STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Workers' Compensation Court
Medical Advisory Board

Public Notice of Proposed Rule-Making

Pursuant to the provisions of 28-30-22 (b)(2) of the General Laws of Rhode Island, and in accordance with the Administrative Procedures Act Chapter 42-35 of the General Laws, the Workers' Compensation Court Medical Advisory Board hereby gives notice of its intent to amend the Impartial Medical Examiner and Comprehensive Health Care Review Teams Rules for Application and Selection Procedures.

The purpose of this amendment is to amend fees for the Rhode Island Workers' Compensation Court Medical Advisory Board approved list of impartial medical examiners and comprehensive health care review team members.

The proposed changes to the Impartial Medical Examiner and Comprehensive Health Care Review Teams Rules for Application and Selection Procedures are available for public inspection in person at the Workers' Compensation Court Medical Advisory Board, One Dorrance Plaza, Providence, Rhode island 02903, or request by e-mail at jmcburney@courts.ri.gov or by calling John F. McBurney, IV, Medical Advisory Board Administrator, at 401-458-3460.

In the development of the proposed amendment, consideration was given to:
(1) alternative approaches, (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

All interested parties are invited to submit written or oral comments concerning the proposed regulations by April 27, 2010 to John F. McBurney, IV, Medical Advisory Board Administrator, Workers' Compensation Court, One Dorrance Plaza, Providence, RI 02903, or by telephone to 401-458-3460, or by e-mail at jmcburney@courts.ri.gov. A public hearing to consider the proposed amendment shall be held on **April 27, 2010, at 6:00 p.m., at the Workers' Compensation Court, Room 4M, One Dorrance Plaza, Providence, RI 02903**, at which time and place all persons interested therein will be heard. Entrance to the building at this hour is through the rear personnel doors, and attendees may be asked to sign in. The room is accessible to the disabled, and interpreter services for the hearing impaired will be provided if requested 48 hours prior to the hearing. Requests for this service can be made in writing or by calling 401-458-3460 or TDD 401-458-5000 at relay 7-1-1.

State of Rhode Island and Providence Plantations
Workers' Compensation Court
Medical Advisory Board

Concise Summary of Proposed Non-Technical Amendments
to
Impartial Medical Examiner and Comprehensive Health Care Review Teams Rules
for Application and Selection Procedures

In accordance with the Administrative Procedures Act, Section 42-35-3(a)(1) of the General Laws of Rhode Island, following is a concise summary of proposed non-technical amendments:

1. Amendment of the Impartial Medical Examiner/Health Care Review Team Fees.
   -The fee for a Medical Doctor will be increased from $500 to $700.
   -The fee for a Chiropractor will be increased from $375 to $475.
   -The fee for a Psychologist will be increased from $275 to $350.
   -The fee for a Physical Therapist/Occupational Therapist will be increased from $210 to $350.
   -The fee for a Vocational Counselor will be increased from $210 to $475
   -Vocational counselor's shall no longer bill separately for a summary report. The fee for the summary report is included in the new rate.
   -Repeat IME's (more than one IME performed by the same health care provider) will no longer be one-half of the first IME fee. All exams will be compensated at the full rate.

STATE OF RHODE ISLAND
WORKERS' COMPENSATION COURT
MEDICAL ADVISORY BOARD
IMPARTIAL MEDICAL EXAMINER
COMPREHENSIVE HEALTH CARE REVIEW TEAMS
RULES FOR APPLICATION AND SELECTION PROCEDURES

The following rules for selection of physicians for positions of Impartial Medical Examiners and for participation in Comprehensive Health Care Review Teams have been identified by the Medical Advisory Board.

1) The applicant/physician/health care provider must complete a form (copy enclosed) detailing a record of prior achievements, hospital staff appointments (where applicable), special attention to disciplinary action of various types, and current curriculum vitae (CV).

2) The applicant/physician will be Board Certified. Board qualified physicians can have a provisional appointment that will last for a period of five years after completion of training.

3) The applicant/physician/health care provider who seeks appointment as an impartial medical examiner must be willing in general to see patients within approximately three weeks of the request and render a report within 14 days of examination. The insurer will provide a complete file of previous examinations, records of prior care, reports, and at times, the actual films to the impartial medical examiner at least 24 to 48 hours prior to the appointment.

4) Reports should be issued in the format and including the information indicated in Form MAB05, a copy of which is attached hereto and made a part hereof.

5) Each health care provider approved by the Medical Advisory Board as an impartial medical examiner will apply for renewal every two years on a form supplied by the Medical Advisory Board. A current CV will also be submitted with the renewal application.

6) The Board may limit the number of impartial medical examiners in each specialty.

7) Upon approval, each impartial medical examiner will be sworn in by the Chief Judge of the Workers' Compensation Court or the Chief Judge's designee.

8) Billing for impartial medical examinations scheduled by the Court or the Medical Advisory Board will be in accordance with the fee level established by the Medical Advisory Board.

