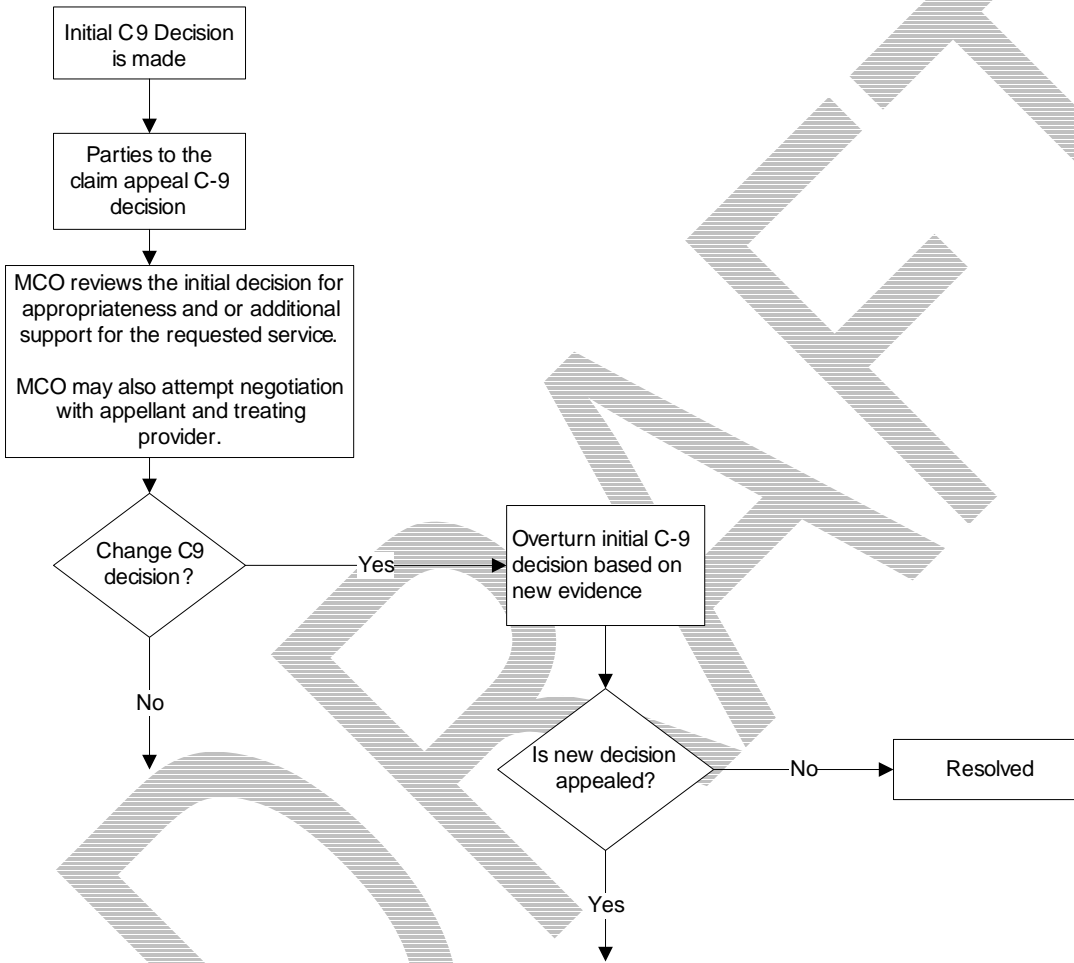




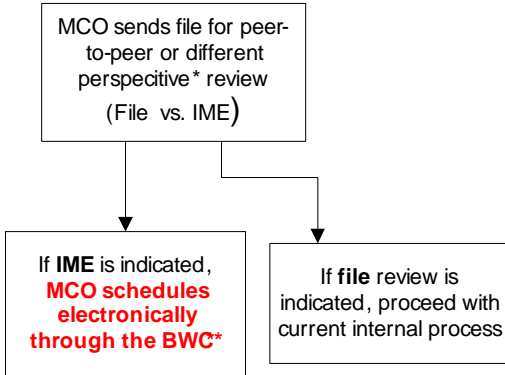
2008 ADR QI SMART Group – ADR Process Proposal



Process Change

Rule (4123-6-16) Change

1. MCO sends file for independent medical review (File vs. ADR IME)



With this proposed process change, the MCO will have the option of obtaining a file review or Independent Medical Exam (IME) to resolve the medical treatment dispute. These exams are defined in Chapter 1 of the BWC Disability Evaluator Panel (DEP) Manual as;

1. An Alternative Dispute Resolution (ADR) file review is a physician review of medical records in an injured workers (IW) claim which provides an impartial medical opinion regarding disputed medical issues. BWC's ADR Unit uses this opinion to obtain additional medical evidence in an attempt to resolve a dispute.
2. An ADR IME consists of an evaluation of the injured worker and review of medical records. The IME provides BWC with additional information and/or expert medical opinions used in the management of the claim.

