

2000 ANNUAL REPORT
OF
THE MEDICAL REVIEW PANEL DEPARTMENT

Respectfully submitted by:

Leigh Sheardown
Registrar, Medical Review Panels

March 20, 2000

**2000 ANNUAL REPORT OF
THE MEDICAL REVIEW PANEL DEPARTMENT**

Table of Contents

	Page
1. INTRODUCTION	1
2. MEDICAL REVIEW PANELISTS	2
3. MEDICAL REVIEW PANEL DEPARTMENT	3
4. THE MRP PROCESS	4
5. PROFILE OF MEDICAL APPEALS	
Number of Applications.....	5
Number of Panels Held & Certificates Issued.....	5
Initiators of Requests	6
Source of Requests	6
Compensation Issues	6
Medical Issues	7
Medical Specialties of Panels	7
Panel Outcomes	8
6. PRODUCTIVITY MEASUREMENTS	9
7. 2000 COSTS	11
8. SUMMARY OF ACTIVITIES	12

Appendices

APPENDIX A	Medical Review Panel Chairs at December 31, 2000	14
APPENDIX B	Specialist List	15
APPENDIX C	MRP Department Organization Chart	16

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 fact and law relating to compensation matters.

The medical review panel process is governed by Sections 58 to 66 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 opinion that there is a bona fide medical dispute to be resolved. The physician must provide 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.

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 dependant of 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, 2000, the specialist list was comprised of 326 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.

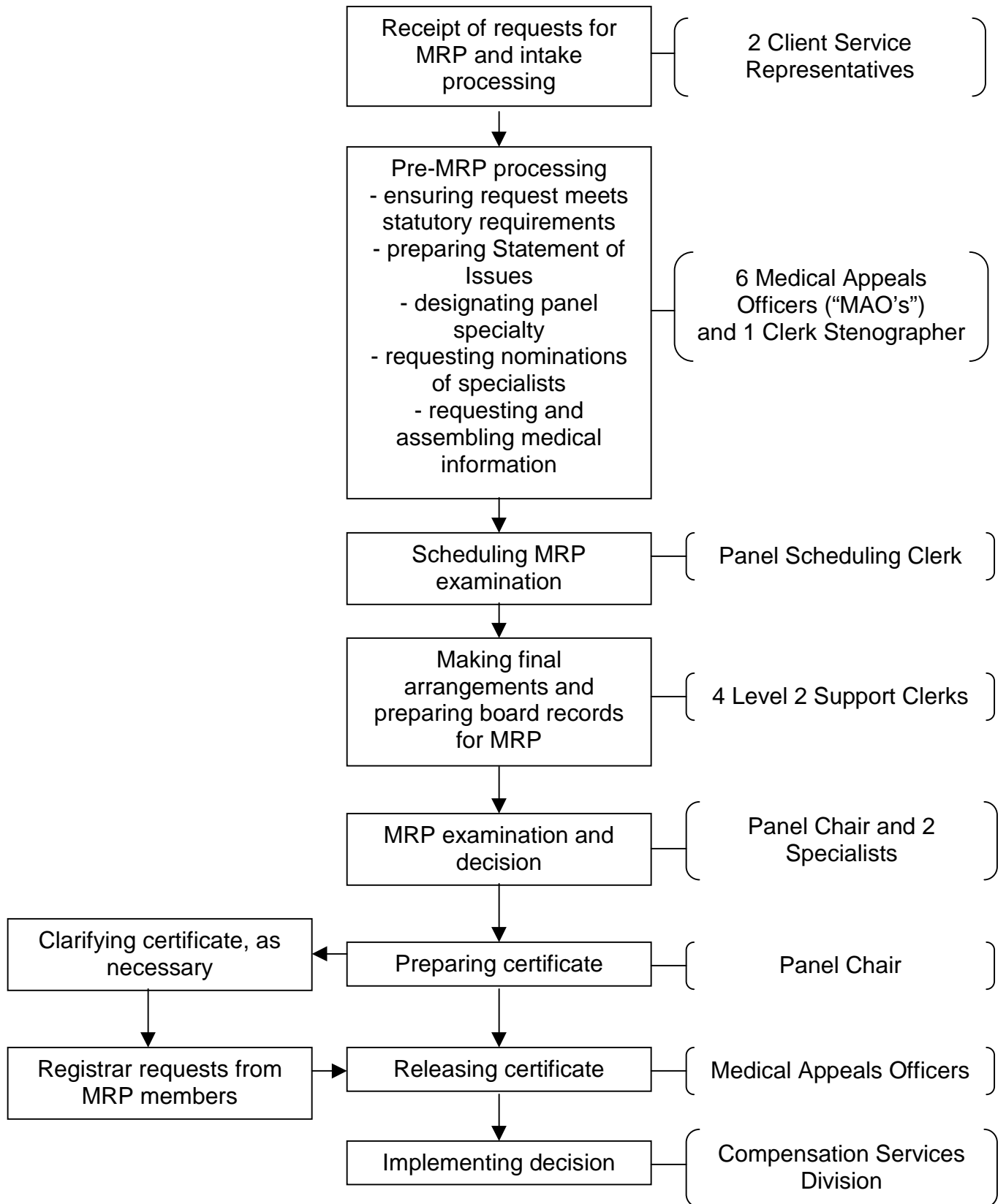
The Registrar reports directly to the Chair of the Panel of Administrators of the Worker's Compensation Board.

