

**U.S. Department of Labor**

Office of Workers' Compensation Programs  
Division of Energy Employees Occupational  
Illness Compensation  
Washington, D.C. 20210



**Date:** November 7, 2017

**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

**SUBJECT:** Audit of First Quarter 2017 Contract Medical Consultant (CMC)  
Reports

I conducted an audit of contract medical consultant (CMC) reports completed during the first 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 50 randomly selected CMC reports for five distinct services: causation file reviews, impairment ratings, referee examinations, 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 22 causation file reviews, 20 impairment ratings, 1 referee examination, 2 second opinions, and 5 supplemental file reviews (clarification of diagnosis, treatment, or test results).

Six of the 50 reports clearly exceeded expectations, 39 met expectations, and 5 need improvement. The reports by [REDACTED] and [REDACTED] were thorough, well-reasoned, informative, and helpful. The report authored by [REDACTED] contained the most egregious errors.

Three of the reports that need improvement demonstrated inappropriate use of the tables in *AMA Guides™ to the Evaluation of Permanent Impairment, Fifth Edition*. One of the reports lacked a

clear explanation of how the impairment rating was determined given the absence of key information in the available medical records, and one lacked a complete date, a summary of the facts, documentation of a complete history and physical examination, and any indication of the examiner's specialty. Four of the five 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.