



Date: January 21, 2018

MEMORANDUM FOR: RACHEL P. LEITON
Director
Division of Energy Employees Occupational Illness Compensation
Office of Workers' Compensation Programs

THROUGH: JOHN VANCE
Chief, Branch of Policy
Division of Energy Employees Occupational Illness Compensation
Office of Workers' Compensation Programs

FROM: CHRISTOPHER R. ARMSTRONG, MD, MPH, FACPM, FAsMA
Medical Director
Division of Energy Employees Occupational Illness Compensation
Office of Workers' Compensation Programs

A handwritten signature in blue ink, appearing to be "C.R. Armstrong", located to the right of the "FROM:" field.

SUBJECT: Audit of Second Quarter (CY 2017) Contract Medical Consultant
(CMC) Reports

I conducted an audit of contract medical consultant (CMC) reports completed during the second quarter of Calendar Year 2017 to ensure that appropriate medical specialists are being assigned to advise the Government, and that the reports we receive are well-reasoned, complete, and responsive to the needs of our claims examiners. My audit included a review of 49 randomly selected CMC reports for four distinct services: causation file reviews, impairment ratings, second opinions, and supplemental file reviews. I used a checklist to assess the reports for adherence to contract requirements and program policies promulgated in the *Procedure Manual* and the *Medical Consultant Handbook*. The audit included 20 causation file reviews, 18 impairment ratings, 10 supplemental file reviews (clarification of diagnosis, treatment, or test results) and 1 second opinion.

Two of the 49 reports clearly exceeded expectations, 38 met expectations, and 9 need improvement. The reports by [REDACTED] and [REDACTED] were thorough, well-reasoned, informative, and helpful. The reports authored by [REDACTED] and [REDACTED] contained the most egregious errors.

Three of the reports that need improvement demonstrate a lack of understanding of the concept of apportionment on the part of the CMC. Two of the reports demonstrate a lack of

understanding of what constitutes an activity of daily living (ADL) on the part of the CMC. Two of the impairment reports were unhelpful; they documented the claimant's 100% impairment moments before death. In two of the reports, the CMC failed to state that the claimant had reached maximum medical improvement (MMI) with respect to his accepted conditions. One of the reports included an impairment rating for a condition, which had not been accepted by the Office of Workers' Compensation Programs. In one of the reports, the CMC failed to use the "at least as likely as not" standard. Several of the reports contained more than one error. Seven of the ten reports might have resulted in an inappropriate impairment rating.

Follow-Up Action Plan

Dionne Perry, the Contracting Officer's Representative, will notify QTC of the reports assessed as exceeding expectations and the deficiencies in the reports assessed as needing improvement. QTC will be given the opportunity to respond, in writing, to each deficiency.