

# Texas Workers' Compensation Designated Doctor Process



# Housekeeping

- Welcome and introductions
- Review agenda and materials
- More interactive through working cases
  - Cases emailed to attendees to review prior to course
- Questions/Discussion – please come to microphone or submit written questions
  - Don't be “that guy”

# Please . . .



- ✓ Sign in for this morning
- ✓ Silence your cell phones

# Certificate of Successful Completion

- Certification or recertification as either a DD or MMI/IR doctor requires a Certificate of Successful Completion of required DWC training
- In order to receive Certificate of Successful Completion, applicant ***must attend all required classes on agenda***

# To Do List

1. Complete **green** contact information sheet in packet and return completed form to DWC staff
2. Complete **pink** evaluations after each presentation and return completed forms to DWC staff
3. At end of course, complete and return **salmon** end of course survey to DWC staff
4. A renewing DD *must mail or FAX* their training and testing certificates and completed DWC Form-067, *Designated Doctor Certification Application*, to DWC at least *45 days in advance of expiration of current certification*

# Topics

- Role of the Designated Doctor
- Certification and Recertification
- Training and Testing
- Review DWC Form-032, *Request for Designated Doctor Examination*
- Designated Doctor Examination Requirements and Duties
- Designated Doctor Report
- Disqualifying Associations
- Administrative Violations

# Role of the Designated Doctor (*DD*)

- Impartial, objective medical expert selected and ordered by DWC
- Answers specific questions
- Does not recommend or provide treatment

# Issues DDs Address

Texas Labor Code (TLC) §408.0041 states specific issues to be addressed by DD

- Attainment of Maximum Medical Improvement (*MMI*)
- Impairment caused by compensable injury (*IR*)
- Extent of employee's compensable injury
- Whether disability is direct result of compensable injury
- Ability to return to work
- Issues similar to those described above

# Importance of DD Opinion

- The report of DD is given presumptive weight in dispute resolution unless preponderance of evidence is to the contrary
- Insurance Carrier (*IC*) required to pay income and medical benefits based on opinion of DD during pending dispute

# DD Reports in Dispute Resolution

- DD reports facilitate informal resolution of many issues
- In event parties cannot resolve issues in dispute based on DD's report, they may pursue issues through DWC dispute resolution process
  - Benefit Review Conference
  - Contested Case Hearing
  - Appeals Panel
  - Courts



**Any questions  
about the role of  
the DD?**



# Certification and Recertification



**MMI/IR (*Non-Designated Doctor*)**

**Certification &  
Recertification**

*and*

**Ancillary Provider Training**

# Training & Testing to be Completed

- MMI/IR Certified Doctor (not DD)
  - Must complete DWC approved training and pass approved MMI/IR test every two years
    - [28 TAC §180.23](#)
  - FAX training and testing certificates to DWC
    - 512-804-4207
- Health care practitioners performing ROM, sensory and strength testing
  - Training required every two years
  - Testing not required
    - [28 TAC §130.1](#)

# REQUIRED ACTIONS

## *Treating/Referral (MMI/IR) Doctors*

- Update email address, phone numbers and other contact information
- Submit training and testing information
  - FAX certificates to 512-804-4207
- DWC staff available today to assist you

**Questions about  
certification or  
recertification?**



# Training and Testing

# Training and Testing

A DD is required to attend approved training, pass an approved test and apply for recertification ***every two years*** to remain on DWC designated doctor list (*DDL*)

# Required DWC Certification Course

- Two days
- Pre-course preparation
- Case based
- Physical exam videos
- More interactive

# Optional Workshops

- DD 101
- Case-Based
- Musculoskeletal Examination

Please check DD website homepage for additional information

- <http://www.tdi.texas.gov//wc/dd/index.html>

# Testing

- DD tests developed by DWC to ensure competency of DD
- Administered by PSI Exams
  - Test taken at PSI examination site
    - Candidate Information Bulletin in book
    - <http://www.psiexams.com>
    - (800) 733-9267
- DWC staff here to assist you



# Testing (cont'd)

- Number of test questions

DD MD/DO	75 questions
DD DC	70 questions
DD DPM	43 questions
MD/DO MMI/IR only	50 questions
DC MMI/IR only	50 questions

