IDES MSC Examination Review

Trainee Handout

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Objectives

* Identify which computer systems contain examination reports
* Identify the components of a complete examination report

References

All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).

* [M21-1, Part III, Subpart i, Chapter 2, Section D - Integrated Disability Evaluation System (IDES)](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#agent/portal/554400000001034/article/554400000033257/M21-1-Part-III-Subpart-i-Chapter-2-S)
* [M21-1, Part III, Subpart iv, Chapter 3, Section D - Examination Reports](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#!agent/portal/554400000001034/article/554400000015812/M21-1-Part-III-Subpart-iv-Chapter-3)

Topic 1: Locating Exam Reports

**VTA Pending Examination Report**

The Veterans Tracking Application (VTA) allows for reports to be pulled based on the fields which have been completed, to include a report of pending examination requests. Per M21-1 III.i.2.D.7, MSCs should run the pending exam report once a week and follow-up on any exam requests that have been pending more than 35 days.

The pending exam request report has filters which make it customizable for generation. Also, the report can be exported to Excel for further customization and usability.

Review VBMS

Examination reports completed by the Department of Veterans Affairs (VA) examination facilities are located in the Compensation and Pension Record Interchange (CAPRI). These are automatically uploaded into Veterans Business Management System (VBMS). Depending on the template used by the examination provider, a few examination reports still get uploaded into Virtual VA, which is accessible through VBMS.

**Locating Contract Exam Reports**

Examination reports completed by a VA contract examiner are located in either VBMS or Virtual VA. They are also available in the vendor’s web site as follows:

* For Quality, Timeliness, Customer (QTC) service, go to  [QTC Exam Track](https://www.va.examtrak.com/" \t "_blank).
* For Veterans Evaluation Services (VES), go to [VES Exams](http://www.vesservices.com/)

Topic 2: Reviewing Exams for Completeness

Requirements for Examination Reports

VA examinations are to be conducted using DBQs which are disease and condition-specific, organized as a documentation tool to provide the precise medical evidence needed to rate specific disabilities.  The examiner is

* asked to complete the form step by step
* answer the questions posed, and
* provide additional information as required by examination findings.

***Note***:  The report must have a definite and unambiguous description of the disability for each complaint or claimed condition.

Common features of DBQs include

* a diagnosis section
* medical history
* objective findings
* results of diagnostic testing performed, and
* a remarks section for any necessary explanation.

Additional sections may be found on some DBQs, depending on the specialty involved.

What is an Insufficient Exam?

M21-1, Part III, Subpart iv.3.D.3.a. Insufficient Examination Reports clearly states:

A VA examination report submitted to the rating activity, must be as complete as possible.

Any missing required information on the report makes the examination insufficient for rating purposes.This can include, but is not limited to, the following instances

* The examination report is unsigned.
* The examination report did not address all disabilities for which an examination was requested.
* The required question(s) on the DBQ were left blank.
* The required review of the claims folder was not accomplished.
* Missing information on the report pertinent to the disability under review, such as failure to discuss the impact of musculoskeletal pain on the functional loss of an affected joint.
* A medical opinion is not properly supported by a valid rationale and/or by the evidence of record.
* A requested medical opinion was not furnished.

**Missing Examination Reports**

First review should include:

Verifying all the referred and claimed conditions were examined.

* Compare the conditions listed on the VA Form 21-0819 to the completed examination reports to find any missing exams.
* Compare the exam request to the completed exam reports.

Exceptions: The evidence of record is sufficient for rating purposes.

**Procedure for Missing Exam Reports**

In cases where the MSC identifies missing DBQs (or missing elements required by the DBQ), or the MSC failed to request examination of all conditions listed on the 21-0819, the MSC must obtain the missing exam information before providing the exam results to the PEBLO.

**Examing Facility Error**

Enter an insufficient exam request for any missed exams. Ensure the exam was on the initial request.

**Requestor Error**

If the initial exam request did not include the referred or claimed condition, then enter a new exam request for the missed conditions.

Topic 3: Reviewing Examination Reports for Rating Criteria

**Bruxism Examination Report Review**

Bruxism is defined as excessive grinding of the teeth and/or excessive clenching of the jaw.

Bruxism may not be rated as a stand-alone SC disability. However, it may be considered on a secondary basis as a symptom of a SC disability, such as an anxiety disorder, TMJ dysfunction, or another disability for rating purposes.

