



# Texas Workers' Compensation

## Extent of Injury (EOI)

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# Material Disclaimer

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# Extent of Injury Dispute



# 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.



# 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.



# EOI Analysis: Understanding the Question

- Important medical/legal question in workers' compensation
- *You* give your opinion and rationale as to which injuries are caused by accident 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
- We will review legal standards for you to consider

# Dispute Resolution

## DWC Form-032

# Request for Designated Doctor Examination

DWC032

**TDI** Division of Workers' Compensation  
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete, if known:  
DWC claim #  
Insurance carrier claim #

**Request for designated doctor examination**  
Este formulario está disponible en español en el sitio web de la División en [www.tdi.texas.gov/forms/dwc/dwc045brcs.pdf](http://www.tdi.texas.gov/forms/dwc/dwc045brcs.pdf)  
Para obtener asistencia en español, llame a la División al 800-252-7031.

**Part 1. Injured employee information**

1. Employee's name (first, middle, last)	2. Social Security number
3. Employee's address (street or PO box, city, state, ZIP code)	4. Employee's county
5. Employee's primary phone number	6. Employee's alternate phone number
7. Employee's date of birth (mm/dd/yyyy)	8. Date of injury (mm/dd/yyyy)
9. Representative's name (first, middle, last)	10. Representative's phone number
11. Representative's email address	12. Representative's fax number
13. Employer's name	14. Employer's phone number
15. Employer's address (street or PO box, city, state, ZIP code)	

**Part 2. Insurance carrier information**

16. Insurance carrier's name		
17. Insurance carrier's address (street or PO box, city, state, ZIP code)		
18. Adjuster's name (first, middle, last)	19. Adjuster's email	
20. Adjuster's phone number	21. Adjuster's fax number	
22. Does the claim have medical benefits provided through a certified workers' compensation health care network? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the network.		
23. Does the claim have medical benefits provided through a political subdivision according to Labor Code Section 504.053(b)(2), directly contracting with health care providers or contracting through a health benefits pool? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the health care plan.		
Employee's name:	[bar code]	For DWC use only
DWC claim number:		

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# 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.



# DWC Form-032

## V. Purpose for Examination

### Box 31C – Extent of Injury

- Lists all injuries (diagnoses/body parts/conditions) in question
- Gives description of accident/incident that caused claimed injury in question/in dispute

DD must address each injury (diagnosis/body part/condition) listed in Box 31C



# EOI Process

1. Prepare for DD exam
2. Conduct DD Exam
3. Research and Literature Review
4. Causation Analysis
5. Drafting the Narrative Report
6. Multiple Certifications of MMI/IR
7. Completing the DWC 68



# 1. Prepare for DD Exam



# 1. Prepare for DD Exam

- Review all materials including
  - DWC Form-032 (particularly Box 31C)
    - Or, Presiding Officer Directive (POD)
  - Medical records
  - Insurance carrier/treating doctor analysis
- Put together an “Exam Checklist”

# Review of Medical Records

- DD can receive injured employee's confidential medical records and other records to assist in dispute resolution without signed release
- Treating doctor and insurance carrier must provide all required medical records and may send analyses
- Treating doctor and insurance carrier shall ensure required records are received by DD no later than 3 working days prior to exam

28 TAC §127.10(a)(3)

# Review of Medical Records

- If DD does not receive medical records or any part thereof at least 3 working days prior to exam, DD SHALL
  - Report violation to DWC within one working day of not timely receiving records
  - *IF* DD has not received records within one working day of exam, or if DD does not have sufficient time to review late medical records before exam, do *NOT* conduct exam until all records received
  - *THEN* DD shall reschedule exam to occur no later than 21 days after receipt of records
  - Report/file complaint regarding non-compliant carrier or treating doctor
- DWC shall
  - Take action necessary to ensure DD receives records



# Review of Medical Records

- DD must review records *prior* to exam
- Per new rule 127.220(a)10 , note the total time required for your review of the records in your report.
- As DD reviews submitted records *prior* to exam DD may discover additional required records exist
  - Obtain and review those required records *prior* to conducting exam
- DWC assistance with records
  - [DDRRecords@tdi.texas.gov](mailto:DDRRecords@tdi.texas.gov)



# Review Other Analyses Provided

- Both carrier and treating doctor can provide you with an analysis limited to the following topics for injured employee
  - medical condition
  - functional abilities
  - return to work opportunities
- Consider the source: Is it written by a doctor, lawyer, or adjuster?
- May include videotaped activities and marked copies of medical records



# Review of Medical Records and Timeline

- Date of injury
- How accident/incident happened (mechanism of injury)
- Condition before/after accident/incident
- Timing of signs/symptom onset