File review vs. IME standard decision criteria includes but is not limited to, the following:

- Age of claim
 - Minor injuries <2 years post injury may be more appropriate for a file review
 - Complex injuries will most likely benefit from a hands-on IME
- Case complexity. More complex cases would most likely benefit from an IME.
- IME's are also recommended when medical reports on file reveal other conditions which may be impacting the IW's current complaints (i.e. co-morbidities)
- Cost of treatment outweighs IME cost.

Advantages of file reviews vs. IME

File review	IME
<ul style="list-style-type: none">• Quicker turn-over• Provides the BWC with additional information which may be used in the medical management of the claim (i.e. case direction)• More cost effective	<ul style="list-style-type: none">• More in-depth analysis• More comprehensive• More effective for complex cases• Provides case direction from a specialist

- perspective
- Provides an IW examination
- Provides the BWC with additional information which may be used in the medical management of the claim (i.e. case direction)

There are two types of reviewers for which MCO's can choose to perform the file review or IME. These are defined as;

1. **Peer-to-peer as defined in OAC 4123-6-16 (C):** an individual or individuals licensed pursuant to the same section of the Ohio Revised Code as the health care provider of the treatment/service requested. While MD's and DO's are both licensed under the Ohio State Medical Board and much of the medical and osteopathic school training is similar, rarely does medical school training provide instruction on the use of manipulation. Therefore, MCO's must use osteopathic trained physicians to provide reviews in ADR cases that pertain to osteopathic manipulation issues. This applies only to osteopathic manipulation. MD's and DO's may continue to opine on other requests that apply to both professions. Chiropractic treatment must be reviewed by a Chiropractic physician.
2. **Different Perspective reviewer:** Licensed physician that falls outside the criteria of peer-to-peer reviewer. This includes specialists that practice in one specific branch of medicine. An example of these reviewers includes but is not limited to spine surgeons, pain management, hand surgeons, joint replacement orthopedists, and physical medicine & rehabilitation physicians.

The criteria for determining if a different perspective review (file or IME) is indicated, includes but is not limited to, the following:

- There must be at least 1 peer-to-peer review on file
- Complex cases (e.g. multiple ICD-9 codes, multiple treating providers, pain management, etc.)
- Multiple provider types to perform treatment (e.g. TPI's, ESI's, Physical Modalities, etc.)
- Duration and/or complexity of C-9 requests
- Specialty service/procedure has been requested (e.g. repeat surgery, invasive procedures, long term clinic placement, etc.)
- *Excessive* treatment that significantly exceeds evidence based/nationally recognized treatment pathways. For example, chronic pain cases where the IW has reached a treatment plateau.

Actions: To allow for different perspective vs. peer-to-peer review, this will require a rule change to paragraph C of 4123-6-16 which currently states;

"...the independent level of review shall consist of a peer review conducted by an individual or individuals licensed pursuant to the same section of the Revised Code as the health care provider...."

2. **If IME is indicated, MCO schedules per BWC ADR IME policy**

If **IME** is indicated, MCO schedules electronically through the BWC**

If **file** review is indicated, proceed with current internal process

ADR IME Policy will mirror the current rule (4123-6-16):

The bureau order may include a determination that the employee be scheduled for an independent medical examination; This determination shall toll the bureau's time frame for completing the dispute, and in such cases the bureau shall enter a final bureau order within seven days after receipt of the independent medical examination report. This order shall be mailed to all parties and may be appealed to the industrial commission pursuant to section 4123.511 of the Revised Code. Neither the provider nor the MCO is a party entitled to file an appeal under section 4123.511 of the Revised Code.

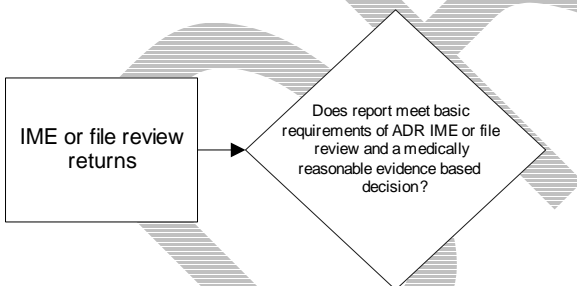
The advantages of the MCO scheduling ADR IME's electronically through the BWC include;

- Failure to appear rule applies with first no show.
- Expedites dispute process by shortening ADR timelines.

