A Brief Introduction to Final Medical Reports

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Introduction

- Rationale
- Solutions to common problems
- Questions

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)

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)

FMR – When?

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

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

FMR – Necessary Details

- For surgery
  - Send operative report
  - Pay what you know
- For fingers
  - Range of motion
  - CD/DVD or USB stick of x-rays if amputation greater than ⅔ of the distal phalanx
    - Hand dominance required
- No AMA Guidelines for scheduled injuries

MEDICAL REPORT ON INDUSTRIAL INJURY

Department of Workforce Development
Worker's Compensation Division
201 E. Washington Ave., Rm. C100
P.O. Box 7901
Madison, WI 53707
Telephone: (608) 266-1340
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*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.
The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

PATIENT
WC Claim Number | Employee Name
Employee Social Security Number* | Employee Address
Injury Date | Employer Name | Insurance Company

HISTORY
History as described by patient

DIAGNOSIS (Please be as detailed as possible)

PERMANENT DISABILITY (Describe permanent elements of disability, such as limitation of motion, pain, weakness, etc., and describe effect on working ability.)
What amputation present? | Comparative x-rays taken? ☐ Yes ☐ No | Stump: ☐ hardy or ☐ tender
Has permanent disability resulted? ☐ Yes ☐ No | Date of Last Exam | Has healing period ended? ☐ Yes ☐ No | Patient discharged? ☐ Yes ☐ No
Description of permanent disability (Record finger motion losses on reverse.)
Was surgery performed as a result of accident? ☐ Yes ☐ No If Yes, state type of surgery:
If healing has not ended, what is minimum permanent disability expected?

PRIOR DISABILITY
What previous disability?

PROGNOSIS
Prognosis:
Date injured was or will be able to return to a limited type of work:
State any limitations:
Date injured was or will be able to return to full-time work subject only to permanent limitations:
What further treatment should be given?

Additional comments, if any:

Date | City | Physician or Chiropractor Signature (in own writing)
Phone Number ( ) - | Typed or Printed Name

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Employee Name | Employee Social Security Number

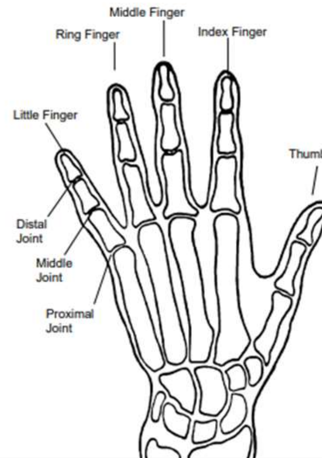
Instructions for finger injuries
Please use statutory terms in referring to fingers, such as thumbs, index, middle, ring, and little fingers, and distal, middle, and proximal joints. Where there is limitation of motion, list separately the normal range of motion in degrees, the "degrees" loss of flexion, and the "degrees" loss of extension for each joint of each finger. The Worker's Compensation Division will evaluate the loss of use due to loss of motion of the fingers.

Where there are other elements of disability of the fingers, such as deformity, weakness, pain, or lack of endurance, give your opinion on the percentage loss of use as compared to amputation for such elements of disability and specify the joint at which such loss is estimated.

Digit	Joint	Angle Ext/Flex	Normal Range of Motion	Degrees Loss Extension	Degrees Loss Flexion	**Estimate** % loss of use for additional factors at joint involved and reason for additional allowance
Thumb	Dist					
	Prox					
Index	Dist					
	Mid					
	Prox					
Mid	Dist					
	Mid					
	Prox					
Ring	Dist					
	Mid					
	Prox					
Little	Dist					
	Mid					
	Prox					

CIRCLE HAND INVOLVED: Right Left

DOMINANT HAND: Right Left



See DWD 80.32 & 80.33 for guides to evaluation for amputations, restrictions of motion, ankylosis, sensory loss, and surgical results for disability to the hip, knee, ankle, toes, shoulder, elbow, wrist, fingers and back.

If fingertip amputation is present, submit comparative x-rays or a statement indicating whether the bone loss was less than one-third, between one-third and two-thirds, or more than two-thirds of the distal phalanx.

If amputation is below the distal joint, submit comparative x-rays.