# Review of Medical Records and Timeline

- Clinical findings
- Testing results
- Response to prior treatment
- Treatment plan-claimant compliance
- Recommended future treatment or testing



# Exam Checklist

- A checklist for your exam
  - Will help ensure you do not miss anything
  - Will make you think through evidence and issues *prior to exam*, to ensure you get what you need *during exam*
- You will need to ask more questions as you take your history and perform the physical exam, but this is good place to start



## 2. Conduct DD Exam



## 2. Conduct DD Exam

- Medical History
- Physical Exam
- Additional Testing/Referrals if needed



# Taking the Medical History

- Document a thorough medical history
- Cover all items on DD's checklist
- Clinical course, including past medical history, signs/symptoms, prior treatment, and testing
- Consider timeline
  - Are onset and timeline of signs and symptoms consistent with what happened (mechanism of injury) and condition/injury in question?



# How Did Accident/Incident Occur?

- Document understanding of the mechanism of injury
  - Failure to do so may discredit report
- Document each account
  - Sources?
  - Are they consistent?
  - Document all findings in an objective way
- If there are multiple accounts of accident in records and exam, then describe which account used and why



# Typical Physical Exam Checklist

- Consider other potential injuries, conditions or diagnoses
- Some common musculoskeletal and neurological bullets
  - examination of gait and station and functional activities
  - ROM (measured active ROM)
  - strength
  - sensation
  - stability
  - deep tendon reflexes
  - spine - presence or absence of neural tension signs (i.e., SLR )
  - other - non-organic signs, comparison of observed vs. measured ROM, etc.
  - Provocative testing – a description of where or pattern of pain produced is necessary in a forensic exam

# EOI Physical Exam

- Performing an exam that is adequate for an impairment rating is generally not going to be enough for an extent of injury examination.
- Examine contiguous areas that might be relevant. This may reveal an alternate explanation for complaints and findings. For example:
  - Non-traumatic radiculopathy or peripheral neuropathy in diabetics
  - Non-traumatic adhesive capsulitis in diabetics
  - Hip osteoarthritis as a cause of low back and buttock pain
  - Non-traumatic median neuropathy as cause of a tingling hand, rather than a radiculopathy.



# Physical Exam

- AMA Guides - PAGE 8 “PLAUSIBLE”
- “The physician must utilize the entire gamut of clinical skill and judgment in assessing whether or not the results of measurements or tests are plausible and relate to the impairment being rated.”
- While this is regarding IR, it is very pertinent for a forensic examination.
- Don’t take your measurements or findings at face value. They have to make sense with the injury that is being claimed.



# Physical Exam

- AMA Guides - PAGE 14
- “Examining the range of motion (ROM) 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 And absence of pathologic signs and other medical evidence.”

# Additional Testing/Referrals

- DD determines the need for additional testing/referral
- Not subject to preauthorization or retrospective review for medical necessity, extent of injury or compensability
- If it is necessary to determination, then it is DD's obligation to order and review findings prior to completing DD report
- Failure to base analysis on ***complete*** patient evaluation may discredit DD analysis

[28 TAC § 127.10 \(c\)](#)



# Additional Testing/Referrals

## Rule 127.10(c)

### Clarification

The rule now specifies that

- A. referral doctors are not required to be in the same network as the injured employee, and
- B. are not subject to the network or out-of-network restrictions (related to providing or arranging for healthcare)



# 3. Research and Literature Review



# Evidence-Based Medicine (EBM)

“Evidence-based medicine” means use of current best quality scientific and medical evidence formulated from credible scientific studies, including peer-reviewed medical literature and other current scientifically based texts, and treatment and practice guidelines in making decisions about care of individual patients.

[TLC §401.011\(18-a\)](#)



# 3. Research and Literature Review

- Obtain and review relevant medical literature, if available
- Many resources for EBM
- Consider relevant EBM that supports or refutes your causation conclusion, if available and when appropriate



# Resource List

See *Evidence-Based Medicine* sources handouts in the EOI packet at:

<https://www.tdi.texas.gov//wc/dd/documents/dd101eoi.pdf>



# 4. Causation Analysis



# 4. Causation Analysis – Step by Step

- A. Describe each injury or condition in question from Box 31C
- B. Explain the mechanism of injury
- C. Describe the clinical findings and timeline
- D. Apply EBM, if available and appropriate
- E. Answer the question using appropriate legal terms



# Understand Legal Definition

## “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\(26\)](#)



# Appeals Panel Interpretation “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

[Appeals Panel Decision 002967](#)



