



**Improving the Capabilities of the HR Workforce**

**DCPAS VIRTUAL BENEFITS SYMPOSIUM**

**SECOND OPINION EXAMINATIONS**

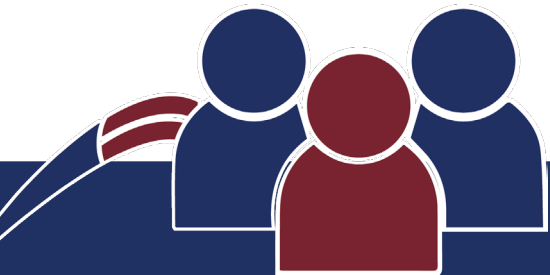
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Chasity Dyer and Kristin Gulling | September 24, 2024

# OBJECTIVES

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- **Define second opinion examination**
- **Understand when and how a second opinion should be requested**
- **Understand how to interpret the second opinion examination report**
- **Learn how to implement the results of the examination**



# WHAT IS A SECOND OPINION EXAMINATION?

- A Second Opinion Examination (SECOP) is a medical examination performed by an appropriate medical specialist who is objective and has no prior knowledge of the employee or the workers' compensation claim
- A SECOP can be requested by the agency or the OWCP Claims Examiner to gain clarity as to the employee's medical condition, determine whether a requested treatment is appropriate and/or medically necessary, or provide an opinion on the employee's ability to return to work



# WHEN TO REQUEST A SECOP

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- Agencies can request a SECOP when the employee
  - has not provided medical documentation to support ongoing total disability
  - has medical evidence supporting ongoing total disability but the evidence is not detailed and comprehensive (e.g., treatment notes stating “No work until next visit”)
  - has a request for medical treatment that does not align with the accepted condition



## WHEN TO REQUEST A SECOP (cont'd)

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**The OWCP Claims Examiner can request a SECOP for the same reasons the agency can and to obtain a medical opinion on a complex case that is under development**

- Claims for an emotional condition or a cardiac condition



# PREPARING THE CASE FOR A SECOP

## Statement of Accepted Facts (SOAF)

- A concise summary of the relevant facts in the case
- Can assist the Attending Physician, SECOP physician or the Referee Specialist
- Written by the Claims Examiner
- Provides a summary of the relevant case information
- Serves as a frame of reference for case reviewers
  - Physicians
  - Vocational Rehabilitation Counselors
  - Agencies



# PREPARING THE CASE FOR A SECOP (cont'd)

## SOAF

- Written in a narrative format
- Facts should be presented in chronological order
- When possible, workplace factors should be quantified
  - Hours of exposure
  - Decibel levels of exposure
  - Weight and size of objects lifted



# PREPARING A CASE FOR SECOP (cont'd)

## SOAF

- Must contain the following elements:
  - Date of injury
  - Employee's date of birth
  - Job held on date of injury & the physical requirements of that job
  - Name of employing agency
  - Employment history
  - Mechanism of injury
  - Claimed or accepted conditions





# PREPARING A CASE FOR SECOP

## SOAF

- Other elements that may be included as appropriate:
  - Prior medical history
  - Medical treatment received
  - Personal habits such as smoking or alcohol consumption
  - Concurrent medical conditions
  - Off duty activities and hobbies
  - Family circumstances
  - Position description



# PREPARING THE CASE FOR A SECOP (cont'd 2)

STATEMENT OF ACCEPTED FACTS  
IN THE CASE OF [REDACTED]  
FILE NUMBER [REDACTED]

This Statement of Accepted Facts supersedes all previous versions.

[REDACTED], date of birth [REDACTED] is employed by the Department of the Army as a Supply Program Management in [REDACTED]. On [REDACTED] 2020, [REDACTED] filed a traumatic injury claim, reporting that he tripped and fell backwards when lifting a heavy box.

The case was accepted for the following conditions: aggravation of unilateral primary osteoarthritis, right hip. The case was later upgraded to include aggravation of other spondylosis with radiculopathy, lumbar region.

[REDACTED] was initially treated by Dr. [REDACTED] on [REDACTED] 2020.

Other pertinent medical treatment includes: On [REDACTED]/2020, claimant underwent Right Anterior Total Hip Replacement. [REDACTED] received physical therapy treatment before and after the surgery. On [REDACTED] 2021, claimant underwent L4-5 transforaminal lumbar interbody fusion.

Pre-existing or concurrent medical conditions include: prostatitis, chronic lower back pain, hypertension, hyperlipidemia.

[REDACTED] stopped work on [REDACTED]/2020 and has not returned.

