

4123-5-18 Medical proof required for payment of compensation.

- (A) Except as provided in 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 sufficiency of medical proof the following criteria shall be considered:
- (1) The nature and type of injury or occupational disease;
 - (2) Is the diagnosis consistent with the description of events resulting in the injury or occupational disease, as shown by proof of record;
 - (3) Is the disability rating based solely on condition or conditions for which the claim is recognized;
 - (4) Is the disability rating 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 from an examination of the patient, as distinguished from subjective symptoms which the physician learns from the patient;
 - (5) Did the physician state reason or reasons for his opinion?
- (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 periodic medical reports and the signed request for temporary total disability compensation (form C-84) or an equivalent form or document containing the information on the C-84 form to support disability to assure regular payment of compensation. The frequency of filing such reports depends on the type and nature of the injury or occupational disease and the degree of disability.

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