# Substantial Factor

- Consider the mechanism of injury
- Co-morbidities
- Substantial factor is not the same as sole cause
- May be more than one substantial factor



# “Eggshell Claimant”

- Means DD takes injured employee as is . . .
  - With all pre-existing conditions and co-morbidities DD finds in any patient
- History and medical timeline factor into DD analysis
- Determine if accident was substantial factor in causing injury in question and without accident or incident, additional injuries or conditions would not have occurred



# Describe Injury in Question

- Refer to injury or condition using the same terms as listed in Box 31C
- Keep in mind legal concepts of injury and aggravation
- If referring to injury or condition by different medical term or grade of condition than listed in Box 31C, explain
- Do you view these terms as synonymous?
  - If so, state that these are same



# Describe Injury in Question

- If there are injuries that can be grouped together as same, or part of same medical process, explain such grouping
- Do not assume reader has any medical knowledge
- Give thorough explanation
- Describe how the injury typically occurs



# Describe Injury in Question

- Explain injury using medical terminology, not simply a list of diagnoses or codes from records.
- Address each injury/body part/condition in question



# Explain Mechanism of Injury

- Explain the mechanism of injury that caused injury or condition in question
- Explain accident/incident and how these forces, if applicable, caused claimed injury, condition, or an aggravation of preexisting injury or condition
- An incorrect or incomplete account of this in your analysis may create doubt regarding your conclusion



# Explain Mechanism of Injury

- Be as specific as possible as to details and where you found them: Specific medical records, claimant's account, carrier's analysis, etc.
- *Objectively recount* any contradictions regarding accident/incident you find
- State how injury happened
  - Mechanism of injury that occurred and who gave you that account



# Explain Mechanism of Injury

- Not stating in report how injury happened implies you do not know what happened
- **If you do not know and state what happened, then how can you render credible opinion on causation?**
- Be objective in descriptions; do not use inflammatory language



# Clinical Findings and Timeline

- What was medical condition of IE at time of accident /incident?
- What about the condition and history of this particular IE was a substantial factor in causing the specific injury/condition or aggravation in question?



# Clinical Findings and Timeline

- What about the history or condition of this particular injured employee allowed you to rule out accident as a substantial factor in giving rise to injury or condition in question?
- Preexisting conditions
- Prior surgeries
- Comorbidities
- Symptom onset



# Clinical Findings and Timeline

- Pertinent positive and negative findings in your review of medical records and your exam
- How all these fit into timeline to assist you in determining whether this accident was substantial factor in causing injury?
- Resulted from something else related or unrelated?



# Apply Evidence-Based Medicine

- Both medicine and law are based on research and applicable precedent
- Use EBM when available and if appropriate to inform and support your opinion
- What supports your conclusion that injury was or was not the result of this accident/incident?



# Apply Evidence-Based Medicine

- Peer review journals, articles and studies
- If evidence or resources on subject matter are limited, indicate so in your report
- See EBM resource list  
[www.tdi.texas.gov/wc/dd/documents/ddevidencemed.pdf](http://www.tdi.texas.gov/wc/dd/documents/ddevidencemed.pdf)
- What studies would a doctor taking a contrary position cite and why did you render those inapplicable or unconvincing?



# Answering the Question

- “YES” or “NO” *and* “WHY”
- Regardless of conclusion, you **MUST** explain based on the factors discussed earlier
- Stating conditions in question were result of accident is incomplete
- Follow steps previously discussed and connect dots for reader
- Keep in mind “WHY” as you work through this analysis



# Answer Question Using Appropriate Legal Terms

- Explain your conclusion in terms of “reasonable medical probability” to ensure reader understands why the injury is or is not a result of accident or incident.



# Answer Question Using Appropriate Legal Terms

- Avoid the following and similar terms/phrases
  - “possible”
  - “might have”
  - “could have”
  - “potentially”
- Understand the difference between exacerbation and aggravation

