



**Speaker:  
Paul  
Stone**

**Effective Use of Designated Doctor**

- 
- **DD Demographics**
  - **DD Qualifications**
  - **DD Management**

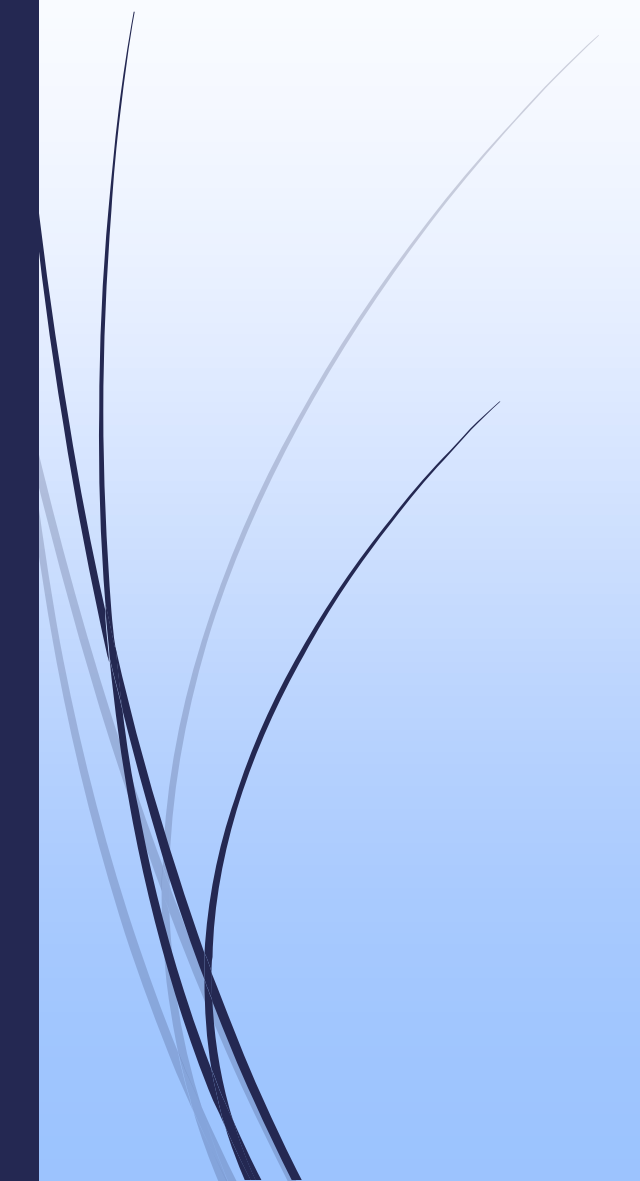


# DD Demographics

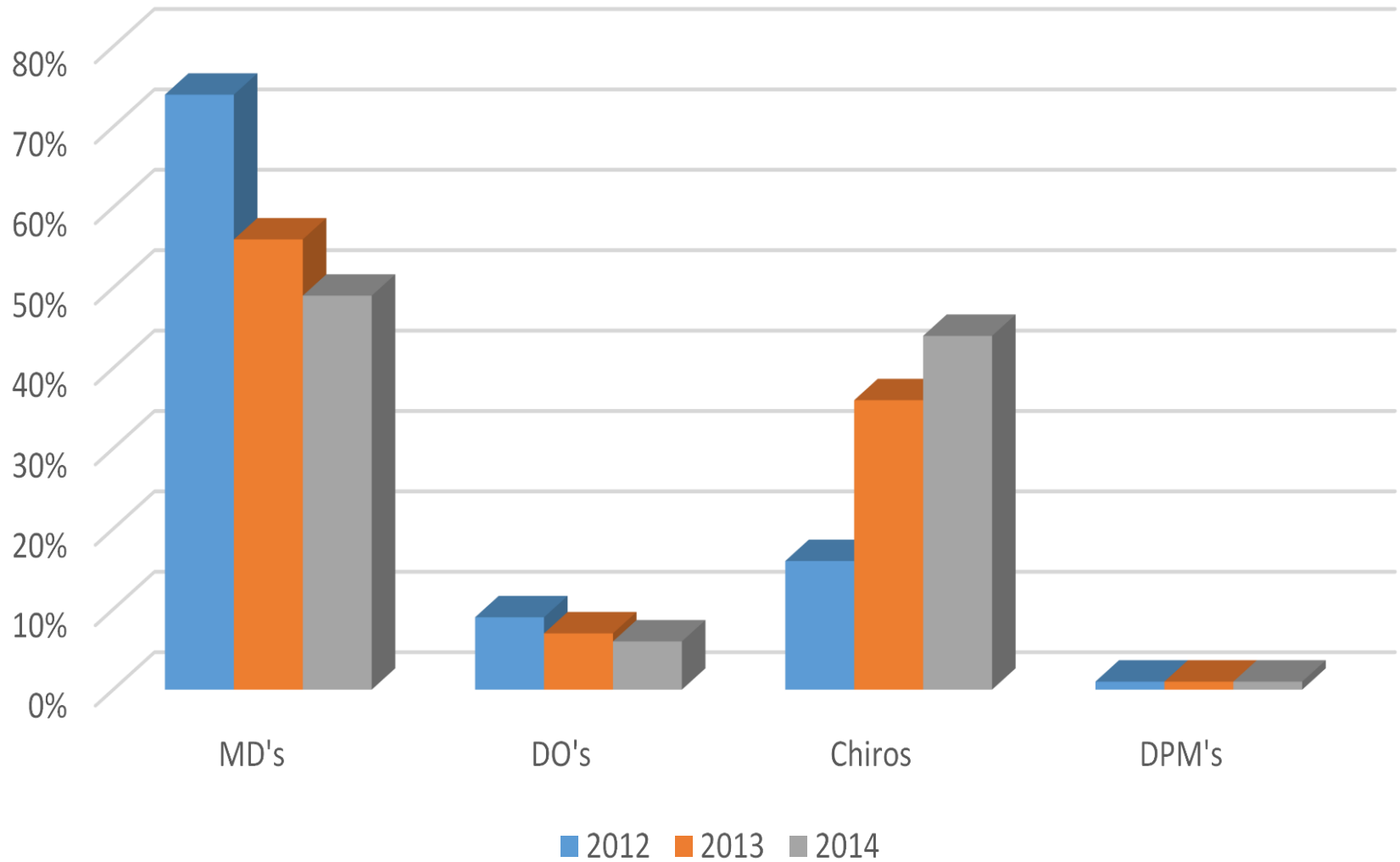
- 2012 - Selection criteria for DD's changed from treatment (matrix) to area of body injured and diagnosis
- DWC says number of DD exams each month has not changed significantly since 2012



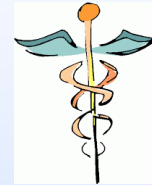
# Numbers of Available DDs

- 2012 – 1247 available
  - 2013 – 1260 available
  - 2014 – 1051 available
- 

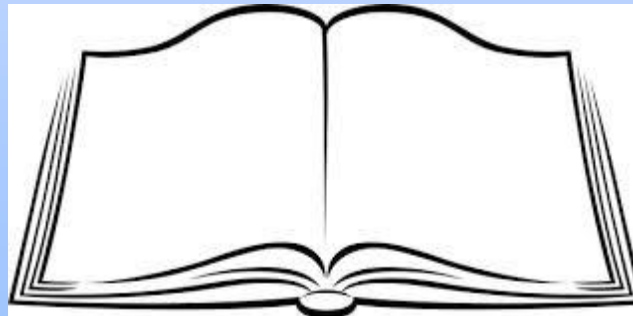
# DD Demographics 2012-2014



# DD Qualifications



Rule 127.130(b)





# MD's, DO's and Chiro's

- Hand and upper extremity
- Foot and lower extremity
- Spine
- Torso



# MD's and DO's Can Also Do

- ▶ Internal systems
- ▶ Ear, nose and throat
- ▶ Head and face
- ▶ Skin
- ▶ Mental and Behavioral Disorders



# MD's, DO's and Dentists



Teeth



Jaws

# MD's, DO's and DPMs

→ Feet



# Resource for Checking DD's Qualifications


[www.txcomp.tdi.state.tx.us/  
twccprovidersolution/homehtml](http://www.txcomp.tdi.state.tx.us/twccprovidersolution/homehtml)

Under “Main Menu” on the left, click  
“Locate Doctor”



# DWC Form 32

Request for  
Designated Doctor Examination



# Page 2 Box 35

DWC032

**V. TREATING DOCTOR INFORMATION**

27. Treating Doctor Name ( )	28. Treating Doctor Phone Number ( )
29. Treating Doctor Address (Street or P.O. Box, City, State, Zip Code)	30. Treating Doctor Fax Number ( )
31. Treating Doctor License Number	32. Treating Doctor License Type

**VI. DESIGNATED DOCTOR SELECTION INFORMATION**

33. Does the claim involve medical benefits provided through a Certified Workers' Compensation Health Care Network?  Yes  No If yes, provide the name of the network.

34. Does the claim involve medical benefits provided through a political subdivision pursuant to §504.053(b)(2) of the Texas Labor Code, relating to directly contracting with health care providers or contracting through a health benefits pool?  Yes  No  
If yes, provide the name of the health care plan.