- Up to 5 hours to complete

**Questions about  
training or testing?**



# Requesting DD Exams *and* Selection of the DD

# Requesting DD Examinations

## Let's review DWC Form-032

 <p><b>Texas Department of Insurance</b>  <b>Division of Workers' Compensation</b>          7551 Metro Center Drive, Suite 100 • MS-603          Austin, TX 78744-1645          (512) 804-4380 phone • (512) 804-4121 fax</p>	<p style="text-align: right;"><b>DWC032</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>Complete, if known:</p> <p>DWC Claim # _____</p> <p>Carrier Claim # _____</p> </div>
<p><b>Request for Designated Doctor Examination</b>  <i>Type (or print in black ink) each item on this form</i></p>	
<b>I. INJURED EMPLOYEE INFORMATION</b>	
1. Employee Name (First, Middle, Last)	2. Employee Social Security Number
3. Employee Address (Street or P.O. Box, City, State, Zip Code)	4. Employee County
5. Employee Primary Phone Number ( )	6. Employee Alternate Phone Number ( )
7. Employee Date of Birth (mm-dd-yyyy)	8. Date of Injury (mm-dd-yyyy)
<b>II. EMPLOYER INFORMATION (at the time of injury)</b>	
9. Employer Name	10. Employer Phone Number ( )
11. Employer Address (Street or P.O. Box, City, State, Zip Code)	
<b>III. INSURANCE CARRIER INFORMATION</b>	
12. Insurance Carrier Name	
13. Insurance Carrier Address (Street or P.O. Box, City, State, Zip Code)	
14. Adjuster Name (First, Middle, Last)	15. Adjuster E-mail Address
16. Adjuster Phone Number ( )	17. Adjuster Fax Number ( )
<b>Only Insurance Carriers Complete Boxes 18 - 22</b>	
18. Insurance Carrier's Authorized Agent Company Name	
19. Insurance Carrier's Bill Review Agent Name	
20. Bill Review Agent Address (Street or P.O. Box, City, State, Zip Code)	
21. Bill Review Agent Phone Number ( )	22. Bill Review Agent Fax Number ( )
<b>IV. INJURED EMPLOYEE REPRESENTATIVE INFORMATION (if any)</b>	
23. Representative's Name (First, Middle, Last)	24. Representative's Phone Number ( )
25. Representative's E-mail Address	26. Representative's Fax Number ( )
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>For TDI-DWC Use Only</p> </div>	

# DWC Form-032 (*cont'd*)

Information concerning networks needed to identify disqualifying associations

- **Box 33**
  - Network name required for claims with medical benefits provided through a Certified Workers' Compensation Health Care Network
- **Box 34**
  - Health care plan name required for claims with medical benefits provided through a political subdivision pursuant to [TLC §504.053\(b\)\(2\)](#)

# DWC Form-032 (cont'd)

## Box 37

- Contains all injuries *listed by requestor* as determined to be compensable by DWC or accepted as compensable by insurance carrier
- *When addressing MMI/IR, unless compensable injury has been legally determined (by DWC Hearings)*
- *The DD defines the compensable injury based on medical records and certifying examination*
- See TLC §408.0041(a)(1) and §408.123(a), and 28 TAC §130.1(b)(4) & (c)(3)

# DWC Form-032 (*cont'd*)

## Purpose for Examination - MMI

### *Box 42 Block A*

- Maximum Medical Improvement (MMI)
- Question for DD:
  - Has MMI been reached?
  - If so, on what date?
- Statutory MMI date, if any, listed by requestor in Box 42 Block A

# DWC Form-032 (cont'd)

## *Purpose for Examination - IR*

### *Box 42 Block B*

- Impairment Rating (IR)
- Question for DD:
  - As of MMI date\* what is impairment rating?

\* Impairment rating based on employee's medical condition on date of MMI  
(see [28 TAC §130.1](#) )

# DWC Form-032 (*cont'd*)

## *Purpose for Examination – EOI*

### **Box 42 Block C**

- Extent of Injury (EOI)
- Question for DD:
  - Was accident or incident giving rise to compensable injury a substantial factor in bringing about additional claimed injuries or conditions, and without it, additional injuries or conditions would not have occurred?
  - Address each/all injuries (diagnoses/body parts/conditions listed in 42C)
- Further discussion in EOI presentation

# DWC Form-032 (cont'd)

## *Purpose for Examination – Disability (Direct Result)*

### **Box 42 Block D**

- Disability - Direct Result
- Question for DD:
  - Is employee's inability to obtain and retain employment at wages equivalent to the pre-injury wage a direct result of compensable injury?
- The requestor must provide beginning and ending dates for each period covered by request if requesting DD to address a time period other than present

