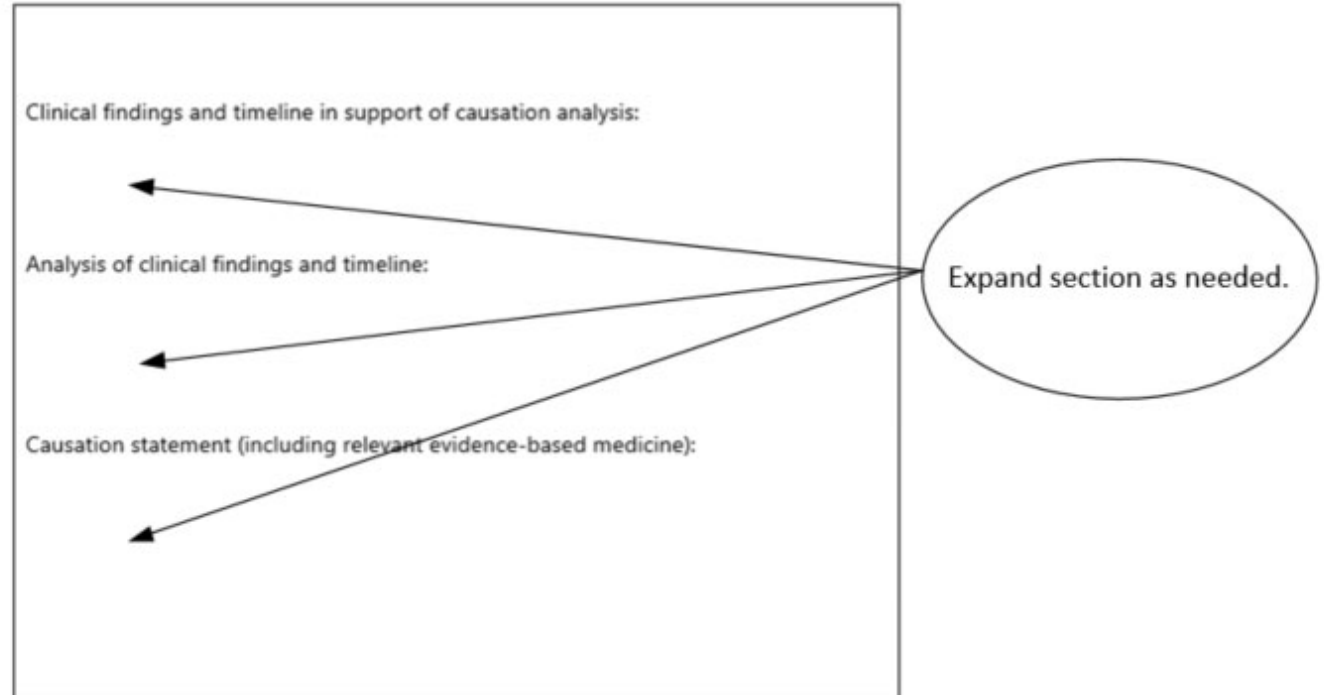
←

Accident or incident mechanism of injury:

Expand section as needed.

DD Report Template Part 2 Extent of Injury

Page [Number]
DD Report for Injured Employee: [Injured employee name]
Date of Exam: [mm/dd/yyyy]



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Remove the requirement for multiple certifications of MMI and IR when exam addresses MMI, IR, and extent in a single examination.

Most reports with multiple certifications are not used at a benefit review conference (BRC) or CCH because:

- a BRC or CCH was never held; or
- a Presiding Officer's Directive (POD) issued to obtain certification.

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Remove the requirement for multiple certifications of MMI and IR when exam addresses MMI, IR, and extent in a single examination.

- Potential process for requesting multiple certifications of MMI and IR from a DD
- Provide more precise certifications earlier in the dispute resolution process, based on the specific conditions and body parts each party wants rated

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Other questions?

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Draft text and report template:

www.tdi.texas.gov/wc/rules/drafts.html

Comment period closes:

Thursday, June 23, 2022

Send comments to:

RuleComments@tdi.texas.gov