

Extent of Injury Analysis Section of a Designated Doctor Report

In addition to the basic requirements of a designated doctor narrative report in 28 TAC Rule 127.220, a narrative on extent of injury may include the following information:

I. Injury in Question (Box 31C of the DWC Form-032)

State injuries in question as listed in Box 31C, and define and describe each injury in medical terms.

Note: Extent of Injury is a specific question as to a specific injury as listed in Box 31C. Failure to use the exact terms as listed in Box 31C to refer to the injury may result in a letter of clarification, or a report not being adopted. If there are other medical terms used in the report to refer to the injury in question as listed in Box 31C, explain or clarify that to the reader by stating these terms are synonyms, one is inclusive of the other, etc. If there are injuries that can be grouped together as the same, or part of the same medical process, explain such grouping.

II. Accident/Incident (Mechanism of Injury)

Describe the accident/incident (mechanism of injury). Include any account described and who gave it. (i.e. Claimant told me during the exam, or treating doctor describes in the notes on 1/1/2023.)

III. Clinical Findings and Timeline in Support of Causation Analysis

Provide the relevant findings contained in the medical records, history and physical exam. Where applicable, detail symptom onset relative to the timeline of the medical history.

In your review and detail of the above, pay particular attention to the following in relation to the injury in question (Box 36C):

- a. Did the injury in question exist prior to the work-related accident or incident (mechanism of injury)?
- b. Was the injury in question present during the physical examination?

IV. Analysis of Clinical Findings and Timeline

Provide an analysis based on the findings from Sections II and III above, and any other relevant supporting factors to explain the basis for the opinion regarding the injury in question (Box 31C).

Pay particular attention to the following in relation to the causation analysis for the injury in question (Box 31C), and explain all that are applicable:

- a. Consider whether the timeline of symptom onset was consistent with the work-related injury, including relevant medical records prior to the injury, proximate to the time of injury, as well as post-injury treatment and testing.
- b. Is this type of work-related accident/incident (mechanism of injury) consistent or inconsistent with the injury in question?

If evidence-based medicine is available, then explain how it supports that the work-related accident/ incident (mechanism of injury) caused or did not cause the injury in question (Box 31C).

V. Medical/Legal Causation Opinion Statement

SAMPLE CONCLUSION TEXT

“Based on the above referenced reasons, it is my medical opinion, based upon my education, training, and experience, and within reasonable medical probability that (the work-related accident/incident/ mechanism of injury) caused or did not cause the injury in question (Box 31C). I find that the compensable injury of (mm/dd/yyyy) was/ was not a substantial factor in bringing about the additional claimed injury or condition (Box 31C), and without it, the additional injury or condition (Box 31C) would not have occurred. Specifically, it does or does not extend to include (Box 31C).”

****DWC does not require use of this form, and additionally, this form is not applicable in all cases. DDs must adhere to all applicable rules regarding reporting requirements and this form is neither a substitute nor an addendum to those requirements. This form is an example of expert causation analysis where extent of injury is an issue, and is not a comment on whether expert testimony is required to establish causation as to this, or any other specific injury. Whether expert testimony is required to establish causation for an injury is a determination that is made at the hearings level on a case by case basis.**

DWC Sample without EBM for Extent of Injury Analysis Section of DD Report

I. Injury in Question

A lateral malleolus fracture is a fracture of the distal fibula, also referred to synonymously in the medical records as _____.

II. Accident/Injury(Mechanism of Injury)

As stated in the E.R. records, the injured employee stepped off a curb while at work in the Metro Center Parking Lot on March 15, 2022. According to the injured employee's account, which was given shortly after the accident and further explained to me during the exam, he "missed the ground" and twisted his ankle, falling on his right side.

III. Clinical Findings, Timeline and Literature in Support of Causation Analysis

There is no reference in the medical records, and the injured employee specifically denies ever having had any injury or any treatment to the right ankle prior to the accident on March 15, 2022.