# DWC Form-032 (*cont'd*)

## *Purpose for Examination – RTW*

### **Box 42 Block E**

- Return to Work (RTW)
- Question for DD:
  - Is injured employee able to return to work in any capacity and what work activities can injured employee perform?
- The requestor must provide beginning and ending dates for each period covered by request if requesting DD to address a time period other than present

# DWC Form-032 (*cont'd*)

## *Purpose for Examination – RTW (SIBs)*

### **Box 42 Block F**

- Return to Work (RTW) for Supplemental Income Benefits (SIBs)
- Question for DD:
  - Has injured employee's medical condition improved sufficiently to allow employee to return to work in any capacity for identified qualifying period(s)?
- The requestor must provide beginning and ending dates for each period covered by request if requesting DD to address a time period other than present

# DWC Form-032 (*cont'd*)

## *Purpose for Examination – Other Similar Issues*

### **Box 42 Block G**

- Other Similar Issues
- Lifetime Income Benefits
- Parties may not request DD examination for developing treatment plans, determining appropriateness of medical care or determining compensability

**Questions about  
DWC Form-032?**



# Selection of the DD for Examination

# Selecting Designated Doctors

- DWC selects next available doctor on DDL
- A DD is available if doctor
  - Does not have any disqualifying associations;
  - Is appropriately qualified under [28 TAC §127.130](#);
  - Is certified as DD on the date exam is offered and has not failed to timely file for recertification (except for previously assigned exams); and
  - Has not treated injured employee within past year; AND has never treated injured employee related to medical condition being evaluated in current DD examination
  - [28 TAC §127.5\(c\)](#)

# Selecting Designated Doctors (*cont'd*)

For examinations on or after January 1,  
2013

- DD is qualified if the DD meets appropriate qualification criteria for the ***area of the body affected*** by injury and injured employee's ***diagnosis***
- [28 TAC §127.130\(a\) and \(b\)](#)



# Selecting Designated Doctors (*cont'd*)

A DD who was qualified and performed an initial examination of an injured employee

- ***SHALL remain assigned to claim and perform all subsequent exams***
- ***Refusal of a subsequent exam is administrative violation***
- ***Unless* DWIC authorizes removal or requires DD to leave the claim**
- **[28 TAC §127.130\(e\)](#)**

**Questions about  
DD selection?**



# **DD Examination Requirements and Duties**

# DD Exam - General Provisions

- DD can receive injured employee's confidential medical records and analyses without signed release
- Treating doctor and IC shall ensure required records are received by DD no later than 3 working days prior to exam
- [28 TAC §127.10\(a\)](#)

# Medical Records

If DD does not have records 3 days prior to exam, DD shall

- Report violation to DWC
- **Not** conduct examination until all records received
- Reschedule appointment if records are not received within one working day or if DD does not have sufficient time to review late records before exam

DWC shall

- Take action necessary to ensure that DD receives records
  - [28 TAC §127.10\(a\)\(3\)](#)
  - Memo: <http://www.tdi.texas.gov/wc/dd/documents/ddmedreecs0715.pdf>
  - Email: [DDRecords@tdi.texas.gov](mailto:DDRecords@tdi.texas.gov)

# Review of Medical Records

DD shall

- Review records received from treating doctor, DWC and IC *before* examining IE
- Review medical records provided by IE\*
- [28 TAC §127.10\(b\)](#)

\* Change to previous version of 28 TAC §127.10(b)

# Additional Testing and Referrals

- DD ***must*** perform additional testing and make necessary referrals (when not qualified) when necessary to resolve issue in question
- Testing and referrals by DD not subject to preauthorization or denial retrospectively based on medical necessity, extent or compensability
- [28 TAC §127.10\(c\)](#)

# Additional Testing and Referrals (*cont'd*)

- If testing or referral is ordered DD has 15 working days to complete DD report
- *Prior to 15th working day following exam*
  - DD can seek DWC approval for additional time to complete report\*
- If IE does not attend testing or referral
  - DD shall note that in report and complete report based on exam, records and other information available\*
- [28 TAC §127.10\(c\)](#)

\* Change to previous version of 28 TAC §127.10(c)