At the end of 2000, eighteen employees staffed the department.

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

4. THE MRP APPEAL PROCESS

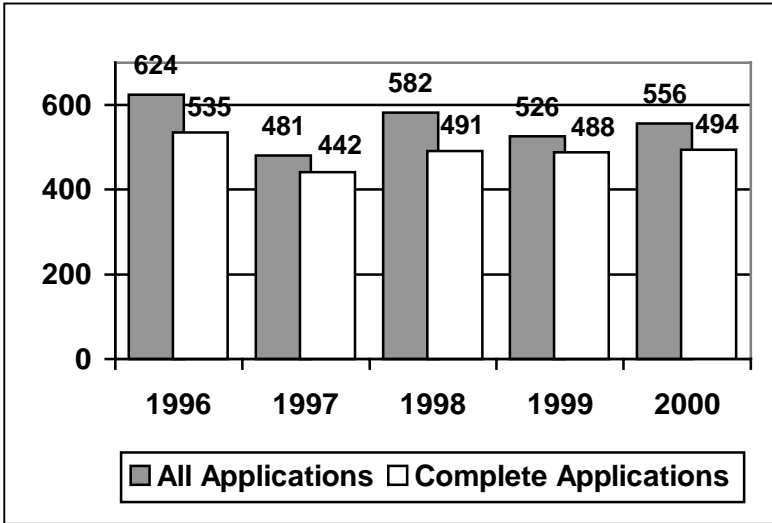
The stages of the medical review panel process are outlined below.



5. PROFILE OF MEDICAL APPEALS

The following is a summary of the volume and characteristics of medical matters considered by medical review panels in 2000.

