



# MediScene

Keeping You Up-to-Date with the Industrial Commission's Medical Services

August 2020, Issue 1

## HE'S BACK! MEET THE "NEW" CHIEF MEDICAL ADVISOR

After six years away, Dr. Terry Welsh has rejoined the Medical Services team as chief medical advisor at the Ohio Industrial Commission (IC).

Dr. Welsh served in the position from 2007 through 2014, when he left to accept a position as chief medical officer at King's Daughters Medical Center in Ashland, KY, and medical director of their Ohio facility in Portsmouth. Then, in 2016, he was able to move back to central Ohio as chief of medical affairs for Fairfield Medical Center in Lancaster. He was named chief medical officer for the Ohio Bureau of Workers' Compensation in 2018.

"I enjoyed the work, the staff and the environment during my first tenure here," Dr. Welsh said. "When the opportunity came to rejoin the team, I knew I had to take it. It is gratifying to be in a position to assist the IC in its mission to serve injured workers and Ohio's employers through fair and impartial adjudication."

A native of Lancaster, Dr. Welsh is a graduate of Marquette University, and the University of Cincinnati College of Medicine. He is certified by the American Board of Medical Examiners, the American Board of Physical Medicine and Rehabilitation, and the American Board of Electrodiagnostic Medicine. He has earned certification from the American Board of Pain Medicine and the American Board of Independent Medical Examiners.



## THE INDUSTRIAL COMMISSION'S RESPONSE TO COVID-19

We hope this communication finds you and your family well.

In March, in accordance with Ohio Department of Health (DOH) orders, the Industrial Commission arranged for most employees to work from home. IC staff has done an incredible job adapting, which has allowed essential operations to continue. In May, we began scheduling Permanent Total Disability (PTD) evaluations.

We would like to thank you and your staff for your patience and thoughtfulness during this challenging time. We appreciate your willingness to continue to see injured workers for PTD evaluations, in accordance with your licensing board rules, and the DOH orders for a responsible return to practice.

### COVID-19 Resources

Injured workers scheduled for IC PTD evaluations have been informed of our examining doctors' commitment to following the requirements of Ohio DOH orders. They understand that they may be asked to wear a face covering during the evaluation, have their temperature checked and answer health assessment questions upon entry, follow check-in procedures to ensure minimal contact and promote social distancing and to maintain good hygiene, including hand washing, sanitizing, and social distancing.

For more information regarding the DOH orders, go to or click: [www.coronavirus.ohio.gov](http://www.coronavirus.ohio.gov).

## WHAT'S UP WITH THE MEDISCENE?

We are happy to bring you this issue of *MediScene* and preview what to expect in the future.

*MediScene* was born in 2007, as a "whimsical one-pager" to keep IC specialist examiners informed regarding medicolegal issues related to PTD examinations and reports. The staff in Medical Services see and review a lot of reports. We provide real-time feedback to examiners when there is need for report clarification. We consult with medical experts in Ohio regarding medical matters related to reports. We receive feedback from hearing officers and other experts in the legal community regarding legal issues related to reports. Through this process we work to educate examiners on how they might best deliver a medically competent and legally sufficient report which will assist the IC in the determination of eligibility for PTD. Our primary references for this guidance include the IC *Medical Examination Manual*, *AMA Guides*, and Ohio workers' compensation law.

The process also allows us to better understand specific challenges examiners have in accomplishing that goal. These challenges become the "material" for *MediScene*. In our most recent review, we've seen challenges with examiners understanding the required elements for relating sound opinions for questions 1 and 3 (maximum medical

improvement and residual capacity). We've also seen cases where descriptions of symptoms and the impact of the allowed conditions on activities could have painted a more vivid picture of the injured worker, thereby better supporting the examiners' opinion(s). Finally, formatting of the report, in and of itself, is a significant source of error for some examiners. These topics will be highlighted in upcoming issues.

We will continue to include continuing education review questions. With the changes this year in the medical board requirements for CME, completion of these questions will not be applicable toward the requirements for medical licensure, however, you may continue to use them as documentation for the IC requirement for CME credits related to impairment rating at the time of application for reappointment.

You might notice the new "look" of *MediScene*, which is meant to appear clean and professional. Even though the appearance is updated, we will continue to strive to present "just enough" material in a one-page format to be enjoyed and digested.