If an examination report diagnoses bruxism, then the examiner has to provide the etiology of bruxism.

**Eye Examination Report Review**

Examiners must perform visual field testing using either

* Goldmann kinetic perimetry
* automated perimetry using Humphrey Model 750, Octopus Model 101, or
* later versions of these perimetric devices with simulated kinetic Goldmann testing capability.

If the examination was not performed using the proper testing method or the results are not properly recorded on a standard Goldmann chart as specified in the regulation, then the exam should be returned as insufficient.

**Headache Examination Report Review**

A neurological headache examination report will be considered insufficient if the frequency of prostrating headaches and whether the headaches are migraine-type or non-migraine type are not adequately addressed. These examination reports require clear indication of the frequency of prostrating headaches and whether the headaches are migraine or non-migraine.

**Hearing Loss and Tinnitus Examination Report Review**

A hearing loss and tinnitus examination may be considered insufficient if an opinion was requested by the RO and it is not provided in the report.

Unusual circumstances may arise during the examination where the examiner will have to

* state if there are one or more frequency(ies) that could not be tested (CNT) and enter CNT in the box for frequency(ies) that could not be tested. Then explain why testing could not be done
* provide an explanation of why the use of the speech discrimination score is not appropriate or not performed for the Veteran, and
* state the functional impact of tinnitus.

**Mental Health Examination Report Review**

Mental health examinations can be complex when there are psychological symptoms existing simultaneously with and usually independently of another medical condition, such as PTSD and TBI symptoms of memory loss.

An examination may be insufficient if

* there is more than one mental disorder diagnosed and the examiner does not address the criteria for all the diagnoses
* there is a diagnosis of a mental disorder and TBI, and the examiner did not
* differentiate and list which symptom(s) is/are attributable to each diagnosis, or
* provide a reason that it is not possible to differentiate what portion of each symptom is attributable to each diagnosis, or
* the occupational and social impairment field is not completed

**METS for Heart Conditions Examination Report Review**

The metabolic equivalents of task (METS) score for heart conditions can be provided as an estimate as indicated on the DBQs. If the Veteran has co-morbid conditions that prevents the examiner from estimating the METS, then the

* examiner must indicate why a METS could not be performed, and
* the RVSR or DRO will evaluate the condition based on the examination results.

**Musculoskeletal Report Review for Functional Loss, ROM, and X-rays**

Musculoskeletal joint examinations must address range of motion (ROM) criteria for repetitive motion and flare-ups.

Following the initial assessment of ROM, the examiner must perform repetitive use testing. After the initial measurement, the examiner must reassess ROM after 3 repetitions and report the post-test measurements. The examination is insufficient if the examiner does not repeat ROM testing during the exam and fails to report additional functional loss.

The examiner must address additional functional limitation or limitation of motion (LOM) during flares-ups or repeated use over time, based on the Veteran’s history and the examiner’s clinical judgment.

The examination report must address whether functional ability of a joint is significantly limited during flare-ups (to address the Court’s interpretation of VA’s regulation in *Mitchell*) or when the joint is used repeatedly over a period of time (to address the Court’s interpretation of VA’s regulation in *DeLuca*) because of

* pain
* weakness
* fatigability
* incoordination

If such opinion is not feasible, then the examiner must state so and provide an explanation as to why the opinion cannot be rendered.

***Example***: John Smith reports severe knee pain with repeated use over time when walking back and forth to the store several times a day. During those flare ups, the ability to flex the knee is demonstrated/reported to be 0-110 degrees.

If the clinician is unable to opine based on the claimant’s reported history and knowledge gained by the examination, then an explanation as to why functional loss cannot be determined must be given on the examination report.

The following terms in an examination report may lead to an insufficient examination request

* unaffected gait but walks with a cane
* surgery to joint but scar not addressed
* no arthritis but x-ray states degenerative joint disease (DJD)
* limited ROM but no diagnosis provided.
  + If the ROM is decreased for the affected joint but the ROM is the same on the unaffected joint then this is now the Veteran’s new “Normal” and must be documented as such. Otherwise there is no explanation for decreased ROM.
* pain of joint with exam or movement but diagnosis is “normal joint”.
  + inconsistent statement and the examiner must provide an explanation in remarks section.
* stress fractures: resolved, and
* stress fractures with residual limited ROM, pain.