SETH G.  
Claims Examiner  
[REDACTED] 2022

STATEMENT OF ACCEPTED FACTS  
IN THE CASE OF [REDACTED]  
FILE NUMBER [REDACTED]

This Statement of Accepted Facts supersedes all previous versions.

[REDACTED], date of birth [REDACTED], is employed by the Defense Agencies as a Supervisory Supply Management Specialist in [REDACTED]. On [REDACTED] 2020, [REDACTED] filed a traumatic injury claim, reporting that he tripped and fell backwards when lifting a heavy box.

The case was accepted for the following conditions:

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
AGGRAVATION OF UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	M1611
OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	M4726
OTHER SPONDYLOSIS, LUMBER REGION	M47896
RADICULOPATHY, LUMBAR REGION	M5416
INTERVERTEBRAL DISC DISORDER WITH RADICULOPATHY LUMBAR REGION	M5116

As a Supervisory Supply Management Specialist, [REDACTED] was responsible for Receipt Control Section, plans, organizes, and coordinates section activities. Inspects and reviews data flow of ordering, receipt/payment certification, inventory management, and contract monitoring pertaining to medical supplies and services. Coordinates with customers and oversees the implementation of actions involving requirements determination, acquisition of supplies and materials, ensure equipment is in place where and when needed. Monitors the Defense Medical Logistics Standard Supply (DMLSS) Program, Prime Vendor Interface (PVI) Program, and a broad range of automated data processing systems that support all aspects of medical supply and services procurement actions. Participates in systems analyses of programs and problems associated with supply systems. Analyzes specific facets of problems reported by database users. Performs specific, independent analytical assignments in support of projects and studies normally lead by higher level employees. The work is sedentary and is usually accomplished while the employee is comfortably seated at a desk or table. Some walking and standing occurs in the course of a normal workday in connection with computer maintenance, attendance at meetings and conferences, or while researching files. Items carried typically are light objects such as briefcases, notebooks, computer change packages, and data processing reports. Lifting of moderately heavy objects is not normally required. No special physical effort is required to perform the work.

[REDACTED] was initially treated by Dr. Limuel Ferguson on [REDACTED]

Treating Physicians  
Shawn Granger, MD  
David Steiner, MD



# PREPARING THE CASE FOR A SECOP (cont'd 3)

## There are several steps a CE must take

- Recognize/identify the medical issue(s) that needs to be addressed
- Thoroughly review the case to ensure there is sufficient evidence to establish the facts of the case
- Prepare a SOAF
- Prepare specific questions for the physician to address
- Refer the case to the medical scheduler who will arrange the appointment
  - The claimant will be notified via US mail as to the date and time of the exam
  - The claimant will be informed of the consequences should he/she not attend



# PREPARING THE SECOP

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## The SECOP physician is provided with:

- A SOAF
- Copies of all the medical evidence in the case file
- A list of questions/issues to be addressed



# INTERPRETING THE SECOP REPORT

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**In most cases, the report will be received within 30 days from the exam date**

- The report will be available for review in the claimant's ECOMP file
- If the report has not been received within 30 days of the exam, contact the CE and request follow-up with the SECOP doctor



# INTERPRETING THE SECOP REPORT (cont'd)

## Review the report in its entirety

- Read the entire report to ensure that the SECOP physician reported the facts accurately and correctly
  - Do not only look at the physician's responses to the questions posed
- Be alert to discrepancies in the report or facts that were misrepresented
- Does the physician provide a well-reasoned explanation, supported by objective medical findings, in support of his/her opinions?



# TAKING THE NEXT STEPS

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## Once you have thoroughly reviewed the report, it is time to take action

- Is a job offer appropriate?
- Is the employee totally disabled? Did the physician provide a detailed explanation, supported by objective medical findings?



# CASE STUDIES

## DOL letter to the claimant with details of upcoming SECOP appointment

Dear [REDACTED]

An appointment has been scheduled by the DEPARTMENT OF LABOR at no charge to you. This letter is in reference to your claim under the Federal Employees' Compensation Act (FECA), identified above.

In order that this office may have an additional expert medical opinion, an appointment has been arranged under authority of the FECA, as provided at Title 5, United States Code, Section 8123 (a) which states. "An employee shall submit to examination by the U.S. medical officer or by an office physician designated or approved by the Secretary, as frequently and at such times and places as in the opinion of the office may be reasonably necessary." The date, time, and location of your appointment is listed below. We have verified that the examination is permissible per state and local guidelines related to COVID-19.