# Scheduling Issues

- Examination address cannot be changed without good cause and approval from DWC
- If scheduling conflicts exist
  - DD or injured employee must make contact at least **one working day**\* prior to appointment
    - \* *change from 24 hours in previous version of 28 TAC § 127.5(e)*
  - If agreed must reschedule within 21 days of original exam date and **not before original exam date**\*\*
    - \*\* *change to previous version of 28 TAC § 127.5(e)*
  - **If both DD and injured employee agree to reschedule examination, the rescheduled examination shall be set to occur no later than 21 days after scheduled date of originally scheduled examination and may not be rescheduled to occur before originally scheduled examination**
- [28 TAC §127.5\(b\) and \(e\)](#)

# Scheduling Issues (*cont'd*)

- If rescheduled, DD must contact DWC, IE (or rep), *treating doctor\**, and carrier with time and date of new exam
  - \* *change to version of 28 TAC §127.5(e)*
- If exam cannot be rescheduled within 21 days of original exam date *OR* if IE does not attend, DD shall notify DWC
  - DWC may select new DD after receiving notice
- [28 TAC §127.5\(e\)](#)

# Designated Doctor Duties



# Designated Doctor Duties

## A DD shall

- Perform DD examinations in a facility currently used and properly equipped for medical examinations or other similar health care services that ensures safety, privacy and accessibility for the injured employees, injured employees' medical records and other records containing confidential claim information
- [28 TAC §127.200\(a\)\(1\)](#)

# Designated Doctor Duties (*cont'd*)

- Ensure confidentiality of
  - Medical records
  - Analyses
  - Forms provided to or generated by DD for duration of retention period
- Ensure destruction of these medical records after retention expires and DD determines information is no longer needed
- [28 TAC §127.200\(a\)\(2\)](#)

# Designated Doctor Duties (*cont'd*)

- Ensure all agreements with those permitted to perform DD administrative duties (including billing and scheduling duties) on behalf of DD
  - Are in writing and signed by DD and contracting person
  - Define administrative duties that may be performed on behalf of DD
- [28 TAC §127.200\(a\)\(3\)](#)

# Designated Doctor Duties

## *(cont'd)*

- Require person with whom DD contracts to comply with all confidentiality provisions of Texas Labor Code and all other applicable laws
- Comply with 28 TAC Chapter 133 medical billing and payment requirements
- Do not constitute improper inducements under TLC §415.0036 and 28 TAC §180.25
- Are made available to DWC upon request
- 28 TAC §127.200(a)(3)

# Designated Doctor Duties (*cont'd*)

Notify DWC in writing and in advance if DD voluntarily decides to defer DD's availability to receive offers of examinations for personal or other reasons and specify duration of and reason for deferral

[28 TAC §127.200\(a\)\(4\)](#)

# Designated Doctor Duties (*cont'd*)

- Notify DWC in writing and in advance if DD no longer wishes to practice as DD before DD's current certification expires
- A DD who no longer wishes to practice as a DD, before DD's current certification expires, must expressly surrender DD's certification in a signed, written statement to DWC
- [28 TAC §127.200\(a\)\(5\)](#)

# Designated Doctor Duties (*cont'd*)

Be physically present in same room as injured employee for DD examination or any other health care service provided to injured employee that is NOT referred to another health care provider under 28 TAC §127.10(c)

[28 TAC §127.200\(a\)\(6\)](#)

# Designated Doctor Duties (*cont'd*)

- A DD shall, when appropriate
  - Apply appropriate edition of
    - American Medical Association Guides to the Evaluation of Permanent Impairment, and
    - DWC-adopted return-to-work guidelines
  - And consider
    - DWC-adopted treatment guidelines
    - Other evidence-based medicine
- [28 TAC §127.200\(a\)\(7\)](#)

# Designated Doctor Duties (*cont'd*)

A DD shall

- Provide DWC with updated information within 10 working days of change in any of information provided to DWC on doctor's application for certification or recertification as a DD
- [28 TAC §127.200\(a\)\(8\)](#)

# Designated Doctor Duties (*cont'd*)

Maintain a professional and courteous demeanor when performing duties of a DD, including

- Explaining purpose of DD examination to injured employee at beginning of examination
- Using non-inflammatory, appropriate language in all reports and documents produced by DD

