

**2001 ANNUAL REPORT**

**OF**

**THE MEDICAL REVIEW PANEL DEPARTMENT**

Respectfully submitted by:

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Registrar, Medical Review Panels

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## 1. INTRODUCTION

Independent medical review panels (“MRP’s”) were established to provide conclusive and binding medical decisions. As such, they are a purposeful exception to the Board’s exclusive authority to determine all questions of medical fact relating to compensation matters.

The medical review panel process is governed by Sections 58 to 65 of the *Workers Compensation Act* and Item #103.00 of Board Policy as set out in the *Rehabilitation Services and Claims Manual*.

A worker or the worker’s employer may request a medical examination of the worker by an independent medical review panel. The appellant must file an application stating that the appellant is aggrieved by a medical decision of the Workers’ Compensation Board (including the Appeal Division) or a finding of the Workers’ Compensation Review Board. The appellant must also provide a physician’s “enabling certificate” containing the physician’s opinion that there is a bona fide medical dispute to be resolved and sufficient particulars to define the medical question at issue.

A dependent of a deceased worker may also request a medical review panel inquiry into the cause of death of the worker.

Each medical review panel consists of three community-based physicians who examine the worker and the worker’s medical records. Two physicians are specialists in the particular class of injury or disease for which the worker is claiming compensation. The other physician is the chair of the panel. A decision of the majority of the panel members is a decision of the panel.

A panel is empowered by the *Act* to determine its own procedure. The panel may receive and accept the evidence that in its discretion it may think fit and proper and essential to the medical problem to be decided. The panel publishes its decisions in the form of a binding medical certificate.

Sections 58 to 64 of the *Act* provide authority for the Board to perform certain duties in the medical review panel process. A medical appeals officer in the department decides whether an application of a worker, employer or a dependant of a deceased worker meets the statutory requirements to proceed to a panel and, if so, becomes the case manager until the appeal is concluded. Other staff members are responsible for initiating appeals files, responding to requests from workers, employers and physicians, and assisting panel chairs by preparing files for examination by the panel and arranging the examinations.

## 2. MEDICAL REVIEW PANELISTS

Each medical review panel comes together for the purpose of resolving a medical dispute on a particular appeal. Having performed this service, the particular panel is then disbanded.

Each panel consists of a chair and two specialists, as described below.

### Chairs

Chairs of medical review panels are independent of the Board and are appointed by the Lieutenant Governor in Council.

The current complement of chairs serving on panels is seventeen chairs. The Medical review panel department assigns chairs to panels on a rotational basis.

The names and dates of appointment of medical review panel chairs can be found in **APPENDIX A**.

### Specialists

The Lieutenant Governor in Council has appointed a medical committee to prepare and maintain a list of specialists for each class of injury or disease for which workers have claimed compensation.

The medical committee is independent of the Workers' Compensation Board. It is comprised of executives of the College of Physicians and Surgeons and the British Columbia Medical Association.

From the list of specialists, the worker and the employer each nominate a specialist to serve on the medical review panel.

At December 31, 2001, the specialist list was comprised of 308 specialists in 24 specialist categories. Details on the types of specialties and the number of specialists within each specialty can be found in **APPENDIX B**.

### **3. MEDICAL REVIEW PANEL DEPARTMENT**

Under the direction of the Registrar, departmental staff perform administrative duties mandated by the *Act*, and also provide administrative support and assistance to the medical review panels.