X-rays on March 15, 2022, clearly documented an acute fracture of the right lateral malleolus. Subsequent x-rays dated December 17, 2022, demonstrate a healed fracture of the right lateral malleolus. Although an unhealed fracture is not present upon my exam, both my exam and the medical records indicate a prior unhealed fracture of the right lateral malleolus was present immediately after the fall on March 15, 2022. That fracture resolved/ healed prior to my exam of the injured employee.

Based on the E.R. records, the injured employee was seen at the emergency room shortly after his fall and diagnosed with a fracture of his right hip. The right hip fracture is not the injury question. The injured employee also complained at the emergency room of sudden and severe pain in his right ankle upon falling. Within an hour of the injury, the injured employee had significant swelling and bruising of his right ankle, and the ankle was tender to the touch. It is an unknown if the employee was able to bear weight on the ankle, as his hip fracture prevented him from walking. The symptoms of the fracture of the right lateral malleolus appeared immediately following the injury, which is when you would expect to see such symptoms appear if a sprain or fracture did exist as a result of the fall. X-rays taken within two hours of the injury revealed a fracture on the lower part of the right lateral malleolus.

IV. Analysis of Clinical Findings and Timeline:

Based on the findings that the injured employee had significant swelling and bruising of his right ankle, the symptoms of the fracture of the right lateral malleolus appeared immediately following the injury, and x-rays taken within two hours of the injury revealed a fracture on the lower part of the right lateral malleolus, I conclude that the timing of the fracture of the right lateral malleolus is consistent with the fall on March 15,

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In addition to the basic requirements of a designated doctor narrative report in 28 TAC Rule 127.220, a narrative on extent of injury may include the following information:

I. Injury in Question (Box 31C of the DWC Form-032)

<i>Considerations</i>	<i>DWC Sample Report Language (Example without EBM)</i>
<p>State injuries in question as listed in Box 31C, and define and describe each injury in medical terms.</p> <p><u>Note:</u> Extent of Injury is a specific question as to a specific injury as listed in Box 31C. Failure to use the exact terms as listed in Box 31C to refer to the injury may result in a letter of clarification, or a report not being adopted. If there are other medical terms used in the report to refer to the injury in question as listed in Box 31C, explain or clarify that to the reader by stating these terms are synonyms, one is inclusive of the other, etc. If there are injuries that can be grouped together as the same, or part of the same medical process, explain such grouping.</p>	<p>A lateral malleolus fracture is a fracture of the distal fibula, also referred to synonymously in the medical records as _____.</p>

II. Accident/Incident (Mechanism of Injury)

<i>Considerations</i>	<i>DWC Sample Report Language (Example without EBM)</i>
<p>Describe the accident/incident (mechanism of injury). Include any account described and who gave it. (i.e. Claimant told me during the exam, or treating doctor describes in the notes on 1/1/2023.)</p>	<p>As stated in the E.R. records, the injured employee stepped off a curb while at work in the Metro Center Parking Lot on March 15, 2022. According to the injured employee’s account, which was given shortly after the accident and further explained to me during the exam, he “missed the ground” and twisted his ankle, falling on his right side.</p>

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III. Clinical Findings and Timeline in Support of Causation Analysis