# Designated Doctor Duties (*cont'd*)

A DD can file a complaint

- On-line: <http://www.tdi.texas.gov/consumer/complfrm.html>
- By fax: 512-490-1030
- By e-mail: [DWC-CRCSIntakeUnit@tdi.texas.gov](mailto:DWC-CRCSIntakeUnit@tdi.texas.gov)
- By mail:  
Texas Department of Insurance  
Division of Workers' Compensation  
7551 Metro Center Dr., Suite 100, MS-603  
Austin, Texas 78744

# Designated Doctor Duties (*cont'd*)

A DD shall

- Respond timely to all DWC inquiries regarding
  - Appointments
  - Clarification
  - Document requests
  - All other inquiries

[28 TAC §127.200\(a\)\(11\)](#)

# Designated Doctor Duties (*cont'd*)

Notify DWC if a DD's continued participation on claim would require DD to exceed the scope of practice authorized by doctor's license

[28 TAC §127.200\(a\)\(12\)](#)

# Designated Doctor Duties (*cont'd*)

- On a claim to which DD has already been assigned as DD
- A DD shall ***NOT perform***
  - Required medical examinations
  - Utilization reviews
  - Peer reviews
- [28 TAC §127.200\(a\)\(13\)](#)

# Designated Doctor Duties (*cont'd*)

A DD shall

- Consent to and cooperate during any on-site visits by DWC pursuant to 28 TAC §180.4 to ensure DD compliance with the Act and applicable DWC rules\*
  - DWC will notify DD in advance or at time of visit of specific duties being investigated at time of visit
- 28 TAC §127.200(a)(15)

# Designated Doctor Duties (*cont'd*)

- Identify themselves at beginning of every DD examination
- Cooperate with all DWC audits and quality reviews
- Comply with all applicable laws and rules
- 28 TAC §127.200(a)(14), (16) and (17)

# Designated Doctor Duties (*cont'd*)

Bill and receive payment for DD  
examinations in accordance with 28 TAC  
Chapters 133 and 134

[28 TAC §127.200\(a\)\(10\)](#)

# Designated Doctor Duties

## *(cont'd)*

Comply with accommodation requirements of Title II of the Americans with Disabilities Act (ADA)

- When DD receives request for accommodation, they should make every effort to provide accommodation
- If not able to provide accommodation, injured employee should be instructed to contact local DWC field office prior to performing examination

# Designated Doctor Agents

For purposes of all applicable laws and DWC rules

- Any person with whom a DD contracts or permits to perform DD administrative duties on behalf of DD qualifies as DD's **agent** as defined by [28 TAC §180.1](#)
- [28 TAC §127.200\(b\)](#)

**Questions about  
DD examination  
requirements and  
duties?**



# DD Report Requirements



# Designated Doctor Reports

- All reports (narrative reports and forms) due **seven working days** after examination
  - [DWC Form-068](#), *Designated Doctor Examination Data Report*
    - EOI, Disability, Other similar issues
  - [DWC Form-069](#), *Report of Medical Evaluation*
    - MMI/IR
  - [DWC Form-073](#), *Work Status Report*
    - RTW
- Any additional testing or referral examination **and DD's report must be completed within 15 working days of DD's physical examination of injured employee** unless DD requests and receives approval from DWC for additional time before expiration of the 15 working days

# Designated Doctor Reports (*cont'd*)

## Minimum Narrative Report Requirements

- Identify questions DWC ordered DD to address *and*
  - Provide clearly defined answer to ordered question(s)
  - Not answer question(s) not ordered to be addressed
  - Sufficiently explain how DD determined answer(s) within a reasonable degree of medical probability
- 28 TAC §127.220(a)(1), (2) and (3)

# Designated Doctor Reports (*cont'd*)

Demonstrate, as appropriate, application or consideration of

- AMA Guides to the Evaluation of Permanent Impairment, 4th Edition
- DWC-adopted return-to-work guidelines (currently the MDGuidelines - MDG)
- DWC-adopted treatment guidelines (currently the Official Disability Guidelines - ODG)
- Other evidence-based medicine
- [28 TAC §127.220\(a\)\(4\)](#)

# Designated Doctor Reports (*cont'd*)

Include general information regarding identity of

- Designated Doctor
- Injured Employee
- Employer
- Treating doctor
- Insurance carrier
- [28 TAC §127.220\(a\)\(5\)](#)

# Designated Doctor Reports (*cont'd*)

Summarize additional testing conducted or referrals made including

- Identity of referral health care provider
- Types of tests conducted or referrals made and dates tests or referral examinations occurred
- Explain why testing/referral was necessary to resolve a question at issue in the exam
- [28 TAC §127.220\(a\)\(7\)](#)

