

Supplemental Information

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**Designated Doctor Qualification Chart
For Use On or After December 6, 2018
(28 Texas Administrative Code (TAC) §127.130)**

Board Certification is NOT required for the following injuries and diagnoses. Cases are assigned based on license type.

Injuries and Diagnoses	License Type
Hand/Upper Extremities	MD, DO, DC
Lower Extremities (NO feet)	MD, DO, DC
Spine and Musculoskeletal Structures of the Torso	MD, DO, DC
Feet (including toes and heel)	MD, DO, DC, DPM
Teeth and Jaw (including temporomandibular joint)	MD, DO, DDS
Eyes (including adnexal structures)	MD, DO, OD
Mental and Behavioral Disorders	MD, DO
Other Body Areas or Systems (including, but not limited to internal systems; ear, nose, and throat; head and face; skin; cuts to skin involving underlying structures; non-musculoskeletal structures of the torso; hernia; respiratory; endocrine; hematopoietic; and urologic)	MD, DO

Board Certification by ABMS (MDs) or AOABOS (DOs) is required for the following diagnoses:

Diagnosis	ABMS (MDs)	AOABOS (DOs)
Traumatic brain injury (including concussion and post- concussion syndrome)	Neurological Surgery Neurology PM&R ¹ Psychiatry	Neurological Surgery Neurology PM&R Psychiatry
Spinal cord injuries (including spinal fracture with documented neurological deficit or cauda equine syndrome)	Neurological Surgery Neurology PM&R Orthopedic Surgery Occupational Medicine	Neurological Surgery Neurology PM&R Orthopedic Surgery Preventive Medicine /Occupational or /Occupational- Environmental Medicine
Severe burns, including chemical burns (deep partial or full thickness burns, aka 2 nd , 3 rd or 4 th degree burns)	Dermatology PM&R Plastic Surgery Orthopedic Surgery Surgery Occupational Medicine	Dermatology PM&R Plastic and Reconstructive Surgery Orthopedic Surgery Surgery (general) Preventive Medicine /Occupational or /Occupational- Environmental Medicine

¹ Physical Medicine and Rehabilitation

Diagnosis	ABMS (MDs)	AOABOS (DOs)
Complex Regional Pain Syndrome (Reflex Sympathetic Dystrophy)	Neurological Surgery Neurology Orthopedic Surgery Plastic Surgery Anesthesiology (pain ²) Occupational Medicine PM&R	Neurological Surgery Neurology Orthopedic Surgery Plastic Surgery Anesthesiology (pain) Preventive Medicine /Occupational or /Occupational-Environmental Medicine PM&R
Multiple fractures, joint dislocation and pelvis or hip fracture	Emergency Medicine Orthopedic Surgery Plastic Surgery PM&R Occupational Medicine	Emergency Medicine Orthopedic Surgery Plastic Surgery PM&R Preventive Medicine /Occupational or /Occupational-Environmental Medicine
Complicated infectious diseases requiring hospitalization or prolonged intravenous antibiotics, including blood borne pathogens	Internal Medicine Occupational Medicine	Internal Medicine Preventive Medicine /Occupational or /Occupational-Environmental Medicine
Chemical exposure, excluding chemical burns	Internal Medicine Emergency Medicine Occupational Medicine	Internal Medicine Emergency Medicine Preventive Medicine /Occupational or /Occupational-Environmental Medicine
Heart or cardiovascular conditions	Internal Medicine Emergency Medicine Occupational Medicine Thoracic and Cardiac Surgery Family Medicine	Internal Medicine Emergency Medicine Preventive Medicine /Occupational or /Occupational-Environmental Medicine Thoracic and cardiovascular surgery Family Practice and Osteopathic Manipulative Treatment

² Subspecialty or certificate of a designated doctor's qualifications in pain medicine/management

Designated Doctor Disqualifying Associations (28 Texas Administrative Code (TAC) §127.140)

A disqualifying association is any association that may reasonably be perceived as having potential to influence the conduct or decision of a designated doctor. Disqualifying associations may include but are not limited to:

- Receipt of income, compensation or payment of any kind not related to health care provided by the designated doctor;
- Shared investment or ownership interest;
- Contracts/agreements that provide incentives (referral fees) or payments based on volume or value, and waiver of beneficiary coinsurance and deductible amounts;
- Contracts/agreements for space or equipment rentals, personnel services, management contracts, referral services, billing services agents, document management or storage services or warranties, or any other services related to the management or operation of the doctor's practice;
- Personal or family relationships;
- A contract with the same workers' compensation health care network (Texas Insurance Code Chapter 1305) or a contract with the same political subdivision health plan (Texas Labor Code (TLC) Chapter 504) that is responsible for providing medical benefits to the injured employee;
- Any other financial arrangement that would require disclosure under the TLC or Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) rules, the Insurance Code or TDI rules; or
- Any other association with the injured employee, employer or insurance carrier that may give the appearance of preventing the designated doctor from rendering an unbiased opinion.