We are also looking at new and better media options to keep you informed. We look forward to hearing your preferences for communication.

# MediScene Review Questions

You read the content, now earn some credit!\*

## DIRECTIONS AND SUBMISSION

After reviewing the material in this newsletter, please fill in your name, date, time spent on the activity, and your answers to the review questions.

When completed, you may print and fax this page to 614-466-1051, attention Medical Services, subject "MediScene Review Questions," to be placed in your file and held for your future reapplication. Alternatively, you may save your completed form to your computer by choosing "Print," and then choose "Destination" as "Save to PDF." Please email the saved document as an attachment to [medical.services@ic.ohio.gov](mailto:medical.services@ic.ohio.gov), subject line "MediScene Review Questions."

Your Name: \_\_\_\_\_

Time Spent on CME Activity: \_\_\_\_\_

Date: \_\_\_\_\_

(Maximum 30 minutes)

## MEDISCENE REVIEW QUESTIONS

1. The best place to find information regarding the Ohio Department of Health rules and guidelines related to conducting business in response to the COVID-19 pandemic is:

- A. CDC.gov
- B. ic.ohio.gov
- C. BWC.ohio.gov
- D. coronavirus.ohio.gov

2. References used to guide successful completion of an IC PTD examination and report include:

- A. *IC Medical Examination Manual*
- B. *AMA Guides*
- C. Ohio workers' compensation law
- D. All of the above
- E. B and C

3. The Ohio Industrial Commission:

- A. is a branch of the Bureau of Workers' Compensation.
- B. is the adjudicatory commission in Ohio's workers' compensation system.
- C. has jurisdiction for Permanent Total Disability.
- D. All of the above
- E. B and C

4. Examining specialists for IC PTD examinations should:

- A. know and follow Ohio DOH orders and guidelines for responsible return to work.
- B. know and follow their licensing board rules.
- C. make IC Medical Services aware of their availability to perform examinations.
- D. All of the above.
- E. B and C.

5. **SPECIAL BONUS RESEARCH QUESTION**

What do the University of Cincinnati and Marquette University have in common?

\_\_\_\_\_

**ANSWERS:** 1. D; 2. D; 3. E; 4. D; 5. Both schools have won NCAA Division I college basketball national championships.

**\*NOTE:** This educational activity is not a certified AMA category 1 activity, and so it cannot be used as credit toward medical board licensure in Ohio. However, it can be used toward the Ohio Industrial Commission requirement for continuing education credit specific to impairment rating, at the time of your five-year application for reappointment to the specialist examiners' panel.

## Final Thoughts

Our mission is to serve the injured workers and the Ohio employers through expeditious and impartial resolution of issues arising from workers' compensation claims and through establishment of adjudication policy.

July 2020, Issue 1



## BREAKING DOWN QUESTION 3

The third question asked of examiners in IC Permanent Total Disability (PTD) examinations can be challenging. In this issue, we will suggest a method of "breaking it down". We will also add some pointers for addressing residual capacity.

### Here's question #3 (paraphrased):

*Summarize the Injured Worker's residual functional capacity (physical, or mental and behavioral) resulting from the impairment associated with the allowed condition(s). Then, complete the enclosed Physical Strength Rating (for physical allowances) or Occupational Activity Assessment (for psychological allowances).*

As we pull it apart, the question contains four elements the examining specialist needs to bring together for the report, in a way that is supported by and consistent with everything else in the report. These elements include: 1) the **allowed condition(s)** assigned (of which, by the way, you are an expert); 2) the associated **impairment** (according to the *AMA Guides*); 3) the residual **functional capacity** of the Injured Worker (IW), considering the impact of the impairment, and; 4) what type of work activities and **work activity limitations** would be reasonable for the IW.