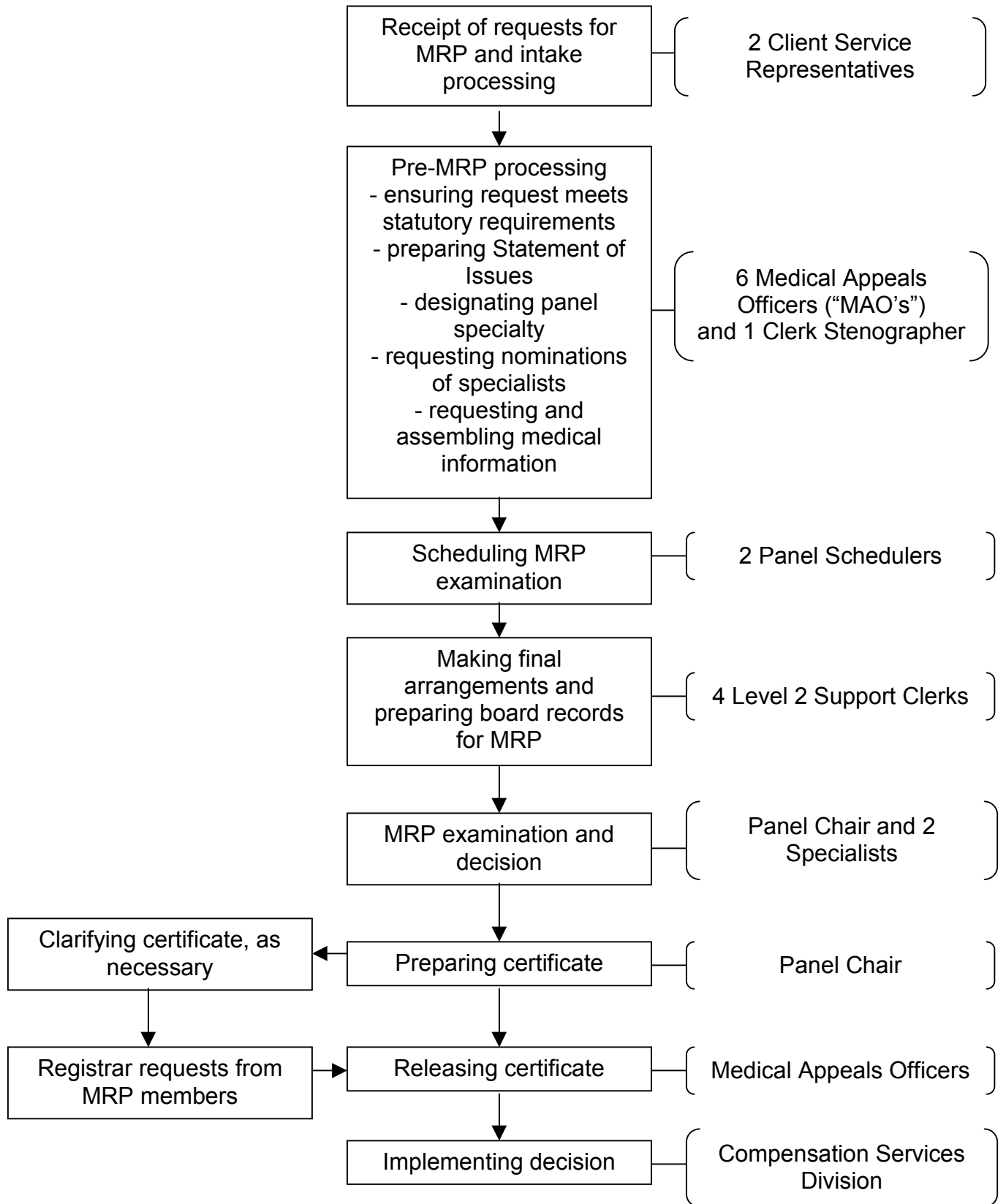
The Registrar reports directly to the Chair of the Panel of Administrators of the Worker's Compensation Board.

At the end of 2001, eighteen employees staffed the department.

The department's organization chart can be found in **APPENDIX C**.

#### 4. THE MRP APPEAL PROCESS

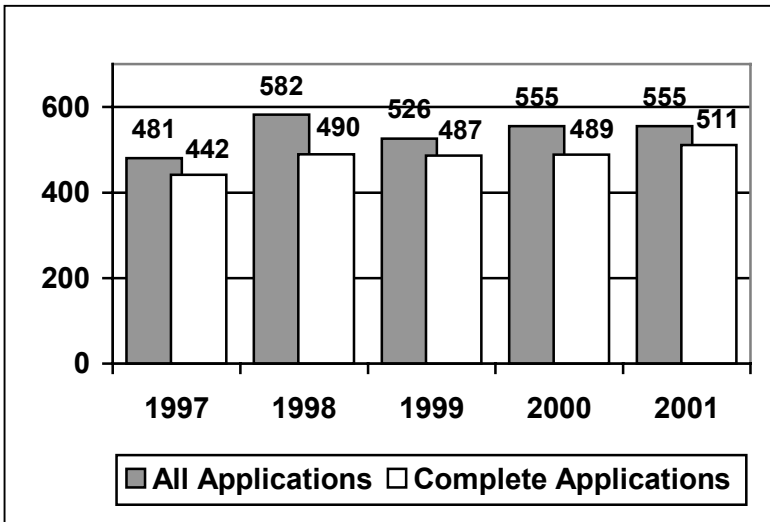
The stages of the medical review panel process are outlined below.



