

## COMPREHENSIVE EYE DISABILITY EVALUATION AND REPORT GUIDELINES

Provide a typed consultative examination (CE Report) within twelve (12) calendar days of the examination.

Provide the DDDS claimant's name, case number, and date of examination on the first page of the typed report. All subsequent pages shall contain the DDDS claimant's name and case number.

Comply with the detail and format for reporting the results of the consultative examination in accordance with the following consultation examination guidelines (including specific information requested on the Examination Authorization (L9CEVCHR)).

(1) **Identify DDDS Claimant.**

- (a) Include the DDDS claimant's case number
- (b) Indicate that the DDDS claimant provided proof of identity by showing a valid and current government photo ID (i.e. U.S. State-issued driver's license, U.S. State-issued non-driver identity card, U.S. passport, U.S. military ID, student or school ID, etc.)

AND

- (c) Provide a physical description of the DDDS claimant, to help ensure that the person being examined is the DDDS claimant
- (2) **Chief Complaint.** State the major or chief complaint(s) alleged as the reason for the inability to work. Describe how the impairment(s) affects function and daily activities. Clarify functional loss by providing specific examples of capabilities and activities of daily living.
- (3) **Review of Records.** Provide a brief summary or list of background material or medical records received and reviewed prior to the examination. A statement should be made if no medical documents were made available for review by the DDDS.
- (4) **History.** Identify the person(s) providing the oral medical history and comment on validity and reliability of the person's reporting.
- (a) Past and Present Illness. This section of the examination report should describe and discuss the DDDS claimant's:
    - i. Date of onset of illness or impairment
    - ii. Progression of symptoms (i.e. birth, injury, illness)
    - iii. DDDS claimant's statement of current symptoms
    - iv. Type and resultant effect of any treatment
    - v. Current Medications (include name, dose, frequency of medication(s), and beneficial and adverse effects)
    - vi. Other significant past illnesses, injuries, operations, and diagnostic procedures (i.e. imaging studies, visual acuity, and visual field measurements) with dates of the events (if related to the ocular history)
  - (b) Typical daily activities
  - (c) Social History. Include only if relevant to ocular disorder.
  - (d) Family History (if pertinent)

(5) **Review of Systems.** Describe and discuss if relevant to the ocular disorder.

(6) **Physical Examination.** Cover every section of the examination. Provide specific information

and be as descriptive as possible. Include direct quotes by the DDDS claimant when appropriate.

- (a) General Appearance and Physical Observations
  - i. Describe the DDDS claimant's general appearance and pertinent actions during the examination (i.e. the DDDS claimant tripped over a trash can and bumped into a chair in the waiting room)
- (b) Best Corrected Visual Acuity. Provide:
  - i. Visual acuity for each eye with and without correction using refraction
  - ii. Lens correction for each eye
- (c) External Findings. Describe:
  - i. Gross findings of the lids, cilia, size of palpebral fissure, any disparity in size
  - ii. Cornea, conjunctiva, and sclera. Include range of motion/mobility.
  - iii. Size and note shape (i.e. round, eccentric, etc.) of pupils
  - iv. Fundus examination. Include visualization, fundus-cup ratio, macular visualization, and findings for both eyes
  - v. Slit lamp examination (cornea and lens at least)
  - vi. Intraocular pressure for each eye. Include device used (i.e. Applanation, Schiottz, or Tono-Pen)
  - vii. Extraocular motions
  - viii. Confrontation visual fields
    - (A) If confrontation fields are not normal, or if there is a history of glaucoma, visual fields are needed.
    - (B) Restricted fields must be confirmed either by Goldmann fields or Humphrey 30-2 fields

**(7) Visual Fields.**

- (a) Include a printout of any visual field test results
- (b) Measurements should be obtained with an automated static threshold perimetry test or kinetic perimetry
- (c) Must use optical projection to generate the test stimuli
- (d) Must have an internal normative database for automatically comparing examiner's performance with that of the general population
- (e) Must have a statistical analysis package that is able to calculate visual field indices, particularly mean deviation
- (f) Must demonstrate ability to correctly detect visual field loss and correctly identify normal visual fields
- (g) Must demonstrate good test-retest reliability
- (h) Must have undergone clinical validation studies by three or more independent laboratories
- (i) If there is a loss of visual acuity or visual fields, the cause of the loss should be documented in the report
- (j) If the vision loss is due to a cortical visual disorder, it must be confirmed by documenting the cause of the brain lesion

**(8) Actual Perimetry Test Requirements.** Must have a:

- (a) White III4e stimulus or equivalent (10dB or greater)
- (b) 31.5 apolstib (10 cd/m<sup>2</sup>) white background
- (c) Strategy of full threshold, SITA-standard or Fast Pack

*\* Goldmann fields or Humphrey 30-2 is preferred. If there is a neurological field defect and Goldmann fields is not available, Humphrey kinetic is useful. \**

(9) **Laboratory and Other Tests.** Do not perform laboratory or other tests unless they have been specifically authorized in advance by the DDDS.

(10) **Diagnosis and Prognosis.**

- (a) Provide a diagnosis and prognosis based on history, the observation during the examination, and results of relevant laboratory or other test(s)
- (b) Include any non-physiological responses to testing
- (c) Do not give diagnoses based solely on the DDDS claimant's subjective complaints, allegations, and/or presumptions

(11) **Medical Opinion** (remaining functional abilities).

- (a) Based on the objective examination findings, provide an opinion of the DDDS claimant's ability to do work related activities despite his/her impairment(s). Work related activities include driving, working with machinery, using a computer, and performing at close range and/or with detailed work.
- (b) A summary opinion that the recorded acuities and fields can be reasonably be expected to result from the medical condition of the DDDS claimant, and any other relevant observation. (i.e. The DDDS claimant claims five-degree fields, but walks around without difficulty)
- (c) A description of the DDDS claimant's cooperation with the visual examination should be noted.
- (d) When reporting restrictions pertaining to visual acuity and visual fields, include observations to substantiate the degree of restrictions such as the DDDS claimant's orientation in different environments (i.e. degree of difficult encountered when maneuvering in strange surroundings).

(16) **Report Signature.** The report is required to be reviewed and signed by the doctor who performed the consultative examination.

- (a) A rubber stamp signature or a signature by another doctor or provider is not acceptable
- (b) It is not acceptable to indicate "not proofed" or "dictated, but not read" on the report
- (c) The performing doctor's name must be typed at the end of the report despite the report being wet-signed or electronically signed
  - i. If the report is to be submitted via Social Security's Electronic Records Express secured website, using the "click and sign" feature is an acceptable electronic signature