Below are two common examples:

Allowed Condition	Impairment	Residual Capacity	Limitation of Work Activity
Anxiety	Exposure to large group interactions causes decompensation of ability to adapt to the environment while maintaining concentration and judgement.	Able to cook and clean at home, but unable to tolerate crowds to go grocery shopping. Is not prone to altercations and communicates well with close friends and family. Is able to complete tasks when not distracted by stress of interaction with large groups.	Would be capable of work activities limited to no public speaking, group meetings or group interaction, and primarily one on one social interaction.
Lumbar disc herniation	Chronic low back and leg pain inhibiting movement, leg weakness and sensory deficit.	Able to occasionally lift a gallon of milk (approximately 10 lbs.), perform light housework (with occasional bending and twisting), and is independent with self-care.	Sedentary, with additional limitations of occasional bending and twisting, and no climbing.

## POINTERS FROM OUR EXPERTS

**Remember, the whole person impairment percentages listed in the *AMA Guides, 5<sup>th</sup> Edition*, are consensus-derived estimates, developed by medical experts, which reflect the severity of the medical condition, and the degree to which the impairment decreases an individual's ability to perform common activities of daily living (ADLs), excluding work.**

It is critical for specialists applying the *Guides* to understand, and document in detail, the IW's current symptoms and functional status. The rationale and required content for measuring and reporting ADLs are detailed in the *AMA Guides, 5<sup>th</sup> Edition*, pages 4-7, including Tables 1-2 and 1-3.

**If your report is to be relied upon, it must be internally consistent.** Your opinion of the IW's residual functional capacity and occupational activity limitations in response to question 3 needs to jibe with what is documented in the body of the report, including your review of the record, the IW's report of ADLs, test results, and your examination of the IW. Any inconsistencies need to be explained by applying your knowledge and experience to the clinical scenario.

**Your opinion is one piece of evidence in the Hearing Officer's consideration of the question of PTD.** Understand your limited role in this process. It is important you paint a clear picture of the physical or mental limitations due to the allowed

condition(s) specific to the injured worker from a medical or psychological perspective. It is equally important that you do not consider other factors which might contribute to disability, such as age, education, work experience, or unrelated physical or mental conditions. Keep your doctor's hat on, and don't try to take on the role of an attorney or vocational specialist.

**Your opinion regarding limitations should be highly specific, and highly individualized.** Each report should specify limitations due to the allowed conditions which are unique to the IW's condition. The physical exertion classifications from the Department of Labor's Dictionary of Occupational Titles (for example, sedentary, light, heavy) and the Social Security Administration's Categories of Mental Impairments are useful references, but do not adequately or completely describe limitations in any one individual. Be specific about the IW's ability to perform daily activities, tolerance for weights, movements, and positions, but also pace, persistence, time intervals, and the impact of pain or mental distress on the IW's work capacity.

**The injured worker may have conditions unrelated to the claim which result in physical or mental limitations.** It is important to separate these conditions in your mind, and make it clear in your report, that you are not considering these unallowed conditions when formulating an opinion on residual capacity.

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(Maximum 30 minutes)

## MEDISCENE QUESTIONS, OCTOBER 2020 - ISSUE 2

- Essential steps in addressing question 3 in IC PTD examinations include:
  - A. Considering only the allowed condition(s).
  - B. Applying the *AMA Guides* to determine impairment due to the allowed condition(s).
  - C. Using clinical experience, the IW's report of current symptoms and activities of daily living, the medical record, physical findings, and test results to arrive at an opinion of residual functional capacity.
  - D. Applying the IW's residual functional capacity to explain what type of work activities and work restrictions would be reasonable for the IW.
  - E. All of the above.
- When addressing question 3, the specialist examiner should:
  - A. Not forget to consider the IW's age, education, and previous work experience.
  - B. Be sure to include the impact of nonwork-related conditions in the assessment of residual work capacity.
  - C. Strictly adhere to physical exertion classifications from the Department of Labor, or Social Security Administration's Categories of Mental Impairments.
  - D. All of the above.
  - E. None of the above.
- To be considered when describing work limitations:
  - A. The Injured Worker's current residual functional status (ADLs).
  - B. Tolerance for weights, movements, and positions.
  - C. Pace of work.
  - D. Ability to persist for specific time intervals.
  - E. The anticipated impact of pain or mental distress due to the allowed condition(s) on work tolerance.
  - F. Body part-specific limitations.
  - G. All of the above.
- The Ohio Courts define impairment as, "the amount of the Injured Worker's anatomical and/or mental loss of function caused by an allowed condition."
  - A. True
  - B. False
- The Ohio Courts define disability as, "the effect the impairment has on the claimant's ability to work."
  - A. True
  - B. False
- Disability is a legal determination and is made only by the Ohio Courts or the Industrial Commission via the hearing process.
  - A. True
  - B. False
- SPECIAL BONUS RESEARCH QUESTION: Which famous NCAA basketball coach had his players practice putting on their socks, saying, "Details create success."