Effective January 1, 2013, a designated doctor *shall* have a disqualifying association relevant to an examination or claim if an *agent* of the designated doctor has a disqualifying association as defined by this rule. For purposes of all applicable laws and TDI-DWC rules, any person with whom a designated doctor contracts or permits to perform designated doctor administrative duties on behalf of the designated doctor qualifies as the designated doctor's agent as defined by 28 TAC §180.1.

A designated doctor ***shall not*** perform an exam if that designated doctor has a disqualifying association. If a designated doctor learns of a disqualifying association, the designated doctor must notify the TDI-DWC within two (2) working days of learning of the disqualifying association. Performing an examination with a disqualifying association is an administrative violation.

Insurance Carriers shall notify the TDI-DWC of any disqualifying associations between the designated doctor and injured employee because of network or political subdivision affiliations within five (5) days of receiving the TDI-DWC order for the designated doctor examination.

If TDI-DWC determines that a designated doctor with a disqualifying association performed an examination, all reports by that designated doctor as a result of that exam shall be stripped of their presumptive weight.

Parties can dispute selection of a designated doctor for a particular exam or the presumptive weight of a designated doctor report based on a disqualifying association but must do so through TDI-DWC dispute resolution processes.

Designated Doctor Medical Examination Requirements (28 Texas Administrative Code (TAC) §127.10 and §127.200)

Rules pertaining to the medical examination conducted by a designated doctor became effective September 1, 2012. Designated doctors are now required to perform designated doctor examinations in a facility currently used and properly equipped for medical examinations or other similar health care services that ensure

- Safety;
- Privacy; and
- Accessibility

For:

- Injured employees;
- Injured employees medical records; and
- Other records containing confidential claim information

The designated doctor is required to be **physically present** in the same room as the injured employee for the designated doctor examination or any other health care service provided to the injured employee except for referrals to another health care provider under 28 Texas Administrative Code §127.10(c). This requirement primarily applies when the designated doctor uses an ancillary health care provider to perform range of motion, strength, or sensory testing in relation to an impairment rating.

When appropriate to the issue(s) addressed by the requested medical examination, the designated doctor shall apply the following required publications:

- The American Medical Association *Guides to the Evaluation of Permanent Impairment, Fourth Edition*
- Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC)-adopted return-to-work guidelines, *MDGuidelines™*.

The designated doctor shall also consider treatment guidelines that have been adopted by the TDI-DWC, *Official Disability Guidelines*, and other evidence-based medicine.

When conducting the medical examination of the injured employee, the designated doctor is required to maintain a professional and courteous demeanor, including explaining the purpose of a designated doctor examination to the injured employee at the beginning of the examination. All reports and documents produced by the designated doctor are required to be written using appropriate, non-inflammatory language.

If a designated doctor's continued participation on a claim would require the designated doctor to exceed the scope of practice as authorized by the doctor's license, the designated doctor is required to notify TDI-DWC so another designated doctor can be assigned to the claim.

Designated doctors shall NOT perform the examinations or services on a claim to which the doctor has already been assigned as a designated doctor:

- Required medical examinations;
- Utilization reviews; and
- Peer reviews

A designated doctor is required to perform any additional testing or make necessary consultation referrals (when not qualified) to resolve the issue(s) in question. Additional consultation and testing referrals by a designated doctor are not subject to preauthorization and cannot be denied retrospectively based on medical necessity, extent or compensability. When a testing or consultation referral is ordered, the designated doctor has 15 working days to complete and submit the designated doctor report. If the testing or consultation referral cannot be completed within the 15 working day time period, the designated doctor can request approval from TDI-DWC for additional time to complete the report. If an injured employee does not attend the additional testing or consultation referral, the designated doctor shall make notes in the report and complete the report based on medical examination of the injured employee, records and other available information available to the designated doctor.

Designated Doctor Medical Records Requirements (28 Texas Administrative Code (TAC) §127.10(a) and §127.200)

Effective September 1, 2012, the treating doctor and insurance carrier must provide all required medical records (including analyses) to the designated doctor and follow up to ensure that all required records are received by the designated doctor no later than 3 working days prior to the scheduled exam. The designated doctor can receive injured employee's confidential medical records and other records to assist in dispute resolution without a signed release from the injured employee.

If the designated doctor does not have the records 3 days prior to the scheduled exam, the designated doctor SHALL:

- Report the violation to the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) local field office.
- **NOT conduct the examination until all records are received.**

TDI-DWC will take necessary actions to ensure the designated doctor receives the medical records.

The designated doctor is required to review records received from the treating doctor, insurance carrier, TDI-DWC and any medical records provided by the injured employee **BEFORE** examining an injured employee.

