

Texas Department of Insurance, Division of Workers' Compensation

Designated Doctor Certification Testing

Minimally Acceptable Candidate Profile

This document is for prospective certification test takers to help them better understand the types of questions the Texas Department of Insurance, Division of Workers' Compensation (DWC) asks on its designated doctor (DD) certification test. You can find the DWC rules for the DD program at 28 Texas Administrative Code, Chapter 127, Designated Doctor Procedures and Requirements. If any language in this document conflicts with DWC rules, the rules prevail.

Minimally Acceptable Candidate (MAC)

A MAC is one who is competent and has enough of the requisite knowledge and skills to perform the DD's job. The MAC concept describes what the DD must know, or must be able to do, on the first day of certification. The MAC is defined according to observable work behaviors through which a person can demonstrate their knowledge or skills.

Maximum Medical Improvement (MMI)

The MAC:

1. thoroughly reviews relevant medical records to determine if the injured employee has reached MMI according to its definition in DWC rules;
2. performs an adequate physical examination and orders any testing medically necessary to answer the questions DWC asked;
3. uses all relevant positive and negative findings, such as mechanism of injury, current and past medical history, diagnostic studies, treatment, physical exam findings, and other known details to define the compensable injury;
4. properly defines the compensable injury based on medical records and the certifying exam, according to DWC rules;
5. determines whether the injured employee has reached MMI, and if so, their MMI status: clinical MMI, or statutory MMI based on the defined compensable injury as determined by the DD;
6. uses appropriate reference materials such as DWC's adopted treatment guidelines, the physical exam findings, and evidence-based medicine to support the determination of MMI; and
7. if not at MMI, provides a prospective date of when the injured employee is expected to reach MMI with reference to DWC's adopted treatment guidelines and evidence-based medicine.

Impairment Rating (IR)

The MAC:

1. bases the whole-person IR determination on the entire defined compensable injury;

2. provides the IR for the injured employee's condition as of the date of MMI, and if sufficient data does not exist in the medical records, provides rationale for using physical exam findings from a date other than the date of MMI;
3. bases the IR on objective clinical and laboratory findings that are plausible and relate to the injury they are evaluating;
4. follows the appropriate methodology to determine the IR according to the adopted American Medical Association Guides and relevant Appeals Panel decisions;
5. uses the appropriate methodology to determine the IR and correctly determines when to add or combine impairment values;
6. correctly determines when to combine different types of impairment, such as range of motion, atrophy, arthritis, and diagnosis-based estimates;
7. uses appropriate tables for assigning nerve impairment and provides sufficient documentation for the methodology they use; and
8. correctly uses differentiators and the appropriate methodology for spine IRs.

Extent of Injury (EOI)

The MAC:

1. performs a thorough review of the medical records;
2. clearly describes the mechanism of injury using appropriate medical records and injured employee medical history;
3. uses the relevant findings in the medical records, medical history, and physical examination to determine the accurate, detailed clinical timeline;
4. performs and documents a thorough and focused medical history and physical examination;
5. clearly defines and describes each injury, including the diagnoses, body parts, and conditions in question in medical terms and addresses each injury in question to determine EOI;
6. uses the two components of the EOI question for DDs correctly and completely answers, "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**, would the additional injuries or conditions have occurred?";
7. demonstrates understanding and accurately applies the definitions of injury and aggravation; and
8. cites the relevant medical history, timeline, clinical findings, and evidenced-based medicine sources used to determine the causation for each of the injuries, including the diagnoses, body parts, and conditions in question.

Return to Work (RTW)

The MAC:

1. addresses the date ranges listed on the DWC Form-032, *Request for Designated Doctor Examination* (DWC Form-032) for RTW;

2. uses DWC's adopted guidelines for determining RTW based on the injured employee's condition and treatment of the compensable conditions;
3. makes determinations for RTW with sufficient justification, including only compensable conditions; and
4. completes the DWC Form-073, *Work Status Report*, including any appropriate restrictions that are consistent with the narrative report.

Disability

The MAC:

1. assesses disability for the compensable injury only;
2. appropriately applies the correct definition of disability;
3. adequately explains how the disability is a direct result of the compensable injury;
4. addresses the date ranges listed on the DWC Form-032 for disability; and
5. applies DWC's adopted guidelines and evidence-based medicine resources relating to the compensable injury.

DWC Administrative Rules and Report Writing

The MAC:

1. writes a report that defines the compensable injury and sufficiently explains all the conclusions reached about MMI, IR, EOI, RTW, disability, and answers all questions DWC asks;
2. provides a clear answer for each question and only those questions DWC asks;
3. provides a list of medical records received from all sources, including the insurance carrier, treating doctor, and the injured employee or their representative;
4. indicates which, if any, additional medical records the injured employee provided at the time of examination;
5. provides a legally sufficient narrative summary of the treatment rendered, response to treatment, and the injured employee's past and current clinical status;
6. provides a legally sufficient rationale for determinations on MMI, IR, EOI, RTW, and disability;
7. references DWC's adopted treatment and RTW guidelines;
8. provides a list of additional tests ordered with clinical rationale for the testing, the results of testing, and how it assists the DD in answering the questions at issue;
9. provides a rationale for using findings from a date other than the date of MMI when data is insufficient to support the date of MMI, such as no range of motion values or measurements;
10. timely and accurately documents, signs, and submits all reports and required forms to all parties; and
11. discloses any disqualifications.