\*NOTE: This is not a certified AMA category 1 activity, and so it cannot be used as credit toward medical board licensure in Ohio. However, it can be used toward the Ohio Industrial Commission requirement for continuing education credit specific to impairment rating, at the time of your five-year application for reappointment to the specialist examiners' panel.

ANSWERS: 1. E; 2. E; 3. G; 4. A; 5. A; 6. A; 7. John Wooden, winner of ten NCAA men's basketball national titles while at UCLA, who knew how to break down performance into its critical individual components.



## WE'RE NOT DONE WITH QUESTION #3 YET...

In the last issue, we described a method for breaking down question #3 into its four essential components: 1) the allowed condition(s); 2) the associated impairment(s); 3) the Injured Worker's (IW) residual capacity, and; 4) work limitations due to the allowed condition(s). This issue will focus on your approach to assessing and reporting residual capacity and work limitations.

**Here again, is question #3 (paraphrased):** "Summarize the Injured Worker's residual functional capacity (physical, or mental and behavioral) resulting from the impairment associated with the allowed condition(s). Then, complete the enclosed Physical Strength Rating (for physical allowances) or Occupational Activity Assessment (for psychological allowances)."

Asking yourself the following questions, and documenting your thought process, will allow you to better communicate your opinion regarding an IW's functional capacity and work limitations:

"Based on my interview, my review of the record, and my examination, this IW would more than likely be able to..."

### For Psychological Conditions

- Work under stress?
- Take directions?
- Respond appropriately to authority?
- Interact with the public?
- Make complex decisions?
- Demonstrate initiative?
- Behave appropriately in the workplace?
- Sustain concentration for a task? (for how long?)
- Demonstrate appropriate judgment, awareness of sensitivities, and social maturity?

- Not fear workplace environment?
- Get along with others?
- Adapt to the work environment?
- Work in a team environment?
- Work independently or without supervision?
- Complete tasks at a reasonably acceptable pace?
- Experience restful, nocturnal sleep patterns?

### For Physical Conditions

- Walk, with or without an assistive device (how far, how frequently, and at what pace?)

- Talk, type, write, read or otherwise communicate?
- Grasp, hold, feel or handle? (what weight, how long, at what frequency?)
- Push, pull? (what weight, how long, at what frequency?)
- Kneel, crawl, bend, reach, climb? (at what frequency and for how long?)
- Perform activities with limitation of an extremity? (e.g., work above head, squat?)
- Lift? (what weight, how long, at what frequency?)

- Sit or stand? (at what frequency and for how long?)
- Smell, see, taste?
- Ride, fly, drive? (how often and for how long?)
- Perform basic self-care? (e.g., toileting, bathing, dressing, grooming, eating?)
- Perform housework or yard work? (what type, how often, and for how long?)

Working through these questions in your mind will help you answer question #3 by honing in on residual capacity (by way of review of activities of daily living) and applying this capacity to the consideration of appropriate work limitations. The answers to these questions should draw from your experience with, and knowledge of, the nature of the allowed condition, the functional capacity reported by the IW, your examination of the IW, and your review of the medical record. Approaching question #3 in this way will help guide you to a more thoughtful and well-supported opinion of an IW's functional capacity and work limitations.

## MEET OUR STAFF: SARA CASTLE, DEPUTY DIRECTOR OF MEDICAL SERVICES

Sara Castle serves as the Deputy Director of Medical Services at the Ohio Industrial Commission (IC).

While working toward her Bachelor's of Science degree in athletic training and education at Mount Union University, Sara was an academic all-conference player, and was part of Mt. Union's first women's soccer conference championship team. She completed her Master's of Education degree in Exercise Physiology and Cardiac Rehabilitation from Cleveland State University.

Sara gained experience as an athletic trainer and physical therapy clinic manager, working closely with injured workers in the development of individualized programs focused on functional strengthening and return to work goals.