9) Applications should be mailed to the Medical Advisory Board, Workers' Compensation Court, One Dorrance Plaza, Providence, RI 02903 Attn: Office of the Administrator.

Revised: 11/10/98

REPORT OF INDEPENDENT HEALTH CARE REVIEWER/REVIEW TEAM

History of present illness

Job description

Past medical history

Physical examination

Review of X-ray and/or other testing

Diagnosis

Causal relationship

Records reviewed

Comparison or records reviewed with your findings

Prognosis

DISABILITY – no disability, partial disability, total disability

(No disability) Able to return to former job without restrictions.
(Partial disability) Able to return to modified job with the following restrictions.
(Total disability) Unable to return to any work at this time.

Has MAXIMUM MEDICAL IMPROVEMENT (MMI) been reached – yes or no

If no,
treatment recommendations to reach MMI
and
date expected to reach MMI.
If yes, degree of functional impairment according to the latest AMA guidelines

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HAS THE TREATING PHYSICIAN COMPLIED WITH THE MEDICAL ADVISORY BOARD PROTOCOL?
Yes or No

If no, explain.

Rhode Island Workers' Compensation Court
Impartial Medical Examiner or
Health Care Review Team Participant

Application/Renewal

Please complete, sign, and return with CURRENT CURRICULUM VITAE to Medical Advisory Board, Workers' Compensation Court, One Dorrance Plaza, Providence, R.I. 02903.

APPLICATIONS NOT FULLY COMPLETED WILL BE RETURNED!!!

Please Type or Print: Name: _____
Address: _____
_____
Telephone: _____

1. Degree: _____ 2. Board of Registration Number: _____
3. Current practice status: Active _____ Inactive _____
4. Malpractice insurance current: Yes _____ No _____ Insurer: _____
Amount of Insurance _____
5. Board Certification? Yes _____ No _____ OR Board Qualified? Yes _____ No _____
6. Primary Specialty: _____
7. Current staff appointment at accredited organization? Yes _____ No _____
List Organization(s): _____
8. Have you evaluated workers' compensation claimants as an IME during the past 12 months?
Yes _____ No _____
9. Indicate any disciplinary/malpractice actions, past or present, filed against you. Attach separate sheet if necessary.
_____
_____
10. Have you ever been convicted of a felony? Yes _____ No _____
If yes, please explain: _____
_____
11. Are you under contract with or regularly employed or regularly retained by a compensation insurer or self-insured employer? Yes _____ No _____
If yes, please list the insurer(s) or self-insured employer(s): _____
_____
_____

_____ _____
Signature of Applicant Date

Rev 4/98

Impartial Medical Examiner/Health Care Review Team
Fees

Health Care Provider		Fee
Medical Doctor - First IME	~~$500.00~~	$700
Chiropractor - First IME	~~$375.00~~	$475
Psychologist - First IME	~~$275.00~~	$350
PT/OT. - HCRT	~~$210.00~~	$350
Voc. Rehab. – HCRT		$475

~~Repeat IMEs (IMEs done at both the 26-week and the 39-week point by the same health care provider) will be one-half of the First IME fee.~~

No-show fee will be $200.00.

HISTORY:
Revised: 9/16/03
Effective: 10/07/03
Revised: 6/6/06
Effective: 6/27/06
Revised: 4/27/10

WORKERS' COMPENSATION COURT
MEDICAL ADVISORY BOARD

IMPARTIAL MEDICAL EXAMINER AND COMPREHENSIVE HEALTH CARE REVIEW TEAM GUIDELINES

INTRODUCTION

In order to maintain the integrity of the IME evaluation process, the Medical Advisory Board establishes these guidelines. The Medical Advisory Board has received a number of complaints from physicians and other health care providers concerning the IME evaluation process. The complaints specifically regarding Impartial Medical Examiners are:

1. Some IME evaluators have interfered with the treatment process at the time of evaluation, including untimely and at times critical comments concerning prior treatment.

2. Some IME evaluators have suggested alternate forms of treatment and on occasion have attempted to take over management of the injured workers' care.

The following will serve as a guideline for the proper handling of the Impartial Medical Examination process for evaluations ordered by the Medical Advisory Board or the Workers' Compensation Court. This guideline will serve as an aide to other parties (insurers/self-insureds/third party administrators/adjusters) whose compliance with this guideline is sought.

GUIDELINES

The Impartial Medical Examiner will:

1. Inform the referred patient as to his/her role as an evaluator;

2. Advise the patient that he/she cannot discuss the ongoing and/or prior care being provided by another physician;

3. Not discuss the results of his/her evaluation;

4. Advise the patient that he/she will be provided information in accordance with the Rhode Island Workers' Compensation Law;

5. Provide his/her evaluation results in the format of the MAB05 form.

Non-compliance with these guidelines may result in removal of the IME from the approved listing after the performance review in accordance with R.I.G.L. 28-30-2(b)(6).

Document History:
Passed: 6/9/98
Effective: 6/30/98
DOC 26