

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation and may be entitled to certain medical and income benefits. For further information call your local Division field office or 1(800)-252-7031.



Empleado - Es necesario que reporte su lesión a su empleador dentro de 30 días a partir de la fecha en que se lesionó si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte de la División de Compensación para Trabajadores, y también puede tener derecho a ciertos beneficios médicos y monetarios. Para mayor información comuníquese con la oficina local de la División al teléfono 1-800-252-7031.

REPORT OF MEDICAL EVALUATION

CLAIM #:

PART I: GENERAL INFORMATION		4. Injured Employee's Name (Last, First, MI)	9. Certifying Doctor's Name and Licensure
1. Workers' Compensation Insurance Carrier	5. Date of Injury	6. Social Security Number	10. Certifying Doctor's License Number and Jurisdiction
2. Employer's Name	7. Employee's Phone#		11. Certifying Doctor's Phone & Fax # (Ph) (Fax)
3. Employer's Address	8. Employee's Address		12. Certifying Doctor's Address
City State Zip	City State Zip		City State Zip

PART II: DOCTOR'S ROLE AND CERTIFICATION

13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report (Workers' Compensation Rule 130.1 governs such authorization):

- Treating Doctor
 Doctor Selected by Treating Doctor acting in place of the Treating Doctor
 Designated Doctor Selected by the Division
 Carrier-Selected RME Doctor approved by the Division to evaluate MMI and/or permanent impairment after a Designated Doctor examination. NOTE – If you are not authorized by Rule 130.1 to file this report, you will not be paid for this report or the MMI/Impairment examination.

14. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Workers' Compensation Act and applicable rules, and I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Certifying Doctor: _____ Date of Certification: _____

PART III: MEDICAL STATUS INFORMATION

15. Date of Exam ____/____/____	16. Diagnosis (ICD-9 Codes)	1) _____	2) _____	3) _____	4) _____
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17. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:

Clinical Maximum Medical Improvement (Clinical MMI) is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.

Statutory MMI is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date to which MMI was extended by the Division through operation of Texas Labor Code §408.104.

- a) Yes, I certify that the employee reached STATUTORY / CLINICAL (mark one) MMI on ____ / ____ / ____ (may not be a prospective date) and have included documentation relating to this certification in the attached narrative. OR
- b) No, I certify that the employee has NOT reached MMI but is expected to reach MMI on or about ____ / ____ / _____. The reason the employee has not reached MMI is documented in the attached narrative.

NOTE – The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

PART IV: PERMANENT IMPAIRMENT

18. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

- a) I certify that the employee does not have any permanent impairment as a result of the compensable injury. OR
- b) I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is ____%, which was determined in accordance with the requirements of the Texas Workers' Compensation Act and Workers' Compensation Rules. The attached narrative provides documentation involved in the calculation of the impairment rating assigned using the following edition of the Guides to the Evaluation of Permanent Impairment published by the American Medical Association (AMA): third edition, second printing, February 1989. OR fourth edition, 1st, 2nd, 3rd, or 4th printing, including corrections and changes issued by the AMA prior to May 16, 2000.

PART V: TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION

19. Treating Doctor's Name and Degree	22. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's certification of MMI.
20. Treating Doctor's License Number and Jurisdiction	23. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's finding of no impairment. OR <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the impairment rating assigned by the certifying doctor.
21. Treating Doctor's Phone & Fax # (Ph) (Fax)	
24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.	
Signature of Treating Doctor: _____ Date: _____	

NOTE: With few exceptions, you are entitled on request to be informed about the information that TDI-DWC collects about you. Under §§552.021 and 552.023 of the Government Code, you are entitled to receive and review the information. Under §559.004 of the Government Code you are entitled to have TDI-DWC correct information about you that is incorrect. For more information, call the local TDI-DWC field office at 800-252-7031. AVISO: Con algunas excepciones, usted tiene derecho de ser informado sobre la información que TDI-DWC reúne sobre usted. Bajo la Sección §§552.021 y 552.023 del Código Gubernamental, usted tiene derecho de recibir y revisar esta información. Bajo la Sección §559.004 del Código Gubernamental usted tiene derecho para que TDI-DWC corrija la información sobre usted que esté incorrecta. Para mayor información, llame a la oficina local de TDI-DWC al teléfono 1-800-252-7031.



REPORT OF MEDICAL EVALUATION – DWC FORM-69 INSTRUCTIONS

PART I: GENERAL INFORMATION – Contains space to record general information about the employee, the certifying doctor, the insurance carrier (carrier) and the employer.