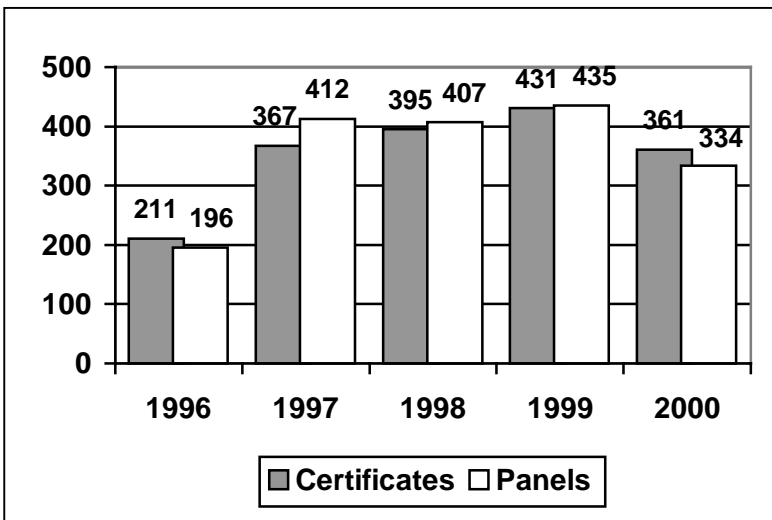
(a) Number of Applications



In 2000 we received 556 requests for MRP examinations. Of these applications, a total of 494 provided both the appellant's request and a physician's certification. The graph on the left shows that the number of applications has not changed significantly over the past number of years.

Officers accepted 72% of completed applications and referred the workers to MRP examinations. Officers rejected 22% of requests because the certifying physician did not provide sufficient particulars to define the medical question in issue and a further 5% because the requests were received out of time. This acceptance rate is slightly lower than that of previous years (76% in 1999).

(b) Number of Panels Held and Certificates Issued

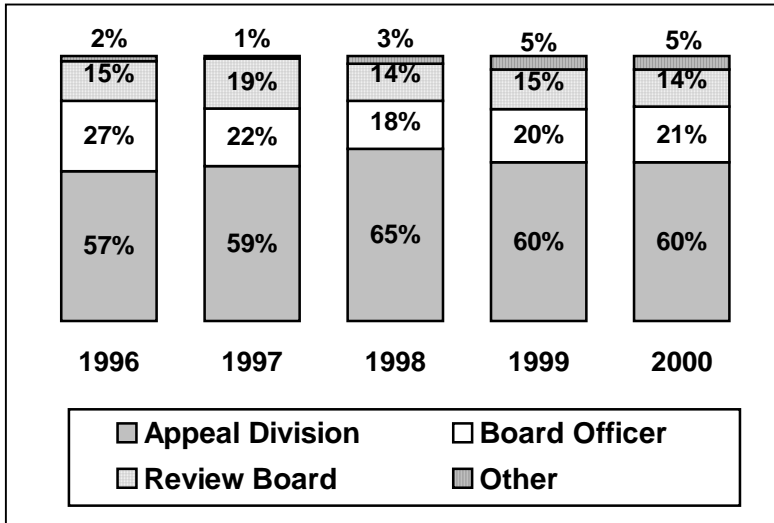


The graph on the left shows the number of panels held and certificates issued in each of the past five years.

(c) Initiators of Requests

In 2000, workers initiated 92% of the requests for MRP examinations. Employers initiated 4% of requests and the remaining 4% of requests were referrals from the Board or the Appeal Division on complex medical issues requiring resolution.

(d) 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 medical review panel, most appeals historically and consistently arise from Appeal Division decisions. The above graph shows the distribution pattern in each of the last five years.

(e) Compensation Issues

The following table shows a breakdown of the compensation issues on which officers made preliminary decisions during the year.

ISSUE	NUMBER	PERCENTAGE
Initial Adjudication – Personal Injury	132	27%
Adjudication of Re-Opening	124	25%
Temporary Disability Benefits	78	16%
Permanent Disability Award	73	15%
Initial Adjudication – Industrial Disease	60	12%
Dependent of Deceased Worker	6	1%
Other Issues outside MPR Jurisdiction	17	3%
	<u>490</u>	<u>100%</u>

(f) Medical Issues

The majority of medical issues decided by MRP's in 2000 followed somewhat historical patterns, although the incidences of medical disputes with respect to chronic pain syndrome, fibromyalgia and other pain disorders is increasing. Strains, sprains and degeneration continued to account for the majority of medical issues decided by panels.