The designated doctor is responsible for the retention of medical records related to the medical examination. The retention requirement for medical records related to a designated doctor examination is a minimum of 5 years or longer if required by the designated doctors licensing board. The medical records can be destroyed only after the designated doctor determines that the information is no longer needed **AND** the record retention period has expired.

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Designated Doctor Minimum Narrative Report Requirements (28 Texas Administrative Code (TAC) §127.220)

Designated doctor narrative reports must, at a minimum:

- Identify the questions the Texas Department of Insurance, Division of Workers' Compensation ordered the designated doctor to address *and*:
 - Provide a clearly defined answer to ordered question(s);
 - Not answer question(s) not ordered to be addressed; and
 - Sufficiently explain how the designated doctor determined the answer(s) within a reasonable degree of medical probability.
- Include general information regarding the identity of:
 - Designated doctor;
 - Injured employee;
 - Employer;
 - Treating doctor; and
 - Insurance carrier.
- Summarize additional testing conducted or referrals made including:
 - Identity of referral health care provider;
 - Types of tests conducted or referrals made and dates the tests or referral examination(s) occurred; and
 - Explain why testing/referral was necessary to resolve a question at issue in the examination.
- State the date of the examination and address where the examination took place.
- List specific medical records or other documents the designated doctor reviewed including dates of those documents and which, if any, were provided by the injured employee.
- Include a narrative description of and documentation of the time the designated doctor began and completed the following:
 - Taking the medical history;
 - Physically examining the injured employee; and
 - Engaging in medical decision making.
- Be signed by the designated doctor who performed the exam.
- Include a statement of no known disqualifying association.
- Include a certification of date the report was sent to all required recipients and in the required manner; and
- Indicate the report was reviewed and approved in final form by the designated doctor.

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(The form below is suggested for use, but not required)

Date: Date

To: Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC)
Fax number: 512-804-4121

From: Designated Doctor Name
Designated Doctor Agent Name (if any)
Phone Number
Fax Number

Re: Injured Employee Name
DWC Claim #
Date of Injury

Designated Doctor's Notice of Exam Change or Request for Approval

- 1. A scheduling conflict exists and the exam has been rescheduled to_____. Provide description of scheduling conflict below. 28 Texas Administrative Code (TAC) §127.5(i)(j)(k)
- 2. A scheduling conflict exists and the exam cannot be rescheduled within 21 days of the originally scheduled exam. Provide description of scheduling conflict below. 28 TAC §127.5(i)(j)(k)
- 3. The injured employee failed to attend a rescheduled exam. 28 TAC §127.5(i)(j)(k)
- 4. Designated doctor is not available to perform the exam because of a disqualifying association. Provide nature of disqualifying association below. 28 TAC §127.140
- 5. The insurance carrier/treating doctor failed to provide the required medical records at least 3 working days prior to the exam. Notice to designated doctor: The exam must be rescheduled if the records are not received within 1 working day of the exam. 28 TAC §127.10(a)(3)
- 6. **Request for Approval** to change the exam address indicated on the order. Provide the proposed exam address, date and time of exam (if changed), and good cause for the change below. 28 TAC §127.5(c)
- 7. **Request for Approval** of additional time to complete testing or referral exam and designated doctor's report. Provide either (a) the name and specialty of referral doctor or (b) type of testing ordered; and the date of the exam or testing. 28 TAC §127.10(c)
- 8. Other. Provide sufficient explanation/description below.

Provide a full and complete explanation of the notification or request made to the TDI-DWC.

Please note the designated doctor cannot take action on a request made until a determination is made by the TDI-DWC.

Fax to (512) 804-4121

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Designated Doctor Administrative Violations

(28 Texas Administrative Code (TAC) §127.10(a) and §127.210)

The Commissioner may revoke or suspend a designated doctor's certification as a designated doctor or otherwise sanction a designated doctor for noncompliance with 28 Texas Administrative Code (TAC) §127 for any of the following:

- 4 refusals within a 90-day period to accept or perform an offered or ordered appointment for which the designated doctor is qualified;
- 4 consecutive refusals to perform, within the required timeframes, a Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) ordered appointment for which the designated doctor is qualified;
- Any refusal to accept or perform a TDI-DWC offered or ordered appointment that relates to a claim on which the doctor previously performed an examination;
- Misrepresentation or omission of pertinent facts in medical evaluation and narrative reports;
- Submitting unnecessary referrals to other health care providers;
- Ordering or performing unnecessary testing of an injured employee as part of the designated doctor examination;
- Submission of inaccurate or inappropriate reports due to insufficient medical history or physical examination and analysis of medical records;
- Submission of designated doctor reports that fail to include all elements of 28 TAC §§127.10, 127.220 and other TDI-DWC rules;
- Failure to timely respond to a request for clarification from TDI-DWC regarding the examination or any other information requested by TDI-DWC;
- Failure to successfully complete the training and testing requirements of 28 TAC §127.110;
- Self-referring, including referring to a health care provider with whom the designated doctor has a disqualifying association, for treatment or becoming the treating doctor for the medical condition evaluated by the designated doctor;
- Behaving in an assaultive or abusive manner toward the injured employee; TDI-DWC or other system participants;
- Failing to maintain the confidentiality of patient medical and claim file information;
- Performing a designated doctor examination which the designated doctor was not ordered by TDI-DWC to perform; and
- Other violations of applicable statutes or rules while serving as a designated doctor.

