

PART 2 - DESIGNATED DOCTOR 101 WORKSHOP



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 in the Required training for designated doctor certification section of the website:

<https://www.tdi.texas.gov/wc/dd/training.html>

- **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/>

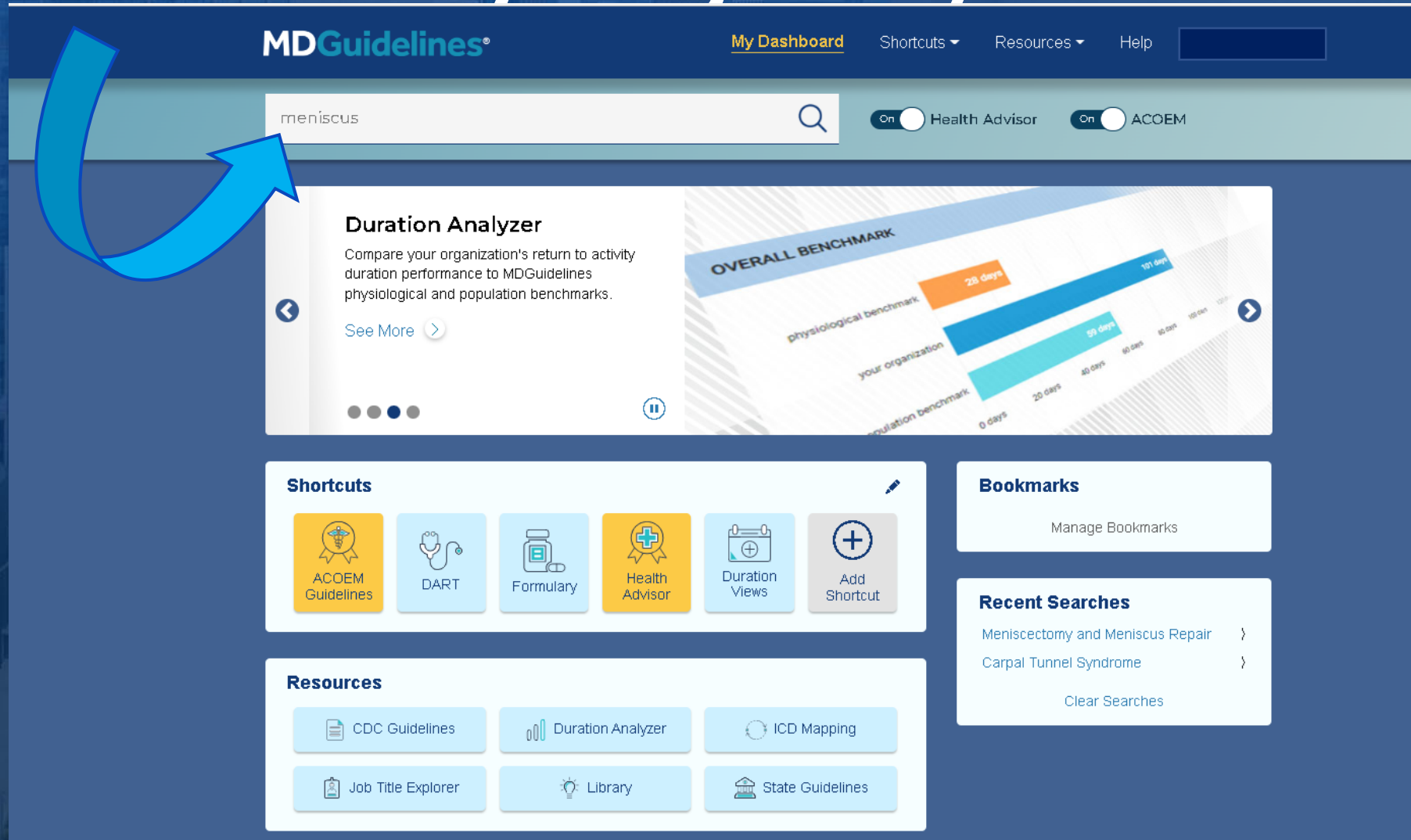


Return to Work (RTW) and the Medical Disability Guidelines (MDG)

