

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF WORKERS' CLAIMS

SEVENTH REPORT TO INTERIM JOINT COMMITTEE ON
ECONOMIC DEVELOPMENT AND WORKFORCE INVESTMENT

AUDIT OF PHYSICIANS PERFORMING
EVALUATIONS PURSUANT TO KRS 342.316 (3)(b)4.c

June 03, 2025

Scott C. Wilhoit, Commissioner

Evaluator Performance Audit

The Commissioner is required to audit annually the performance of physicians/facilities performing occupational disease evaluations on referral from the Department of Workers' Claims (DWC). Three (3) areas are to be monitored: (1) completeness of reports; (2) timeliness of reports; and, (3) the frequency with which a physician's interpretation of an X-ray are not in conformity with that of other physicians interpreting that X-ray. In order to assess the performance of the evaluators, the DWC reviewed each report upon receipt and maintained a database/spreadsheet for this purpose. With respect to completeness, all evaluators submitted reports deemed complete in every referral.

With respect to timeliness, reports are to be filed within fifteen (15) days after the examination. From June 1, 2024, through May 31, 2025, Dr. Ammisetty submitted seventy-five (75) reports, twenty-three percent (23%) of which were filed within fifteen (15) days of the examination. The reports filed after fifteen (15) days were submitted, on average, twenty-four (24) days after the examination. The receipt of evaluation reports beyond fifteen (15) days from the date of examination has not materially delayed the resolution of any claims. Dr. Ammisetty, therefore, has substantially complied with the completeness and timeliness requirements.

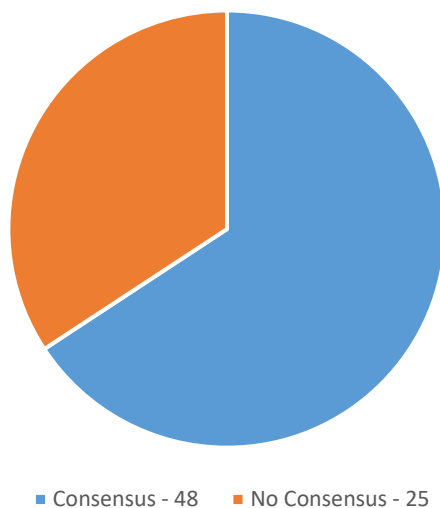
As set forth above, the evaluating physicians do not review and interpret X-rays other than their own. Therefore, a factual basis for determining the frequency with which an evaluator's interpretation of an X-ray differs from that of the interpretation of other physicians "of that X-ray" does not exist. In amending KRS 342.316(3)(b)4.c. to require comparison of X-ray interpretations, the General Assembly essentially imported the same provision from the pre-HB 2 version of KRS 342.794.¹ While such analysis was possible when three (3) members of a consensus panel were reading the same X-ray, once the practice of each physician (parties' experts and DWC-referred evaluators) reviewing and interpreting only his/her own X-ray was implemented post-*Vision Mining*, this provision was essentially nullified. That process has not changed post-HB 2. The frequency with which an evaluator's interpretation of an X-ray differs from that of other physicians reviewing that X-ray cannot be determined.

Statistical Analysis

Although the Commissioner is unable to report on the frequency with which an evaluator's interpretation of an X-ray differs from the interpretation of that X-ray by other physicians, it is possible to provide statistical analysis of post-HB 2 coal workers' pneumoconiosis (CWP) claims activity. From June 1, 2024 through May 31, 2025, Dr. Ammisetty submitted seventy-five (75) reports in claims referred by the DWC for examination/evaluation. In seventy-three (73) of those claims, only the plaintiff's evaluator and the DWC-referred evaluator filed International Labour Office (ILO) reports. Of that group, the evaluators' interpretations were in consensus (*i.e.*, positive for complicated coal workers' pneumoconiosis or in the same major category and within one minor category for simple coal workers' pneumoconiosis) in forty-eight (48) claims. In the remaining twenty-five (25) claims, there was no consensus. Six (6) of the twenty-five (25) claims that were not in consensus, the DWC evaluator diagnosed complicated CWP, whereas the plaintiff's evaluator diagnosed simple CWP.

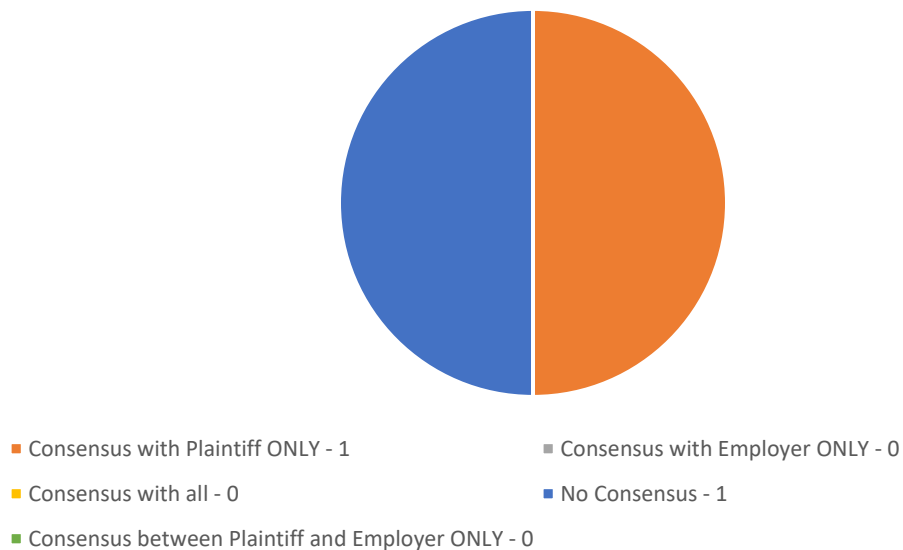
¹ See KRS 342.794(4) (2017).

Dr. Ammisetty's evaluations with only plaintiff filing
X-ray readings (73)



In two (2) claims, the plaintiff's evaluator, the employer's evaluator, and the DWC-referred evaluator filed ILO reports/interpretations. In one (1) claim, the DWC evaluator was in consensus with only the plaintiff's evaluator. In zero (0) claims, the DWC evaluator was in consensus with only the employer's evaluator. In one (1) claim, there was no consensus.

Dr. Ammisetty's evaluations with both parties filing
X-ray readings (2)



Twelve (12) of the seventy-five (75) claims referred for evaluation were interpreted as complicated coal workers' pneumoconiosis or progressive massive fibrosis. In six (6) of the claims, the plaintiff's evaluator interpreted an X-ray or CT scan as positive for complicated coal workers' pneumoconiosis or progressive massive fibrosis, with the DWC evaluator's interpretation in consensus. In the other six (6) claims, the DWC evaluator interpreted six (6) as complicated coal workers' pneumoconiosis or progressive massive fibrosis, while the plaintiff's evaluator interpreted it as simple coal workers' pneumoconiosis.