

ADVISORY NO. 312
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**TOPIC: NEW TWCC-32 - REQUEST FOR DESIGNATED DOCTOR FORM
 NEW DESIGNATED DOCTOR PROCEDURES**

The TWCC has just released its newly adopted TWCC-32 (Request for Designated Doctor). TWCC Advisory 2001-12 and the new form are attached. You may also download a copy of the new form at the TWCC website at <http://twcc.state.tx.us>.

This new form is **mandatory** for requests for a Designated Doctor made on or after January 1, 2002.

This TWCC Advisory also lists the key legislative and rule changes regarding the Designated Doctor process and new Rules 130.1 through 130.6. These new rules will be published in the soon-to-be-released *TEXAS WORKERS' COMPENSATION MANUAL*. We have previously advised you of these new Rules in FOL Advisory No. 311. You may also download those new rules from the TWCC website.

We encourage you to again review these new Rules which are now in effect. There are significant changes in this process. Some of the new changes are:

1. You no longer need a prior certification of MMI and impairment to request a Designated Doctor;
2. You now have the opportunity to request a re-examination every 60 days, and less with a showing of "good cause." For example, when the Designated Doctor suggests MMI should be reached after some specified test, treatment or period of time;
3. You may, directly or through a doctor, provide to the Designated Doctor an analysis of the claimant's medical condition, functional abilities and return-to-work opportunities;
4. The TWCC no longer is required to appoint a doctor of the same licensure as the treating doctor; and
5. There are no agreed designated doctors; the TWCC selects the doctor based upon new criteria and the information you provide on the TWCC-32.

There are significant changes to the TWCC-32, effective January 1, 2002:

1. The new form is to be used for **all** requests for Designated Doctors, not just for MMI and impairment;
2. Space is provided for addresses where copies of the form must be sent;
3. Space is provided for date of the last Designated Doctor exam and for stating “good causes” for a re-exam in less than 60 days; and
4. The reverse side of the form has a matrix that must be completed to allow the TWCC to select the proper doctor. You must categorize the injury or injuries as one of more of 21 injury types (as categorized by the 21 chapters of the *AMA Guides, 4th Edition*). You must also categorize the treatment as one or more of five categories (physical medicine, prescription medication, therapeutic injections, surgery and behavioral medicine). Then you must characterize each treatment as completed or continuing.

The TWCC Advisory attached details these changes. We suggest that when completing the request for a designated doctor, that you have available to you the claimant’s medical records, copies of any analysis/peer reviews you intend on submitting to the Designated Doctor, copy of this advisory/TWCC Advisory 2001-12 and a copy of the *AMA Guides, 4th Edition*.

During this transition time, please call Frank Clary for assistance at (512) 435-2222 or email fjc@fol.com.

TWCC

Advisory 2001-12

Changes to Process for Requesting a Designated Doctor - New TWCC-32 -Request for Designated Doctor Form

House Bill 2600 (HB-2600) passed by the 77th Texas Legislature made changes to the way Designated Doctors are requested. To implement these changes, the Commission made changes to rules 130.1 through 130.6, which govern issues relating to Maximum Medical Improvement (MMI) and impairment and has developed a new [TWCC-32](#) - Request for a Designated Doctor Form (which is attached). The statutory/rule changes are effective for requests for a Designated Doctor made on or after January 1, 2002 and the new form is mandatory as well.

Key Legislative/Rules Changes:

- A Designated Doctor can now be requested at any time during the claim to evaluate MMI and/or impairment. Parties no longer have to wait until there has been a certification by another doctor before requesting a Designated Doctor.
- Although a Designated Doctor examination can be requested at any time, the exam cannot be conducted more frequently than once every 60 days unless good cause exists to do so. An example of good cause might be if the Designated Doctor initially found the employee to not be at MMI, but estimated that the employee might be at MMI in four weeks.
- The treating doctor and the insurance carrier are now permitted to provide the Designated Doctor with an analysis of the employee's medical condition, functional abilities, and return-to-work opportunities. However, by rule, if either chooses to provide such an analysis, a copy must be forwarded to the other party as well.
- Carriers can provide a list of peer reviewers whom the Designated Doctor is permitted to contact for information.
- System participants will no longer be permitted to agree upon a Designated Doctor.
- Also, when the Commission selects a Designated Doctor, the selection does not have to be a doctor of the same licensure type as the treating doctor. Per Rule 130.5, when the Commission assigns a Designated Doctor to evaluate MMI and/or impairment, the Commission shall assign the next doctor who "has credentials appropriate to the issue in question, is trained and experienced with the treatment and procedures used by the doctor treating the patients medical condition, and whose scope of practice includes the treatment and procedures

performed. In selecting a designated doctor, completed medical procedures may be considered secondary selection criteria".