35. Check all body parts and diagnoses that apply:	Examples (not an exhaustive list)
<input type="checkbox"/> Spine and Torso	Cervical, Thoracic, Lumbar, Sacroiliac, Sacrum, Coccyx, Pelvis, Sternum and Manubrium, Rib Cage, Chest Wall, Abdominal Wall
<input type="checkbox"/> Upper Extremities	Shoulder including Glenohumeral and Acromioclavicular Joints, Clavicle, Sternoclavicular Joint, Scapula, Forearm, Arm, Elbow, Wrist, Hand, Finger
<input type="checkbox"/> Lower Extremities (excluding feet)	Hip, Buttock, Thigh, Leg, Knee
<input type="checkbox"/> Feet	Foot, Heel, Toe
<input type="checkbox"/> Teeth and Jaw	Tooth, Jaw, Temporomandibular Joint (TMJ)
<input type="checkbox"/> Eyes	Eye, Eyelid
<input type="checkbox"/> Other Body Areas or Systems	Internal Systems; Ear, Nose, and Throat; Head and Face; Skin; Mental and Behavioral Disorders; Tendon Lacerations; Dislocations
<input type="checkbox"/> Traumatic Brain Injury	N/A
<input type="checkbox"/> Spinal Cord Injuries	Spinal cord injuries, including spinal fractures with documented neurological deficit
<input type="checkbox"/> Severe Burns (including chemical burns)	3 <sup>rd</sup> or 4 <sup>th</sup> degree over 9% or greater of the body
<input type="checkbox"/> Multiple Bone Fractures (excluding spinal fractures)	N/A
<input type="checkbox"/> Infectious Diseases (complicated)	Infection requiring hospitalization or prolonged intravenous antibiotics, including blood borne pathogens
<input type="checkbox"/> Complex Regional Pain Syndrome (Reflex Sympathetic Dystrophy)	N/A
<input type="checkbox"/> Chemical Exposure (excluding chemical exposure limited to skin exposure)	N/A
<input type="checkbox"/> Heart or Cardiovascular Condition	N/A

Employee's Name:  
DWC Claim Number:

For TDI-DWC Use Only

**VII. EXAMINATION / INJURY INFORMATION**

**36. Provide the specific reason(s) for the requested examination. The reason(s) must indicate how the examination will resolve a dispute or assist in the progression of the claim.**

Empty text box for question 36.

**37. List all injuries determined to be compensable by TDI-DWC or accepted as compensable by the insurance carrier. (If using ICD codes, you must also provide descriptions.)**

Empty text box for question 37.

**38. Has a previous designated doctor examination been performed for this claim?**  
 Yes  No If No, skip boxes 39 - 41.

**39. Regarding the most recent designated doctor examination, provide the following information:**

a. Name of the designated doctor  
b. Date of the examination (mm/dd/yyyy)

**40. If approval of this request would result in the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) scheduling an examination within 60 days of a previous designated doctor examination, provide good cause as to why it is necessary to schedule this examination within 60 days.**

Empty text box for question 40.

**41. Explain any change of medical condition since the most recent designated doctor examination.**

Empty text box for question 41.

Employee's Name:  
DWC Claim Number:

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Page 3  
Box 37

# Page 4

## Box 42C

### VIII. PURPOSE FOR EXAMINATION

**42. Requester:** For items A through G below, check the box(es) next to the issue(s) you want the designated doctor to address and provide the requested information.

**Designated Doctor:** Address only the issues that are checked. If Box A or B is checked, you must file the DWC Form-069. If Box E or F is checked, you must file the DWC Form-073. If Box C, D or G is checked, you must file the DWC Form-068.

**A. Maximum Medical Improvement (MMI)**

Statutory MMI Date (if any) \_\_\_\_\_ (mm/dd/yyyy)

**Questions for the Designated Doctor to consider in the examination:**

Has MMI been reached; if so, on what date (may not be greater than the statutory MMI date shown above)?

**B. Impairment Rating (IR)**

MMI Date\* (required only if Box A is not checked) \_\_\_\_\_ (mm/dd/yyyy)

\*The MMI date that has been determined to be valid by a final decision of the TDI-DWC or court or by agreement of the parties.

**Question for the Designated Doctor to consider in the examination:** As of the MMI date, what is the IR?

**C. Extent of Injury**

List all injuries (diagnoses/body parts/conditions) in question, claimed to be caused by, or naturally resulting from the accident or incident.

Describe the accident or incident that caused the claimed injury.

**Question for the Designated Doctor to consider in the examination:** Was the accident or incident giving rise to the compensable injury a substantial factor in bringing about the additional claimed injuries or conditions, and without it, the additional injuries or conditions would not have occurred? Include an explanation of the basis for your opinion.