## 5. PROFILE OF MEDICAL APPEALS

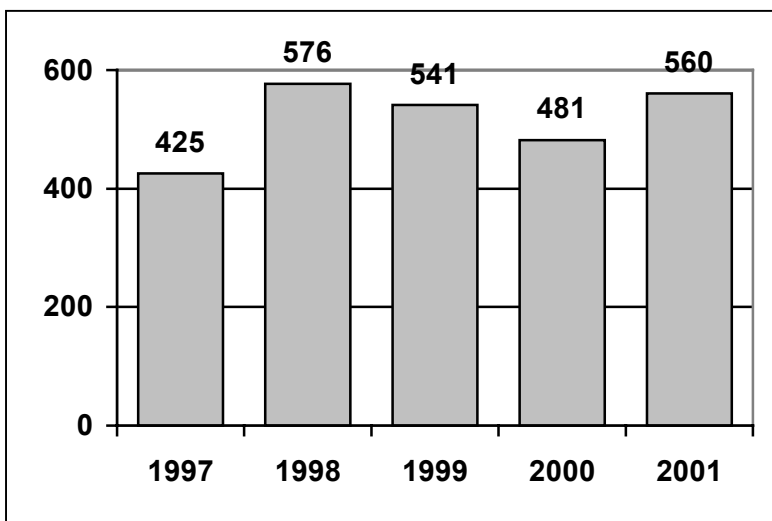
The following is a statistical summary of the volume and characteristics of MRP issues considered by the Medical Review Panel Department and the independent Medical Review Panels.

### (a) Number of Applications



In 2001 the MRP Department received 555 requests for MRP examinations. Of these applications, a total of 511 provided both the appellant's request and a physician's enabling certificate. The graph on the left shows that the number of applications has not changed significantly over the past number of years.

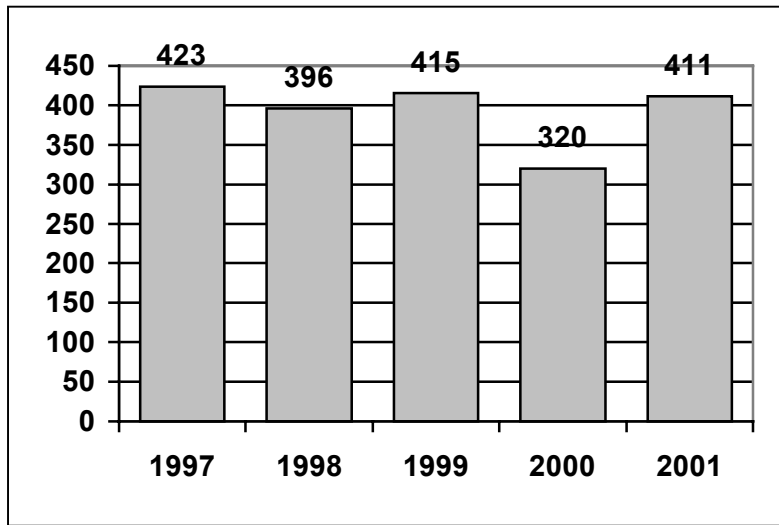
### (b) Number of Preliminary Adjudications



Board officers in the MRP Department adjudicate requests for examinations to ensure that they meet statutory requirements. In 2001, officers considered 560 applications, or 16% more applications than in 2000. Officers accepted 64% of the applications. Officers rejected 29% of requests because the certifying physician did not provide sufficient

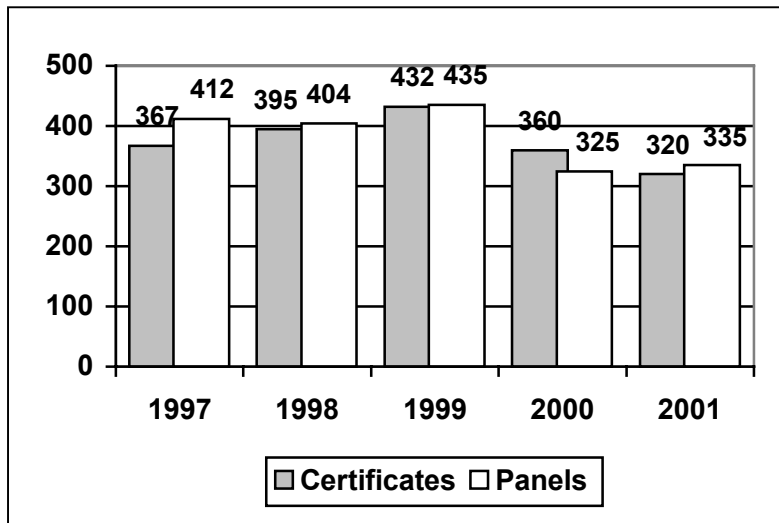
particulars and a further 6% because the requests were received out of time. Some 1% of requests were resolved or withdrawn before proceeding to a MRP examination. The number of preliminary adjudications is higher than the number of complete applications because officers re-adjudicated some MRP applications made in 2000 when they received additional documentation in 2001.

