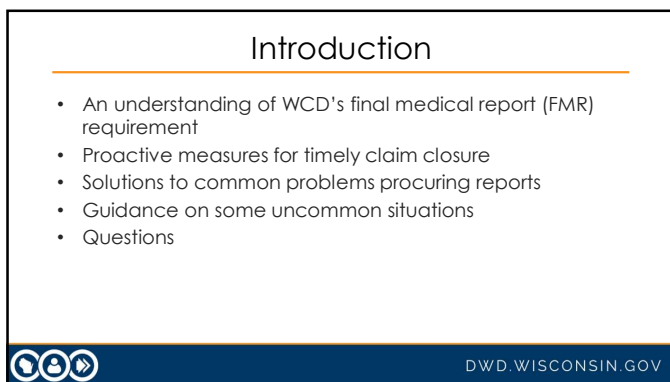
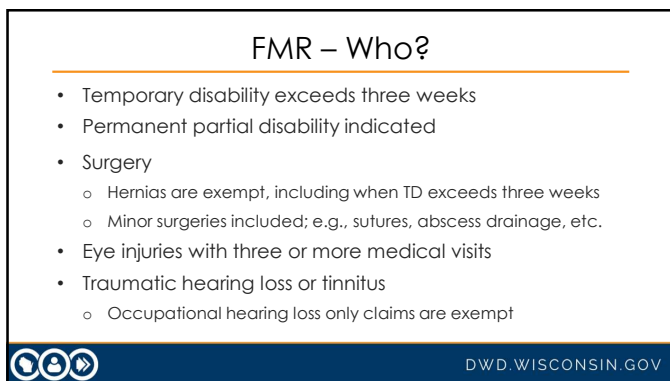




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FMR – Where?

- 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



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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.)



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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, WCD guidance may involve an IME to substantiate a PPD rating



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



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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 WCD:
 - 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



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WKC-16

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

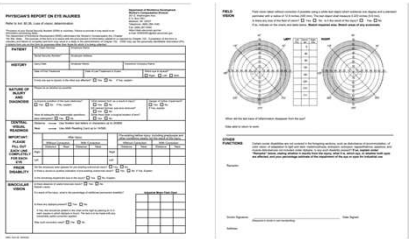


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WKC-16-A

- Ensure the first page has been fully answered



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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 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** WCD will assist using the following form processes:
 - Form GL15 – Letter sent to the provider with WKC-16 attached
 - 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

- WCD 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

- WCD 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. WCD will not reach out under those circumstances, which may include:
 - Treatment for another nonrelated work injury
 - Cessation, weight loss, or rehabilitation programs, etc.
 - Short periods of incarceration
 - Seasonal workers traveling abroad



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Issues Postponing FMRs

- Upon request, WCD will extend expected report due dates to avoid surcharge as long as necessary, but we will not close a claim for these issues



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Additional Tips

- Use the Insurer Portal as often as possible to update WCD 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 WCD to avoid future requests, especially investigatory



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Additional Tips

- 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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