Designated doctors are liable for all administrative violations committed by their agents on their behalf. The process for notification and appeal of a sanction is governed by 28 TAC §180.27, and any suspension, revocation or other sanctions will remain in effect pending appeal.

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Designated Doctor Program

Contact Information

Designated Doctor Operations – Outreach Planning and Coordination:

- Questions concerning registration for certification courses and optional trainings

Telephone: (512) 804-4685

Email: opc@tdi.texas.gov

Designated Doctor Education:

- Designated doctor certification course and optional training content
- Designated doctor testing
- Designated doctor education outreach

Telephone: (512) 804-4765

Fax: (512) 804-4769

Email: DesDoc.Education@tdi.texas.gov

Designated Doctor Certification and Recertification:

- Designated doctor application/reapplication process
- Designated doctor deferral requests
- Designated doctor voluntary surrender requests
- Verify designated doctor certification dates and MMI/IR authorization dates

Telephone: (512) 804-4766

Fax: (512) 804-4207

Email: OMA@tdi.texas.gov (questions only, not forms)

Designated Doctor Examination Coordination:

- Scheduling & rescheduling of designated doctor examinations (fax only)
- Request for redesignation (fax only)
- Request to change an exam location (fax only)
- Injured Employee no show notification (fax only)
- Request for additional time to complete a DD report (fax or email)

Telephone: (800) 252-7031

Fax: (512) 804-4121

Email: DDScheduler@tdi.texas.gov

Email: DDRecords@tdi.texas.gov

TXCOMP Assistance

- Assistance with TxComp User ID and/or password

Telephone: (800) 252-7031 option 5

Email: txcomp@tdi.texas.gov

CompConnection for Health Care Providers:

- Billing and reimbursement
- Medical fee dispute resolution process

Telephone: (800) 252-7031 ext. 3
Telephone: (512) 804-4000 ext. 3 (Austin area)
Email: MedBen@tdi.texas.gov

Claims and Customer Services:

- Claims administration assistance
- Medical records not received
- Requests for extension of time to submit reports

Telephone: (800) 252-7031
Email: ddrecords@tdi.texas.gov

Hearings

- Letters of Clarification

Telephone: (512) 804-4010
Fax: (512) 804-4005 (Requests and Responses)

- Presiding Officer Directives

Telephone: (512) 804-4005 (Questions only)
Fax: (512) 804-4011

Medical fee dispute resolution

Telephone: (512) 804-4812
E-mail: mdrinquiry@tdi.texas.gov

Office of Injured Employee Counsel:

Telephone: (866) 393-6432
Email: OIECInbox@oiec.state.gov

Workers' Compensation Health Care Networks

E-mail: WCNET@tdi.texas.gov

Independent Review Organizations (IROs)

E-mail: URAGrp@tdi.texas.gov

Insurance coverage or verification

E-mail: workerscompcustomerservices@tdi.texas.gov

Texas Department of Insurance – Complaints

Visit <http://www.tdi.texas.gov/consumer/complfrm.html> for complaint submission options

Appeals Panel Decisions (APDs) for Designated Doctors

As of September 1, 2021

APD#	Subject	Relevancy
130191 150224	Maximum Medical Improvement (MMI)	The Medical Disability Guidelines (MDG) cannot be used alone, without considering the injured employee's (IE) physical examination and medical records, in determining an IE's date of MMI.
040313-s 040998-s	MMI/Impairment Rating (IR)	An IR assignment shall be based on the injured employee's condition as of the MMI date, considering the medical records and the certifying examination. 28 Texas Administrative Code (TAC) §130.1(c)(3). That rule has been interpreted to mean that the IR shall be based on the condition as of the MMI date and is not to be based on subsequent changes, including surgery.
211351	Impairment Rating (IR)	For IR assignment there should not be internal inconsistency between the DWC-69 and the narrative report. Checking the box for "no permanent impairment" on the 69 is not the same as assigning a 0% IR.
030091-s 142524	Radiculopathy	The AMA Guides indicate that to find radiculopathy, doctors must look to see if there is a loss of relevant reflexes or unilateral atrophy with greater than a 2 centimeter decrease in circumference compared with the unaffected side [see APD 072220-s, below, for clarification that, in order to have significant signs of radiculopathy based on atrophy, the measured unilateral atrophy is 2 centimeters or more, not greater than 2 centimeters
040924 , 091039 , 111710	Radiculopathy	Loss of relevant reflexes is a decrease or an absence. The AMA Guides do not require a total loss of reflexes to qualify for an IR of radiculopathy.
072220-s	Radiculopathy	The AP clarified that to receive a rating for radiculopathy the IE must have significant signs of radiculopathy, such as loss of relevant reflex(es), or measured unilateral atrophy of 2 centimeters or more above or below the knee, compared to measurements on the contralateral side at the same location, and the atrophy or loss of relevant reflexes must be spine-injury-related.
051456 080375	Radiculopathy	The significant clinical signs of radiculopathy may be verified by electrodiagnostic testing; however, electrodiagnostic testing indicating radiculopathy is insufficient by itself to assign impairment for radiculopathy in the absence of significant signs of radiculopathy (loss of relevant reflexes or unilateral atrophy).
022509-s	Spine	In the event the evaluating doctor must choose between two or more DRE categories that may apply, the ROM Model may be used in conjunction with the DRE Model as a "differentiator" to make that choice.
032336-s	Spine	The evaluating doctor may not merely choose an IR that is between the IRs provided for in the DRE categories.
030288-s	Spine	If none of the categories of the DRE Model are applicable the evaluating doctor may use the ROM Model for assigning the IR. The doctor's report must have a specific explanation why

