



# Reviewing Examinations for Completeness

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# Purpose and Objectives

- Purpose:
  - Review of the requirements for a VA examination
  - Discuss requirements for sufficient VA examinations
- Objectives:
  - Locate and identify exam reports
  - Identify the components of an adequate examination



# References

- **38 CFR §3.159(c)(4)** - Providing medical examinations or obtaining medical opinions
- **38 .FR 3.306** - Aggravation of Preservice Disability
- **38 CFR §3.326** - Examinations
- **38 CFR §3.327** - Reexaminations
- **38 CFR §4.125** - Diagnosis of Mental Disorders
- **M21-1.I. 1. C** - Requesting Records
- **M21-1.I.1.C.3** - Assisting With Medical Opinions or Examination Requests
- **M21-1.III.iv.3.A** - Examination Requests Overview (Topic 7 Medical Opinions)
- **M21-1.III.iv.3.D** - Examination Reports
- **M21-1.III.i.2.D** – Integrated Disability Evaluation System (IDES)



# Common Processing Delays

- Improper identification of duty status (National Guard, Reserve, Active)
  - Identifying duty status prior to ordering exams helps ensure sufficiency; typically, pre-discharge claims only require **direct service opinions** when complicated duty statuses exist such as National Guard, Reserve, or multiple enlistments
- Generic conditions claimed need clarification, such as:
  - left vs right vs bilateral extremities
  - Individual fingers (index, long, all fingers, etc.) or toes (great toe, little toe, etc.)
- Claimed conditions were not listed on an exam request
- Routine medical opinions needed (**direct** or **aggravated**)



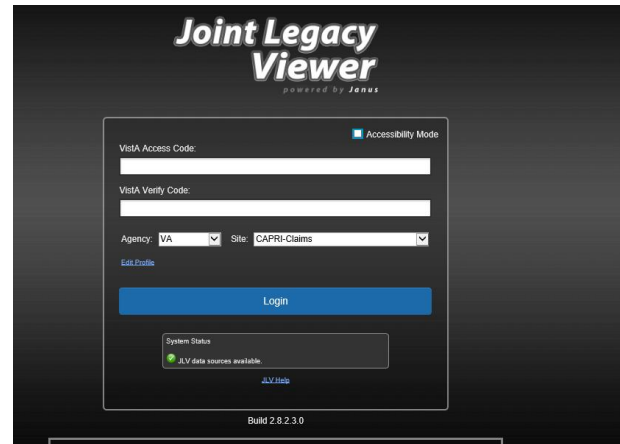
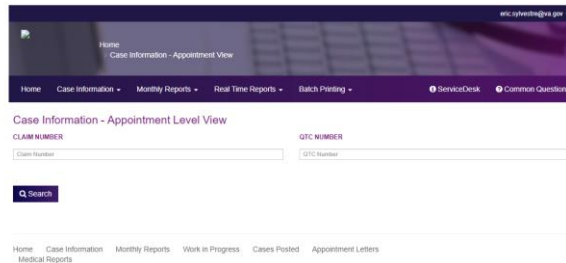
# Common Processing Delays (cont'd)

- Missing Entrance Exam
  - Entrance exams can be material to exam sufficiency when pre-existing conditions are present, necessitating an **aggravation opinion**
  - Review STR's for entrance exams, noting whether multiple enlistment periods exist, ensure entrance exams are present for all active duty periods when possible
  - Scars, pes planus, and joint injuries most commonly appear on the entrance and require an **M.O.**
- Examiner did not complete all required exams, fill out all necessary sections of the exam, or the exam was not completed by an appropriate specialist
  - Occasionally, exams are “missing” from VBMS, but are often still obtainable from the vendor portals (IE. Exam Track)



# Locate and Identify Exams

- Exams should automatically become available in VBMS on completion. If exams are missing, check:
  - CAPRI/JLV (VAMC)
  - Exam Track (QTC)



- QTC is the only contractor servicing IDES/BDD exams within the U.S. VES is the contractor for overseas exams and has different procedures and portals to obtain completed exams.