# Designated Doctor Reports (*cont'd*)

- State date of exam and address where exam took place
- List specific medical records or other documents DD reviewed including dates of those documents and which, if any, were provided by injured employee
- [28 TAC §127.220\(a\)\(6\) and \(9\)](#)

# Designated Doctor Reports (*cont'd*)

Include narrative description of and documentation of time DD began and completed the following

- Taking medical history
- Physically examining injured employee
- Engaging in medical decision making
- [28 TAC §127.220\(a\)\(8\)](#)

# Designated Doctor Reports

## *(cont'd)*

- Be signed by DD who performed exam
- Include a statement of no known disqualifying association
- Include certification of date report was sent to all required recipients and in required manner
- Indicate report was reviewed and approved in final form by DD
- [28 TAC §127.220\(a\)\(10-13\)](#)

# Designated Doctor Reports (*cont'd*)

## General Reporting Requirements

- Each exam requires a narrative report with new requirements as set out in [28 TAC §127.220\(a\)](#) AND relevant DWC form(s)
- DWC Forms Required

EXAM TYPE	DWC FORM
MMI/IR	<a href="#">DWC Form-069</a>
Return to Work (RTW and RTW(SIBs))	<a href="#">DWC Form-073</a>
All Other Issues (Extent, Disability, Other Issues)	<a href="#">DWC Form-068</a> (new form)

- [28 TAC §127.10\(d\), \(e\), and \(f\)](#); [28 TAC §127.220\(b\) and \(c\)](#)

# Designated Doctor Reports (*cont'd*)

## General Reporting Requirements (*cont'd*)

- MMI/IR
  - MMI/IR examinations according to [28 TAC §130.1](#)
  - Multiple certifications
  - Only if DD asked to address MMI/IR *and* EOI\* that take into account each possible outcome for compensable injury

\* amendment and recodification of 28 TAC §130.6(b)(5)

- [28 TAC §127.10\(d\)](#)

# Designated Doctor Reports (*cont'd*)

## General Reporting Provisions

- Reports shall be filed with all parties and DWC and *treating doctor*
- DD report is entitled to presumptive weight
- DD must maintain records for a minimum of 5 years from date of last DD exam of injured employee (or longer if required by DD's licensing board)
- Parties may dispute entitlement to benefits affected by DD report through DWC dispute resolution
- [28 TAC §127.10\(g\),\(i\), and \(j\)](#)

# Requests for Clarification

- To respond to requests for clarification DD must be on DWC DD list at time request is received by DWC
- DD shall respond to requests for clarification within five working days
- **DD must request approval from DWC to perform re-examination**
- [28 TAC §127.20\(d\)](#)

**Questions about  
DD reports?**



# Disqualifying Associations



# Disqualifying Associations

Any association that may reasonably be perceived as having potential to influence the conduct or decision of DD

[28 TAC §127.140\(a\)](#)

# Disqualifying Associations (*cont'd*)

## Disqualifying Associations May Include

- A contract with same workers' compensation health care network [TIC Chapter 1305](#)
- A contract with same political subdivision or political subdivision health plan ([TLC Chapter 504](#)) that is responsible for providing medical benefits to the injured employee
- [28 TAC §127.140\(a\)](#)

# Disqualifying Associations (*cont'd*)

As of January 1, 2013, a DD shall also have a disqualifying association relevant to an examination or claim if an agent of the DD has a disqualifying association as defined by [28 TAC §127.140\(b\)](#)

# Disqualifying Associations (*cont'd*)

Insurance carriers shall notify DWC of any disqualifying associations between the DD and injured employee because of network or political subdivision affiliations within five days of receiving DWC order for the DD examination

[28 TAC §127.140\(d\)](#)



# DD Administrative Violations

- *A DD is liable for all administrative violations committed by their agents on their behalf*
- Process for notification and appeal of a sanction is governed by 28 TAC §180.27 and suspension, revocation, or other sanctions will remain in effect pending appeal
- 28 TAC §127.210(b) and (c)

# Resources

- Designated Doctor Website

<http://www.tdi.texas.gov/wc/dd/index.html>

- DWC Contact Information

- See Supplemental Information tab

- Presentations From This Course

<http://www.tdi.texas.gov/wc/dd/certraining.html>

**Questions?**