**(c) Number of Panels Scheduled**



During the year, the department made changes to the panel scheduling process to increase our capacity to schedule panels more quickly and efficiently. This resulted in the scheduling of 411 panels during the year, an increase of 28% over the number of panels scheduled in 2000.

**(d) Number of Panels Held and Certificates Issued**

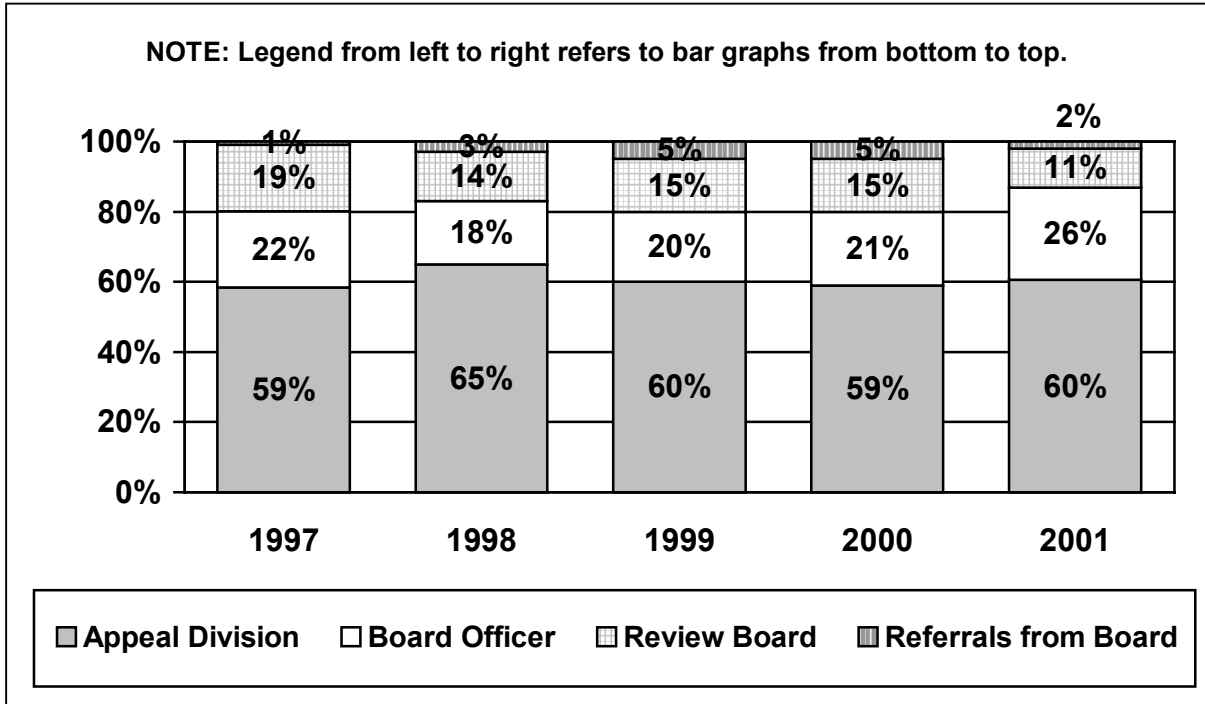


The graph on the left shows the number of panels held and certificates issued in each of the past five years. The increase in panel scheduling activities in the last half of 2001 will materialize in an increase in the number of panels held and the number of certificates issued in early 2002.

**(e) Initiators of Requests**

In 2001, workers initiated 93% of the requests for MRP examinations. Employers initiated 5% of requests and the remaining 2% of requests were referrals from the Board or the Appeal Division on complex medical issues requiring resolution.

(f) **Source of Appeals**



An appellant may appeal to an independent MRP if the appellant disagrees with a medical decision or finding of a Board Officer, the Workers' Compensation Review Board or the Appeal Division. Because the majority of appellants exhaust their rights of appeal to both the Review Board and the Appeal Division before appealing to a MRP, most MRP appeals historically and consistently arise from Appeal Division decisions. The above graph shows the distribution pattern in each of the last five years.

(g) **Compensation Issues**

The following table shows a breakdown of the compensation issues, coded at intake, for which appellants requested a MRP to decide medical matters.

ISSUE	NUMBER	PERCENTAGE
Adjudication of Re-Opening	158	29%
Initial Adjudication – Personal Injury	131	24%
Temporary Disability Benefits	89	16%
Initial Adjudication – Industrial Disease	82	15%
Permanent Disability	63	11%
Dependent of Deceased Worker	3	1%
Other Issues outside MPR Jurisdiction	27	4%
	<u>553</u>	<u>100%</u>

**(h) Medical Issues**

The majority of medical issues decided by MRP's in 2001 followed somewhat historical patterns. Strains, sprains, disc problems and degeneration continued to account for the majority of medical issues decided by panels.