# Reviewing DBQs

- DBQs provide clear medical language *aligned* with the rating schedule
- Missing or incomplete information therefore directly impacts a rating decision and result in deferrals

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH AN INTESTINAL CONDITION ( <i>other than surgical or infectious</i> )?			
<input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "Yes," complete Item 1B</i> )			
1B. SELECT THE VETERAN'S CONDITION ( <i>Check all that apply</i> )			
<input type="checkbox"/> IRRITABLE BOWEL SYNDROME	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> SPASTIC COLITIS	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> MUCOUS COLITIS	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> CHRONIC DIARRHEA	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> ULCERATIVE COLITIS	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> CROHN'S DISEASE	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> CHRONIC ENTERITIS	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> CHRONIC ENTEROCOLITIS	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> CELIAC DISEASE	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> DIVERTICULITIS	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> INTESTINAL NEOPLASM	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> PERITONEAL ADHESIONS ATTRIBUTABLE TO DIVERTICULITIS. IF CHECKED, ALSO COMPLETE <i>Pertoneal Adhesions Questionnaire</i>	ICD code:	<input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> OTHER NON-SURGICAL OR NON-INFECTIOUS INTESTINAL CONDITIONS:			
OTHER DIAGNOSIS #1:	<input type="text"/>	ICD code:	<input type="text"/>
OTHER DIAGNOSIS #2:	<input type="text"/>	ICD code:	<input type="text"/>
1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO INTESTINAL CONDITIONS ( <i>other than surgical or infectious</i> ), LIST USING THE FORMAT:			
<input type="text"/>			
<b>SECTION II - MEDICAL HISTORY</b>			
2A. DESCRIBE THE HISTORY ( <i>including onset and course</i> ) OF THE VETERAN'S INTESTINAL CONDITION ( <i>Brief summary</i> )			
<input type="text"/>			



# Reviewing DBQs

- Is there a diagnosis?
- Are all the questions answered?
- Did they fill out ranges of motion/symptoms?

SECTION I - DIAGNOSIS	
1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH AN INTESTINAL CONDITION	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (If "Yes," complete Item 1B)
1B. SELECT THE VETERAN'S CONDITION (Check all that apply)	
<input checked="" type="checkbox"/> IRRITABLE BOWEL SYNDROME	ICD code: _____
<input type="checkbox"/> SPASTIC COLITIS	ICD code: _____
<input type="checkbox"/> MUCOUS COLITIS	ICD code: _____
3. DOES THE VETERAN HAVE ANY SIGNS OR SYMPTOMS ATTRIBUTABLE TO ANY NON-SURGICAL	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO (If "Yes," check all that apply)
<input type="checkbox"/> DIARRHEA (If checked, describe)	_____
<input type="checkbox"/> ALTERNATING DIARRHEA AND CONSTIPATION (If checked, describe)	_____
<input type="checkbox"/> ABDOMINAL DISTENSION (If checked, describe)	_____
4. DOES THE VETERAN HAVE EPISODES OF BOWEL DISTURBANCE WITH AB CONDITION?	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, INDICATE SEVERITY AND FREQUENCY (Check all that apply)	
<input type="checkbox"/> Episodes of bowel disturbance with abdominal distress	
If checked, indicate frequency	
<input type="checkbox"/> Occasional episodes	
<input type="checkbox"/> Frequent episodes	
<input type="checkbox"/> More or less constant abdominal distress	





# Checking Exams

## Are all the issues addressed?

### Diagnosis Summary

#### Claimed Condition

Low Back Pain

Scar, Neck

Bilateral Flat Foot

#### Diagnosis

Sacroiliitis- as evidenced by  
Medical History, symptoms, ex.  
No pathology day of exam  
Bilateral Pes planus- as  
evidenced by Exam

### **2. Medical History**

a. Describe the history (including onset and course)  
HISTORY FOR: Skin condition (acne) The date

got a shaving profile. Constant daily shaving was  
HISTORY FOR: Skin condition (tinea capitis) The  
the above condition began due to being in the fi



# Checking Exams

## Are all requested medical opinions completed?

### Mental Disorders DBQ

#### 2. Differentiation of symptoms

a. Does the Veteran have more than one mental disorder diagnosed?

Yes  No

If yes, complete the following question (2b):

b. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?

