

## O.W.C.P. PROVIDER TRAINING LETTER

Thank you for agreeing to perform a Second Opinion Evaluation (“SECOP”) for the U.S. Department of Labor, Office of Workers Compensation Programs (“OWCP”). A SECOP is very similar to an independent medical examination and contains all of the essential elements of an IME report.

You will be provided with a Statement of Accepted Facts (“SOAF”), which is the framework you must use in answering the specific questions and in developing your report. ***You must include a statement in your report that you have reviewed the SOAF.***

***All claimed conditions identified in the SOAF must be examined.***

***For each condition specified in the examination request, a diagnosis must be provided or a statement included that the claimed condition was not found.***

***If a diagnosis is established which differs from the existing diagnosis for the same condition as contained in the SOAF, the two diagnoses must be reconciled with a statement documenting the basis for the change of diagnosis, and whether the new diagnosis represents a progression of an earlier diagnosis, correction of a prior incorrect diagnosis, or a new independent entity.***

All medical reports must be comprehensive and unequivocal, and contain well-reasoned opinions. All claimed conditions identified in the SOAF must be examined. A diagnosis must be provided for each condition specified in the examination request. If a diagnosis cannot be established, a clear statement outlining the reason must be provided. If tests are necessary to establish a diagnosis or to answer a specific question, they must be performed and commented upon in your report (*all non-invasive tests are pre-authorized*).

Mitchell MCN’s dial-in dictation line is available to you 24/7. Our medical transcriptionists will transcribe your report, which will be returned to you for review and final signature. Your dictated report should include:

- A clinical history outlining treatment to date, including review of all supplied claim file material
- Identification of any underlying or pre-existing conditions
- Physical examination findings (or mental status examination for psychiatric cases). It is important to provide as much measurable, objective information in this section as possible. Your medical evaluation and findings may be compared to findings of other physicians as well as to your own prior exams if asked to re-evaluate the claimant.
- Results of laboratory or diagnostic studies necessary to complete the examination.
- Diagnoses related to physical findings and diagnostic procedures.
  - ***Answers to all questions (in question and answer format)***, ensuring all answers contain supporting explanations or rationale based upon clinical findings (restricted to your specialty).
  - Support for how you arrived at your conclusion so it is clear to the reader.
  - An opinion regarding any restrictions or limitations on work-related activities, including objective findings and supporting medical rationale for each stated restriction or limitation.
    - ***Completion of Work Capacity Evaluation Form (OWCP-5).***

Additionally, utilize the principles as set forth in the *AMA Guides to the Evaluation of*

*Permanent Impairment, Sixth Edition*, even when a rating is not requested. Table 2-1 contains Fundamental Principles of the Guides, including the concepts that the evaluating physician must use knowledge, skill, and ability generally accepted by the medical scientific community when evaluating an individual, and the physician must use all clinical knowledge, skill, and abilities in determining whether the measurements, test results, or written historical information are consistent and concordant with the pathology being evaluated.

All **Schedule Award** examinations and reports shall be performed in accordance with the standard methods as set forth in the *AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition* and shall contain all of the items listed at Section 2.7 of the *Guides* (**only provide rating if it is specifically requested**).

The following elements are required for a full and complete Schedule Award report:

- All methodologies and principles for rating impairment are followed in accordance with the *AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition*.
- Includes date of maximum medical improvement (MMI) and supporting rationale for the chosen date.
- Physical impairment levels containing the actual measurements, expressed in degrees, obtained during the examination or through clinical or laboratory tests.
- Contains explanation as to how the level of impairment was calculated, including the tables and page numbers from the *AMA Guides Sixth Edition*.
- Identification of the diagnosis utilized for the impairment rating, the Class and default Grade that describes the impairment.
- A step-by-step outline of all non-key Grade Modifiers as appropriate for the specific impairment rating:
  - Functional History Adjustment (include functional assessment tools utilized – i.e. QuickDASH for upper extremity ratings, AAOS lower limb instrument or other inventory for lower extremity ratings).
  - Physical Examination Adjustment.
  - Clinical Studies Adjustment.
- Final assessment of the Net Adjustment formula used to determine the final Grade within the Class, with identification of the completed impairment rating.
- Completion of worksheets to reflect the supplied rating(s).

Please direct questions to the Client Services Department to ensure you have a complete understanding of these guidelines.

We look forward to working with you and are available to answer any questions you may have.

Sincerely,

Kendra Shine  
Client Services Manager  
206.508.4625 | kshine@mcn.com

**OWCP-5(C) WORK CAPACITY EVALUATION FORM**

When completing the required OWCP-5(c) Work Capacity Evaluation form, please pay particular attention to the following instructions, to avoid having forms returned to you for completion:

Section 1(a): If you answer that no, the worker is not capable of performing his/her usual job, then you must provide a brief explanation as to why. Please refrain from leaving this section blank or stating, "See Report."

This form is provided to the worker's employer as a guide for possible restrictions and accommodations. The worker's employer is not provided with a copy of your confidential second opinion narrative report – that report is only provided to the claims administrator. Therefore, the form must provide sufficient information for the employer as well as the U.S. Department of Labor.

If the worker is unable to perform his/her regular job, be sure to answer questions 1(b), (c), (d), (e), and (f) on the form.

Please be sure to check 1(g) as to whether maximum medical improvement has been reached. This answer must match your narrative discussion in your report.

Fill in restrictions in Section 2. Please sign and date the form. ***Please provide the completed form at the same time that you provide your narrative report, to avoid delays in processing your final report.***

Thank you for your attention to these details. Please feel free to contact me if you have any questions.



U.S. Department of Labor Office of Workers' Compensation Programs  
201 Varick Street, Room 740  
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March 16, 2015

MEMORANDUM FOR: MCN

FROM: Danielle Bonaccorso  
Chief of Operations

Subject: OWCP-5

The Office of Workers' Compensation Programs' (OWCP) goal is to return each disabled employee to work as soon as he or she is medically able. Injured workers who are medically able to return to work are expected to return to gainful employment when work is made available.

For FECA purposes completion of Line 2a alone is not sufficient. If the claimant is not able to return to work full duty, physical limitations must be provided.  
If the claimant is unable to work full time, full duty 2B must be completed.