Medical Management Best Practices

2016 Annual Report to the Legislature

December 2016
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Executive Summary

Introduction
This report responds to the legislature’s direction to the Department of Labor and Industries (L&I) to share its progress in implementing medical management best practices for health care providers who treat injured workers. The legislature funded medical management best practices in 2013 and called for a final report on outcomes in 2014. While L&I produced the 2014 report, outcomes were not yet measurable at that time. Therefore, the department also agreed to provide this full report by December 1, 2016 on the implementation of medical management and its impacts on reducing disability and increasing return to work for injured workers.

Washington’s workers’ compensation system provides benefits to workers who are injured on the job or who suffer from an occupational disease. It pays for medical treatment, vocational assistance, partial wage replacement and provides disability benefits.

One of L&I’s goals is to help injured workers heal and return to work, while keeping costs sustainable. Lack of adequate clinical staff (Occupational Nurse Consultants, or ONCs) results in delays and missed opportunities to ensure the right care is delivered at the right time. Injured workers not only face delays in resolving medical issues, but claim decisions about medical care may be made without clinical input. A random sampling of 200 L&I claims by injured workers from 2012 showed 48 percent of claimants did not get the on-time expert medical advice they needed.

In the 2013 biennium, the legislature provided funding for additional clinical staff at L&I. This enabled the department to hire more ONCs to provide medical advice and expertise for claim managers. At this time, there are 21 ONCs providing this resource to claims managers. In addition to this staffing increase, L&I conducted a Lean improvement project to streamline processes.

Progress and achievements
To provide the medical expertise and intervention (medical management best practices) to help claimants heal and return to work, L&I:

- Completed a Lean process improvement project to standardize ONC referral criteria and processes. This ensures ONCs provide input into claims with the highest priority clinical issues, such as pre-existing opioid use, new conditions, time-loss, or occupational disease. In addition to making responses more consistent, the amount of time needed for an ONC to respond to a request from a claims manager was reduced from 10 days to three days. For certain critical issues such as discharge planning or surgery, response time is 24-48 hours.

- Increased the medical expertise available to claims administration by hiring 11 additional ONCs to support claim managers (CMs) and their caseloads, increasing the ratio of ONCs to claims managers of one ONC to 11 CMs.

- Hired an associate medical director (physician) with occupational medicine expertise to address the increasing number of occupational disease claims with longer time-loss, defined
as the days an injured worker is paid for lost wages resulting from time off work or time doing lower-pay work due to work-related injury or illness.

- Engaged in a “plan, do, check, act” cycle of improvement by reviewing criteria for medical management processes, and made appropriate changes to facilitate improvement in identified areas.

Investing in ONCs and an associate medical director specializing in occupational diseases provides L&I with additional resources to implement medical management best practices that contribute to improved injured worker outcomes. The medical costs for workers’ compensation currently represent nearly half (46 percent) of claim costs – about $600 million annually. Medical management helps ensure appropriate care, ultimately reducing the length of disability and associated costs.

L&I has implemented criteria and process changes and has hired staff needed to more effectively use clinical resources. Along with other initiatives to help injured employees return to work, ensure quality medical care and improve efficiencies in the workers’ compensation system, these actions have played a significant role in helping an estimated 560 injured workers avoid long-term disability each year, and in saving $700 million in estimated wage replacement, disability and medical costs to Washington employers, workers, and the workers’ compensation system.

A key example of improved outcomes is a decline in inappropriate continued opioid use. Evidence shows that opioids may be appropriate for acute use, but they are ineffective at managing chronic pain and cause harm. ONC standard work includes a review against strict criteria of any request for opioids beyond six weeks of an injury. This has contributed to a substantial drop in the overall number of injured workers exposed to the harm of long-term opioids. When ONC reviews began, nearly five percent of claims within six to 12 weeks since injury involved opioids. Since then, the number of those claims involving opioids has dropped to less than one percent.
Introduction

Background information
Washington’s workers’ compensation system provides benefits to workers who are injured on the job or who suffer from an occupational disease. It pays for medical treatment, vocational assistance, and partial wage replacement and provides disability benefits. The medical costs for workers’ compensation currently represent nearly half (46 percent) of claim costs – about $600 million annually. Medical management helps ensure appropriate care, ultimately reducing the length of disability and associated costs.