The following table shows a breakdown of ten 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 74% of all panels held in the year. Forty-two other medical issues accounted for the other 26% of issues decided by panels.

MEDICAL ISSUE	NO. OF PANELS	PERCENTAGE OF PANELS
Strain/Sprain	56	16.8%
Disc Problems	42	12.6%
Chronic Pain Syndrome/Pain	30	9.0%
Carpal Tunnel Syndrome	26	7.8%
Degeneration	24	7.2%
Tendonitis	20	6.0%
Psychological Problems	15	4.5%
Epicondylitis/Tennis Elbow	13	3.9%
Physical Capabilities for Work	11	3.3%
Fibromyalgia/Fibromyositis/Myofascial Pain	9	2.7%

(g) Medical Specialties of Panels

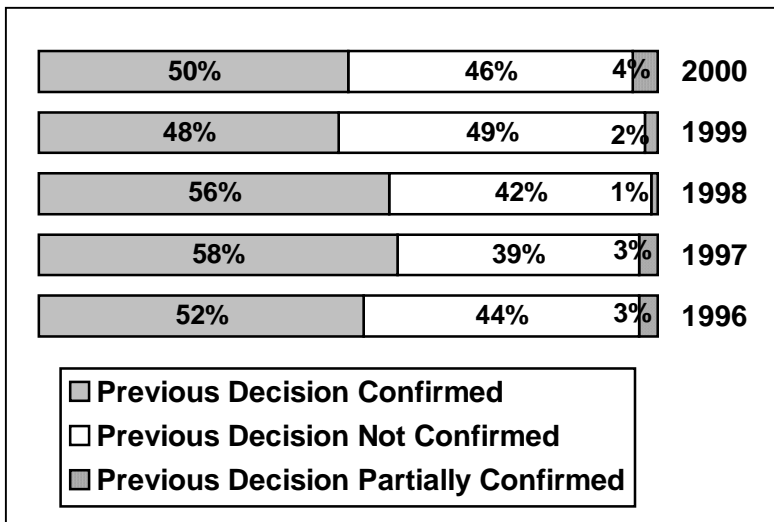
Each MRP is constituted in one specialty. If the medical issue requires the medical expertise of more than one specialty, then more than one MRP is constituted to examine the worker.

In 2000, 334 medical review panels examined 305 workers. The most prevalent panel specialty continued to be orthopaedic surgery, accounting for approximately 55% of all panels constituted in 2000.

The following table provides a breakdown of all panel specialties in 2000:

SPECIALTY	NO. OF PANELS	% OF PANELS
Orthopedic Surgery	183	54.8%
Physical Medicine and Rehabilitation	30	9.0%
Neurosurgery	25	7.5%
Psychiatrists	24	7.2%
Neurology	22	6.6%
Rheumatology	11	3.3%
Respirology	9	2.7%
Internal Medicine	6	1.8%
Plastic Surgery	6	1.8%
Otolaryngology	4	1.2%
Occupational Medicine	3	0.9%
Urology	3	0.9%
Dermatology	2	0.6%
General Surgery	2	0.6%
Thoracic Surgery	2	0.6%
Cardiology	1	0.3%
Immunology	1	0.3%