<i>Considerations</i>	<i>DWC Sample Report Language (Example without EBM)</i>
<p>Provide the relevant findings contained in the medical records, history and physical exam. Where applicable, detail symptom onset relative to the timeline of the medical history.</p> <p>In your review and detail of the above, pay particular attention to the following in relation to the injury in question (Box 31C):</p> <ol style="list-style-type: none"> a. Did the injury in question exist prior to the work-related accident or incident (mechanism of injury)? b. Was the injury in question present during the physical examination? 	<p>There is no reference in the medical records, and the injured employee specifically denies ever having had any injury or any treatment to the right ankle prior to the accident on March 15, 2022.</p> <p>X-rays on March 15, 2022, clearly documented an acute fracture of the right lateral malleolus. Subsequent x-rays dated December 17, 2022, demonstrate a healed fracture of the right lateral malleolus. Although an unhealed fracture is not present upon my exam, both my exam and the medical records indicate a prior unhealed fracture of the right lateral malleolus was present immediately after the fall on March 15, 2022. That fracture resolved/healed prior to my exam of the injured employee.</p> <p>Based on the E.R. records, the injured employee was seen at the emergency room shortly after his fall and diagnosed with a fracture of his right hip. The right hip fracture is not the injury in question. The injured employee also complained at the emergency room of sudden and severe pain in his right ankle upon falling. Within an hour of the injury, the injured employee had significant swelling and bruising of his right ankle, and the ankle was tender to the touch. It is an unknown if the employee was able to bear weight on the ankle, as his hip fracture prevented him from walking. The symptoms of the fracture of the right lateral malleolus appeared immediately following the injury, which is when you would expect to see such symptoms appear if a sprain or fracture did exist as a result of the fall. X-rays taken within two hours of the injury revealed a fracture on the lower part of the right lateral malleolus.</p>

IV. Analysis of Clinical Findings and Timeline

<i>Considerations</i>	<i>DWC Sample Report Language (Example without EBM)</i>
<p>Provide an analysis based on the findings from Sections II and III above, and any other relevant supporting factors to explain the basis for the opinion regarding the injury in question (Box 31C).</p>	<p>Based on the findings that the injured employee had significant swelling and bruising of his right ankle, the symptoms of the fracture of the right lateral malleolus appeared immediately following the injury, and x-rays taken within</p>

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<p>Pay particular attention to the following in relation to the causation analysis for the injury in question (Box 31C), and explain all that are applicable:</p> <ol style="list-style-type: none"> Consider whether the timeline of symptom onset was consistent with the work-related injury, including relevant medical records prior to the injury, proximate to the time of injury, as well as post-injury treatment and testing. Is this type of work-related accident/incident (mechanism of injury) consistent or inconsistent with the injury in question? If evidence-based medicine is applicable, then explain how it supports that the work-related accident/ incident (mechanism of injury) caused or did not cause the injury in question (Box 31C). 	<p>two hours of the injury revealed a fracture on the lower part of the right lateral malleolus, I conclude that the timing of the fracture of the right lateral malleolus is consistent with the fall on March 15, 2022. The proximity in time of the symptom onset and positive films indicating a fracture to the right lateral malleolus indicate that the fall on March 15, 2022 caused the fracture of the right lateral malleolus.</p> <p>As previously stated, the lack of any medical documentation, and the specific denial by the injured employee, support that there was no fracture to the right lateral malleolus prior to the fall on March 15, 2022. This lends further support to my opinion that the fall was the cause of the injury in question, because had the injury in question been present prior to the fall on March 15, 2022, it is reasonable that there would be medical records evidencing a fracture of the right lateral malleolus and treatment for same that pre-date March 15, 2022.</p> <p>Further, the mechanism of injury—falling off a curb and twisting his ankle—is consistent with the fracture of the right lateral malleolus. Twisting the ankle while falling and putting weight on the joint from the height of a curb caused torquing forces to the injured employee’s right ankle joint, which stressed and exceeded the strength of the joint structures of his right ankle and produced the fracture of the right lateral malleolus.</p>
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v. Medical/Legal Causation Opinion Statement

<i>Considerations</i>	<i>DWC Sample Report Language (Example without EBM)</i>
<p>SAMPLE CONCLUSION TEXT “Based on the above referenced reasons, it is my medical opinion, based upon my education, training, and experience, and within reasonable medical probability that (the work-related accident/incident/ mechanism of injury) <u>caused or did not cause</u> the injury in question (Box 31C). I find that the compensable injury of (mm/dd/yyyy) <u>was/ was not</u> a substantial factor in bringing about the additional claimed injury or condition (Box 31C), and without it, the additional injury or condition (Box 31C) would not have occurred. Specifically, it <u>does or does not extend to include</u> (Box 31C).”</p>	<p>For the above referenced reasons; the relevant clinical and exam findings, the relevant medical history, the symptom timeline, and the mechanism of injury as described above, it is my medical opinion, based upon my education, training, and experience, and within reasonable medical probability that stepping off of the curb and twisting the right ankle caused the fracture of the right lateral malleolus. I find that the mechanism of injury of March 15, 2022 was a substantial factor in bringing about the fracture of the right lateral malleolus, and without it, the fracture of the right lateral malleolus would not have occurred. Specifically, the compensable injury extends to and includes the fracture of the right lateral malleolus.</p>