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 shows the MDGuidelines website interface. At the top, there is a navigation bar with the MDGuidelines logo, a 'My Dashboard' link, and dropdown menus for 'Shortcuts', 'Resources', and 'Help'. A search bar contains the text 'meniscus'. To the right of the search bar are two toggle switches: 'Health Advisor' (On) and 'ACOEM' (On). A large blue arrow points from the search bar to the 'Duration Analyzer' widget below it.

Duration Analyzer
Compare your organization's return to activity duration performance to MDGuidelines physiological and population benchmarks.
[See More](#)

The 'Duration Analyzer' widget displays a horizontal bar chart titled 'OVERALL BENCHMARK'. The chart compares four benchmarks: 'physiological benchmark' (28 days), 'your organization' (99 days), 'population benchmark' (59 days), and 'your organization' (20 days). The x-axis represents duration in days, ranging from 0 to 100.

Shortcuts

- ACOEM Guidelines
- DART
- Formulary
- Health Advisor
- Duration Views
- Add Shortcut

Resources

- CDC Guidelines
- Duration Analyzer
- ICD Mapping
- Job Title Explorer
- Library
- State Guidelines

Bookmarks

[Manage Bookmarks](#)

Recent Searches

- Meniscectomy and Meniscus Repair
- Carpal Tunnel Syndrome
- [Clear Searches](#)

Search by Diagnosis / Condition. I.e. Meniscus

MDGuidelines®

My Dashboard

Shortcuts ▾

Resources ▾

Help

Hi, Lisa

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 Injury

Search by Keyword or Medical Code

On Health Advisor

On ACOEM

Dashboard > Health Advisor > Meniscus Disorders, Knee

Expand All

Meniscus Disorders, Knee

Overview

Contents

Durations

Medical Codes

Feedback

Knee meniscus disorders involve or lateral meniscus, two semicircular discs (one in the knee between the joint surface of the femur and tibial condyles) of the upper leg bone (femur) and lower leg bone (tibia). Menisci serve as shock absorbers and provide an increased surface area that carries 40% to 60% of the load transmitted through the knee joint. The most common meniscus disorder is a tear. The medial meniscus is more frequently injured than the lateral meniscus, because it is more firmly attached to surrounding ligaments.

Meniscal tears are classified according to their location. The major classes of tears include vertical (longitudinal), horizontal, beaked, or flap tear, displaced (bucket handle), or complex (involving multiple tears). The most common is a vertical tear.

Durations

Medical Codes

Feedback

Knee injury is the second most common work-related accident, and more than 3 million Americans experience knee injuries each year (Levy). In the US, the incidence of meniscal tear occurs in 61 of out every 100,000 people, accounting for 850,000 surgeries each year (Baker). Many meniscal tears are asymptomatic and are found incidentally on MRI (Maack).