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QTC# 800-660-0338

Physician: [REDACTED]

Date of Examination: [REDACTED]

Time: 01:00 PM

Location: [REDACTED]

Shreveport, LA 71105

Exam Type: Second Opinion Evaluation

Specialty: Orthopedic

### EXAMINATION INFORMATION

Each examination may take up to 60 minutes. Additional time may be required should the provider request additional testing. If you cannot keep the appointment, we have arranged please contact us at 202.513.6860.

**Please bring photo ID.** It is imperative that you bring any x-ray, MRI, bone scan, other films, and any other diagnostic test results pertinent to your condition with you to the exam(s). It is your responsibility to obtain such films





## CASE STUDIES (cont'd)

### Front page of SECO report

Thank you for the referral on [REDACTED]  
Enclosed, please find the second opinion report by  
[REDACTED], MD

Case number: [REDACTED]

Employer: DEFENSE AGENCIES

Date of Injury: [REDACTED] 2020

Date of Examination: [REDACTED] 2024

Physician's Name: [REDACTED], MD

Specialty: Orthopedic

Address : [REDACTED]

Shreveport, LA 71105



## CASE STUDIES (cont'd 2)

- After the front page of the SECOP report will be a summary of the medical treatment and appointments received to date
- This begins the SECOP doctor's note on the exam, his findings and opinions

PHYSICAL EXAMINATION: Physical examination reveals an obese gentleman in no distress. Height is 5' 9" and weight is 248 pounds. He grimaced and complained during the entire visit. He was complaining of pain in his lower back and his right hip. I asked him to stand and walk. He ambulates with a cane and an exaggerated gait with his lumbar spine partially flexed. He staggers somewhat as he walks. He is able to get up and down off the examining table with a marked amount of complaints or grimacing of pain. Examination of his lower back revealed well-healed surgical scars, no tenderness, and no spasm. Straight leg raise on the right was positive but was negative on the left. He complained bitterly of pain in the right hip with any attempts at motion. I measured his calves at equal distance from the inferior pole of the patella and they were equal in circumference. I measured his thighs at about 3 inches above his superior pole of the patella and they were equal in circumference. However, visualization revealed what appeared to be significant atrophy in the right thigh compared to the left. He had good sensation in the lower extremities. He had good posterior tibial pulse. He complained of his toes going numb when I checked his posterior tibial pulse. Knees have good range of motion without significant complaints of pain. He was essentially areflexic in the lower extremity. He had good dorsiflexion and plantar flexion strength against passive resistance and he had good quad and hamstring strength in the left leg more so than the right.

IMPRESSION: Mr. [REDACTED] complaints of pain are not consistent with objective findings. His exam was marked throughout with considerable grimacing and groaning of complaining of pain no matter what we did.

He had normal neurologic status in the lower extremity. He did have some right thigh atrophy which could be due to the right total hip replacement that he had performed. I am unable to explain why this gentleman has such pain in his right hip following total hip replacement unless x-rays have shown that there is a significant abnormality with the positioning of the prosthesis.

His lumbar complaints appear to be exaggerated with walking using a cane and with a flexed lumbar spine while grimacing and complaining of pain throughout the exam. It is my impression that this gentleman should be able to perform sedentary work based on the fact that he has had a hip replacement and two lumbar surgeries. Restrictions would involve being able to stand and walk after sitting for prolonged periods of time. I do not understand why he is unable to work at an eight-hour job in a sedentary position.



## CASE STUDIES (cont'd 3)

My recommendation is to discontinue and no use of narcotic medications in the future for pain. Narcotics are not a good way to control someone's complaints of pain. Other medications that he is taking are for complaints of pain. He is taking maximum strength Neurontin. I would not recommend any further tests or surgical treatment for this gentleman. I would not recommend any physical therapy. I think he has reached maximum medical improvement.

### MEDICAL OPINION RESPONSE FROM PHYSICIAN:

1. Does [REDACTED] suffer from active residuals of the accepted condition(s) as outlined on the first page of this referral or any resulting surgery(ies)? Provide the medical reasoning and objective findings to support your opinion.

He has residual pain is a result of his lumbar injury, pre-existing lumbar spondylosis, and subsequent surgery. The fact that he has had surgery would lead me to believe that he has some residual pain as a result of the aggravation of those preexisting conditions.

2. Considering only residuals of the work-related condition(s), is [REDACTED] medically capable of performing in their date of injury job as a Supply Program Management as outlined in the Statement of Accepted Facts?