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2022. The proximity in time of the symptom onset and positive films indicating a fracture to the right lateral malleolus indicate that the fall on March 15, 2022 caused the fracture of the right lateral malleolus.

As previously stated, the lack of any medical documentation, and the specific denial by the injured employee, support that there was no fracture to the right lateral malleolus prior to the fall on March 15, 2022. This lends further support to my opinion that the fall was the cause of the injury in question, because had the injury in question been present prior to the fall on March 15, 2022, it is reasonable that there would be medical records evidencing a fracture of the right lateral malleolus and treatment for same that pre-date March 15, 2022.

Further, the mechanism of injury—falling off a curb and twisting his ankle—is consistent with the fracture of the right lateral malleolus. Twisting the ankle while falling and putting weight on the joint from the height of a curb caused torquing forces to the injured employee’s right ankle joint, which stressed and exceeded the strength of the joint structures of his right ankle and produced the fracture of the right lateral malleolus.

V. Medical/Legal Causation Opinion Statement

For the above referenced reasons; the relevant clinical and exam findings, the relevant medical history, the symptom timeline, and the mechanism of injury as described above, it is my medical opinion, based upon my education, training, and experience, and within reasonable medical probability that stepping off of the curb and twisting the right ankle caused the fracture of the right lateral malleolus. I find that the mechanism of injury of March 15, 2022 was a substantial factor in bringing about the fracture of the right lateral malleolus, and without it, the fracture of the right lateral malleolus would not have occurred. Specifically, the compensable injury extends to and includes the fracture of the right lateral malleolus.

Some Resources for Obtaining Evidence

1. *Official Disability Guidelines (ODG)* – “Causality” or “Causation” tab in relevant Procedure Summary
2. *Reed Group Disability Guidelines (MDGuidelines or Medical Disability Guidelines)* "Risk and Causation" tab for relevant condition.
3. *AMA Guides to the Evaluation of Disease and Injury Causation* by Melhorn, Talmage, Ackerman and Hyman 2nd Edition, 2013
4. Medline/PubMed: <http://medlineplus.gov/>
5. TRIP: Turning Research Into Practice: <http://www.tripdatabase.com/index.html>
6. Guidelines.gov: <http://guidelines.gov>
7. Medscape: <http://www.medscape.com/>
8. eMedicine /Medscape: <http://emedicine.medscape.com/>
9. Wheelless' Textbook of Orthopedics Online: <http://www.wheelsonline.com/>
10. JAMA: <http://jama.jamanetwork.com/journal.aspx>
11. Spine: <http://www.journals.lww.com/spinejournal.com>
12. The Spine Journal (NASS): <http://www.thespinejournalonline.com/>
13. Journal of Bone and Joint Surgery: <http://jbjs.org/>
14. Journal of Orthopedic Research: <http://www.ors.org/journal-of-orthopaedic-research/>
15. Annals of Internal Medicine: <http://www.annals.org/>
16. American College of Radiology: <http://www.acr.org/>
17. British Journal of Medicine: <http://www.bmj.com/>
18. Lancet: <http://www.thelancet.com/>
19. Centre for Evidenced Based Medicine: <http://www.cebm.net/index.aspx?o=1011>
20. Journal of Manipulative and Physiological Therapeutics: <http://www.jmptonline.org/>
21. Journal of Family Practice: <http://www.jfponline.com/>

Resource Libraries

Resource Libraries are major health sciences libraries selected by the NN/LM SCR on the basis of the quality and size of collections or uniqueness of materials in their collections which add significantly to the resources of the region.