Changes to TWCC-32 to implement statutory/rules changes and other process improvements:

- The new TWCC-32 now covers all requests for Designated Doctors (not just for disputes involving MMI/impairment).
- There is space to identify the employee's representative to ensure the representative gets a copy of the Designated Doctor's report as required.
- There is space for the facsimile numbers of the treating doctor, carrier, and representative to ensure that the reports are sent by facsimile as required.
- There is space to identify the address that the carrier wants the medical bill for the examination sent.
- The carrier's reasonable assessment of the correct impairment rating has been deleted, as it was redundant. Carriers provide the reasonable assessment to claimants on the TWCC-28 when they are disputing as assigned impairment rating.
- Processing is simplified as the Commission can fax the new form to the selected Designated Doctor for the doctor to provide the appointment time and date.
- Space is provided for the date of the last Designated Doctor examination and for a description of the reason for the request, including why good cause exists to have an examination less than 60 days after a previous one.
- The back of the form has a matrix that allows the Commission to classify injuries and treatments performed on the employee according to a standardized model.

Designated Doctor Selection

The Commission has broken injury types into 21 categories that each correspond to a particular chapter or section of the Fourth Edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment (AMA Guides). If it is unclear what injury area should be selected for a given condition, the answer can be found by reviewing the AMA Guides. For example, hernias should be reported as "Digestive" on the matrix because the Digestive chapter provides the instructions for assignment of an impairment rating for a hernia.

The Commission has also categorized the most common treatments and procedures used in the workers' compensation system into five categories as follows:

- Physical Medicine - Non-invasive treatment that involves manual movements of the affected body part. This includes treatments such as massage, myofascial release, physical therapy, manipulations, mobilizations, acupuncture, work hardening, work conditioning, etc.

- Prescription Medication - Medication that has to be obtained from a pharmacist or the prescribing doctor and that can't be obtained without a doctor's prescription.
- Therapeutic Injections - Includes treatments such as epidural and trigger point injections and not minor/routine injections such as tetanus shots, or IVs.
- Surgery - An operation or other invasive treatment often performed at a hospital. This does not include minor procedures such as treating minor cuts or lacerations.
- Behavioral Medicine - Includes treatments such as psychiatry, psychological testing and counseling, biofeedback and related disciplines.

The TWCC-32 matrix requires the requestor to indicate what injury areas are part of the compensable injury, which of the five basic forms of treatment have been provided to each injury area, and whether each form of treatment has concluded. For example, if a claim involved surgery to the knee and the employee still had follow-up appointments scheduled with the surgeon, then the treatment would be considered to be continuing. This would also be the case if an employee was undergoing a series of injections. However, if an employee had received prescription medication but was no longer taking the medication, then the system would treat the prescription medication as a secondary selection criteria in the Designated Doctor selection.

When requesting a Designated Doctor it will sometimes be necessary to contact the Treating Doctor regarding this information, so that the Commission can select an appropriate doctor.

The Commission is creating a system for profiling all the Designated Doctors so that when the Commission receives a TWCC-32 with the proper information on it, the information can be entered into the selection system and it will match the treatment by injury with the profiles to find the next Designated Doctor who meets the criteria for selection. Where a given category of treatment continues, the system will treat it as a primary selection criteria. Where a treatment is discontinued, the system will treat it as a secondary selection criteria and not require it to be within the Designated Doctor's scope of licensure.

Complete text of the statutory and rules changes as well as electronic copies of the new [TWCC-32](#) are available on the Commission's website at www.twcc.state.tx.us.

Signed this 21st day of December, 2001

Richard F. Reynolds, Executive Director