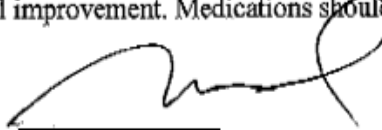
The job of Supply Program Management is described as sedentary. He should be able to perform with restrictions on time sitting, standing and during the workday. Restrictions are due to the complaints of back pain following back surgery. He should have no restrictions as result of THR. He should have no complaints of significant of pain following successful THR.

3. If [REDACTED] is incapable of performing in their date of injury job, discuss [REDACTED] work capabilities by completing the enclosed OWCP-5. The work capacity evaluation should include restrictions for both work-related and non-work-related medical conditions. (Please review the Light Duty Assignment as a Medical Support Assistant (Sedentary) offered November 8, 2023.)

He should be able to return to the job of medical support assistant which is noted to be sedentary. Limitations are due to the previous lumbar surgery and subsequent persistent complaints of pain.

4. Discuss the prognosis for recovery and whether there is a need for any further treatment. Provide the basis for your opinion and outline any treatment recommendations.

Further prognosis of recovery is unlikely. I do not think he requires any further treatment, epidural steroid injections, or surgery. I do not feel that any further workup is necessary. He is at maximum medical improvement. Medications should exclude the use of narcotics.

  
[REDACTED] M.D./c/c  
Orthopaedic Surgeon



# CASE STUDIES (cont'd 4)

UNILATERAL PRIMARY OR LESSER THAN USUAL DUTY

1a. Is the worker capable of performing his/her usual job without restriction?  Yes  No. If no, please provide medical reasons to support your opinion in a narrative report.

Many employers can readily accommodate medical restrictions including modified duty assignment(s) or assignment of the injured worker into an alternative work location.

b. If the claimant is unable to perform his/her usual job, is the claimant able to work for 8 hours per workday with physical restrictions?  Yes  No. If no, please provide medical reasons to support your opinion in a narrative report.

c. If less than 8 hour per workday, how many can he/she work? \_\_\_\_\_

d. Do you anticipate an increase in the number of hours this person will be able to work?  Yes  No

e. If yes, when will this person achieve an 8 hour workday? \_\_\_\_\_

If no, please provide medical reasons to support your opinion in a narrative report.

f. How long will the restrictions apply? Permanent

g. Has maximum medical improvement been reached?  Yes  No

2a. Please review the Guidance for Physicians included on pages 2 and 3 of this form. Based on the parameters provided, please indicate whether this person is capable of working within any of the following Strength Levels:

Sedentary  Yes  No Light  Yes  No Medium  Yes  No Heavy  Yes  No Very Heavy  Yes  No

2b. If not, please indicate whether this person has any LIMITATION in the activity listed and how many hours this person can perform each activity. If there are limitations in lifting, pulling and/or pushing, please provide the maximum number of pounds that can be handled by this person.

Activity	Limitation	# of Hours Able to Work	Activity	Limitation	# of Hours Able to Work	Lbs.	
Sitting	<input checked="" type="checkbox"/> Yes	<u>4h</u>	Repetitive Movements:	Wrists	<input type="checkbox"/> Yes	_____	
Walking	<input checked="" type="checkbox"/> Yes	<u>2h</u>		Elbow	<input type="checkbox"/> Yes	_____	
Standing	<input checked="" type="checkbox"/> Yes	<u>3h</u>		Pushing	<input checked="" type="checkbox"/> Yes	_____	<u>10</u>
Reaching	<input type="checkbox"/> Yes	_____		Pulling	<input checked="" type="checkbox"/> Yes	_____	<u>10</u>
Reaching above	<input type="checkbox"/> Yes	_____		Lifting	<input checked="" type="checkbox"/> Yes	_____	_____
Shoulder	<input checked="" type="checkbox"/> Yes	_____		Squatting	<input type="checkbox"/> Yes	_____	_____
Twisting	<input checked="" type="checkbox"/> Yes	<u>1h</u>		Kneeling	<input type="checkbox"/> Yes	_____	_____
Bending/Stooping	<input checked="" type="checkbox"/> Yes	<u>1h</u>		Climbing	<input checked="" type="checkbox"/> Yes	_____	<u>0</u>
Operating Motor Vehicle at work	<input type="checkbox"/> Yes	_____		Breaks: Duration _____	Frequency _____	_____	_____
Duration _____	Frequency _____	_____		Operating a Motor Vehicle to/from work	<input type="checkbox"/> Yes	_____	_____

3. If there are OTHER medical facts, situational factors, equipment or devices which need to be considered in the



# Please take a moment to provide us your feedback

You can scan the QR code or go to:

<https://forms.osi.apps.mil/r/syKqFMv5Rs>

IC Session: Second Opinion Exams

