

*** DRAFT - NOT YET FILED ***

4123-5-18

Medical proof required for payment of compensation.

- (A) Except as provided in paragraph (E) of this rule and paragraph (B)(1)(b) of rule 4123-3-09 of the Administrative Code, no payment of compensation shall be approved by the bureau in a claim unless supported by a report of a physician duly licensed to render the treatment.
- (B) ~~In evaluation of~~ When evaluating the sufficiency of medical proof, the following criteria shall be considered:
- (1) The nature and type of injury or occupational disease;
 - (2) The consistency of the diagnosis with the description of events resulting in the injury or occupational disease, as shown by proof of record;
 - (3) Whether the disability is based solely on the condition or conditions for which the claim is recognized;
 - (4) Whether the disability is based on objective symptoms of disability as a direct result of the injury or occupational disease in the respective claim; "objective symptoms" means those signs and indications which ~~a physician discovers~~ are discovered from an examination of the ~~patient claimant~~, as distinguished from subjective symptoms which ~~the physician learns from~~ are reported by the patient claimant;
 - (5) Whether ~~the physician stated~~ a reason or reasons for the ~~physician's~~ medical opinion are stated.
- (C) Whenever payment of compensation cannot be made due to lack of medical proof, the claimant shall be immediately advised of the necessity to submit appropriate medical proof, ~~as specified in paragraph (A) of this rule.~~
- (D) In cases of continued temporary disability as a result of the allowed injury or occupational disease it shall be the duty of the claimant to submit signed requests for temporary total disability compensation on form C-84 or equivalent and to ensure ~~the physician submits~~ periodic medical reports on form MEDCO-14 or equivalent, completed in accordance with this rule and rule 4123-6-20 of the Administrative Code, are submitted to support disability ~~to~~ and assure regular payment of compensation. Except to correct clerical errors, a previously submitted MEDCO-14 or equivalent shall not be altered, in any manner, and resubmitted to satisfy the requirement of this rule. The frequency of filing such reports depends on

the type and nature of the injury or occupational disease and the degree of disability.

(E) Notwithstanding paragraph (A) of this rule:

- (1) During the first six weeks after the date of injury, medical reports on form MEDCO-14 or equivalent completed and signed by a physician, certified nurse practitioner, clinical nurse specialist, or physician assistant who has examined the claimant may be considered sufficient medical proof to support payment or non-payment of disability for no more than six weeks of disability.
- (2) For subsequent periods of temporary disability, to be considered sufficient medical proof to support payment or non-payment of disability, medical reports on form MEDCO- 14 or equivalent must be:
 - (a) Completed and signed by a physician who has examined the claimant, or
 - (b) Completed by a certified nurse practitioner, clinical nurse specialist, or physician assistant who has examined the claimant and co-signed by a physician who has reviewed medical documentation of the examination of the claimant by the certified nurse practitioner, clinical nurse specialist, or physician assistant.

Effective:

Five Year Review (FYR) Dates: 08/01/2019

Certification

Date

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