One of L&I’s goals is to help injured workers heal and return to work while keeping costs sustainable; however, according to an industry benchmarking report from 2012, in 48 percent of L&I claims, injured workers did not get the on-time, expert medical advice they needed.

Additional clinical staff
In the 2013 biennium, the legislature provided funding for additional clinical staff at L&I to provide medical advice and expertise for claim managers.

A 2014 peer review showed L&I’s administrative costs are less than half those of comparable carriers – 12 percent of the costs of benefits compared to 27 to 37 percent for other state fund and private carriers. These low administrative costs result in a lack of resources, including clinical staff (Occupational Nurse Consultants, or ONCs) to provide adequate medical consultation, driving up delays and claim costs. The workers’ compensation insurance industry norm is one medical expert on staff for each six to 10 claim managers. At L&I, this ratio was one medical expert to 23 claim managers, meaning 11 clinical staff supported 255 claim managers.

In 2014, with the funding provided by the legislature, L&I hired 11 additional ONCs. This staffing increase helps injured workers heal and reduces disability by providing timely, high quality medical expertise and care.

Lean process improvements
In addition to hiring staff, L&I completed a Lean process improvement project during late 2013 and 2014 regarding medical management to address gaps in ONC review of claims that meet certain criteria. Medical management and best practice standards require input from a nurse and/or physician on complex claims and those involving clinical issues. Relying primarily on a claim manager to initiate a question to the nurse or physician can result in missed opportunities for clinical input on medical decisions, resulting in delays and inappropriate decisions. Early involvement of clinical staff guides decision making, reduces customers’ frustration and injured worker time spent away from work, and ensures the right medical issues are quickly addressed.

Ensuring effective clinical interventions early in a claim reduces disability and claim costs. The Lean improvements focused on setting and using standard referral criteria and work processes and using quality oversight. See Appendix A for the updated ONC referral criteria.
Progress and Achievements

This section describes L&I’s progress on using medical management best practices to improve medical claim processes and reduce length of disability for injured workers, enabling them to return to work more quickly.

SUMMARY OF ACTIONS TAKEN

- L&I hired 11 additional Occupational Nurse Consultants (ONCs) to support a manageable number of Claim Managers (CMs) and their caseloads. Previously, 11 ONCs supported 255 CMs, for a ratio of one to 23 – compared to the industry norm of one ONC to six to 10 CMs. WorksafeBC, a similarly-sized system, has a ratio of one to five. Currently, 269 claim managers are supported by ONCs, for a ratio of one ONC to 13 CMs. L&I’s goal was to have one ONC per unit assigned to each of 28 claim units. At this time, only 10 ONCs support a single unit; the others support a second unit either by themselves or along with another ONC.

- Both occupational disease claims and length of time-loss for workers (the days an injured worker is paid for lost wages resulting from time off work or time doing lower-pay work due to work-related injury or illness) had been increasing prior to 2013. To help focus limited clinical resources on the most problematic medical issues, L&I hired an associate medical director with expertise in occupational medicine.

- L&I completed a Lean process improvement project to standardize referral criteria and processes. Many claims receive early ONC review by automatic referral due to certain criteria. This helps ensure ONCs provide input into claims with the highest priority clinical issues, such as pre-existing opioid use, new conditions, time-loss or occupational disease.

These actions ensure L&I has the necessary resources to provide efficient clinical expertise and help injured workers get the care they need.

HIRING AND STAFFING OCCUPATIONAL NURSE CONSULTANTS

L&I requested additional clinical expert resources to ensure appropriate medical decisions are made on workers’ compensation claims. ONCs provide:

- Review and timely authorization of medically-necessary treatments
- Treatment planning
- Assistance with medical issues related to returning to work
- Coordination with and between providers to ensure timely, appropriate treatment
L&I’s small number of ONCs were spread too thin to perform these needed services. In addition, most of the ONCs’ time was being used to respond to impromptu questions from claim managers, which kept them from being available and effective on claims that most needed clinical intervention.

