

WISCONSIN



DWD

Final Medical Reports and Tips for Closing Claims

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Necessary Elements

- Date of injury
- Percentage of PPD
- At end of healing/Maximum Medical Improvement (MMI)
- Signed and dated by treating physician
 - APNP, PA-C are not certified reporters
 - Supervising physician can cosign
- Clinic notes with the above elements are also acceptable



Necessary Details

- For surgery
 - Procedure indicated
 - Operative report
- For fingers
 - Range of motion
 - Hand dominance
 - X-ray images if amputation past distal phalanx
- No AMA Guidelines for scheduled injuries



Avoiding DWC Letters

- **IMEs do not substitute for final medical reports**
 - Send the position letter
 - Pay the average if a letter isn't sent
- Let us know when we will get the report
- Provide (at minimum) the necessary details
- Timely issue PPD payments to avoid penalties and surcharges

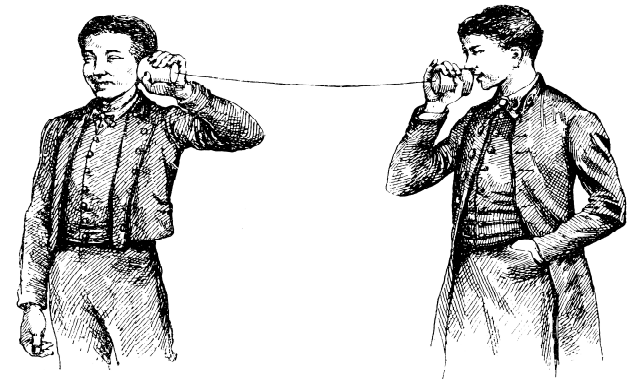


Commonly Sent Letters

- No specific percentage stated
- No operative report
- No TTD for surgery paid
- No hand dominance given for fingers
- No x-ray images for finger amputation
 - Faxed or photocopied images not accepted

**When in doubt,
give us a shout!**

(608) 261-8472



Common Procurement Problems

- MD non-responsive
- MD won't complete
 - Lost to follow-up
 - Still treating
 - Deferred opinion
 - No longer practicing
- Claimant won't go in for final evaluation



Out of State Treatment

- Common with truckers
- Claimant must understand the full process
- MD education necessary
- Immediately send DWC booklet or link to its online version



Treating for Other Injuries

- Injuries not work-related may keep MD from declaring MMI for work injury
- These claims cannot be closed and reopened later
- Keep us informed of treatment progress so we have something on file
- Dates will always be pushed out if we have proof of ongoing treatment



Getting Help with MDs

- If the MD is no longer available, have another doctor at the same practice complete Final Medical Report (FMR)
- Try another MD the claimant saw
- Ask the claimant to visit their Primary Care Provider (PCP)
- DWC has called doctors before!



Getting Help With Claimants

- Claimants often don't want to go back to treating physician after an IME has denied care
- Let them know the final visit will be paid for
- Mileage and wage loss still apply
- Someone who thinks more benefits can come is more willing to be evaluated



Asking DWC to Step In

- Send DWC, at minimum, copies of your three attempts to get MD to sign off
- Don't forget the MD address!
- We will send a "GL-15" to the MD demanding a response
- Followed up with "GL-10" sent to claimant telling them to contact the MD
- File will be closed on an internal follow-up



Easy Scenario

A claimant has been out for six weeks due to a broken metatarsal. After that, you send us the clinic note that says they can return to work with no restrictions and to follow-up as needed. You haven't received a worksheet from the state yet, and your supervisor wants to know why the claim isn't closed on our end.

What will happen?



Easy Answer

The clinic note didn't say if there was any PPD. For us, it's not a final medical report. Have the doctor write an addendum saying a specific number of percentage. A separate form is not necessary; we **do** take hand-written notes signed by the doctor.

We don't always write back to carriers; we assume they know the minimum necessary components and sent us an incomplete report just to get something in.



Difficult Scenario

Someone has been out on TTD for two years after an MVA treating a shoulder and neck injury. The MD wants to pursue a two-level cervical fusion. On IME, the examiner said that only the shoulder was strained and placed end of healing exactly three weeks after the accident with no permanency. When reviewing the report, the claimant immediately abandons treatment, and the MD says they aren't returning calls.

What will happen?



Difficult Answer

No medical report is necessary. Only when there is permanency, **more** than three weeks of temporary disability, or surgery will we want a report. No follow-up is necessary from the claimant in this case.

We would close the claim when we review both the IME and position letter.



Hard Scenario

A claimant had half of their index finger amputated. Original treatment was in Wisconsin but in 2018 they moved to Iowa and saw a new doctor. When we asked for an FMR, you reached out to the MD who was unwilling to send images, complete a report, or give PPD without an up-front \$750. The claimant is non-responsive.

What will happen?



Hard Answer

We know permanency exists, so the bare minimum must be paid immediately. Send us copies of your communications to the doctor and what you have sent the claimant. We will want any info to help determine the PPD on our own, such as the operative note of the amputation. Due to the ambiguity, if you concede the whole finger, we will close the claim when we receive that letter.



Questions?

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