APD#	Subject	Relevancy
		the DRE Model could not be used. A comment that the evaluator merely prefers "to use the Model that he or she feels is most appropriate" is insufficient justification for using the ROM rather than the DRE Model."
051306-s	Spine Cervical, Thoracic Lumbar	In using the DRE Model, the doctor should select the region primarily involved and rate that region. If the injury is primarily to the cervical spine the rating would be for cervicothoracic spine impairment; if the injury was primarily to the thoracic spine the rating would be for thoracolumbar spine impairment; and if the injury is primarily to the lumbar spine the rating would be for lumbosacral spine impairment. If more than one spine region is impaired, the doctor determines the impairment of the other regions and combines the regional impairments using the CVC to express the total spine impairment.
080966-s	Spine Guarding	Table 71, AMA Guides, p. 109, lists DRE Impairment Category Differentiators. The Guarding portion of Table 71 states "muscle guarding or spasm or nonuniform loss of ROM." By placing the word "or" between guarding, spasm and nonuniform loss of ROM, those terms are in the disjunctive. The AP held that guarding can be used as a differentiator if guarding or spasm or nonuniform loss of ROM is present or has been documented by a physician, not that all three items of guarding, spasm and non-uniform loss of ROM must be present or documented by a physician before it can be used as a differentiator.
022504-s	Upper Extremity (wrist radial/ulnar deviation) Range of Motion (ROM)	Where a conflict exists between the general directions and the figures in the AMA Guides, the general directions control. The general directions for rating radial and ulnar deviation provide that the measurements be rounded to the nearest 10 degrees. Because the general directions control, the measurements for radial and ulnar deviation should be rounded to the nearest 10 degrees, not 5 degrees as provided in Figure 29.
151158-s 160851	Resection Arthroplasty of the Distal Clavicle	The language on page 3/58 is ambiguous, whereas the language on page 3/62 provides more clear instruction regarding the rating of arthroplasty procedures. Therefore, a distal clavicle resection arthroplasty that was received as treatment for the compensable injury results in 10% upper extremity impairment under Table 27 on page 3/37, which is then combined with ROM impairment, if any, as provided by the AMA Guides. The AP has previously held that impairment for a distal clavicle resection done as treatment for the compensable injury results in 10% UE impairment under Table 27 of the AMA Guides, which is then combined with ROM impairment, if any, per the AMA Guides.
061569-s	Upper Extremity	Upper extremity impairments for a limb are combined using the Combined Value Chart (CVC) to determine the total upper extremity impairment and then the total upper extremity impairment is converted to a whole person impairment.
150931	Upper Extremity- Both Arms	If both limbs involved, calculate the whole person IR for each separately and combine the percent using the CVC.
120897 132413	Upper Extremity Contralateral Comparison	There is no provision in the AMA Guides which require or prohibit using the contralateral side as a comparison and it is in the discretion of the certifying doctor to do so or not.