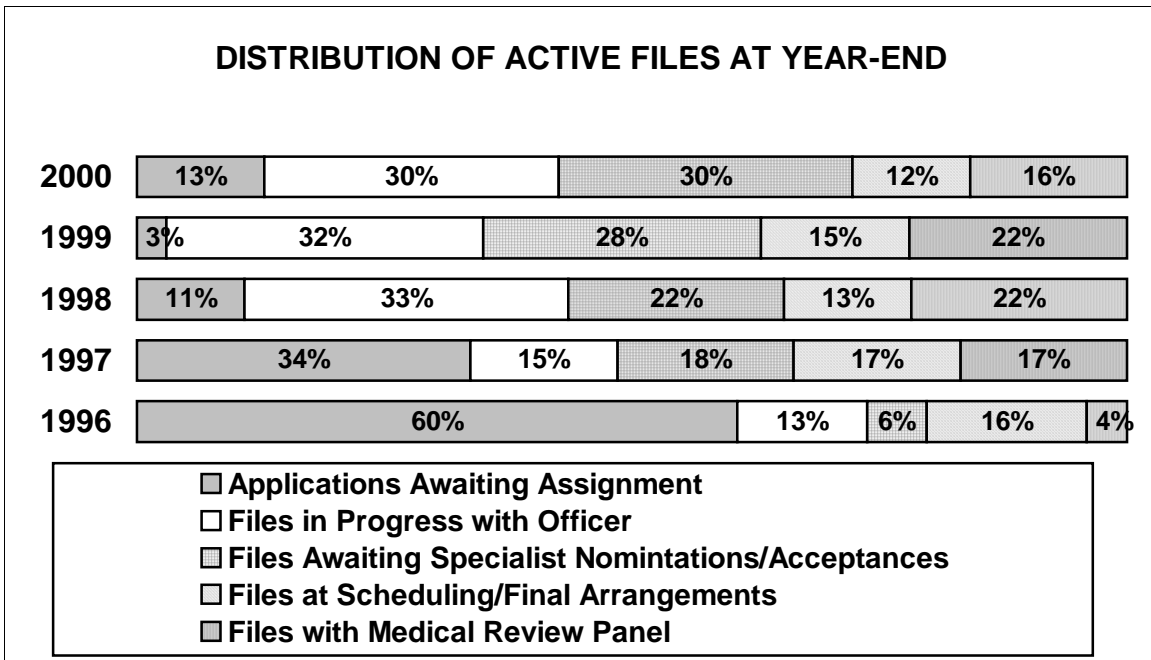
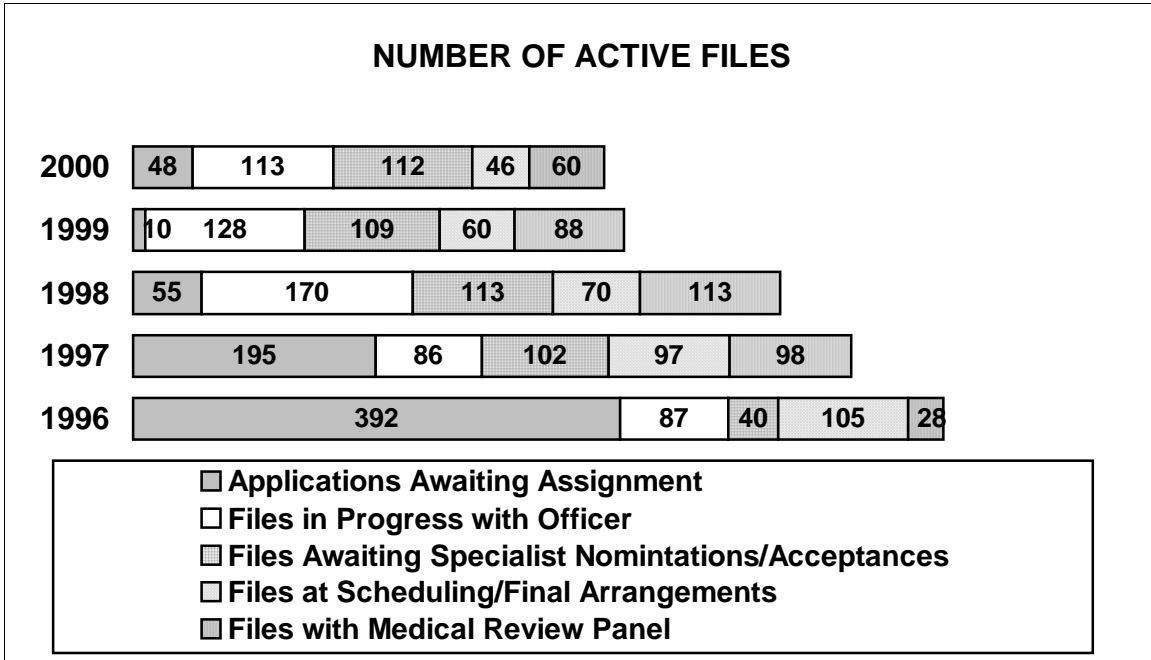
(h) Panel Outcomes