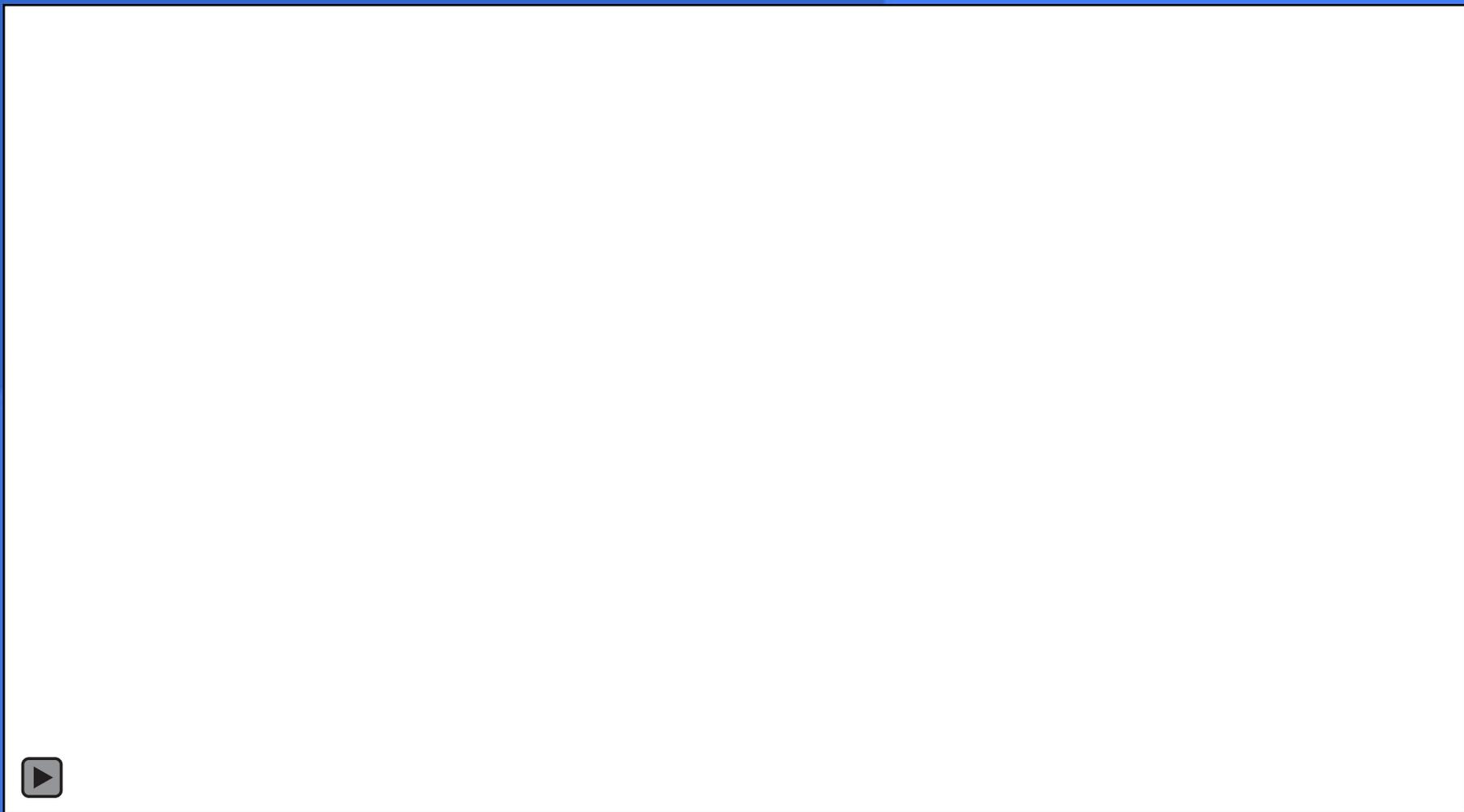


# Answer Question Using Appropriate Legal Terms

- Ensure your report uses the correct terms and standards:
  - Injury
  - Aggravation
  - Substantial factor
  - Reasonable medical probability



# Connect the Dots





# Causation: Not a Trivial Pursuit



# Disclaimer

Every case has its own facts and this game is being offered for educational purposes. It is not a substitute for the important exercise of basing your determination of the extent of injury on the physical examination and medical record.



# Sufficient or Not?

“It is possible that the degenerative disc disease noted in the MRI was aggravated by the compensable lifting event.”



# Sufficient or Not?

“Since the examinee was not symptomatic prior to the compensable injury event and developed symptoms right after the injury event, it stands to reason that the MRI pathology identified post-injury are related to the compensable injury event.”



# Sufficient or Not?

“The claimed condition of knee arthritis is an ordinary, disease-of-life finding that pre-existed the injury event.”



# Sufficient or Not?

“I opine that the examinee’s injury caused, within reasonable medical probability, the claimed condition of carpal tunnel syndrome.”



# Sufficient or Not?

“In my medical opinion and within a reasonable degree of medical probability, stepping on a crack and rolling her ankle at work on [the date of injury] caused torquing forces to the examinee’s left ankle joint which stressed the joint structures of her left ankle and exceeded the strength of the joint structures of her left ankle and produced the left ankle plantar fasciitis.”