Actions:

1. Rule change
2. An IT system change is required to allow MCO's to electronically schedule BWC ADR IME exams.

III. IME/File review returns



The MCO QA's the independent report to ensure that it meets the basic requirements of an ADR IME or file review which must also include a medically reasonable and evidenced base decision.

The basic requirements include (must address all):

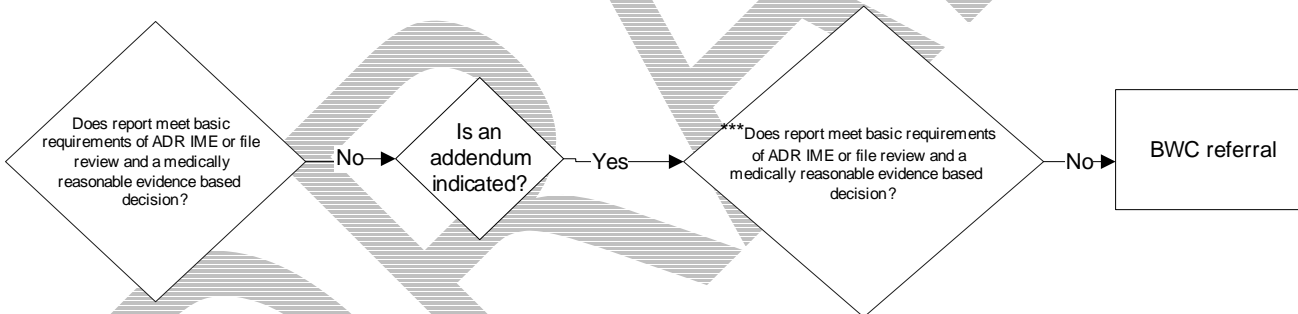
1. Is the reviewer's decision consistent with Official Disability Guidelines (ODG) and/or nationally recognized treatment guidelines?
2. Is the decision individualized to the IW's current symptoms and objective signs?
3. Does the report reflect an accurate interpretation of all medical on file?
4. Was all pertinent medical considered in the final report and opinion?

5. Was Miller Criteria considered and applied appropriately?
6. Ensure that the reviewer *did not* address causality or maximum medical improvement (MMI) status.
7. Ensure all allowed and disallowed conditions were considered.
8. The report is signed.

If the final report meets the basic requirements of an ADR IME or file review and a medically reasonable evidence based decision, the MCO will proceed to the decision block of this proposal (Step IV below)

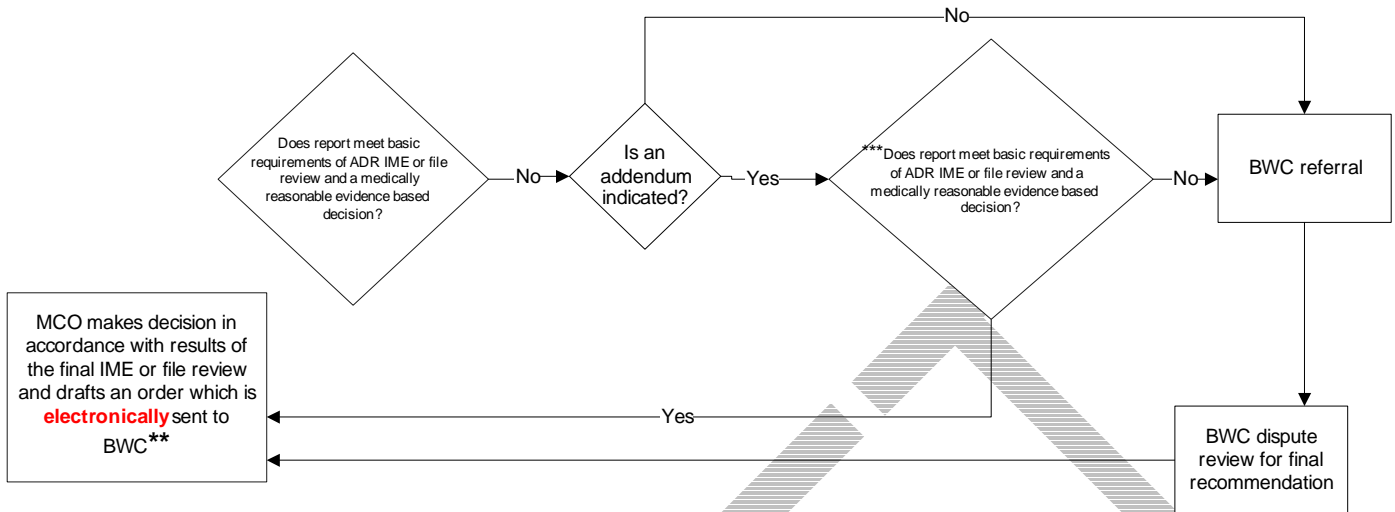
MCO makes decision in accordance with results of all reviews and drafts an order which is electronically sent to BWC**

If the final report does not meet the basic requirements of an ADR IME or file review and a medically reasonable evidence based decision, the MCO is directed to obtain an addendum to the file review or IME until decision criteria is met.



