



**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**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

**Statutory MMI** is the later of:    (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or  
 (2) the date to which MMI was extended by DWC pursuant to Texas Labor Code §408.104.

a)  Yes, I certify that the employee reached  STATUTORY /  CLINICAL (mark one) MMI on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (may not be a prospective date) and have included 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 either 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 MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.**

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated 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**

<b>19. Treating Doctor's Name and License Type</b>	<b>22.</b> <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's certification of MMI.
<b>20. Treating Doctor's License Number and Jurisdiction</b>	<b>23.</b> <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's finding of no impairment.    - OR - <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the impairment rating assigned by the certifying doctor.
<b>21. Treating Doctor's Phone and Fax Numbers</b> (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: \_\_\_\_\_



## Frequently Asked Questions Report of Medical Evaluation (DWC Form-069)

### INSTRUCTIONS FOR DOCTORS:

#### Who can file the DWC Form-069?

- **Treating Doctor:** Doctor chosen by the employee who is primarily responsible for employee's injury-related health care.
- **Doctor Selected by Treating Doctor:** Doctor selected by the treating doctor to evaluate permanent impairment and Maximum Medical Improvement (MMI). This doctor acts in the place of the treating doctor. Such a doctor must be selected if the treating doctor is not authorized to certify MMI or assign an impairment rating in those cases in which the employee has permanent impairment. An authorized treating doctor may also choose to select another doctor to perform the evaluation/certification.
- **Designated Doctor:** Doctor selected by the Texas Department of Insurance, Division of Workers' Compensation (DWC) to resolve a question over MMI or permanent impairment.
- **Insurance Carrier-Selected RME Doctor:** Doctor selected by the insurance carrier to evaluate MMI and/or permanent impairment. An insurance carrier-selected Required Medical Examination (RME) Doctor is only authorized to certify MMI, evaluate permanent impairment, and assign an impairment rating when specifically approved by DWC prior to the examination and only after a designated doctor has completed the same.

**AUTHORIZATION:** In addition to the requirement of acting in an eligible role, 28 Texas Administrative Code §130.1 provides the following requirements:

- **Employee has permanent impairment:** Only a doctor certified by DWC to assign impairment ratings or who receives specific permission by exception granted by DWC is authorized to certify MMI and to assign an impairment rating.
- **Employee does not have permanent impairment:** A doctor not certified or exempted from certification by DWC is only authorized to determine whether an employee has permanent impairment and, in the event that the employee has no impairment, certify MMI.

**INVALID CERTIFICATION: Certification by a doctor who is not authorized is invalid.**

#### Under what circumstances and when am I required to file the DWC Form-069?

If the employee has reached MMI, you must file the DWC Form-069 no later than the seventh working day after the later of: (a) date of the certifying examination; or (b) receipt of all medical information necessary to certify MMI. Only a Designated Doctor is subject to this requirement if the employee has not reached MMI.

#### Where do I file the form?

The DWC Form-069 and required narrative shall be filed with:

- the insurance carrier;
- the treating doctor (if a doctor other than the treating doctor files the report);
- DWC;
- injured employee; and
- injured employee's representative (if any).

The report must be filed by facsimile or electronic transmission unless an exception applies. The specific requirements are shown below. **To file this form with DWC, fax to (512) 490-1047.**

	Insurance Carrier	Treating Doctor DWC	Injured Employee Injured Employee's Representative
Designated Doctor	fax or e-mail	fax or e-mail	fax or e-mail unless recipient has not provided these numbers; then by other verifiable means
Treating Doctor Doctor Selected by Treating Doctor Insurance Carrier-Selected RME Doctor	fax or e-mail	fax or e-mail unless recipient has not provided these numbers; then by other verifiable means	fax or e-mail unless recipient has not provided these numbers; then by other verifiable means

#### Do I have to maintain documentation regarding the examination and report?

The certifying doctor must maintain the original copy of the report and narrative and documentation of the following:

- date of the examination;
- date any medical records necessary to make the certification of MMI were received, and from whom the medical records were received; and
- date, addresses, and means of delivery that required reports were transmitted or mailed by the certifying doctor.

#### Where can I find more information about the Report of Medical Evaluation?

See 28 TAC §130.1 through §130.4 and §130.6 for the complete requirements regarding the filing of this report, including required documentation. The complete text of these rules is available on the Texas Department of Insurance website at [www.tdi.texas.gov/wc/rules/index.html](http://www.tdi.texas.gov/wc/rules/index.html). If you have additional questions, call 1-800-372-7713, Option #3.

**IMPORTANT INFORMATION FOR INJURED EMPLOYEES:****What if I disagree with the doctor's certification of Maximum Medical Improvement (MMI) and/or permanent impairment rating for my workers' compensation claim?**

If this is the first evaluation of your MMI and/or permanent impairment, you or your representative may dispute:

- the certification of MMI; and/or
- the assigned impairment rating.

To file the dispute, contact your local DWC field office or call 1-800-252-7031 to request:

- the appointment of a designated doctor (DD), if one has not been appointed; or
- a Benefit Review Conference (BRC).

**Important Note:** Your dispute must be filed **within 90 days** after the written notice is delivered to you or the certification of MMI and/or the assigned impairment rating may become final.

**NOTE:** With few exceptions, upon your request, you are entitled to be informed about the information DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have DWC correct information that is incorrect (Government Code, §559.004).