**ONC staffing**

At this time, each ONC is physically located in or near his or her assigned claim unit(s). In addition to claim unit support, ONCs with specialized knowledge and experience in a variety of medical areas may be used as peer resources on complex or unusual medical issues. For example, some ONCs with backgrounds in surgery, critical care, home health, psychiatry and rehabilitation are regularly consulted for guidance on issues that arise in these types of claims. L&I plans to further use these special skills in the future.

The ONC unit previously consisted of one clinical nurse lead overseeing 11 ONCs. Before hiring new ONCs, L&I reviewed the organizational structure of claim managers (the primary customer) and the number and type of cases being referred to them to develop an ideal unit structure. The resulting structure, positions, and functions for the ONC unit are:

- One clinical nurse lead responsible for overall program development, overall leadership, clinical education leadership, clinical research, supervision of ONC supervisors and the program specialist, specialized clinical expertise, and claim escalation.
- Two ONC supervisors responsible for supervising ten to 11 ONCs, mentoring and training staff, overseeing quality assurance, implementing clinical programs, and performing limited claim work such as back-up, triage or specialty- area work.
- Twenty-one ONCs responsible for providing clinical expertise on claims. This includes serving as a peer resource in specialty areas and potentially rotating to provide support in other areas. One ONC was hired specifically as a bilingual (Spanish) professional to support the needs of the Latino population.
- One program specialist responsible for providing administrative support to the ONC Unit and Associate Medical Director for Occupational Diseases.

**Recruitment and hiring**

Starting in July 2013, L&I hired approximately two ONCs per month until all positions were filled. Hiring was deliberately paced to allow proper training, orientation and unit redistribution. L&I finished the hiring in February 2014. The units are fully staffed with a total of 21 ONCs, two ONC supervisors, a clinical nurse specialist and a program specialist.

**Orientation**

L&I requires ONCs to undergo at least six weeks of intensive mentoring before assuming a semi-independent role. Each new ONC is assigned a mentor for the entire orientation process. Orientation is highly structured for the first three weeks with readings, one-on-one discussions with the ONC supervisor and peer ONCs, and a variety of selected claim reviews.
ONC workload and results

While hiring additional ONCs, L&I also proactively identified referral criteria to ensure these new resources were reviewing the appropriate types of claims. L&I expected ONC workload to increase between 30 and 50 percent due to new required referral criteria and automated referrals from a new time-loss review process. Starting in the fall of 2013, monthly referrals increased steadily, starting at about 2,500 and ending at about 4,300. Annual totals rose considerably in 2014 and continue to rise, as shown in Figure 1. As of July 2016, the unit is fully staffed and the performance goals are met. Currently, outstanding referrals are at about nine percent.

Figure 1: Total referrals to ONCs

![Total Referrals to ONCs](image)

Source: L&I Research and Data Services

HIRING AN ASSOCIATE MEDICAL DIRECTOR

L&I hired an associate medical director (AMD) in 2014. The department has some contracted physician consultants who provide referral-based written responses; however, L&I needed a specialist with occupational medicine expertise to focus on occupational disease claims.

An occupational disease is a medical condition that may develop over time, resulting from required work activities unique to a job. Many occupational disease claims are filed for degenerative joint conditions. State Fund system data indicates occupational disease claims that include only medical costs have increased from two percent overall in Fiscal Year (FY) 2000 to five percent overall in FY 2009. The percentage of occupational disease-related time-loss claim costs has risen dramatically over the same 10-year period, from six percent in 2000 to 16 percent in 2009.

Responsibilities of the position

The AMD position requires a unique combination of key skills including strategic planning and high-level policy experience; stakeholder management expertise; and advanced analytic skills for resolving high-level, complex, technical clinical issues. The AMD occupational disease expert
advises, researches and develops evidence-based policy on degenerative diseases in the workforce (including aging workforce issues) and early indicators of potential long-term disability. The physician is an active participant in team conferences and provides occupational disease training to ONCs and CMs.

This position’s responsibilities include:

- Direct, specific consultation for claim managers and ONCs on medical issues. Better and earlier medical decision support helps reduce ineffective treatment and time-loss duration, especially with occupational disease claims.
- Coordination of department data analysis and clinical expertise to develop proactive treatment guidelines for care management.
- Development of policies for implementing consistent best practices that identify and target claims with higher disability risk. This will foster better coordination of care and more timely action on claims.
- Development and implementation of up-to-date, clinically-based referral criteria, quality oversight measures, and training activities for claim managers and nurses.
- Help to develop and implement agency-wide treatment guidelines for high-cost, ineffective, and high-risk clinical procedures.