The following table shows a breakdown of twelve medical issues decided by panels that each accounted for 2% or more of medical issues decided by MRP's during the year. In total, they accounted for 75% of all panels held in the year. Thirty-two other medical issues accounted for the other 25% of issues decided by panels.

<b>MEDICAL ISSUE</b>	<b>NO. OF PANELS</b>	<b>PERCENTAGE OF PANELS</b>
Strain/Sprain	83	24.8%
Disc Problems	30	9.0%
Degeneration	22	6.6%
Tendonitis	20	6.0%
Epicondylitis/Tennis Elbow	17	5.1%
Psychological Problems	14	4.2%
Osteoarthritis	13	3.9%
Physical Capabilities for Work	13	3.9%
Chronic Pain Syndrome/Pain	12	3.6%
Carpal Tunnel Syndrome	11	3.3%
Hearing Loss/Noise Exposure	9	2.7%
Meniscal Tear	7	2.1%

**(i) Medical Specialties of Panels**

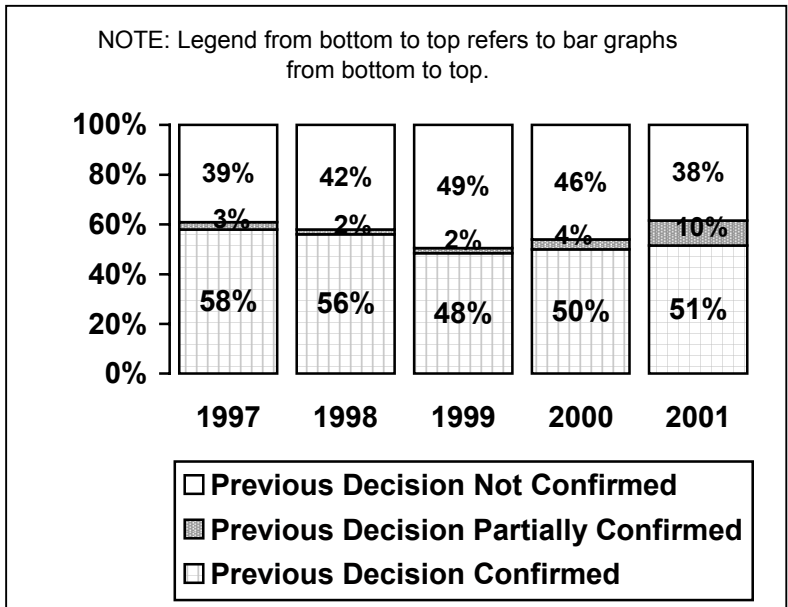
Each MRP is constituted in one specialty. If the medical issue requires the medical expertise of more than one specialty, then more than one MRP is constituted to examine the worker.

In 2001, 335 medical review panels examined 321 workers. The most prevalent panel specialty continued to be orthopaedic surgery, accounting for approximately 50% of all panels constituted in 2001.

The table on the following page provides a breakdown of the number and percentage of panels constituted in each specialty during 2001.

<b>SPECIALTY</b>	<b>NO. OF PANELS</b>	<b>% OF PANELS</b>
Orthopedic Surgery	167	49.9%
Physical Medicine and Rehabilitation	36	10.7%
Neurology	32	9.6%
Neurosurgery	23	6.9%
Psychiatry	18	5.4%
Otolaryngology	17	5.1%
Internal Medicine	10	3.0%
Rheumatology	7	2.1%
Respiratology	6	1.8%
Cardiology	5	1.5%
Occupational Medicine	5	1.5%
Immunology	2	0.6%
Thoracic Surgery	2	0.6%
Anaesthesiology	1	0.3%
Dermatology	1	0.3%
General Surgery	1	0.3%
Plastic Surgery	1	0.3%
Vascular Surgery	1	0.3%
<b>TOTAL:</b>	<b>335</b>	<b>100%</b>

