

# Contract Medical Consultant Audit Worksheet



U.S Department of Labor

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

## Objective

The focus of the quarterly audit is the appropriate assignment of medical consultants and the quality of the written medical opinions.

## Scope

The review category includes the Contract Medical Consultant (CMC) Reports. The category is broken down into a series of questions. The questions relate to a specific measurable performance item derived from assessment of case evidence received and to the guidance given to the CMC in the Contractor's Physician Reference Manual.

## Methodology

The National Office shall randomly select 50 cases for review each fiscal quarter. The cases will be selected based upon invoices received during the quarter and the Quarterly Management Report submitted by the contractor. Twenty five file review cases, 20 impairment evaluations, and 5 second opinions, shall be reviewed each quarter.

The reviewer will review case documents submitted by the District Office to the contractor via the client portal. The reviewer shall code case actions deemed to be appropriate (Y). The reviewer shall code case actions deemed to be inappropriate (N). The reviewer will provide a thorough explanation for all items coded (N). In addition, any exceptional work is to be noted. The reviewer will utilize a manual score sheet to record all responses.

District Office:

Type of Case:

Date Reviewed:

Reviewer:

Claimant's Name:

File No. (Last 4):

Accepted or Claimed Conditions:

# Second Medical Opinion

1. Was the appropriate medical specialist assigned?

Choose an item.

Yes  
No  
Unknown  
NA

**Remarks**

2. Did the CMC provide a clinical history or summary of the facts?

Choose an item.

Yes  
No  
Unknown  
NA

**Remarks**

3. Did the CMC take the claimant's complete medical history, including a history related to the accepted condition?

Choose an item.

Yes  
No  
Unknown  
NA

**Remarks**

4. Did the CMC review the claimant's subjective complaints?

Choose an item.

Yes  
No  
Unknown  
NA

**Remarks**

5. Did the CMC perform a complete examination of the claimant, appropriate to the physician's medical specialty?

Choose an item.

Yes  
No  
Unknown  
NA

**Remarks**

6. Did the CMC answer each of the Claims Examiner's questions?

Choose an item.

Yes  
No  
Unknown  
NA

**Remarks**

7. Did the report contain rationalized medical conclusions?

Choose an item.

Yes  
No  
Unknown  
NA

**Remarks**

8. Was the CMC's medical opinion based upon the accepted facts of the case as listed in the SOAF?

Choose an item.

Yes  
No  
Unknown  
NA

**Remarks**

9. Did the report contain the signed Potential Conflict of Interest Statement?

Choose an item.

Yes

No

Unknown

NA

**Remarks**

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# Audit Score Sheet

Date of Audit:

District Office:

Categories:

1. Impairment Evaluation

Choose an item. Yes  
No  
Unknown  
NA

2. File Review

Choose an item. Yes  
No  
Unknown  
NA

3. Second Medical Opinion

Choose an item. Yes  
No  
Unknown  
NA

Category Grade (check one):

- Exceeds
- Pass
- Needs Improvement

Comments:

Reviewer: