

A Brief Introduction to Final Medical Reports

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Introduction

- FMR = Final Medical Report
- Rationale
- Solutions to common problems
- Questions

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FMR – Who?

- Temporary disability exceeds 3 weeks
- Permanent disability rated
- Surgery (except hernias)
- Eye injuries with 3 or more medical visits
- Per Wis. Stat. 102.13(2)(c)

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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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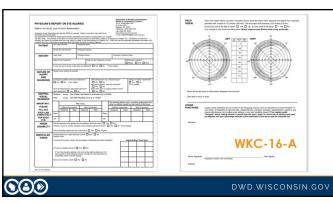
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FMR – What? (Necessary Elements)

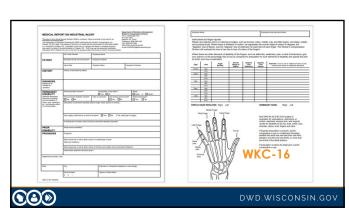
- Diagnosis
- Date of injury
- Percentage rated for disability described
- End of healing and discharged
- Restrictions
- Signed and dated by MD, DO, DC, or PsyD

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\circ CD/DVD or USB stick of x-rays if amputation greater than % of the distal phalanx. • Hand dominance required.

• No AMA Guidelines for scheduled injuries.

- Range of motion.
- For fingers:
- Pay what you know.
- Send operative report.
- For surgery:

- FMR Necessary Details

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!
 - o Pain
- Altered sensation
 Unstable grafts
- Weakness
- \circ Activity limitation

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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 three or more timely requests for FMR.
- Doctor refuses to complete FMR:
 - "I don't do disability ratings"
 - Injured worker did not return
 - o 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 scheduled IME, 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 Wisconsin worker's compensation.
- If you will not authorize care, help the claimant to secure a referral from their Wisconsin 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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