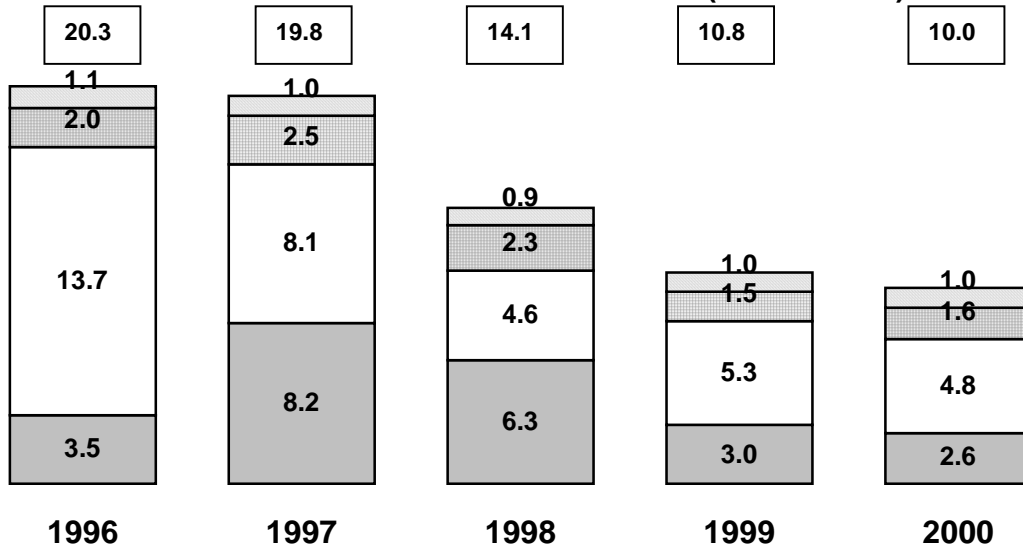
In 2000 medical review panels confirmed the conclusions of Board Officers, the Review Board or the Appeal Division in 50% of cases, and partially confirmed in a further 4% of cases. The graph on the left depicts the outcomes of medical review panels over the recent five-year period.

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.



MEDIAN APPEAL PROCESSING TIME (IN MONTHS)



- From Panel Date to Certificate Receipt Date
- ▨ From Panel Scheduling Date to Panel Date
- From Acceptance to Panel Scheduling Date
- ▨ From Application to Acceptance by Officer

7. 2000 COSTS

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

Operating expenses totaled \$2,346,598 in 2000. There were 361 medical certificates issued by medical review panels during the year. This compares to expenses of \$2,509,941 in 1999 when 434 certificates were issued. The expense per certificate increased from \$5,783 in 1999 to \$6,500 in 2000, largely as a result of a one-time expense under the category of consultants and legal fees.

The following table shows a breakdown of 2000 expenses and includes the expense per certificate.

<u>Item</u>	<u>Expense</u>	<u>Expense per Certificate</u>
SALARIES AND BENEFITS OF MRP STAFF	1,032,231	2,859
OTHER INTERNAL OPERATING EXPENSES		
Consultants and Legal Fees	143,067	396
Communications	12,785	35
Supplies and Stationery	11,384	32
Technology, Furniture and Equipment	17,050	47
Miscellaneous	2,035	6
SUBTOTAL:	186,321	516
EXTERNAL COST OF PANELS		
Panel Chair Fees	520,812	1,443
Specialist Fees	421,251	1,167
Transportation, Lodgings and Meals	94,869	263
Medical Requests for Information/Consultation	38,224	106
Cost of Physicians' Enabling Certificate	23,011	64
Cancel/Reconvene Costs	19,036	53
Interpreters	3,545	10
Reimbursement of Lost Wages to Attend Panel	7,243	20
Miscellaneous	55	0
SUBTOTAL:	1,128,046	3,125
TOTAL:	2,346,598	6,500

8. SUMMARY OF ACTIVITIES

There were some significant changes for the medical review panel department in the year 2000.