PART II: DOCTOR'S ROLE AND CERTIFICATION – Provides space to identify in which role the doctor was serving when making the certification. Per Workers' Compensation Rule 130.1 only an authorized doctor may determine whether there is permanent impairment, assign an impairment rating if there is permanent impairment, and certify MMI. Only the treating doctor, a doctor selected by the treating doctor, a designated doctor, or a carrier-selected RME doctor approved by the Division to evaluate MMI and/or permanent impairment after a Designated Doctor examination is authorized.

Treating Doctor: Doctor chosen by the employee who is primarily responsible for employee's injury-related health care.	Designated Doctor: Doctor selected by the Division to resolve a question over MMI or permanent impairment.
Doctor Selected by Treating Doctor: Doctor who was selected by the treating doctor to evaluate permanent impairment and MMI. This doctor acts in the place of the treating doctor. On or after September 1, 2003, such a doctor may be selected because the treating doctor is not authorized to certify MMI or assign an impairment rating in those cases in which the employee has permanent impairment. (However, an authorized treating doctor is still allowed to select another doctor to perform the evaluation/certification).	Carrier-selected RME Doctor: Doctor selected by the insurance carrier to evaluate MMI and/or permanent impairment after a designated doctor completed the same. A carrier-selected RME Doctor is only authorized to certify MMI, evaluate permanent impairment, and assign an impairment rating when specifically approved by the Division prior to the examination.

AUTHORIZATION – In addition to the requirement of acting in an eligible role, on or after September 1, 2003, Rule 130.1 provides that only a doctor who is certified by the Division to assign impairment ratings or who receives specific permission by exception granted by the Division is authorized to certify MMI in the event that the employee has permanent impairment and to assign an impairment rating. On or after September 1, 2003, Rule 130.1 provides that a doctor who does not have this certification or permission is only authorized to certify MMI if the employee does not have permanent impairment.

A CERTIFICATION BY A DOCTOR WHO IS NOT AUTHORIZED TO MAKE SUCH A CERTIFICATION IS INVALID.

PART III: MEDICAL STATUS INFORMATION – This section provides space to document the employee's diagnosis (using ICD-9 codes) and identify whether the employee has reached MMI. The doctor is required to indicate whether the employee has reached MMI based upon the definitions included on the form. Indicating whether the certification of MMI is based upon the employee reaching "Clinical MMI" or "Statutory MMI" may help if a dispute arises. If the doctor finds that the employee has not reached MMI, the doctor is to estimate the date the employee will likely reach MMI to assist with case management.

PART IV: PERMANENT IMPAIRMENT – This section provides space to document whether the employee has permanent impairment as a result of the compensable injury and, if so, what the impairment rating is. The doctor is to make this determination in accordance with Workers' Compensation Rule 130.1 and identify which version of the AMA Guides was used to assign the impairment rating if one was assigned. A finding of no impairment is not equivalent to a 0% impairment rating. A doctor can only assign an impairment rating if the doctor performed the examination/testing required by the AMA Guides. If a doctor finds that there is permanent impairment as a result of the compensable injury, the AMA Guides are used to measure the amount of impairment the employee has.

PART V: TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION – This section is for the treating doctor to indicate agreement or disagreement with another doctor's certification of MMI and determination of no permanent impairment or assignment of impairment rating.

Basic Filing Instructions – By rule only a designated doctor is required to file the report (including the required narrative) if the employee is not at MMI. When the report is required, the doctor has 7 working days to file it from the later of the date of the examination or the date doctor receives the required medical records.

The report and required narrative shall be filed with the insurance carrier, injured employee (and representative, if any), and the Division (Texas Department of Insurance, Division of Workers' Compensation, Records Processing MS-93, 7551 Metro Center Drive, Suite 100, Austin, TX 78744-1609). In addition, if a doctor other than the treating doctor files the report, a copy shall be filed with the treating doctor. The report shall be filed with the carrier by facsimile or electronic transmission and shall be filed with the Division, the employee, and the employee's representative by facsimile or electronic transmission if the doctor has been provided the recipient's facsimile number or email address; otherwise, the report shall be filed by other verifiable means.

The certifying doctor shall maintain copies of the report and narrative and documentation of the date of the examination; the date any medical records necessary to make the certification of MMI were received, and from whom the medical records were received; and the date, addresses, and means of delivery that reports required under this section were transmitted or mailed by the certifying doctor.

Rules 130.1 through 130.4 and 130.6 lay out the complete requirements for filing this report, including required documentation. The complete text of these rules is available on the Division's web site at www.tdi.state.tx.us.