Yes  No  Not applicable (N/A)

If no, provide reason that it is not possible to differentiate what portion of each symptom each diagnosis and discuss whether there is any clinical association between these diagnoses. remission for four months, is without symptoms, secondary to depression.

### Hearing Loss and Tinnitus DBQ

AT LEAST AS LIKELY AS NOT (50% PROBABILITY OR GREATER) CAUSED BY OR A RESULT OF MILITARY NOISE EXPOSURE  
RATIONALE:

the bilateral recurrent subjective tinnitus is at least as likely as not due to noise exposure as noise exposure was significant during military service.



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# Checking Exams

## Did they include all accessory information?

### Arthritis DBQ

NOTE: For pain, limitation of joint movement and joint deformities, ALSO complete the appropriate DBQ for each affected joint, if indicated. ALSO complete the appropriate DBQ for each affected system, if indicated.

### Eye Conditions DBQ

#### 10. VISUAL FIELDS

Does the veteran have a visual field defect (or a condition that may result in a visual field defect)?

Yes  No (If "Yes," complete the following section:)

NOTE: For VA purposes, examiners must perform visual field testing using either Goldmann kinetic perimetry or automated perimetry using Humphrey Octopus Model 101, or later versions of these perimetric devices with simulated kinetic Goldmann testing capability. The results must be recorded on a Goldmann chart providing at least 16 meridians 22½-degrees apart for each eye and included with this Questionnaire.

If additional testing is necessary to evaluate visual fields, it must be conducted using either a tangent screen or a 30-degree threshold visual field with stimulus size. The examination report must then include the tracing of either the tangent screen or of the 30-degree threshold visual field with the Go size.

a. Was visual field testing performed?  Yes  No

Results  Using Goldmann's equivalent III/4e target



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# Checking Exams

## Commonly Missing Information:

- Pulmonary Function Testing (PFT) (Respiratory DBQs)
  - Was the test performed? If not, does the examiner provide a valid rationale why?

5B. HAS PULMONARY FUNCTION TESTING (PFT) BEEN PERFORMED?  
 YES  NO  
*(If "Yes," do PFT results reported below reflect the veteran's current pulmonary function?)*  
 YES  NO

MOST RESPIRATORY CONDITIONS REQUIRE PULMONARY FUNCTION TESTING, SINCE PFT RESULTS REPRESENT A MAJOR BASIS FOR THEIR EVALUATION. HOWEVER, PULMONARY FUNCTION TESTING IS NOT REQUIRED IN ALL INSTANCES. FOR VA PURPOSES, IF THE VETERAN HAS ANY OF THE FOLLOWING CONDITIONS, PFTs ARE NOT REQUIRED. IF PFTs HAVE NOT BEEN COMPLETED, INDICATE REASON:

Veteran requires outpatient oxygen therapy  
 Veteran has had 1 or more episodes of acute respiratory failure  
 Veteran has been diagnosed with cor pulmonale, right ventricular hypertrophy or hypertension  
 Veteran has had exercise capacity testing and results are 20 ml/kg/min or less  
 Other, describe: \_\_\_\_\_

5C. PFT RESULTS:  
Date of test: \_\_\_\_\_

Pre-bronchodilator:	Post-bronchodilator, if indicated:
<input type="checkbox"/> FVC: _____ % predicted	<input type="checkbox"/> FVC: _____ % predicted
<input type="checkbox"/> FEV-1: _____ % predicted	<input type="checkbox"/> FEV-1: _____ % predicted
<input type="checkbox"/> FEV-1/FVC: _____ %	<input type="checkbox"/> FEV-1/FVC: _____ %
<input type="checkbox"/> DLCO: _____ % predicted	<input type="checkbox"/> DLCO: _____ % predicted

5D. WHICH TEST RESULT MOST ACCURATELY REFLECTS THE VETERAN'S LEVEL OF DISABILITY *(Based on the condition that is being evaluated for this report)?*  
THIS QUESTION IS IMPORTANT FOR VA PURPOSES.