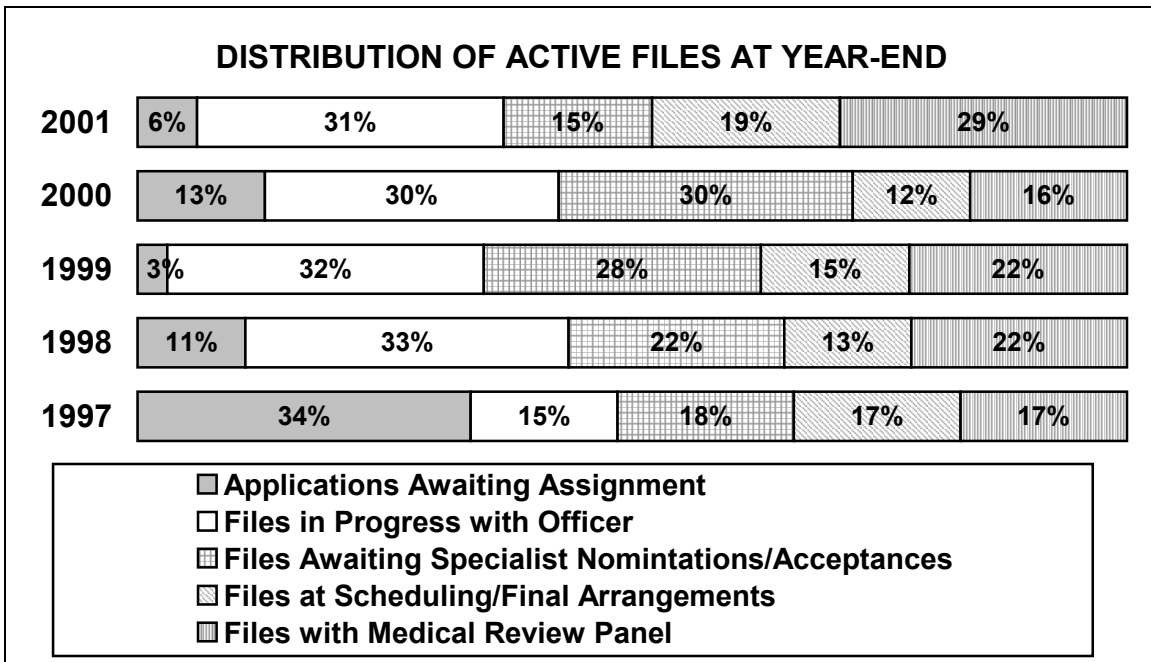
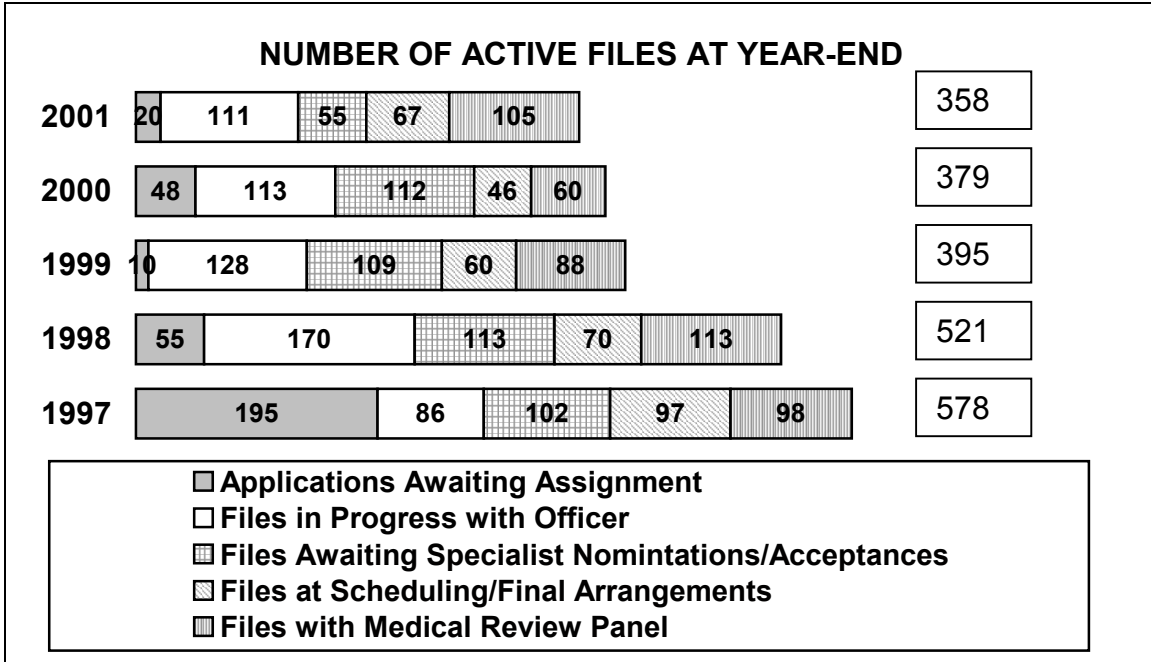
**(i) Panel Outcomes**



