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Introduction

- An understanding of DWC's final medical report (FMR) requirement
- Proactive measures for timely claim closure
- Solutions to common problems procuring reports
- Guidance on some uncommon situations
- Questions



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FMR - Who?

- Temporary disability exceeds 3 weeks
- · Permanent partial disability indicated
- Surgery
 - Hernias are exempt, including when TD exceeds 3 weeks
 - Minor surgeries included; e.g., sutures, abscess drainage, etc.
- Eye injuries with 3 or more medical visits
- Traumatic hearing loss or tinnitus
 - · Occupational hearing loss only claims are exempt



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FMR - Where?

- Documentation must be submitted in the following formats:
 - Online Upload documents directly via the Insurer Portal and track completion of its review (preferred method)
 - Fax Acceptable for most correspondence
 - Mail X-rays required to be submitted via mail; all
 - correspondence acceptable E-mail Not acceptable unless explicitly requested; attachments sent to general mailboxes are deleted per DWD security protocol



FMR - When?

- An FMR must be submitted after one of the following conditions is met:
 - End of healing/maximum medical improvement (EOH/MMI)
 Deceased before EOH
 Injured worker is inadvertently unavailable before final visit to

 - their provider (e.g., relocation outside the US, lengthy incarceration, etc.)



FMR - Why?

- Wisconsin law may require a final medical report from a treating practitioner. Wis. Stat. 102.13(2)(c)
 - · Helps verify the proper amount of indemnity due
 - · Not limited to form WKC-16
- IMEs, by statute, cannot be considered an FMR
 - No FMR necessary if an IME denies benefits in a manner that exempts the claim from FMR requirement
 - In extremely rare instances, DWC guidance may involve an IME to substantiate a PPD rating



FMR - What?

- A report must contain the following to be considered final:
 - PPD ratings according to Wis. Admin. Code DWD 80.32 for all
 - injured parts of body, diagnoses, and sequelae

 Office/clinic notes (if referenced by provider)

 Operative notes for stat min surgeries

 - o Anesthesia notes alone are not acceptable
 - End of healing and discharged from active treatment
 - Signed and dated by MD, DPM, DO, DC, PsyD, or PhD
- A WKC-16 is not necessary if a report contains all the above



FMR - Fingers

- Injuries involving fingers need more attention than other joints. When adjusting the claim, please take the following into consideration to avoid follow-up correspondence from DWC:
 - If amputation occurs beyond two-thirds of the distal joint, hand dominance and x-rays must be submitted
 - When range of motion is lost, a statutory minimum applies; verify the measurements are within the report



WKC-16 • Ensure diagnosis and permanent disability fields are fully completed (amputation: only if 0 0 0 0 0 0 0 0 present)

• Ensure the first page has been fully answered The state of the sta

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Incomplete Reports

- If you received a letter stating your report is not final, it is due to one of the following:
 - A missing operative note (the most common letter)
 - Submitted only an IME or considered it as an FMR
 - The report was signed by a PA-C, APRN, or DDS
 The report lacked enough information to be final
 - AMA Guidelines were used to rate scheduled injuries
- Taking a few minutes to verify the integrity of submitted reports will eliminate weeks of turnaround



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Getting Help With Unresponsive Parties

- When a treating provider is unresponsive to requests for an FMR, upon request DWC will assist using the following form processes:
 - Form GL15 Letter sent to the provider with WKC-16 attached
 Three attempts to obtain an EMP must be submitted with your request.
 - Three attempts to obtain an FMR must be submitted with your request
 Name of provider (not clinic) and address/fax necessary
 - Form GL10 Letter sent to the injured worker to be evaluated
 A GL15 must be sent before a GL10 is sent unless the provider indicates the patient was lost to follow-up
- We allow a 60-day follow-up period for both forms



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Getting Help With Providers

- DWC will sometimes intervene with providers upon request. Issues that we will address can be, but are not limited to:

 - Providers refusing to rate injuries
 If they defer to another provider, you must contact the subsequent provider before requesting our help
 - The treating provider retired or is no longer practicing
 - Ask to have another provider at the same clinic complete an FMR Providers not understanding WI ratings guidelines/law A demand of pre-payment for an FMR

 - A demand for more than \$100 for an FMR



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Getting Help With Injured Workers

- DWC will also assist with issues regarding an injured worker. Some common issues and remedies include:
 - A worker skipping their final visit on a denied claim. Inform the worker that the final visit and associated costs are covered
 - A worker refusing to attend an IME. Contact us to speak to an $\,$ ALJ, who will determine if your request for examination is proper and provide assistance thereafter
 - A worker has been rendered indefinitely unavailable
 - Corrections physician cannot complete FMR for incarcerated worker



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Issues Postponing FMRs

- In rare instances, an injured worker may be unavailable for an extended but definite period. DWC will not reach out under those circumstances, which may include:
 - · Treatment for another nonrelated work injury
 - Smoking cessation, weight loss, or rehabilitation programs, etc.
 - Short periods of incarceration
 - · Seasonal workers traveling abroad
- Upon request, DWC will extend expected report due dates to avoid surcharge as long as necessary, but we will not close a claim for these issues



Additional Tips

- Use the Insurer Portal as often as possible to update DWC of an expected FMR date
 - If you are unable to do it yourself, send an email via the Portal; do not write a note when submitting a WKC-13
- If you send letters to the injured worker, consider a cc to DWC to avoid future requests, especially investigatory
- Avoid delay inquiries by timely reporting WKC-13s after first payment of all periods of TTD or PPD (within 30 days)
- Do not assume the answer to difficult situations: contact us for guidance, and we will assist as best we can



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