# Sufficient or Not?

“In my opinion, the right shoulder rotator cuff tear is not part of the compensable injury. The MRI of the right shoulder approximately three months from the date of injury demonstrated no acute injury in the right shoulder, but only chronic, degenerative changes. Also, a review of the medical records does not document any history of impact to the right shoulder or blunt trauma by the 2 eyewitnesses to the injury, nor does the medical record document any ecchymosis or swelling of the right shoulder in the emergency department on the date of injury.”



# Sufficient or Not?

“The mechanism of injury involved a rollover motor vehicle accident (MVA). The injury included jarring and jolting of the examinee’s cervical spine. Due to the impact of the MVA, there is a causal relationship between the impact involving jarring and jolting forces in the examinee’s cervical area resulting in a cervical sprain/strain.”



# Sufficient or Not?

“Neuritis occurs when nerves become inflamed. The inflammation results in pain and numbness wherever the affected nerve travels. Nerves from the thoracic (middle) spine extend to the upper abdominal area as well as the back, the neck, and the area between the shoulder. There is nothing in the physical examination or the medical records to indicate thoracic neuritis, so that condition should not be included as part of the compensable injury.”



# Causation Analysis for the Extent of Injury Exam





# 5. Narrative Report

# Extent of Injury Template

[www.tdi.texas.gov/wc/dd/documents/ddcauseanalysis.pdf](http://www.tdi.texas.gov/wc/dd/documents/ddcauseanalysis.pdf)

## Extent of Injury Analysis Section of a Designated Doctor Report

In addition to the basic requirements of a designated doctor narrative report in 28 TAC Rule 127.220, a narrative on extent of injury may include the following information:

### I. Injury in Question (Box 31C of the DWC Form-032)

*State injuries in question as listed in Box 31C, and define and describe each injury in medical terms.*

Note: Extent of Injury is a specific question as to a specific injury as listed in Box 31C. Failure to use the exact terms as listed in Box 31C to refer to the injury may result in a letter of clarification, or a report not being adopted. If there are other medical terms used in the report to refer to the injury in question as listed in Box 31C, explain or clarify that to the reader by stating these terms are synonyms, one is inclusive of the other, etc. If there are injuries that can be grouped together as the same, or part of the same medical process, explain such grouping.

# Extent of Injury Template

## II. Accident/Incident (Mechanism of Injury)

Describe the accident/incident (mechanism of injury). Include any account described and who gave it. (i.e. Claimant told me during the exam, or treating doctor describes in the notes on 1/1/2023.)

## III. Clinical Findings and Timeline in Support of Causation Analysis

*Provide the relevant findings contained in the medical records, history and physical exam. Where applicable, detail symptom onset relative to the timeline of the medical history.*

In your review and detail of the above, pay particular attention to the following in relation to the injury in question (Box 31C):

- a. Did the injury in question exist prior to the work-related accident or incident (mechanism of injury)?
- b. Was the injury in question present during the physical examination?

# Extent of Injury Template

## IV. Analysis of Clinical Findings and Timeline

*Provide an analysis based on the findings from Sections II and III above, and any other relevant supporting factors to explain the basis for the opinion regarding the injury in question (Box 31C).*

Pay particular attention to the following in relation to the causation analysis for the injury in question (Box 31C), and explain all that are applicable:

- a. Consider whether the timeline of symptom onset was consistent with the work-related injury, including relevant medical records prior to the injury, proximate to the time of injury, as well as post-injury treatment and testing.
- b. Is this type of work-related accident/incident (mechanism of injury) consistent or inconsistent with the injury in question?

If evidence-based medicine is available, then explain how it supports that the work-related accident/ incident (mechanism of injury) caused or did not cause the injury in question (Box 31C).

# Extent of Injury Template

## v. Medical/Legal Causation Opinion Statement

### **SAMPLE CONCLUSION TEXT**

"Based on the above referenced reasons, it is my medical opinion, based upon my education, training, and experience, and within reasonable medical probability that (the work-related accident/incident/ mechanism of injury) caused or did not cause the injury in question (Box 31C). I find that the compensable injury of (mm/dd/yyyy) was/ was not a substantial factor in bringing about the additional claimed injury or condition (Box 31C), and without it, the additional injury or condition (Box 31C) would not have occurred. Specifically, it does or does not extend to include (Box 31C)."

**\*\*DWC does not require use of this form, and additionally, this form is not applicable in all cases. DDs must adhere to all applicable rules regarding reporting requirements and this form is neither a substitute nor an addendum to those requirements. This form is an example of expert causation analysis where extent of injury is an issue, and is not a comment on whether expert testimony is required to establish causation as to this, or any other specific injury. Whether expert testimony is required to establish causation for an injury is a determination that is made at the hearings level on a case by case basis.**

# Multiple Certifications of MMI/IR

Pursuant to 28 TAC §127.10(d), the designated doctor may provide multiple certifications of MMI and impairment ratings only when directed by the division, effective 6/5/2023.