APD#	Subject	Relevancy
052243-s	Upper Extremity RSD/CRPS	Impairment secondary to causalgia and RSD is derived as set forth on page 3/56 of the AMA Guides "Causalgia and RSD", not from Table 17 "Impairment of Upper Extremity Due to Peripheral Vascular Disease" on page 57 of the AMA Guides.
211091-s	Lower Extremity ROM	AMA Guides on page 3/75 states that for impairments of the same lower extremity part, or different parts, the whole person impairments should be combined. This includes ROM impairments within the same joint.
132734	Lower Extremity ROM	There are no specific directions in the AMA Guides which prohibit addressing loss of motion in the different directions of motions or vectors of motion in assessing impairment for a single joint. Section 3.2e does not require that a certifying doctor must only use the most severe impairment for an individual direction of motion within the same table.
101481	Lower Extremity Peripheral Nerve Loss	The AMA Guides on page 3/88 state that all estimates listed in Table 68 are for complete motor or sensory loss of the named peripheral nerves and that partial motor loss should be estimated on the basis of strength testing.
111720	Lower Extremity Amputation	A lower extremity impairment based on gait derangement for an extremity cannot exceed the impairment estimate for amputation of the extremity, which would be 40% whole person impairment.
072253-s 130849	Hernia	To assess an impairment for a hernia-related injury under Table 7 "Classes of Hernia-related Impairment", page 10/247 of the AMA Guides, there must be a palpable defect in the supporting structures of the abdominal wall.
071599-s	Skin/Peripheral Nerve	Impairment for a skin disorder under Chapter 13 of the AMA Guides may be combined with peripheral nerve impairment under Chapter 4 using the CVC to determine total impairment.
031168	Skin	Impairment for a skin disorder under Chapter 13 may be combined with impairment for loss of ROM under Chapter 3 using the CVC to determine total impairment.
060949	Vision Loss	The AP stated that the AMA Guides require that all five steps be followed even if only one eye is injured. Subsection 8.4 page 217 lists the steps in determining impairment of the visual system and whole person. Step 1 is to determine the percentage loss of central vision for each eye combining the losses of near and distance vision. Step 2 is to determine loss of visual field for each eye. Step 3 is loss of ocular motility. Step 4, after "determining the level of impairment of each eye, use Table 7 (page 219) to determine visual system impairment." Step 5 is to convert the visual system impairment to a whole person IR.
042912-s	Syncope	Syncope is rated for impairment under Table 22 entitled "Impairments Related to Syncope or Transient Loss of Awareness" on page 4/152 of the AMA Guides, and not under Table 5 on page 4/143.
051277 961699	Mental and Behavioral Disorders	Although Chapter 14 of the AMA Guides does not provide impairment percentages in the Table entitled "Classifications of Impairments Due to Mental and Behavioral Disorders", the certifying doctor may consider Chapter 4 relating to the Nervous System to calculate the impairment percentage for mental and behavioral disorders from Chapter 14. Chapter 4 at page 142 of the AMA Guides, the first column, provides

APD#	Subject	Relevancy
		that the criteria for evaluating the emotional and behavioral impairments in Table 3 of Chapter 4 relate to the criteria for mental and behavioral impairments in Chapter 14.
030622 961699	Mental and Behavioral Disorders	An IR for a mental or behavioral disorder must be supported by objective clinical or laboratory findings. The mental or behavioral disorder must be permanent to be rated for impairment.
002967	Aggravation	A 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 or an underlying condition.
120311-s	Extent of Injury	Differential diagnosis is not required to establish expert medical causation evidence.
141797	Extent of Injury	Designated doctors must address all disputed injuries listed by the requestor when assessing extent of injury.
090692-s	IR Adjustments	Adjustments to IR for effects of treatment or lack of treatment.
121131-s	Lifetime Income Benefits (LIBs)- Imbecility or Incurable Insanity	Discusses the concept beyond Texas Labor Code § 408.161(a)(6) and strictly legal definitions and looks to case law. The AP cited case law that contained instructive language on the definition of incurable insanity or imbecility. The AP noted that case law stated a worker's mental illness is "insanity" if he or she suffers severe social dysfunction and a worker's intellectual impairment is "imbecility" if he or she suffers severe cognitive dysfunction, and that social or cognitive dysfunction is "severe" if it affects the quality of the worker's personal, non-vocational life in significant activity comparably to the loss of two members or sight of both eyes, and is incurable if it is unlikely that normal functioning can be restored.
070063-s	LIBs	The AP cited prior APDs and case law rejecting the argument that because the IE had a spinal injury, the only way the IE could prove entitlement to LIBs was to show permanent and complete paralysis of his legs under Section 408.161(a)(5). The AP cited to case law that had approved entitlement to LIBs based on the total and permanent loss of use of the legs and/or feet, as total loss of use is defined in <i>Travelers Insurance Co. v. Seabolt</i> , 361 S.W.2d 204 (Tex. 1962), where the injury was to the spine. Also, the AP cited case law that had rejected the argument that the standards applied to loss of use under the prior law should not apply to cases decided under the 1989 Act.
043168 110267	Compensable Injury	The doctor evaluating permanent impairment must consider the entire compensable injury.

DISCLAIMER: This list of APD decisions is provided as a quick reference guide, which does not constitute a substitute for review of the relevant APD in its entirety.