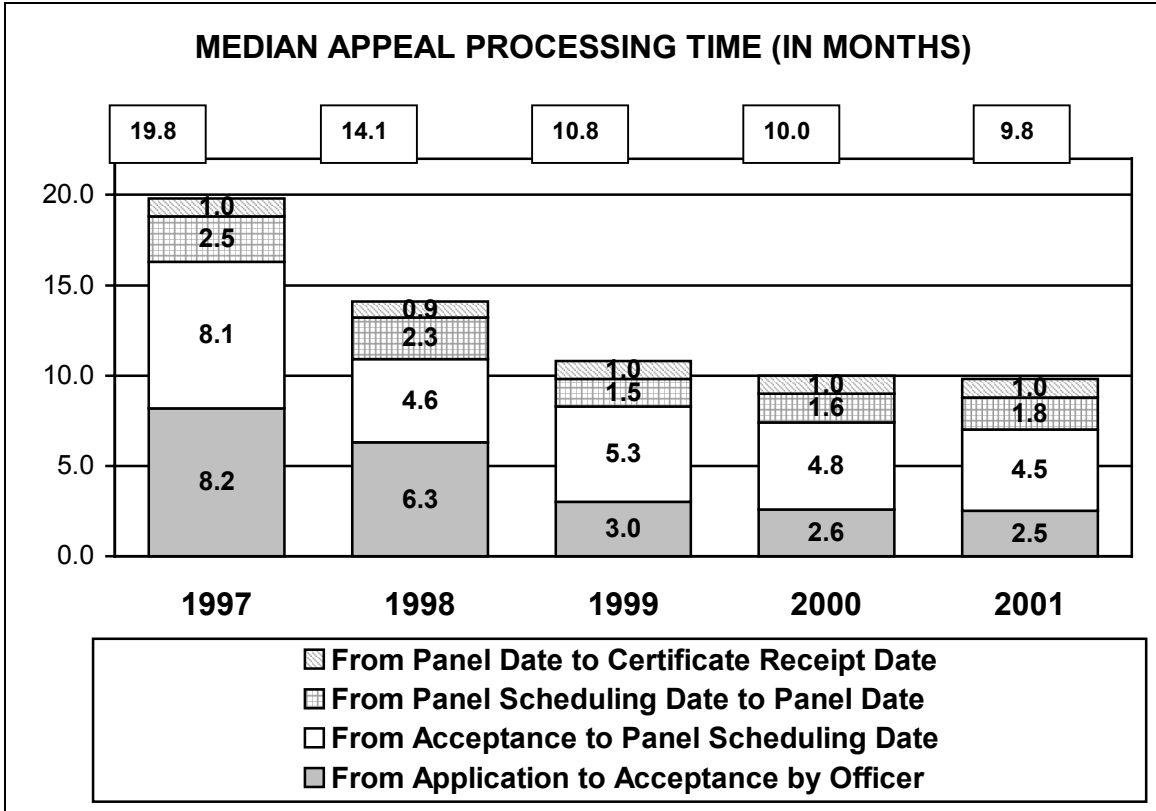
In 2001 medical review panels confirmed the conclusions of Board Officers, the Review Board or the Appeal Division in 51% of cases, and partially confirmed in a further 10% of cases. The graph on the left depicts the outcomes of medical review panels over the recent five-year period.

## 6. PRODUCTIVITY MEASUREMENTS

We measure productivity by monitoring the number of active files within the department, where within the MRP appeal process these files are situated, and the number of months it is taking MRP staff and MRP physicians to process an appeal.



NOTE: On both of the above graphs, legends from top to bottom refer to bar graphs from left to right.



NOTE: Legend from bottom to top refers to bar graphs from bottom to top.

## 7. 2001 COSTS

The cost of medical review panel examinations is paid out of the Board's accident fund.

Operating expenses totaled \$2,264,865 in 2001. There were 335 MRP's during the year and we received 320 medical certificates from MRP's. This compares to expenses of \$2,346,598 in 2000 when there were 325 MRP's and we received 360 certificates. The expense per certificate increased from \$6,518 in 2000 to \$7,078 in 2001. This result is skewed by the fact that although much of the panel scheduling activity and resulting external costs materialized in the latter part of 2001, the certificates will not be received until 2002.

The following table shows a breakdown of 2001 expenses and includes the expense per certificate.

<u>Item</u>	<u>Expense</u>	<u>Expense per Certificate</u>
<b>SALARIES AND BENEFITS OF MRP STAFF</b>	<b>1,024,411</b>	<b>3,201</b>
<b>OTHER INTERNAL OPERATING EXPENSES</b>		
Consultants and Legal Fees	8,355	26
Communications	17,159	54
Supplies and Stationery	13,426	42
Technology, Furniture and Equipment	24,035	75
Depreciation	18,562	58
Miscellaneous	3,410	11
<b>SUBTOTAL:</b>	<b>84,947</b>	<b>266</b>
<b>EXTERNAL COST OF PANELS</b>		
Panel Chair Fees	499,916	1,562
Specialist Fees	443,713	1,387
Transportation, Lodgings and Meals	101,107	316
Medical Requests for Information/Consultation	42,956	134
Cost of Physicians' Enabling Certificate	27,905	87
Cancel/Reconvene Costs	24,625	77
Reimbursement of Lost Wages to Attend Panel	11,629	36
Interpreters	3,256	10
Communications	401	1
<b>SUBTOTAL:</b>	<b>1,155,507</b>	<b>3,611</b>
<b>TOTAL:</b>	<b>2,264,865</b>	<b>7,078</b>