**Accomplishments and future work**

L&I has a national reputation for innovation in health policy and is one of the largest workers’ compensation payers in the nation. The department conducted a nationwide search and was able to attract several top candidates, ultimately hiring Dr. Nicholas Reul, a physician board-certified in occupational medicine. Dr. Reul has a master’s degree in public health and an uncommon depth of clinical experience from formal job experience and training in areas of medicine important to L&I.

**Accomplishments**

In addition to providing clinical expertise to ONCs and CMs on occupational disease topics and issues, this position has been invaluable in enabling L&I to timely and effectively respond to occupational disease issues. Highlights of policy issues include:

- **Beryllium** - In response to stakeholders’ concerns, Dr. Reul led the development of the Clinical Guideline for the Diagnosis of Beryllium Sensitization and Chronic Beryllium Disease. This guideline provides testing and diagnosis standards, so that workers exposed to Beryllium are appropriately assessed and there is more certainty for workers and employers.
- **Ebola** - Dr. Reul led L&I’s emergent response to Ebola, including development of a novel policy on the unlikely but high-impact potential of workplace exposure to Ebola.
- **Chemical Exposure** - Chemical exposures can result in either acute injury or latent disease. While some exposure is straightforward, it is critical to ensure the right expertise is in place for complex cases. Dr. Reul led the updating of L&I’s outdated contract with the University
of Washington to ensure responsiveness to the evolving needs of chemically exposed workers and industrial insurance.

- **Catastrophic Claims** - Dr. Reul led an in-depth, first-of-its-kind analysis of catastrophic claims to gain insight into a very small number of serious claims. As a result, L&I initiated a five-part improvement plan, with several parts led by Dr. Reul. The plan includes process improvements for increased coordination on these complex claims, and ensuring access to high quality, evidence-based interventions.

**Future work**

Dr. Reul is collaborating with state fund and self-insurance leaders to analyze current policies and provide recommended changes regarding diseases that may arise many years after occupational exposure. Examples of such diseases include asbestosis, silicosis and some lung cancers.

**LEAN IMPROVEMENT PROJECT**

L&I committed to a medical management Lean project to address gaps in ONC review of claims that meet certain criteria and move closer to industry norms for clinical expertise. Medical management and best practice standards require input from a nurse and/or physician on complex claims and those involving clinical issues. Relying on a claim manager to initiate a question to the nurse or physician can result in missed opportunities for clinical input on medical decisions, resulting in delays and inappropriate decisions. Promptly involving clinical staff guides decision-making, reduces customers’ time spent and frustration, and ensures the right medical issues are quickly addressed.

**Lean: standardizing and improving processes**

Ensuring effective clinical interventions early in a claim can reduce both worker disability and claim costs. The Lean improvements focused on setting and using standard referral criteria and work processes and using quality oversight.

**Claims Evolution**

L&I chartered the medical management project as one of six initiatives under an overall improvement program called Claims Evolution. The Claims Evolution project aimed to effectively use ONCs’ expertise to reduce the time it takes for a worker to return to normal function and to improve injured worker clinical outcomes. Tools for accomplishing these goals include:

- Standard referral criteria for clinical intervention
- Standard basic workflow processes, including appropriate references and guidelines and priority of application
- Standard response times that align with best practices
- Performance expectations and accountability
- Standard referral and report templates
- Consistent education, training and materials for clinical staff
Standard measures to review quality

How the Lean process worked
The Claims Evolution project addressed limited clinical resources by focusing L&I’s resources on medical issues where opportunities for improved timeliness existed. The department created standard, mandatory referral criteria and standard referral and report processes using Lean. Two teams worked to determine the types of medical issues ONCs should review and how referrals to ONCs should be made:

- The referral criteria team developed a list of prioritized claim issues with identified triggers for when a referral to an ONC is either required or recommended. The required referrals are intended to allow the ONC to intervene early in the life of the claim to reduce length of disability time and improve outcomes for injured workers.
- The referral process team refined the CM workflow when sending a referral to the ONC, how the ONC responds to the referral, and how the response is sent back to the CM for action.