Related Terms >

Causation and Known Risk Factors >

Diagnosis >

Treatment >

Prognosis >

Differential Diagnosis >

Rehabilitation >


Comorbid Conditions >


Complications >


Length of Disability >


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Search by Injury



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Complications >

Length of Disability ▾ 



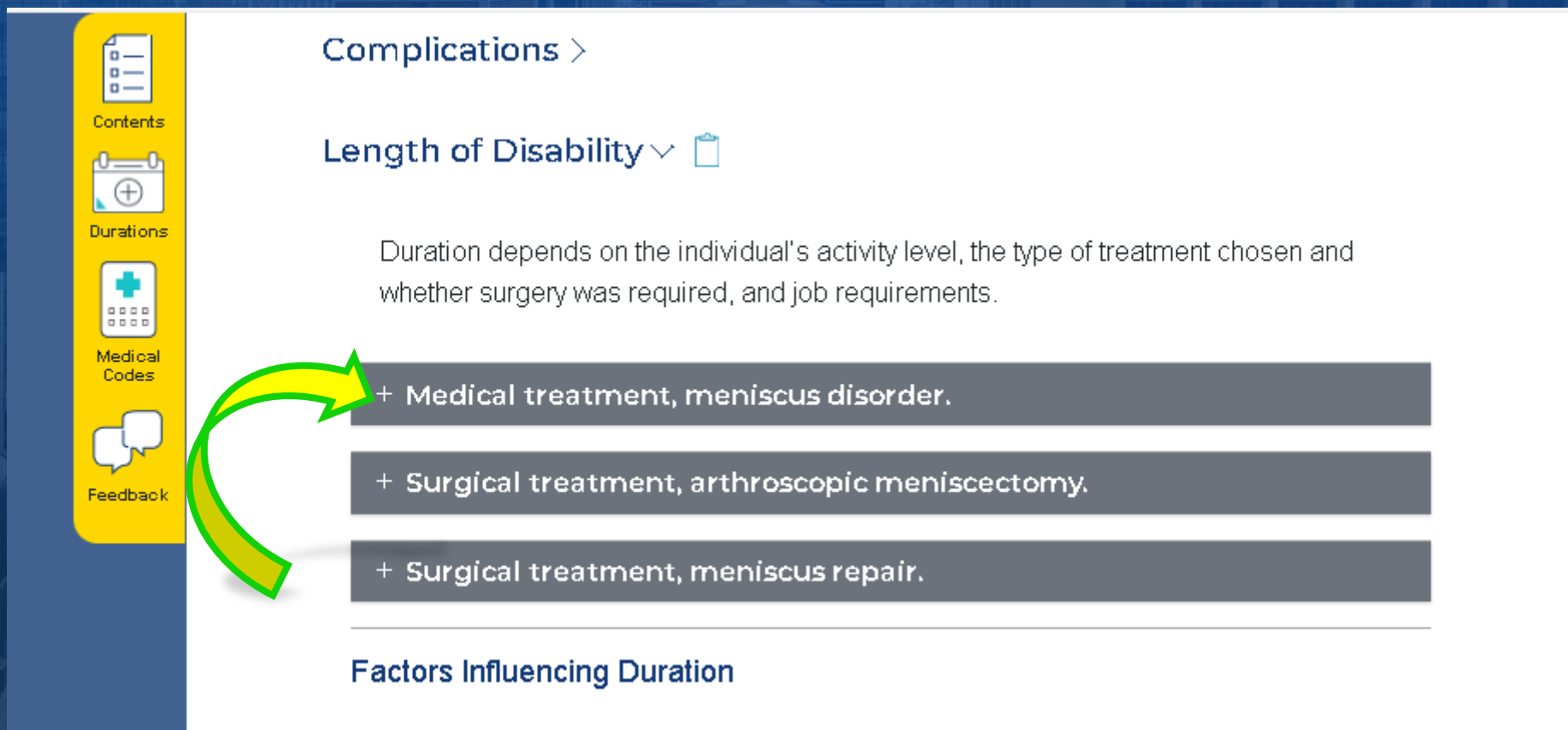
+ Medical treatment, meniscus disorder.

+ Surgical treatment, arthroscopic meniscectomy.


+ Surgical treatment, meniscus repair.

Factors Influencing Duration

Search by Injury



Complications >

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.
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Factors Influencing Duration

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Length of Disability ▾

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– Medical treatment, meniscus disorder.

Activity Level ⓘ

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	7	7	14	28	28
Expected	7	14	28	35	42
Evaluate	14	21	42	91	91

+ Surgical treatment, arthroscopic meniscectomy.

+ Surgical treatment, meniscus repair.