Appeals Panel Decision Manual - Acronyms

Acronym	Phrase
Act	Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001
AIDS	Acquired Immune Deficiency Syndrome
AMA	American Medical Association
AP	Appeals Panel
APA	Administrative Procedure Act
APD	AP Decision
AWW	Average Weekly Wage
BRC	Benefit Review Conference
BRO	Benefit Review Officer
BCTS	Bilateral Carpal Tunnel Syndrome
BFOE	Bona Fide Offer of Employment
CAD	Coronary Artery Disease
CE	Claim Employer
CCH	Contested Case Hearing
CPR	Cardio Pulmonary Resuscitation
CRPS	Complex Regional Pain Syndrome, was RSD, Reflex Sympathetic Dystrophy
CTS	Carpal Tunnel Syndrome

CVC	Combined Values Chart
D&O	Decision and Order (Hearing Officer's)
DARS	Department of Assistive and Rehabilitative Services formerly (TRC)
DB	Death Benefits
DD	Designated Doctor
Department	Texas Department of Insurance (TDI)
Division	Division of Workers' Compensation (DWC)
DOI	Date of Injury
DRE	Diagnosed-Related Estimates
DSM III R 1	Diagnostic and Statistical Manual of Mental Disorders (3rd edition ? revised)
DW	Deceased Worker
DWC-52	Application for Supplemental Income Benefits
ER	Emergency Room
FCE	Functional Capacity Evaluation
FMLA	Federal Medical Leave Act
FO	Field Office
Guides 3rd Ed.	Guides to the Evaluation of Permanent Impairment, third edition, second printing, dated February 1989, published by the American Medical Association
Guides 4th Ed.	AMA Guides (1st, 2nd, 3rd, or 4th printing, including corrections and changes as issued by the AMA prior to May 16, 2000), fourth edition
HCN	Health Care Network

HD	Hearings Division
HNP	Herniated Nucleus Pulposus
HO	Hearing Officer
IC	Insurance Carrier
IIBs	Impairment Income Benefits
IPE	Individualized Plan for Employment
IR	Impairment Rating
IRO	Independent Review Organization
IW	Injured Worker
LIBs	Lifetime Income Benefits
LHWCA	Longshore and Harbor Workers' Compensation Act
LMSI	Loss of Motion Segment Integrity
LOC	Letter of Clarification
MDA	Medical Disability Advisor
MDR	Medical Dispute Resolution
MMI	Maximum Medical Improvement
MRD	Medical Review Division
MVA	Motor Vehicle Accident
OAO	Official Action Officer

ODG	Official Disability Guidelines
PIP	Personal Injury Protection
PT	Physical Therapist
PTSD	Post Traumatic Stress Disorder
ROM	Range of Motion
ROMM	Range of Motion Model
RME	Required Medical Examination
RSD	Reflex Sympathetic Dystrophy-now CRPS-Complex Regional Pain Syndrome
SS	Spinal Surgery
SIBs	Supplemental Income Benefits
SIF	Subsequent Injury Fund
TD	Treating Doctor
TIBs	Temporary Income Benefits
TRC	Texas Rehabilitation Commission (Department of Assistive and Rehabilitative Services)
TWC	Texas Workforce Commission
TWCC	Texas Workers' Compensation Commission
URA	Utilization Review Agent
VRP	Vocational Rehabilitation Program

Designated Doctor Certification

DD Certification (28 TAC §127.100)

In order to serve as a DD, a doctor must

- Submit certificates of successful completion of DWC required training and testing on the duties of a DD under the Act of Rules, including demonstrated proficient knowledge of currently adopted edition of the *AMA Guides to the Evaluation of Permanent Impairment* and DWC adopted treatment and return-to-work guidelines
- Submit a **COMPLETE** application ([DWC Form-067](#))
- Be licensed in Texas
- Maintain an active practice (routine office hours of at least 20 hours per week/ 40 weeks per year for the treatment of patients) for **at least 3 years after licensure during their career**
- Own or subscribe to the currently adopted edition of the *AMA Guides* (4th Edition) and all return-to-work and treatment guidelines adopted by DWC

Approval certifies a doctor for a 2-year term

- Includes effective and expiration dates
- Includes examination qualification criteria (under new [28 TAC §127.130](#)) that DWC has assigned to DD based on requisite licensure and board certification

Doctors shall be denied certification for

- Failing to submit required information
- Failure to submit a correct/complete application
- Failure to disclose orders and/or practice restrictions, reprimands, etc.
- Relevant practice/certification restriction, or other related issue (including DWC)
- Other activities that warrant denial of application

DD Recertification (28 TAC §127.110)

- A DD previously admitted to the DD list must renew by submitting verification that they have completed all DWC required training and passed all DWC required testing within the past 12 months
- Own or subscribe to the currently adopted edition (4th Edition) of the AMA Guides and all return-to-work and treatment guidelines adopted by DWC
- Submit a COMPLETE application ([DWC Form-067](#))
- **Must submit required training and testing certificates along with a complete DWC Form-067 at least 45 days in advance of expiration date**
- DWC will not assign new exams to a DD during the **45 days** prior to expiration of the DD's certification if required recertification information is not received
- DD may still provide services on previously assigned claims
- 30-day grace period for recertification after expiration