- [Houston Academy of Medicine-Texas Medical Center Library](#)
- [Texas A&M University Medical Sciences Library](#)
- [Texas Tech University Health Sciences Center, Libraries of the Health Sciences](#)
- [University of North Texas Health Science Center, Gibson D. Lewis Library](#)
- [University of Texas Health Science Center at San Antonio Library](#)
- [University of Texas M.D. Anderson Cancer Center Research Medical Library](#)
- [University of Texas Medical Branch Moody Medical Library](#)
- [University of Texas Southwestern Medical Center Library](#)



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation (MS-603)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
 (512) 804-4010 | F: (512) 804-4011 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

Presiding Officer's Directive to Order Designated Doctor Exam

I. Injured Employee Information

Employee Name		Employee Address	
Exam Type <input type="checkbox"/> Initial <input type="checkbox"/> Re-Exam		DWC #	Sequence -
Employee SSN		Date of Birth	
Date of Injury		Telephone Number	
Does the claim involve medical benefits provided through a Certified Workers' Compensation Health Care Network or a political subdivision pursuant to 504.053(b)(2) of the Texas Labor Code, relating to directly contracting with health care providers or contracting through a health benefits pool? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of network or health care plan:			

II. Other Contact Information

		Phone Number	Ext.	Fax Number
Employee Representative or Assistant (OIEC) Name				
Insurance Carrier/Adjuster Name				
Insurance Carrier Rep Present at Hearing				
Treating Doctor Name	License Number	License Type	Phone Number	

III. Reason for Exam (See Page 2, Section V. regarding Presiding Officer's Specific Instructions for Examination)

Reason (check all that apply)	Additional Information
<input type="checkbox"/> A. Maximum Medical Improvement	Statutory MMI Date (if any): (mm/dd/yyyy)
<input type="checkbox"/> B. Impairment Rating	MMI Date (Only if Box A of this section is Not Checked): (mm/dd/yyyy)
<input type="checkbox"/> C. Extent of Injury	Specific information should be included in Section V of this directive (page 2)
<input type="checkbox"/> D. Disability – Direct Result	Period to be assessed: From: to (mm/dd/yyyy) Present Ending date cannot be a future date. Check "present", if no specific ending date.
<input type="checkbox"/> E. Return to Work	Period to be assessed: From: to (mm/dd/yyyy) Present
<input type="checkbox"/> F. Return to Work (Supplemental Income Benefits)	Period to be assessed: From: to (mm/dd/yyyy) Present Is the above qualifying period applicable to the 9th quarter (or a subsequent quarter) of supplemental income benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> G. Other similar issues	Specific information should be included in Section V of this directive (page 2)

IV. Body Areas/Diagnoses to be Assessed by the Designated Doctor

If re-examination, should a new Designated Doctor be assigned? Yes No Current DD

<input type="checkbox"/>	Spine and Musculoskeletal Structures of Torso	Spinal Cord Injury
<input type="checkbox"/>	Upper Extremities	Severe Burns (including chemical burns)
<input type="checkbox"/>	Lower Extremities (excluding feet)	Multiple Fractures, Joint Dislocation, Hip or Pelvis Fracture
<input type="checkbox"/>	Feet	Infectious Diseases (complicated)
<input type="checkbox"/>	Teeth and Jaw	Complex Regional Pain Syndrome
<input type="checkbox"/>	Eyes	Chemical Exposure
<input type="checkbox"/>	Other Body Areas/Systems	Heart or Cardiovascular Condition
<input type="checkbox"/>	Traumatic Brain Injury	Mental and Behavioral Disorders

Employee Name	DWC #	Seq	Employee SSN	Date of Birth	Date of Injury
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V. Presiding Officer's Specific Instructions for Examination

Presiding Officer (Printed Name)	Signature	Date
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