Return to Work Expectations

Early, Expected, Evaluate

- 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 / 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



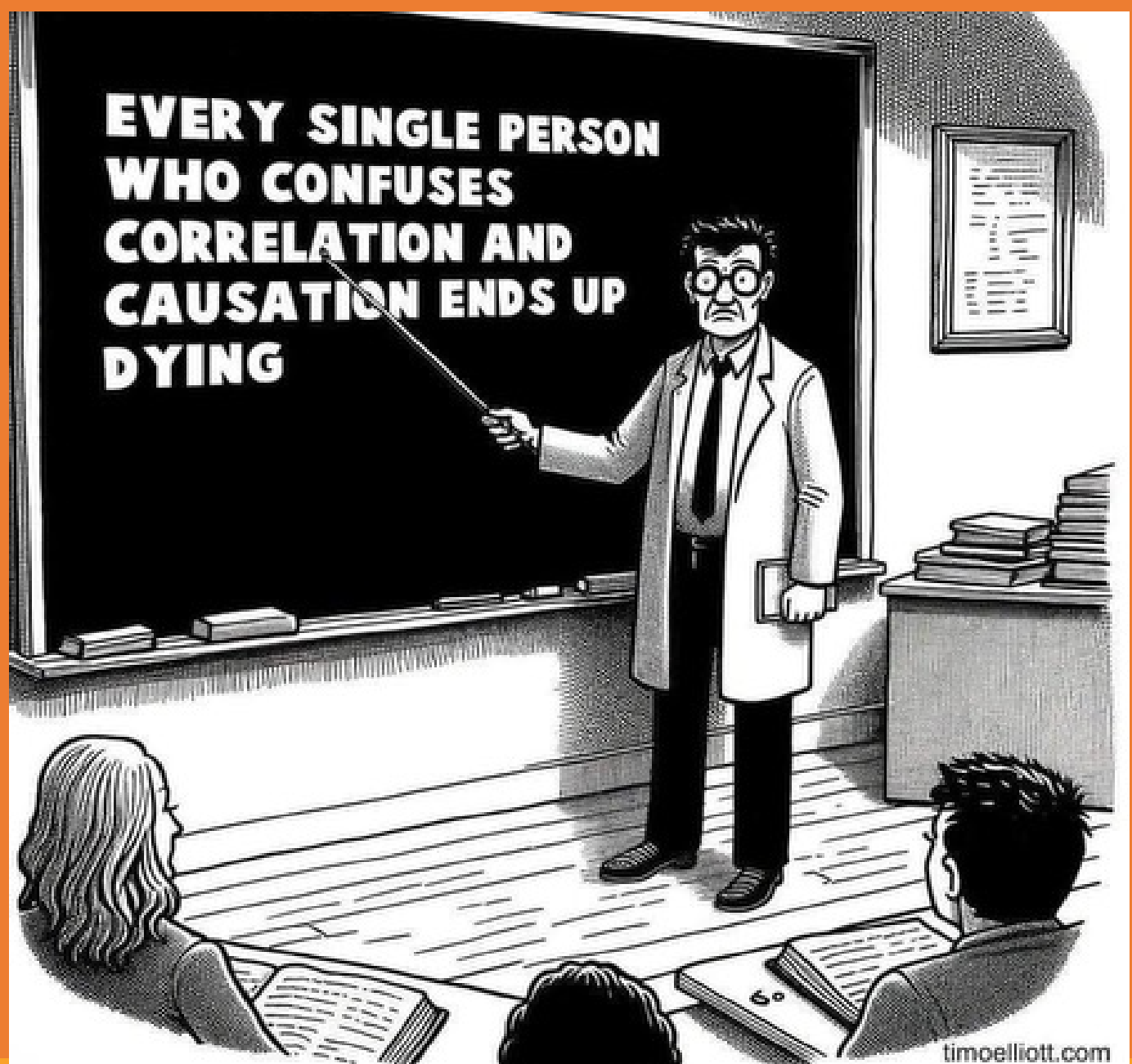
