

Required Medical Examination

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Information for Injured Employees from the Division of Workers' Compensation

Information in this fact sheet is effective for a request for a required medical examination made on or after January 1, 2007.

What is a Required Medical Examination (RME)?

[Tex. Labor Code §§ 408.004, 408.0041 and 408.151; 28 Tex. Admin. Code §§126.5, 126.6 and 130.1]

A Required Medical Examination (RME) is a medical examination by a doctor selected by the insurance carrier to resolve questions about your claim. An RME before a designated doctor examination can address and resolve any issue about the appropriateness of health care you received for your work-related injury or occupational illness. After a designated doctor examination, an RME can address and resolve any issues about:

- the impairment caused by the compensable (work-related) injury or illness;
- the attainment of maximum medical improvement (MMI);
- the extent of the injured employee's compensable injury or illness;
- whether the injured employee's disability is a direct result of the work-related injury or illness;
- the ability of the employee to return to work (RTW); or
- other similar issues related to the dispute.

A doctor performing an RME must be authorized by Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) to assign impairment ratings, if the purpose of the exam is to evaluate MMI and/or permanent impairment.

A doctor who has contracted with or is employed by a workers' compensation health care network cannot perform an RME on an injured employee receiving health care through the same network.

Prior to Requesting an RME

[Tex. Labor Code §408.004; 28 Tex. Admin. Code §126.5]

For an appropriateness of health care RME, the insurance carrier must ask you in writing if you will agree to attend an RME before filing a request for an RME with the TDI-DWC. You have 15 days to respond to the insurance

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carrier's request and either agree or disagree to attend the examination. If you disagree or do not respond, the insurance carrier can request that the TDI-DWC order you to attend the examination. The insurance carrier does not have to ask for your agreement before filing a request for a RME after a designated doctor exam.

Scheduling an Examination

[Tex. Labor Code §408.004; 28 Tex. Admin. Code §§126.5 and 126.6]

Within seven days of receiving a *Required Medical Examination Notice or Request for Order* (DWC Form-22) from the insurance carrier, the TDI-DWC must determine if an examination should be scheduled. A copy of the approval or denial will be sent to you and the insurance carrier.

Required medical examinations must be scheduled within 30 days after the insurance carrier receives approval for the examination from the TDI-DWC. The insurance carrier is required to give you at least 10 days notice before the scheduled examination.

You are required to attend the RME and you may be required to travel up to 75 miles from your residence to attend the examination, unless your treating doctor certifies that such travel may be harmful to your recovery. The TDI-DWC may authorize you to travel over 75 miles if there is a good reason to support such travel. If you have to travel greater than 30 miles one-way, the insurance carrier is required to pay for your reasonable travel expenses when traveling for the examination. To request reimbursement of your travel expenses, you must submit a *Request for Travel Reimbursement* (DWC Form-048) within one year (1) year of the date you incur the travel expenses.

Your treating doctor may be present at the examination to observe and may consult with the RME doctor about the course of your treatment. However, your treating doctor cannot participate in or advise you not to cooperate with the examination.

For further assistance, call
1-800-252-7031
or visit
www.tdi.state.tx.us

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If you want your treating doctor to attend the RME and the treating doctor is willing, the examination should be scheduled to try to accommodate the treating doctor. However, once an examination is scheduled based on the treating doctor's availability, the examination can not be delayed, canceled, or rescheduled, if the treating doctor has a scheduling conflict unless the RME doctor agrees to the rescheduling; or the examination was canceled by the RME doctor.

If the RME doctor refuses to allow your treating doctor to attend the examination, the insurance carrier must cancel the appointment and request that another doctor be approved for the examination. If you do not receive reasonable notice of the cancellation, the insurance carrier must pay for your reasonable travel expenses and for the treating doctor's attendance at the appointment.

If you or the RME doctor has a scheduling conflict, you are required to contact each other at least 24 hours before the appointment to reschedule. The examination must be rescheduled within seven days of the originally scheduled examination, unless an extension is agreed upon by both you and RME doctor. The extension must not be later than 30 days after the originally scheduled examination. In this event, the RME doctor must notify the insurance carrier and the doctor is not required to give you 10 days notice of the rescheduled examination.

If you, without a good reason, fail to attend the examination or do not reschedule the examination, the insurance carrier may stop payment of your Temporary Income Benefits (TIBS). If you later attend the examination the insurance carrier can again issue payment of TIBs. If you feel you have a good reason for missing the examination, and the insurance carrier does not agree, you can contact the TDI-DWC at 1-800-252-7031 and request dispute resolution.

Required Medical Examination Reports

[28 Tex. Admin. Code §§126.6(e) through (h)]

Within seven (7) days of your examination, the RME doctor must issue one of the following reports and provide you with a copy of the report. If you have legal representation, you may contact your attorney for an explanation of what is contained in the RME doctor's report. If you do not have legal representation, and you need an explanation of the RME doctor's report, you may contact the Office of Injured Employee Counsel (OIEC) by calling 1-866-EZE-

OIEC (1-866-393-6432) or your local TDI-DWC field office by calling 1-800-252-7031.

Maximum Medical Improvement (MMI) and Impairment Rating Report

[28 Tex. Admin. Code §§130.1 and 130.3]

The RME doctor will issue a *Report of Medical Evaluation*, DWC Form-69, when the purpose of the examination is to address MMI or permanent impairment rating. If the examination follows a designated doctor exam and the RME doctor disagrees with the designated doctor's opinion regarding MMI, the doctor's report must explain why he or she believes the designated doctor's report is incorrect.

Ability to Return to Work Report

[28 Tex. Admin. Code §129.5]

The RME doctor will issue a *Work Status Report*, DWC Form-73, if the doctor determines you can return to work immediately with or without restrictions or you cannot return to work at the time of the examination.

Report for Issues other than MMI, Impairment or Return to Work

The RME doctor must issue a detailed report for issues other than MMI, impairment and return to work.

Definitions

Designated Doctor is a doctor selected by TDI-DWC to make a recommendation about your medical condition or to resolve a dispute about your work-related injury or occupational illness.

Income Benefits replace a portion of wages you lose because of a work-related injury or illness, or are paid to you due to permanent damage or harm to your body because of a work-related injury or illness. There are four types of income benefits: temporary income benefits (TIBs), impairment income benefits (IIBs), supplemental income benefits (SIBs) and lifetime income benefits (LIBs).

Impairment Rating is the percentage of permanent impairment to your body that resulted from a work-related injury or illness.

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Maximum Medical Improvement (MMI) is the earlier of:

- the point in time when your work-related injury or illness has improved as much as it is going to improve; or
- 104 weeks from the date you became eligible to receive temporary income benefits.

Supplemental Income Benefits (SIBs) are income benefits that you apply for quarterly (four times per year, or every three months) and are paid to injured employees that meet specific eligibility requirements.

Temporary Income Benefits (TIBs) replace a portion of wages if your work-related injury or illness causes you to lose all or some of your wages for more than seven (7) days. If you work more than one job, you may be paid TIBs if you lose all or some of your wages from other employers.

For more information on Workers' Compensation Benefits see the following fact sheets:

- Designated Doctor
- Travel Reimbursement
- Dispute Resolution