# Hearings – an exception

A DD must comply with a Presiding Officer's Directive (POD) from a **Benefit Review Officer or an Administrative Law Judge** ordering an MMI and IR certification for a specific compensable injury, or for multiple certifications of MMI and IR as directed.

# Multiple Certifications of MMI/IR requested by a POD

## *Example*

1. Injury as accepted as compensable by insurance carrier
2. Injury accepted as compensable by insurance carrier plus all injuries in dispute
3. Compensable injury as defined by DD, if different from 1 or 2 above



# Extent of Injury exam requests and required forms

- Per the revised rule effective 6/5/2023, when a **DWC-032** requests MMI, IR and EOI in a single exam, the DD should determine the EOI and provide one certification of MMI and IR for that determination



# Example Case for MMI, IR and EOI



# MMI, IR and EOI Case

## History of Injury

- 45-year-old male warehouse worker with acute onset low back pain four months ago after lifting a 150-lb toolbox.

# MMI, IR and EOI Case

## History of Injury (cont'd)

- Medical records and history document low back pain for a week accompanied by left-sided radicular pain four days after DOI with pain and decreased sensation in S1 dermatome, slightly decreased Achilles reflex and sciatic nerve root tension signs demonstrated by left SLR



# MMI, IR and EOI Case

## History of Injury (cont'd)

- Lumbar MRI scan shows L4/L5 disc degeneration; 6 mm left posterolateral disc herniation at left L5-S1 with impingement on exiting left S1 nerve root



# MMI, IR and EOI Case

## History of Injury (cont'd)

- Signs and symptoms consistent with the first evaluation persist despite 10 visits of PT, NSAIDS, muscle relaxants and narcotic pain medication
- ESI and surgery denied because EOI beyond a lumbar sprain/strain disputed



# MMI, IR and EOI Case

- You see IE as a DD four months post injury
- The records indicate there is at least a “lumbar sprain/strain”, and that the carrier considers that as accepted.

# MMI, IR and EOI Case

DWC-032, Box 31C lists injuries (diagnoses/body parts/conditions) in dispute, claimed to be caused by, or naturally resulting from accident or incident as

- L4/L5 disc degeneration
- Disc desiccation at L5/S1 lumbar spine
- L5/S1 disc herniation with impingement on exiting left S1 nerve root

# Purpose for Examination

## Part 5. Purpose of examination

**31. Requester:** Check boxes A through G next to the issues you want the designated doctor to address and provide the requested information.

- A. Maximum medical improvement (MMI)** - Has the injured employee reached MMI? If so, on what date?      Statutory MMI date (if any) \_\_\_\_\_  
(mm/dd/yyyy)
- B. Impairment rating (IR)** - What is the injured employee's percentage of permanent impairment? MMI Date\* \_\_\_\_\_ (required only if Box A is **not** checked)  
(mm/dd/yyyy)
- \*The MMI date determined valid by a final DWC decision, court, or agreement of the parties.
- C. Extent of injury** List all injuries (diagnoses, body parts or 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. The designated doctor will answer whether they were a substantial factor in bringing about the additional claimed injuries or conditions, and without it, the additional injuries or conditions would have not occurred.

L4/L5 disc degeneration

Disc desiccation at L5/S1 lumbar spine

L5/S1 disc herniation with impingement on exiting left S1 nerve root

# MMI, IR and EOI Case

- In this case, the DD defines compensable injury for *certifying MMI and IR* as
  - Lumbar sprain/strain
  - Left S1 radiculopathy (not included in box 31C)
  - L5-S1 disc herniation with impingement on exiting left S1 nerve root (from box 31C)
- Explain in report the basis in medical records and certifying exam that led to conclusion

# MMI, IR and EOI Case

- Address *Extent of Injury*, with causation analysis as discussed previously, that injury **does not** extend to
  - Disc degeneration at L4/L5
  - Disc desiccation at L5/S1 lumbar spine

# MMI, IR and EOI Case

**Certification:** MMI/IR for what you define the injury to be

- Lumbar sprain/strain
- Left S1 radiculopathy
- L5-S1 disc herniation with impingement on exiting left S1 nerve root

# Certification



**Texas Department of Insurance**  
 Division of Workers' Compensation  
 7551 Metro Center Drive, Suite 100 • MS-94  
 Austin, TX 78744-1645  
 (800) 252-7031 phone • (512) 490-1047 fax

