

**U.S. Department of Labor**

Office of Workers' Compensation Programs  
Division of Energy Employees Occupational  
Illness Compensation  
Washington, DC 20210



Date: July 12, 2019

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 read "C. Armstrong", is written over the name and title of the sender.

SUBJECT: Audit of First Quarter (CY 2019) Contract Medical Consultant (CMC)  
Reports

I conducted an audit of contract medical consultant (CMC) reports completed during the first quarter of Calendar Year 2019 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 50 randomly selected CMC reports for seven distinct services: causation file reviews, clarification of diagnosis reports, impairment ratings, referee causation file reviews, referee 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 *Physician's Reference Manual*. The audit included 16 causation file reviews, 9 clarification of diagnosis reports, 14 impairment ratings, 2 referee causation file reviews, 1 referee impairment rating, 3 second opinions, and 5 supplemental file reviews.

Four of the 50 reports clearly exceeded expectations, 40 met expectations, and six did not meet requirements. The reports by [REDACTED] were thorough, well-reasoned, informative, and helpful. [REDACTED] prepared two of the six reports that did not meet requirements.

Two of the reports were not consistent with the evidence in the file. Two lacked a clinical history and two demonstrated inappropriate use of the tables in *AMA Guides™ to the Evaluation*

*of Permanent Impairment, Fifth Edition.* Three physicians based their whole person impairment (WPI) rating on a WPI rating assigned by another CMC. One CMC failed to document that claimants had reached maximum medical improvement (MMI) before rendering WPI ratings, included diagnoses that had not been accepted by the Office of Workers' Compensation Programs in a WPI rating, and failed to include a diagnosis that has been accepted in a WPI rating. Several of the reports demonstrated more than one deficiency. Each of the six reports may have resulted in an inappropriate determination.

#### Follow-Up Action Plan

Charles Bogino, the Contracting Officer's Technical Representative (COR), will notify QTC of the reports exceeding expectations and the deficiencies in the reports that did not meet requirements. QTC will be given the opportunity to respond, in writing, to each deficiency.