EOI Evaluation

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.***

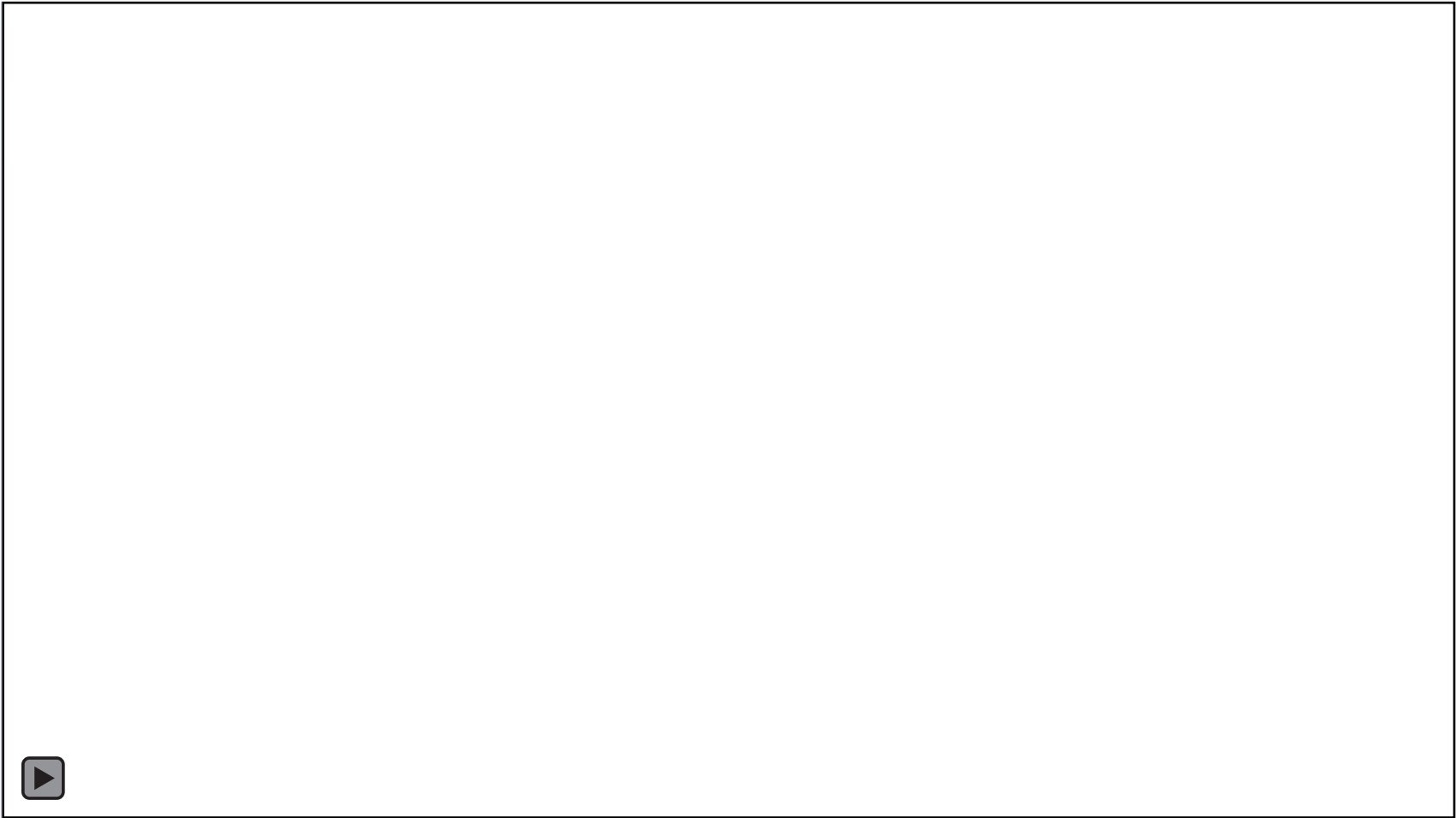
EOI Evaluation Insufficient Causation Analysis





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?