Complete if known:  
 DWC Claim #  
 Carrier Claim #

## Report of Medical Evaluation

<b>I. GENERAL INFORMATION</b>			<b>4. Injured Employee's Name</b> (First, Middle, Last)	<b>9. Certifying Doctor's Name and License Type</b>
<b>1. Workers' Compensation Insurance Carrier</b>	<b>5. Date of Injury</b>	<b>6. Social Security Number</b>	<b>10. Certifying Doctor's License Number and Jurisdiction</b>	
<b>2. Employer's Name</b>	<b>7. Employee's Phone Number</b>		<b>11. Certifying Doctor's Phone and Fax Numbers</b> (Ph) (Fax)	
<b>3. Employer's Address</b> (Street or PO Box, City State Zip)	<b>8. Employee's Address</b> (Street or PO Box, City State Zip)		<b>12. Certifying Doctor's Address</b> (Street or PO Box, City State Zip)	

**II. DOCTOR'S ROLE**

**13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report [28 Texas Administrative Code (TAC) §130.1 governs such authorization]:**

Treating Doctor     Doctor selected by Treating Doctor acting in place of the Treating Doctor     Designated Doctor selected by DWC  
 Insurance Carrier-selected RME Doctor approved by DWC to evaluate MMI and/or permanent impairment after a Designated Doctor examination

**NOTE:** If you are not authorized by 28 TAC §130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.

**III. MEDICAL STATUS INFORMATION**

**14. Date of Exam**    **15. Diagnosis Codes**

S33.5XXA, S39.012A, M54.17, M51.27

**16. Indicate whether the employee has reached Medical or Statutory MMI based upon the following definitions:**

**Clinical Maximum Medical Improvement (MMI)** is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement is no longer reasonably to be anticipated.

**Statutory MMI** is the later of: (1) the date after the date that temporary income benefits (TIBs) began to accrue; or (2) the date that MMI was extended by DWC pursuant to Texas Labor Code §408.104.

a)  Yes, I certify that the employee reached  MEDICAL /  CLINICAL (mark one) MMI on \_\_\_/\_\_\_/\_\_\_ (may not be a prospective date) and the attached narrative provides documentation relating to this certification in the attached narrative. - OR -

b)  No, I certify that the employee has not reached MMI but is expected to reach MMI on or about \_\_\_/\_\_\_/\_\_\_ The reason the employee has not reached MMI is documented in the attached narrative.

**NOTE:** The fact that an employee reaches Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

**IV. PERMANENT IMPAIRMENT**

**17. If the employee has reached Medical or Statutory MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.**

"Impairment" means any functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. A finding that impairment exists must be based upon objective clinical or laboratory findings meaning a medical finding of impairment by a qualified medical professional, based upon competent objective medical evidence that is independently confirmable by a doctor, including a doctor, without reliance on the subjective symptoms perceived by the employee.

a)  I certify that the employee does not have any permanent impairment as a result of the compensable injury. - OR -

b)  I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is \_\_\_%, which was determined in accordance with the requirements of the Texas Labor Code and Texas Administrative Code. The attached narrative provides explanation and documentation used for the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association (AMA):

third edition, second printing, February 1989 - OR -  
 fourth edition, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> printing, including corrections and changes issued by the AMA prior to May 16, 2000.

**NOTE:** A finding of no impairment is not equivalent to a 0% impairment rating. A doctor can only assign an impairment rating, including a 0% rating, if the doctor performed the examination and testing required by the AMA Guides.

**V. DOCTOR'S CERTIFICATION**

**18. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Labor Code and applicable rules. If an impairment rating has been assigned, I certify that I have completed the required training and testing and have a current certification by DWC to assign impairment ratings in the Texas workers' compensation system or have received specific permission by DWC to certify MMI and assign an impairment rating. I understand that making a misrepresentation about a workers' compensation claim or myself is a crime that can result in fines and/or imprisonment and nullification of this report.**

Signature of Certifying Doctor: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

**VI. TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION**

**19. Treating Doctor's Name and License Type**    **22.  I AGREE /  I DISAGREE with the certifying doctor's certification of MMI.**

**20. Treating Doctor's License Number and Jurisdiction**    **23.  I AGREE /  I DISAGREE with the certifying doctor's finding of no impairment. - OR -  I AGREE /  I DISAGREE with the impairment rating assigned by the certifying doctor.**

**21. Treating Doctor's Phone and Fax Numbers**  
(Ph) (Fax)

**24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.**

Signature of Treating Doctor: \_\_\_\_\_ Date: \_\_\_\_\_





# Not Yet at MMI . . .

- If the compensable injury as you determine it includes an injury or condition you determine is not at MMI, you will not determine an impairment rating.