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PHYSICIAN'S REPORT ON EYE INJURIES

Refer to Ind. 80.26, Loss of vision; determination

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PATIENT
- WC Claim Number
- Employee Name
- Social Security Number*
- Employee Address

HISTORY
- Injury Date
- Employer Name
- Insurance Company Name
- Date of First Treatment
- Date of Last Treatment or Exam
- Which eye is injured? ☐ Right ☐ Left ☐ Both
- If only one eye is injured, is the other eye affected? ☐ Yes ☐ No If Yes, explain:

NATURE OF INJURY AND DIAGNOSIS
- Please be as detailed as possible
- Is physical condition of the eyes stationary? ☐ Yes ☐ No If No, explain:
- Have all adequate and reasonable operations been attempted? ☐ Yes ☐ No
- 1)Did cataract form as a result of injury? ☐ Yes ☐ No
- 2)If cataract formed, was lens removed? ☐ Yes ☐ No
- 3)Has there been a surgical implant of lens? ☐ Yes ☐ No
- Danger of further impairment? ☐ Yes ☐ No If Yes, explain:

CENTRAL VISUAL READINGS
- Distance ⟶ Use Snellen test letters or characters up to 20/800.
- Near ⟶ Use AMA Reading Card up to 14/560.

IMPORTANT: PLEASE FILL OUT EACH LINE COMPLETELY FOR EACH EYE

	After Injury					Pre-existing before injury, including presbyopia and other conditions clearly not the result of the injury.			
	Without Correction		With Correction			Without Correction		With Correction	
	Distance	Near	Distance	Near		Distance	Near	Distance	Near
Right					Right				
Left					Left				

PRIOR DISABILITY
- Did the employee wear glasses for pre-existing subnormal vision? ☐ Yes ☐ No
- Is there a record or positive indication of pre-existing subnormal vision? ☐ Yes ☐ No If Yes, Explain:
- Is the remaining impairment due to the injury? ☐ Yes ☐ No Explain:

BINOCULAR VISION
- Is there absence of useful binocular vision? ☐ Yes ☐ No
- Explain cause:
- If a result of the injury, what is the percentage of additional permanent disability?
- Is there any diplopia present? ☐ Yes ☐ No
- If Yes, this should be plotted in the chart at the right by placing an X in each square in which diplopia is found. The test is to be made with any industrially useful correction applied.
- Was such correction used? ☐ Yes ☐ No

Industrial Motor Field Chart

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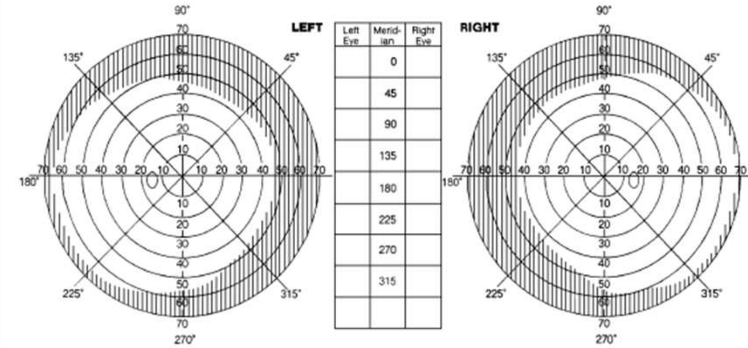
FIELD VISION

Field vision taken without correction if possible using a white test object which subtends one degree and a standard perimeter with a radius of 12.9 inches (330 mm). The test object shall measure 0.223 inches (5.8 mm).

Is there any loss of the field of vision? ☐ Yes ☐ No Is it the result of the injury? ☐ Yes ☐ No

If so, indicate on the charts and table below. **Sketch impaired area. Sketch areas of any scotomata.**



Left Eye	Meridian	Right Eye
	0	
	45	
	90	
	135	
	180	
	225	
	270	
	315	

When did the last trace of inflammation disappear from the eye?

Date able to return to work:

OTHER FUNCTIONS

Certain ocular disabilities are not covered in the foregoing sections, such as disturbance of accommodation, of color vision, of adaptation to light and dark, metamorphosia, entropion, ectropion, lagophthalmos, epiphora, and muscle disturbances not included under diplopia. Is any such disability present? **If so, explain under "Remarks" below, stating whether it results from the injury, what it is, which eye, or whether both eyes are affected, and your percentage estimate of the impairment of the eye or eyes for industrial use.**

Remarks:

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Doctor Signature: ______________________ Date Signed:
(Required in doctor's own handwriting)

Address:

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

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

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

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

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)

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

Common Procurement Problems

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

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

Uncommon Procurement Issues

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

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

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

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

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

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

Missing Claimants (cont.)

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

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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https://dwd.wisconsin.gov/wc/

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