There are two instances which disputes can be referred to the BWC ADR review staff for a final recommendation:

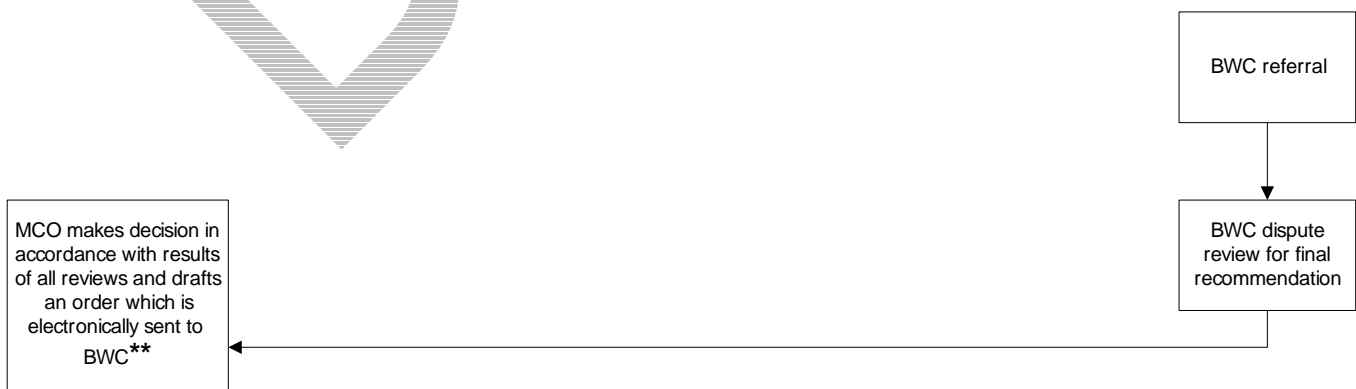
1. If the final report *does* meet the basic requirements of an ADR IME or file review but the MCO disagrees with the reviewers findings.
2. If the addendum report returns and the MCO disagrees with its findings.



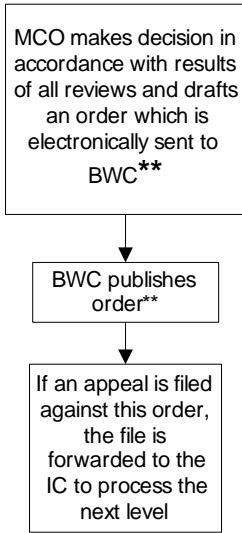
MCO referrals will be QA'd by BWC ADR who will also apply the same criteria for an acceptable ADR IME or file review. The review must also include a medically reasonable and evidenced base decision. These basic requirements include:

- Is the reviewer's decision consistent with Official Disability Guidelines (ODG) and/or nationally recognized treatment guidelines?
- Is the decision individualized to the IW's current symptoms and objective signs?
- Does the report reflect an accurate interpretation of all medical on file?
- Was all pertinent medical considered in the final report and opinion?
- Was Miller Criteria considered and applied appropriately?
- The reviewer did not address causality or maximum medical improvement (MMI) status.
- The report is signed.

After the QA process is completed, the BWC IRN will make a final recommendation in accordance with results of the final IME or file review. This decision will be communicated to the MCO to draft an order which is electronically sent to the BWC.



IV. MCO makes decision and drafts an order which is electronically sent to BWC



Next Steps:

1. Administrative (Bob, Freddie & Patty) review and final approval.
2. ADR QI SMART Group presentation
3. ADR Stakeholder presentations
4. BWC Senior Management Presentation
5. Board presentation (first read)
6. Board presentation (second reading)
7. Board approval?
 - a. Begin rule change application process
 - b. Move forward with IT Solution and System changes which will allow all MCO's to electronically order/schedule BWC IME's and to draft BWC ADR orders. *Timeline:* 3 months upon administration approval.
 - c. Proceed with ADR Rule Change Application. *Timeline:* 3-6 months
 - d. Allow MCO access to DEP Panel. *Timeline:* Prior to implementation
8. Begin transition phase.