Doctors can be denied recertification for:

- Failing to submit required information and
- Failing to update initial application
 - **Changes to any information submitted on application must be submitted to DWC within 10 working days**
 - **Update information including disclosure of any orders, etc.**
- Orders and/or practice restrictions received from state licensing board, certification authority or other state/federal agencies (including DWC) constitutes a basis for denial
- A reprimand or fine paid to a state licensing board or state agency
- Requesting unnecessary referral examinations or testing or failing to comply with financial disclosure requirements when requesting referrals or ordering testing
- Other activities that warrant denial of recertification application, including but not limited to
 - Quality of DD's past reports
 - DD's history of complaints
 - Excess requests for deferral from the DDL
 - Pattern of overturned reports by DWC or court
 - Demonstrated lack of ability to apply or properly consider AMA Guides or DWC adopted return-to-work and treatment guidelines
 - Demonstrated lack of ability to consistently perform DD exams in a timely manner
 - Demonstrated failure to identify disqualifying associations
 - Demonstrated lack of ability to ensure confidentiality of employee medical records or claim information
 - Any other grounds allowing DWC to sanction a health care provider under the Texas Workers' Compensation Act or DWC Rules

Designated Doctor Duties and Responsibilities

(28 Texas Administrative Code (TAC) §127.200)

All Designated Doctors shall:

- Perform designated doctor examinations in a facility currently used and properly equipped for medical examinations that ensures safety, privacy, and accessibility injured employees, injured employees' medical records and other records containing confidential claim information.
- Ensure the confidentiality of medical records, analyses, and forms provided to or generated by the designated doctor.
- Ensure destruction of these medical records after retention expires and DD determines information is no longer needed.
- Ensure all agreements with those permitted to perform DD administrative duties (including billing and scheduling duties) on behalf of DD:
 - Are in writing and signed by DD and contracting person
 - Define administrative duties that may be performed on behalf of DD.
- Require person with whom DD contracts to comply with all confidentiality provisions of Texas Labor Code and all other applicable laws.
- Comply with [28 TAC Chapter 133](#) medical billing and payment requirements.
- Do not constitute improper inducements under [TLC §415.036](#) and [28 TAC §180.25](#).
- Are made available to DWC upon request.
- Notify DWC in writing and in advance if DD voluntarily decides to defer DD's availability to receive offers of examinations for personal or other reasons and specify durations of and reason for deferral.
- Notify DWC in writing and in advance if DD no longer wishes to practice as DD before *DD's current certification expires*.
 - A DD who no longer wished to practice as a DD, before DD's current certification expires, must expressly surrender DD's certification in a signed, Written statement to DWC.
- Be **physically present** in same room as injured employee for DD examination or any other health care service provided to injured employee that is NOT referred to another health care provider under [28 TAC § 127.10\(c\)](#).
- Apply the appropriate edition of the American Medical Association guides to the Evaluation of Permanent Impairment and division-adopted return-to-work guidelines.
- Provide DWC with updated information within 10 working days of change in any of information provided to DWC on doctor's application for certification or recertification as a DD.

Designated Doctor Duties and Responsibilities

(28 Texas Administrative Code (TAC) §127.200)

- Maintain a professional and courteous demeanor when performing duties of a DD, including:
 - Explaining purpose of DD examination to injured employee at beginning of examination.
 - Using non-inflammatory, appropriate language in all reports and documents produced by DD.

- File a complaint
 - Online: <http://www.tdi.texas.gov/consumer/complfrm.html>
 - By fax: 512-490-1030
 - By email: DWC-CRCSIntakeunit@tdi.texas.gov
 - By mail:

Texas Department of Insurance
Division of Workers' Compensation
7551 Metro Center Dr., Suite 100, MS-603
Austin, TX 78744

- Respond timely to all DWC inquiries regarding appointments, clarification, documents and all other inquiries.
- Notify DWC if a DD's continued participation on a claim would require DD to exceed the scope of practice authorized by doctor's license.
- **Not perform** required medical examinations, utilization review, peer reviews, or *on a claim to which a DD has already been assigned as DD*.
- Consent to and cooperate during any on-site visits by DWC pursuant to 28 TAC §180.4 to ensure DD compliance with the Act and applicable DWC rules. * *DWC will notify DD in advance or at time of specific duties being investigated at time of visit.*
- Identify themselves at beginning of every DD examination, cooperate with all DWC audits and quality reviews, and comply with all applicable laws and rules.
- Bill and receive payment for DD examinations in accordance with 28 TAC Chapters 133 and 134.
- Comply with all accommodation requirements of Title II of the Americans with Disabilities Act (ADA).
 - When DD receives request for accommodation, they should make every effort to provide accommodation.
 - If not able to provide accommodation, injured employee should be instructed to contact local DWC field office prior to performing examination.