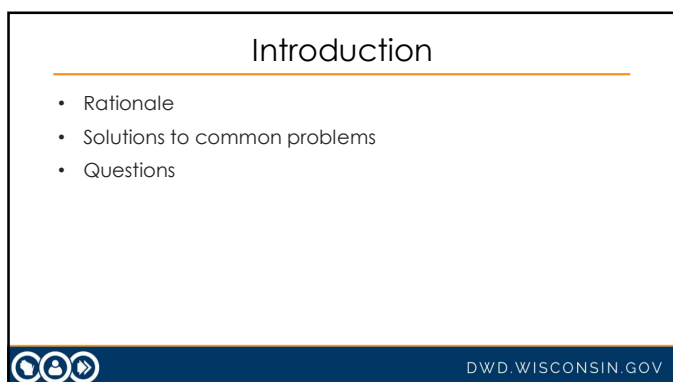
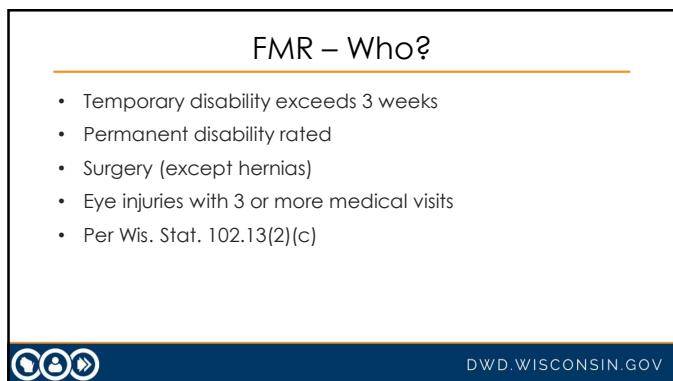




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FMR – Why?

Rating = Compensation for disability related to injury

- State requirement
- In setting of Independent Medical Examination (IME)
 - Average ratings
 - Helps with dispute resolution
- Verification of benefits owed by statute (if any)



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FMR – When?

- End of healing (EOH)
- Maximum Medical Improvement (MMI)
- Dies before EOH



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FMR – What? (Necessary Elements)

- Diagnosis
- Date of injury
- Percentage rated for disability described
- End of healing and discharged
- Restrictions
- Signed and dated by MD, DO, DC, or PsyD



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Commonly Encountered Problems

- Opinion of unauthorized clinician
- Disability described but not rated, or rating does not meet statutory requirements
- FMR missing one or more required elements
- Additional required documentation
- Doctor unresponsive to FMR request or unavailable
- Patient does not return to doctor for assessment



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Unauthorized Clinician

- Signed by Advanced Practice Registered Nurse (APRN), physician assistant-certified (PA-C), dentist, counselor
- Acceptable if MD, DO, DC, or PsyD co-signs



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Disability Described but Not Rated

- Surgery with statutory minimum rating
- Decreased range of motion
- Permanent restrictions
- Other elements of disability: **If present, shall result in a higher estimate!**
 - Pain
 - Weakness
 - Activity limitation
 - Altered sensation
 - Unstable grafts



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FMR Missing Required Elements

- Check box form missing one or more required elements
- End of healing box was not checked
- Disability was not assigned to a body part
- Extent of amputation
- Rating of scheduled disability uses AMA Guides to Impairment



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Additional Required Documentation

- Operative reports for stat min surgeries
- TTD payment when no lost time beyond 3-day waiting period
- X-rays for significant finger amputations
- IME sent without final medical report
- IME supplemental report sent without original IME report
- IME sent without position letter (unless paying average)



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Doctor Unresponsive or Unavailable


- No response to 3 or more timely requests for FMR
- Doctor refuses to complete FMR
 - "I don't do disability ratings"
 - Injured worker did not return
 - Injured worker still treating
- Doctor moved or no longer practicing
 - Deferred opinion



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Common Procurement Problems



- Employee does not attend final evaluation
- Denial letter following IME
- No timely response from providers

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Getting Help: Forms GL-15 and GL-10

- GL-15
 - Sent when the insurer provides DWD with three or more written requests to the treating provider to get a final medical after EOH is reached with them.
 - **We require treating provider's name and address to send this form.**
- GL-10
 - Sent to injured worker when the provider doesn't respond to DWD or when claimant is lost to follow-up
- 60-day internal follow-up for both forms

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Uncommon Procurement Issues

- Refusal to attend IME
- Out of state treatment
- Treatment for injuries not work-related
- Incarceration
- Missing claimants

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Refusal to Attend IME

- Immediately let us know after the first no-show
- If a no-show for the second, contact us and ask an ALJ to compel attendance
- Benefits cannot be suspended until an ALJ approves



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Out of State Treatment

- Claimant and MD must be educated on basics of WI worker's compensation
- If you will not authorize care, help the claimant to secure a referral from their WI MD
- MD may not understand claim jurisdiction
- We will not close an out-of-state claim without a remarkable effort to secure FMR
- Out of country: call for immediate help



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Treating for Other Injuries

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



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Incarceration

- Approached the same way as if treating for another injury
- Tell us immediately so we can push out the due date
- Mail the claimant a letter saying the follow-up visit and mileage will be paid
- Staff of correctional facility not accepted for final medical report



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Missing Claimants

- When PPD is known, these funds must still be paid; insurers cannot hold
- Inform us immediately and
 - Mail a letter to claimant's last known address asking for contact
 - Mail a letter to any known dependents or employer asking for contact
 - CC all letters to us



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Missing Claimants (cont.)

- If whereabouts still unknown, contact Dept. of Revenue to pay the Unclaimed Property Fund
- Submit a WKC-13 to show payment



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Additional Tips

- Use the Pending Reports system to update the medical report expected due by date
 - Do not tell us via WKC-13 notes
- Review the medical sent for the necessary elements needed to close a claim - a WKC-16 may not be required
- Timely issue PPD payments to avoid surcharges and/or a delay audit
- If you are not sure about how to handle a particular claim, give us a call!



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