The Royal Commission had commented in their 1999 report that the perception of the lack of independence of the medical review panel process was compounded by the fact that the medical review panel department was located within the board complex in Richmond. As an interim response until government decides the structure of the appeal process, the department moved its operations in July 2000 from the administration complex to a board-owned building on Granville Street in Richmond.

The year 2000 also brought higher than anticipated support staff turnover and key vacancies at the officer level. As a result, we constituted fewer MRP's than in 1999. However, by the end of 2000, staffing had stabilized, and two new officer level staff had assumed caseloads and were progressing in their training program. We expect that future production levels will increase over 2000 levels.

Despite the fewer number of panels constituted in 2000, we were able to prevent a historical backlog from rebuilding and were able to decrease the median appeal processing time from 10.8 months in 1999 to 10 months in 2000.

Staff turnover necessitated a heavy effort in training. We developed and delivered training modules to new officer level staff during the third quarter of the year, and also spent considerable effort in orienting and training new support staff members.

We held a chair education and business day in December. Part of the day was committed to an educational panel comprised of four medical experts in pain disorders. This was a timely issue, as 11.7% of panels that were constituted in 2000 involved a primary diagnosis at intake of chronic pain syndrome, fibromyalgia, or other pain disorders (see "Medical Issues" on page 7 of this report). The panel chairs also gave final approval to the contents of an informational brochure on the conduct of a panel examination. This pamphlet will be available to all parties in early 2001 and will be delivered to each worker before his or her MRP examination.

Early in the year, we reached agreement with the Workers' Compensation Review Board that they will expedite appeals of our officers' decisions to refer workers to MRP's. Often MRP appeals are interrupted during the process by the disagreement of one of the parties that the statutory requirements for a MRP have been met.

We also developed new correspondence templates for support staff that eliminated a significant amount of duplicate data entry and will lead to an improvement in timeliness and efficiency.

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

Regretfully, the year also saw the passing of Dr. Leonard Jenkins, the first registrar of the medical review panel department and the author of "The Medical Review Panel Report" in 1992. After his period as registrar, Dr. Jenkins was appointed as a MRP chair. In early 1999, he resigned as a chair and became medical consultant to the registrar. Dr. Jenkins was always available to assist the MRP process and was particularly invaluable in helping to plan, coordinate and deliver agenda items on chair education and business days. He brought gusto, wisdom, focus and humour to all he did and is greatly missed by his many friends and colleagues.

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, 2000

Name	Date of Appointment
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, 2000**

TYPE OF SPECIALTY	NUMBER OF SPECIALISTS
Anaesthetists	3
Cardiologists	12
Cardiovascular & Thoracic Surgeons	6
Dermatologists	6
General Surgeons	23
Gynaecologists	6
Immunologists/Allergists	3
Internal Medicine	40
Nephrologists	2
Neurologists	20
Neurosurgeons	9
Occupational Medicine	2
Ophthalmologists	29
Orthopaedic Surgeons	43
Otolaryngologists	13
Pathologists	1
Physical Medicine and Rehabilitation	9
Plastic Surgeons	8
Psychiatrists	46
Radiologists	2
Respiratologists	20
Rheumatologists	10
Urologists	8
Vascular Surgeons	5
TOTAL NUMBER OF SPECIALISTS:	326

MEDICAL REVIEW PANEL DEPARTMENT

December 31, 2000