FVC % predicted  
 FEV-1 % predicted  
 FEV-1/FVC  
 DLCO

5E. IF POST-BRONCHODILATOR TESTING HAS NOT BEEN COMPLETED, INDICATE REASON:

Pre-bronchodilator results are normal  
 Not indicated for veteran's condition  
 Not indicated in veteran's particular case *(If checked, provide reason):* \_\_\_\_\_  
 Other, describe: \_\_\_\_\_



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# Checking Exams

## Commonly Missing Information (cont'd):

- Comorbid Delineation (Mental/TBI)
  - Either the mental exam or the TBI exam should contain a medical opinion from the examiner (usually the mental exam) as to whether symptoms of the two conditions overlap. When a TBI has been diagnosed, ensure the mental examiner notates and acknowledges this; it's common for a TBI exam to be completed after the mental, therefore the examiner may answer "not applicable" as they're unaware of the TBI results

<p>3C. DOES THE VETERAN HAVE A DIAGNOSED TRAUMATIC BRAIN INJURY (TBI)?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> NOT SHOWN IN RECORDS REVIEWED   <i>(If "Yes," complete Item 3D)</i></p> <p><i>(Comments, if any):</i></p> <hr/>
<p>3D. IS IT POSSIBLE TO DIFFERENTIATE WHAT SYMPTOM(S) IS/ARE ATTRIBUTABLE TO TBI AND ANY NON-TBI MENTAL HEALTH DIAGNOSIS?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> NOT APPLICABLE</p> <p><i>(If "No," provide reason):</i></p> <hr/> <p><i>(If "Yes," list which symptoms are attributable to TBI and which symptoms are attributable to a non-TBI mental health diagnosis):</i></p> <hr/>



# Checking Exams

## Commonly Missing Information (cont'd):

- ROMs, Deluca, Mitchell, and Functional Impact (All Joint DBQs – Ankle, Knee, etc.)
  - Are all Range of Motion findings present?
  - Occasionally the examiner will not be able to examine ROMs due to significant injuries requiring re-examination at a later date
  - If a diagnosis is strictly pain related, (e.g. “lower back pain”, “dorsalgia”, “cervicalgia”) please ensure the “Functional Impact” section is completed

SECTION XVI - FUNCTIONAL IMPACT	
16. DOES THE VETERAN'S THORACOLUMBAR SPINE (BACK) CONDITION IMPACT HIS OR HER ABILITY TO WORK?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO IF YES, DESCRIBE THE IMPACT OF EACH OF THE VETERAN'S THORACOLUMBAR SPINE (BACK) CONDITIONS, PROVIDING ONE OR MORE EXAMPLES:
<div style="background-color: #e6f2ff; height: 40px;"></div>	



# Checking Exams

## Commonly Missing Information (cont'd):

- Bruxism – this is not a stand-alone SC disability. The examiner has to provide etiology
- Heart examination – metabolic equivalents of task (METs) is required. If the Veteran has comorbid conditions that prevents the examiner from estimating the METs, then the examiner must indicate why a METs could not be performed

### SECTION XIV - METs TESTING

**NOTE:** For VA purposes, all heart exams require METs testing (either exercise-based or interview-based) to determine the activity level at which symptoms such as dyspnea, fatigue, angina, dizziness, or syncope develop (except exams for supraventricular arrhythmias.)

If a laboratory determination of METs by exercise testing cannot be done for medical reasons (e.g. chronic CHF or multiple episodes of acute CHF within the past 12 months), or if exercise-based METs test was not completed because it is not required as part of the veteran's treatment plan, or if exercise stress test results do not reflect veteran's current cardiac function, perform an interview-based METs test based on the veteran's responses to a cardiac activity questionnaire and provide the results below.

14A. INDICATE ALL TESTING COMPLETED PROVIDING ONLY MOST RECENT RESULTS WHICH REFLECT THE VETERAN'S CURRENT FUNCTIONAL STATUS.

*(Check all that apply):*



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# Checking Exams

## Commonly Missing Information (cont'd):

- Eye examination - visual field testing using Goldmann Kinetic Perimetry or other perimetric devices. If exam was not performed using the proper testing or not recorded on a standard Goldmann Chart, exam is insufficient

### 10. VISUAL FIELDS

a. Does the Veteran have a documented visual field defect?