## 8. SUMMARY OF ACTIVITIES

During 2001, the MRP Department conducted a detailed review and revision of panel scheduling practices to better utilize the dates of availability given to us by the specialists nominated to serve on panels. We also reallocated the existing staff complement to assign additional resources to panel scheduling activities. The outcomes of these changes will largely materialize in the early part of 2002.

In addition, we developed and implemented a computerized physician administration system. Its objectives are to ensure immediacy and consistency in information available to all departmental staff, to eliminate duplicate data entry and to automate the production of individual specialist lists that we send to the parties to a medical dispute.

In response to criticism that our written advice to workers and employers initiating requests for examinations was difficult to understand, we simplified the contents of our template correspondence to reduce the legalese and provide information in a more user-friendly fashion.

In April of 2001 we also commenced the publication of a pamphlet for workers. This pamphlet explains the MRP process and reflects the consensus of the MRP chairs on panel conduct issues. Workers receive this pamphlet at the same time that they receive details concerning the date and time of their Panel examination.

We conducted a recruitment drive for new specialists in key specialties. The medical committee approved the addition of new specialists to those specialist lists that were eroding through attrition, retired the specialist list of Pathology as it has not been used for a number of years, and added Community Medicine as a specialty available for Medical Review Panel examinations.

In July of 2001, we held a full-day Chair Education Day, which focused on both medical and legal issues. The physicians heard presentations and exchanged views on the importance of diagnosis, concepts of medical causation, and temporary and permanent aggravation of existing conditions. As well, the physicians discussed the similarities and differences between their roles and the role of the Board Medical Advisor. We also reviewed the necessity to make independent medical decisions within the framework of non-medical facts decided by the previous decision-makers.

We continue to monitor both external and internal processes to identify and correct time loss and quality lapses.

We would like to thank the independent physicians who serve on MRP's and the MRP Department staff for their considerable efforts during the year. Our future efforts will continue to be directed to the maintenance and improvement of a prompt, responsive and impartial appeal process for the workers and employers of British Columbia.

## APPENDIX A

### MEDICAL REVIEW PANEL CHAIRS AT DECEMBER 31, 2001

<b>Name</b>	<b>Date of Appointment</b>
Dr. Nigel H. Clark	January 30, 1975
Dr. Stanley L. Sunshine	January 30, 1975
Dr. Victor Dirnfeld	July 13, 1978
Dr. Darryl G. Morris	April 25, 1986
Dr. J. Trevor Sandy	April 25, 1986
Dr. Beverley Barron	March 1, 1990
Dr. Ian Connell	March 1, 1990
Dr. John P. Sloan	March 1, 1990
Dr. John S. Smith	March 1, 1990
Dr. James V. Dunne	May 27, 1999
Dr. Hugh J. Freeman	May 27, 1999
Dr. Fionnuala M. Killian	May 27, 1999
Dr. Brian C. Lentle	May 27, 1999
Dr. Warren D. Murschell	May 27, 1999
Dr. Dwight I. Peretz	May 27, 1999
Dr. John M. Sehmer	May 27, 1999
Dr. Ian Turnbull	May 27, 1999

## APPENDIX B

### SPECIALIST LIST AT DECEMBER 31, 2001

<b>TYPE OF SPECIALTY</b>	<b>NUMBER OF SPECIALISTS</b>
Anaesthetists	3
Cardiologists	7
Cardiovascular & Thoracic Surgeons	5
Community Medicine	7
Dermatologists	7
General Surgeons	18
Gynaecologists	9
Immunologists/Allergists	6
Internal Medicine	35
Nephrologists	3
Neurologists	18
Neurosurgeons	6
Occupational Medicine	4
Ophthalmologists	25
Orthopaedic Surgeons	39
Otolaryngologists	10
Physical Medicine and Rehabilitation	10
Plastic Surgeons	13
Psychiatrists	35
Radiologists	2
Respiratologists	19
Rheumatologists	11
Urologists	10
Vascular Surgeons	6
<b>TOTAL NUMBER OF SPECIALISTS:</b>	<b>308</b>

# MEDICAL REVIEW PANEL DEPARTMENT

December 31, 2001