During review of musculoskeletal exam reports, check to ensure that x-rays were obtained when necessary.

A diagnosis of arthritis must be confirmed by x-ray or other radiographic testing before SC may be established.

Where there is a claim of *non-specific joint pain* in a joint or multiple joints, x-rays will not be provided prior to the Veteran being seen by the examiner. The examiner will determine if x-rays are needed in order to provide a diagnosis consistent with the history and symptomatology. If there is a diagnosis other than arthritis or a diagnosis of no disability, do not return the examination as insufficient merely because x-rays were not provided.

However, if arthritis is *claimed* or *diagnosed*, the examination did not include x-rays and there are no x-rays of the joint at issue, then return the examination as insufficient.

***Note***: Once arthritic changes are shown in a joint, no further x-rays will ever be required for that jointto support a diagnosis of arthritis.

**Nerves Examination Report Review**

Examiners must identify the nerve that best correlates to the area affected even though the condition is a spinal cord nerve condition.

This information will allow the rating decision to address the functional impairment of the area affected.

**PFT Examination Report Review**

Pulmonary function tests (PFTs) are required for most pulmonary conditions unless

* there is a recent study in the Veteran’s records that accurately reflects the Veteran’s current condition, or
* the examiner provides an explanation on the special exceptions listed in 38 CFR 4.96(d)(i) through (iv).

Obtaining and reporting the PFT is only half of the requirement. The other half of the requirement is for the examiner to interpret the PFT in relation to the claimed condition.

PFT test results are found on the Respiratory Conditions (Other Than Tuberculosis And Sleep Apnea) Disability Benefits Questionnaire. ***See Attachment B***

**PTSD Examination Review**

M21-1, Part III, Subpart iv, 4.H.5.c.Handling Insufficient PTSD Examination Reports

Reasons that a PTSD examination report may be insufficient for VA purposes include

* the assessment does not conform to current DSM standards
  + it does not identify or adequately describe the claimed stressor(s), or
  + it does not sufficiently describe symptomatology, social and occupational functional impairment or other facts required by the diagnostic criteria
* the examiner did not discuss the significance of, and reconcile, any differential diagnoses or changes in diagnosis
* the claims folder was not provided or the examiner did not review provided claims folder material
* the examiner did not offer a requested comment or opinion
* the examiner was not sufficiently qualified to render an initial diagnosis as specified in [M21-1, Part III, Subpart iv, 3.D.2.f](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#!agent/portal/554400000001034/article/554400000015812/M21-1, Part III, Subpart iv, Chapter 3, Section D - Examination Reports)
* the examiner did not justify a conclusion that an opinion could not be provided without resorting to mere speculation, or
* the examination was not conducted by a properly-qualified examiner.

***Important***:  A PTSD examination based on fear of hostile military or terrorist activity that links a diagnosis of PTSD to the claimed, uncorroborated event (such as a rocket or mortar attack) rather than to “fear” should not be treated as insufficient on that basis.  Fear (or helplessness or horror) refers to the reaction to the threat or stressor as required under prior versions of the DSM-4.  The requirement of a reaction to the stressor was removed in DSM-5.

**Skin and Scars Examination Report Review**

To ensure a skin or scar examination is not considered insufficient, the sections regarding body surface areas on the skin DBQ would need to be completed. Specifically, the affected areas need

* to be measured to include the length and width of the affected area
* a description of the quality of the skin condition or scar, and
* a description of the percentage of total body surface and exposed body surface affected.

Note: Do not return the skin or scar examination as insufficient to request color photographs if they are not included with the examination report. However, if photographs are included then consider the evidence when evaluating the criteria.

**Sleep Disorders Examination Review**

Sleep apnea must be diagnosed with a sleep study. Review the sleep study to ensure the condition is interpreted in relationship to the claimed condition.

If there is a co-morbid SC condition to the sleep apnea which requires a PFT, like asthma, ensure that such testing was completed.

Sleep disturbances including insomnia may be claimed as a secondary condition, but not inclusively to,

* mental health disorders
* pain experienced from a SC disability, and/or
* signs or symptoms of undiagnosed illness and medically unexplained chronic multisymptom illnesses.