The Lean teams also designed new referral standards and report templates to ensure that accurate and complete information is included.

Outcomes
Process improvements have led to reduced unnecessary referrals, increased appropriate referrals, and more timely and accurate responses.

Standard referral criteria: Between 80 and 93 percent of referrals during the pilot met referral criteria.

Standard response times: ONCs consistently respond to most issues within three business days of the request, compared to 10 days pre-pilot. For certain critical issues such as discharge planning or surgery, response time is 24-48 hours. Surveys of CMs showed high satisfaction with ONC response times.

Standard referral and report templates: One hundred percent of ONCs agreed that the new standard templates were clear and included critical elements.

Standard processes: Staff adhered well to standards in referral criteria, but there were gaps in other areas. L&I continues to make adjustments to certain processes, reinforce requirements with system changes, and clarify expectations.

Process improvements also lead to better outcomes for injured workers and the workers’ compensation system. For example, ONCs are a key contributor to ensuring appropriate opioid prescribing. Evidence shows that opioids may be appropriate for acute use, but they are ineffective at managing chronic pain and cause harm. ONC standard work includes a review of any request for opioids beyond six weeks of an injury. As shown in Figure 2, the ONC review against strict criteria at the six-week period has contributed to a substantial drop in the overall number of injured workers exposed to the harm of long-term opioids. When ONC reviews began, nearly five percent of claims
within six to 12 weeks since injury involved opioids. Since then, the number of those claims involving opioids has dropped to less than one percent.

**Figure 1: Percent of claims with opioids within six to 12 weeks since injury**

Source: L&I Research and Data Services
Conclusion

Investing in Occupational Nurse Consultants and an associate medical director specializing in occupational diseases provides L&I with additional resources to implement medical management best practices that contribute to improved injured worker outcomes. The medical costs for workers’ compensation currently represent nearly half (46 percent) of claim costs – about $600 million annually. Medical management helps ensure appropriate care, ultimately reducing the length of disability and associated costs.

L&I has implemented criteria and process changes and has hired staff needed to more effectively use clinical resources. The department has made progress in reducing disability and returning injured workers to work due to multiple interventions, including having appropriate clinical expertise. For example, declines in inappropriate continued opioid use are tied to ONC review of opioid prescribing on claims with time-loss greater than 14 days, and on all prescriptions requested beyond six weeks of care.

Along with other initiatives to help injured employees return to work, ensure quality medical care and improve efficiencies in the workers’ compensation system, L&I’s implementation of medical management best practices helps injured workers heal and return to productive lives. These actions have played a significant role in helping an estimated 560 injured workers avoid long-term disability each year, and is saving $700 million in estimated wage replacement, disability and medical costs to Washington employers, workers, and the workers’ compensation system.

FUTURE PLANS

L&I will continue to apply Lean principles to improve medical management. This is consistent with the department’s overall approach to ensure return-on-investment of our limited resources by reducing costs through improved health and return-to-work outcomes for injured workers. In 2017, L&I will:

- Continue to engage in the “plan, do, check, act” cycle of improvement.
- Ensure medical management processes and criteria are appropriate and make changes and improvements as needed.
- Focus on opportunities to engage ONCs in L&I’s efforts to help injured workers return to work.
- Continue to improve training for and communication channels between clinical staff and claim staff.
Appendix A: Referral Criteria

Note: These are the criteria developed and tested in the Lean project. Claim managers now use these criteria to identify situations needing ONC involvement.

When to Involve the ONCs: Updated Referral Criteria

Getting the nurse involved early in a claim can save you a lot of headaches and can ensure the worker receives the best possible care.

Referrals to ONCs required:

<table>
<thead>
<tr>
<th>Time-loss</th>
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<tbody>
<tr>
<td>☐ Time-loss that has reached 2 weeks (based on weekly data runs that will be sent directly to the ONC). The ONC will review for any opioid use prior to the II. If applicable, ONC will include expected disability duration in response.</td>
</tr>
</tbody>
</table>

Triage of all non-initiated claims requiring inpatient hospitalization from UR.