# MMI, IR and EOI Case

- Address *Extent of Injury*, with causation analysis as discussed previously, that injury *does* extend to
  - L5-S1 disc herniation with impingement on exiting left S1 nerve root



# MMI, IR and EOI Case

## SUMMARY:

When maximum medical improvement, impairment rating and extent of injury are included in a single examination the designated doctor completes:

- one DWC Form-069; and
- one DWC Form-068.

# Complete DWC Form-068



# Transfer Info from DWC Form-032 or POD

## Designated Doctor Examination Data Report

Extent of Injury, Disability, or Other Similar Issues

### I. INJURED EMPLOYEE CLAIM INFORMATION

1. Employee Name (Last, First, Middle) <b>George Raley</b>	2. Employee Social Security Number <b>000-00-0000</b>
3. Insurance Carrier Name <b>Carrier One</b>	4. Date of Injury (mm-dd-yyyy) <b>03-02-2015</b>

### II. EXAMINATION INFORMATION

5. Designated Doctor Name <b>E. J. McDermott, M.D.</b>	
6. Designated Doctor Mailing Address (Street or PO Box, City, State, Zip Code) <b>P.O. Box 7156, Austin, TX 78777</b>	
7. Designated Doctor License Number <b>T4321</b>	8. Designated Doctor License Jurisdiction <b>TX</b>
9. Designated Doctor License Type <b>MD</b>	10. Designated Doctor Phone Number <b>512 )804-5128</b>
11. Examination Location (Street, City, State, Zip Code) <b>70 Medical Park Loop, Austin, TX 78647</b>	
12. Date and Time of Appointment <b>8/1/2016, 3:00 PM</b>	
13. Does the claim involve medical benefits provided through a Certified Health Care Network? <b>No</b>	

# Transfer Info From DWC Form-032, Box 31C

## Add ICD Codes

DWC068

### III. PURPOSE OF EXAMINATION

15. Issues considered during Designated Doctor's examination. Check only the items that were included on the DWC Form-032 and provide the requested information.

a) Extent of Injury

Refer to the DWC Form-032 you received for this examination and provide below all the diagnoses/conditions listed in Section V, Box 36C. Did you determine that the accident or incident giving rise to the compensable injury was a substantial factor in bringing about the additional claimed diagnoses/condition, and without it, the additional diagnoses/conditions would not have occurred? Provide your answer below by checking Yes or No for each additional claimed diagnosis/condition. For data purposes only, assign the most reasonable corresponding diagnosis code(s) for each additional claimed diagnosis/condition. You may assign up to four diagnosis codes for each additional claimed diagnosis/condition. **Attach additional pages, if necessary.**

Additional Claimed Diagnosis or Condition	Yes	No	For Data Purposes Only			
			Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
1) L4/L5 disc degeneration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	M51.36			
2) Disc desiccation at L5/S1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	M51.37			
3) L5/S1 disc herniation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	M51.27			
with impingement on	<input type="checkbox"/>	<input type="checkbox"/>				
exiting left S1 nerve	<input type="checkbox"/>	<input type="checkbox"/>				
root	<input type="checkbox"/>	<input type="checkbox"/>				

# Document Referrals / Testing, Sign

## IV. REFERRALS / ADDITIONAL TESTING

16. Provide the requested information regarding referrals and additional testing for this examination.									
Referral Health Care Provider Name	Provider License Number	Date of Service (mm/dd/yyyy)	Type of Testing						
			FCE	EMG / NCV	X-Ray	MRI	CT-Scan	Psychological Testing / Evaluation	Other
<b>Robert Payments</b>	<b>E2234</b>	<b>01/10/2016</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FCE (Functional Capacity Evaluation); EMG (Electromyography); NCV (Nerve Conduction Velocity); MRI (Magnetic Resonance Imaging); CT-Scan (Computed Tomography Scan)

## V. DESIGNATED DOCTOR'S SIGNATURE

17. Signature of Designated Doctor <i>E. J. McDermott, M.D</i>	18. Date of Signature (mm/dd/yyyy) <b>05/23/2016</b>
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# Thank you



# Certification of Successful Completion

Certification or recertification as a designated doctor requires a certificate of successful completion of all required DWC training, including recorded presentations and live webinars

# Certification of Successful Completion

1. A designated doctor must submit the DWC attestation to validate viewing the recorded presentations.
2. Live webinar participation is confirmed by registration and attendance during the live event
3. A certificate of successful completion is emailed to the designated doctor after completing the entire course
4. The certificate of successful completion must be submitted with the completed **certification application or recertification application**

Find the DWC attestation of completion

at: <https://www.tdi.texas.gov/wc/dd/documents/ddattestation.pdf>

View all required and optional training

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