Note: When the sleep apnea DBQ is negative for a diagnosis of sleep apnea, but the examiner provides information about sleep disturbances, then review the report to determine if an additional secondary medical opinion DBQ is required.

**TMJ Examination Report Review**

There is no need to return a TMJ examination to VHA simply because a dentist did not perform the examination. TMJ is musculoskeletal in nature.

Important: As part of the musculoskeletal requirements, the TMJ DBQ requires the examiner to address

* flare-ups that impact the function of the temporomandibular joint
* initial ROM measurements
* ROM measurement after repetitive use testing
* functional loss and additional limitation in ROM, and
* pain (pain on palpation) and crepitus.

**TBI Examination Report Review**

Ensure the initial TBI diagnosis is conducted by a qualified examiner.

The examiner must address

* all the of facets of the TBI diagnosis, and
  + if any facets are left blank, it must be indicated in the remarks section of the DBQ that the symptoms are related to a non-TBI condition, and
  + provide an explanation
* any additional residuals, other findings, diagnostic testing, and functional impact of the diagnosis, and an explanation regarding conflicting diagnoses from medical vs. mental health clinicians must be provided
* other pertinent physical findings, scars, complications, conditions, signs and/or symptoms such as mental, physical or neurological conditions or residuals attributable to a TBI (such as migraine headaches or Meniere’s disease), and
* the functional impact on the Veteran’s ability to work.

A mental health evaluation alone is not sufficient in addressing TBI. TBI examination completed by a medical clinician with input from a mental health examiner need to be completed when attributable signs and symptoms co-exist.

Objective evidence and neuropsychiatric testing may be required when cognitive impairment symptoms are identified. Some examples of cognitive impairment symptomology include

* memory loss, and
* reduced attention, concentration, and executive functioning.

M21-1.III.iv.4.G.2.i. Opinion Evidence and Separate Evaluations of TBI and Mental Disorder

Ensure that sufficiently clear and unequivocal medical opinion evidence exists in the claims folder whenever there is a question of whether TBI and a mental disorder are distinct and can be separately evaluated. Veterans Benefits Administration (VBA) decision makers are not qualified to make such determinations.

The opinion may be provided by either an examiner assessing the TBI or an examiner assessing the mental disorder as long as the individual offering the opinion is properly qualified.

Attachment A: February 2016 IDES MSC Call Notes:

MSC Review of C&P Examination Reports

While it is the responsibility of the DRAS to determine whether examinations are sufficient for rating purposes, MSCs must ensure that examination reports are complete before providing results to the PEBLO or entering the Medical Evaluation End Date in VTA.

MSCs must ensure that all requested DBQs have been completed by the examiner. Further, MSCs should make efforts to confirm that specific testing required by the DBQs has been provided (such as range of motion, pulmonary function tests, radiography reports). Please note that it is acceptable for a DBQ to point towards existing testing or imaging that already exists in the medical record to avoid duplication of procedures; however, the existing information must be noted in the DBQ. OTEEI is currently working with the DRASs to establish a system of communication to allow the DRAS RVSRs to provide support directly to MSCs with questions regarding the completeness of exams. In the interim, if an MSC is unsure if any part of the DBQ is missing and/or required, please contact OTEEI at VAVBAWAS/CO/DES for assistance. Also, when reviewing exam results for completion, the MSC should double check their own examination request to ensure that it included all conditions noted on the 21-0819.

In cases where the MSC identifies missing DBQs (or missing elements required by the DBQ), or the MSC failed to request examination of all conditions listed on the 21-0819, the MSC must obtain the missing exam information before providing the exam results to the PEBLO.

Further, if the MSC identifies any diagnosed condition that is subject to service-connection during this review (particularly in cases involving active-duty Servicemembers), he or she is encouraged to take action to invite a claim per M21-1, Part IV, Subpart ii, 2.A.1.f. to ensure these issues are addressed in the most timely manner.

Important: The DRAS continues to be responsible for determining the sufficiency of exams for rating purposes after the Medical Evaluation End Date has been entered in VTA. For more information regarding actions MSCs must take once all exam reports are complete, see M21-1 III.i.2.D.7.d.

Attachment B: Example of PFT Test DBQ

**Respiratory Conditions (Other Than Tuberculosis And Sleep Apnea) Disability Benefits Questionnaire PFT sections**