Employee's Name:

DWC Claim Number:

For TDI-DWC Use Only



# Accuracy is Critical

DDs are trained to consult the  
DWC-32 to complete the report



If Claimant completed 32 and  
its Inaccurate, *File Your Own 32*

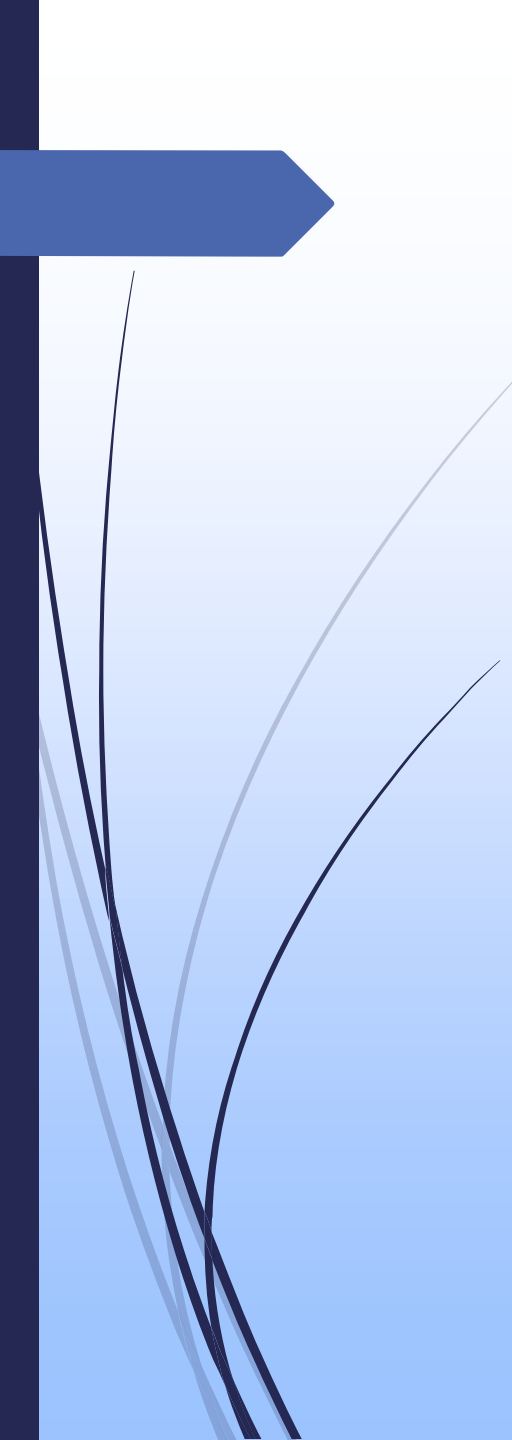


If Claimant didn't request All  
Pending Issues, *File your Own 32*



# **Claimant Requests “Disability” Or Extent of Injury Only**

- In the vast majority of cases, you should file your own DWC-32 requesting issues of MMI, IR and extent of injury (if PLN-11 is on file)

- 
- This is because the AP has long stated that MMI, IR and extent are intertwined
  - Its rarely too early in a claim to get the MMI/IR process started



**If You Agree with Issues –**

Send DD a Detailed Analysis  
letter with Records



# **If You Want Additional Issues –**

Immediately File DWC-32  
with Your Issues



**If You Believe a DD Shouldn't Be  
Appointed At All**

Rule 127.1 (f)



**If Your DWC-32 is Denied –**

Rule 127.1 (f)

# Rule 127.1(f):

- Request Expedited CCH to challenge approval/denial of DD
- Stay DD appointment when necessary
- Send to Field Office Hearing Officer and DWC-Central Hearing Officers
- 3 day deadline
- Include documentation
- FOL Can Help



# Know what is *Appropriate* and what is *Inappropriate* in Analysis letters to DD

- FOL Can Help



# Post-DD RME and Consulting Expert (Peer) Review

- Obtain a Post-DD RME in Most Cases, even with a favorable DD
- Consider Consulting Expert Records Review (Peer Review) in Most Cases too
- FOL Can Help

# FOL IS HERE TO HELP

## DD, RME, Consulting Expert (Peer), Letters of Clarification to DWC

- ▶ [www.fol.com](http://www.fol.com) (*click on the tab on the left*)

### DD, RME, Consulting Expert (Peer) Requests

- ▶ [ddr@fol.com](mailto:ddr@fol.com)

### Questions to Attys about the Process and Procedures

- ▶ [gqs@fol.com](mailto:gqs@fol.com)

### Paul Stone

- ▶ [pbs@fol.com](mailto:pbs@fol.com)