Discharge planning:

☐ Authorization of long term attendant care
☐ Home health care requests including skilled nursing, PT, OT, and speech therapy
☐ Skilled nursing facility admission
☐ IV antibiotics after discharge
☐ New catastrophic injury
☐ DME necessary for hospital discharge or long term care including wound vac, hospital bed rental or purchase, specialty mattress, wheelchair rental or purchase, rental of portable ramp
☐ Residential care including adult family homes, group homes, assisted living

1 This document is for internal L&I use only.
Newly contended conditions that were not a part of the body originally allowed per the Report of Accident (ROA):

- To include, but not limited to:
  - Notification when psych is contended and review of psych evaluation
  - Thoracic outlet syndrome (TOS), or when contended on the ROA
  - Complex Regional Pain Syndrome (CRPS), also known as RSD
  - Degenerative condition/diagnoses, or when contended on the ROA
  - Creeping diagnoses to different parts of the body
  - Post injury incident(s)

Excluded from this requirement would be sprains/strains with diagnosis clarified later

- To include, but not limited to:
  - Shoulder sprain later found to be rotator cuff tear
  - Knee sprain later found to be meniscus tear
  - Wrist sprain later found to be DeQuervain's or CTS

Controlled substance issues:

- Opioids per new opioid guideline process
- Abuse of prescribed or illegal drugs
- Evidence of opioid diversion (i.e., negative on UDT)
- Suboxone/Subutex/Buprenorphine

All occupational disease claims prior to allowance or rejection

Chemical exposure rejections (send to CRI unit)

Assignment and monitoring of nurse case managers

- To include, but not limited to:
  - New catastrophic injury
  - On site coordination of complex medical issues

Requests for myoelectric or microprocessor upper or lower extremity prosthetic limb

Request for authorization for a chemical/alcohol dependency or opioid detoxification program

A head injury which includes post-concussion symptoms/syndrome or contention of cognitive difficulties

- Request for brain injury rehab (e.g., speech therapy, behavioral therapy, physical therapy, etc.)
- Request for neuropsychological exams
Referral to OMD internal medical staff or consultants need to go through an ONC

- To include, but not limited to:
  - UR re-review denials (for OMD internal staff review only)
  - Ratings (unclear or excessively high)
  - Unclear causal relationship

- Review psych at 90 days

Requests for ultrasonic or electrical bone growth stimulator

Botulinum toxin (BTX) injections (e.g., Botox, Myobloc, Xeomin, Dysport)

Obesity treatment

**Referrals to ONCs recommended:**

<table>
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<tr>
<th>Reopenings</th>
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<tbody>
<tr>
<td>To include, but not limited to:</td>
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<tr>
<td>- Unclear to CM if there is objective worsening</td>
</tr>
<tr>
<td>- Newly contended condition</td>
</tr>
<tr>
<td>- Unclear if treatment plan is curative</td>
</tr>
</tbody>
</table>

| Questionable causal relationship of diagnosis compared to description of injury on ROA |

| DME (e.g., CPM, prosthetics, or orthotics) |

| Dental plan or treatment as related to original injury |

| Continued subjective complaints without objective findings |
| - Unclear to CM if there are objective findings |
| - Physical restrictions inconsistent with physical exam findings |

<p>| Unusual/unclear treatment plan – guidance to develop the appropriate clarifying questions |</p>
<table>
<thead>
<tr>
<th>Drugs/medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Prescriptions for unaccepted conditions / unclear relatedness</td>
</tr>
<tr>
<td>- Off label medication(s)</td>
</tr>
<tr>
<td>- Non formulary drug requests</td>
</tr>
<tr>
<td>- Multiple medications (e.g., antipsychotics, antidepressants, anticonvulsants)</td>
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<tr>
<td>- Anticoagulants post op not approved by Provider Hotline</td>
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<table>
<thead>
<tr>
<th>Hyaluronic acid injections</th>
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<tr>
<th>Outpatient SIMP</th>
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<tbody>
<tr>
<td>- Unclear to CM if candidate for SIMP following initial evaluation</td>
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<tr>
<td>- The ONC may recommend SIMP for the worker if they meet the criteria</td>
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<table>
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<tr>
<th>Questions regarding which specialist to use for an IME</th>
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<table>
<thead>
<tr>
<th>Unusual requests: special shoes, glasses, etc.</th>
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</table>

| Multiple open claims to clarify diagnosis and treatment plan |