She was appointed Medical Services Peer Review Coordinator for the IC in 2015, where she focused on improving program quality and standardization. Now Director of Medical Services since 2019,

Sara is responsible for leading the team toward the goal of producing expert medical examinations to assist in the fair and impartial determination of permanent total disability. "I love the interaction with my co-workers and our specialists. I think we have a great group of people working to produce quality IME reports."

To contact Sara Castle, call 614-387-3898 or email [sara.castle@ic.ohio.gov](mailto:sara.castle@ic.ohio.gov).



## Final Thoughts

In IC Medical Services, we work to make sure reports sent to hearing from our specialists are legally sufficient and medically competent. The details of what we consider an adequate report are born of Ohio workers' compensation case law, the principles of the *AMA Guides*, accepted medical standards, and feedback, such as requests for addenda, clarifications and new examinations.

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(Maximum 30 minutes)

## MEDISCENE REVIEW QUESTIONS, NOVEMBER 2020 - ISSUE 3

1. Which (for the purposes of answering question #3 in an Industrial Commission PTD examination) is the most appropriate description of the work limitations of an injured worker with an allowed condition which has caused severe impairment of her left arm?
- A. This Injured Worker has no work limitations.
  - B. This Injured Worker is incapable of work.
  - C. This Injured Worker is capable of sedentary work, with further limitations of no work above the head with the left arm, and using only a negligible amount of force occasionally (up to one third of the time) to lift, carry, push, pull or otherwise move objects with left arm.
  - D. This Injured Worker is capable of sedentary work, with further limitations of no work above the head with the left arm, and using only a negligible amount of force occasionally (up to one third of the time) to lift, carry, push, pull or otherwise move objects with the left arm. She is capable of exerting up to ten pounds of force frequently (one-third to two-thirds of the time) with the right arm. She is unable to perform secretarial work or work as a cashier.
  - E. This Injured Worker is capable of sedentary work, with further limitations of no work above the head with the left arm, and using only a negligible amount of force occasionally (up to one-third of the time) to lift, carry, push, pull or otherwise move objects with the left arm. She is capable of exerting up to ten pounds of force frequently (one-third to two-thirds of the time) with the right arm. She is capable of walking and standing frequently (one-third to two-thirds of the time).
2. An Injured Worker has an allowed condition of depression. She is determined to have a Class III (moderate) impairment, consistent across all four functional areas, with a GAF value of 60. Which (for the purposes of answering question #3 in an Industrial Commission PTD examination) is the most appropriate description of the occupational activity limitations of this injured worker?
- A. This Injured Worker has no work limitations.
  - B. This Injured Worker is incapable of work.
  - C. This Injured Worker is capable of work with the following limitations: Her allowed conditions have caused an impairment at the high end of Class III, moderate, which is compatible with some, but not all, useful functioning.
  - D. This Injured Worker is capable of work with the following limitations: Her allowed conditions have caused an impairment at the high end of Class III, moderate, which is compatible with some, but not all, useful functioning. She would most likely not be able to successfully work in a position which requires her to supervise others, or make complex decisions. She is unable to sustain fast-paced work with high productivity goals. She would be unable to work as a nurse or in a fast food environment, but perhaps could work in waste management.
  - E. This Injured Worker is capable of work with the following limitations: Her allowed conditions have caused an impairment at the high end of Class III, moderate, which is compatible with some, but not all, useful functioning. She would most likely not be able to successfully work in a position which requires her to supervise others, or make complex decisions. She is unable to sustain fast-paced work with high productivity goals. She does have the capacity to work with others to achieve team goals with clear directives.
3. Briefly describe the shortcomings of answers A., B., C., and D. in both questions above:
- A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - E. \_\_\_\_\_

\*NOTE: This is not a certified AMA category 1 activity, and so it cannot be used as credit toward medical board licensure in Ohio. However, it can be used toward the Ohio Industrial Commission requirement for continuing education credit specific to impairment rating, at the time of your five-year application for reappointment to the specialist examiners' panel.

ANSWERS: 1. E.; 2. E.; 3. A. The impairments described do cause some loss of function; B. The impairments described are not work-prohibitive; C. These descriptions are less comprehensive and specific than E.; D. These descriptions cross the line to include a vocational assessment.