YES  NO (If "Yes," complete items 10b through 10f)

**NOTE:** For VA purposes, examiners must perform visual field testing using either Goldmann kinetic perimetry or automated perimetry using Humphrey Model 750, Octopus Model 101, or later versions of these perimetric devices with simulated kinetic Goldmann testing capability. The results must be documented for at least 16 meridians 22½-degrees apart for each eye. If additional testing is necessary to evaluate visual fields, it must be conducted using either a tangent screen or a 30-degree threshold visual field with the Goldmann III stimulus size, and the results must be documented on the examination report.

b. Was visual field testing performed?  YES  NO

Results  Using Goldmann's equivalent III/4e target

Using Goldmann's equivalent IV/4e target (used for aphakic individuals not well adapted to contact lens correction or pseudophakic individuals not well adapted to intraocular lens implant)

Other (Describe): \_\_\_\_\_

c. Does the Veteran have contraction of a visual field?  YES  NO (If "Yes," complete the following chart):

Meridian	Normal Degrees	Right Eye (OD) Actual Degrees (Cannot exceed the normal degrees)	Left Eye (OS) Actual Degrees (Cannot exceed the normal degrees)
..			



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# Manual Reminder

- Per [M21-1III.i.2.D.7.c](#), MSCs must ensure that all parts of an IDES exam are completed before the Medical Evaluation Stage can be closed

Exam results should be deemed complete only when:

- All claimed and referred conditions have been addressed
- All DBQs indicated on the exam request have been returned
- All DBQs identified as required on the SHA DBQ have been returned, and
- All parts of the DBQ (to include required testing) have been returned



# House Keeping Reminders

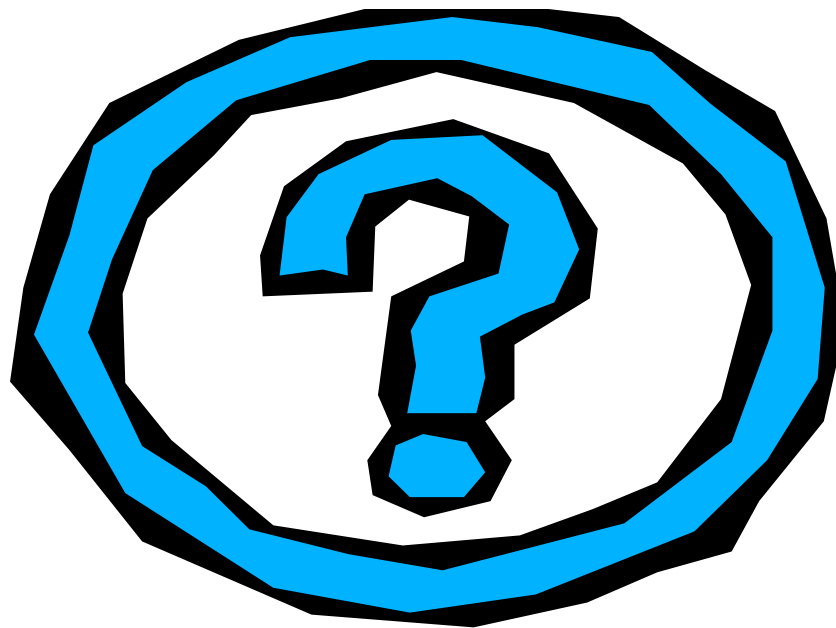
- Whenever possible, encourage the Service member to consolidate claimed issues
  - **Example:** back pain, dorsalgia, and lumbago all typically refer to the same thing and might all be listed on a 526EZ. A best practice would be to only list one of these issues on the claim form or list as (lumbago claimed as dorsalgia and backpain)
  - Some SM's are likely to **still** wish to claim redundant issues; in these instances, reviewing the exam to ensure these issues have been referenced explicitly is important. Even if it seems logical that a claimed issue is related to a diagnosis, the RVSR is more likely to defer because the issue wasn't explicitly listed on the DBQ



# House Keeping Reminders (cont'd)

- When downloading/uploading STRs from JLV into VBMS, please ensure that they are contained in as few PDFs as possible (preferably one). This makes identifying favorable findings for denied conditions more streamlined, thus reducing delays in processing a rating decision





**QUESTIONS?**



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