

2023 myCasereview Clinician Manual

Anonymous, High Quality, Expert Review

myCasereview is a web-based expert review tool for child abuse medical providers. The intent of myCasereview is to improve documentation and diagnostic accuracy of child sexual abuse evaluations through the anonymous review of cases by our Expert Panel.



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Introduction

What is myCasereview?

This project involves the submission of your sexual abuse cases that have been de-identified of all protected health information (PHI). You may submit normal, no consensus cases and abnormal cases for review. After the submission of each case, you will receive feedback by a reviewer from our Expert Review Panel regarding your diagnostic accuracy and documentation. After receiving feedback from your anonymous Expert Reviewer, you will have the opportunity to share the extent to which you found the review helpful.

Information Needed to Submit a Case

- Patient demographic information
- History
- Physical exam findings
- Genital exam findings
- Anal exam findings
- Photodocumentation techniques
- De-identified clinical image and/or video files - provide a minimum of two images (with at least one anal image) and a maximum of ten images. Acceptable image file formats include BMP, GIF, JPG, JPEG, PNG, TIF, OR QTF, and video formats include MP4, WMV, WMA, ASF, WEBM, FLV, AVI, Quicktime, MOV, AND M4A. You will find additional guidance for de-identifying and labeling these files later in this manual.
- Diagnostic Impression utilizing the Adams Guidelines.

Annual Subscription

The annual subscription rate is \$100 for unlimited case submissions. The charge is per individual clinician. The annual subscription runs on a calendar year, January-December. Each January, clinicians will need to pay for the upcoming year's subscription to continue uploading cases.

HIPAA Compliance

The myCasereview platform complies with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules to ensure all patient information remains protected and confidential ensuring data or information is not made available or disclosed to unauthorized persons or processes. All electronic features and functionality adhere to strict privacy and security rules regarding Protected Health Information (PHI) at three levels:

- 1) Access (administrative) controls;
- 2) Physical safeguards that include physical measures, policies and procedures to protect electronic information systems and equipment from natural and environmental hazards, and unauthorized intrusion; and
- 3) Technical safeguards for authentication, encryption in transit and at rest that protects electronic health information and control access to it.

All participants in the myCasereview program are asked to attest that they have not included PHI on their cases, and the Program Manager verifies that PHI is not included prior to case assignment. Additional details are included later in this manual and also at <https://www.mrcac.org/hipaa-privacy-rules/>.

Step-by-Step Instructions

Registration

To register for myCasereview, visit <https://mrcac.tfaforms.net/249> in your internet browser.

The first page will look like the screen below:

The screenshot shows the registration page for the Midwest Regional Medical Academy. At the top, the logo "Midwest Regional Medical Academy" is displayed in blue and green. Below the logo, there is a navigation bar with "Page: 1 2 3 4", where "1" is highlighted. Underneath the navigation bar, there is a checkbox labeled "Save my progress and resume later" followed by a link "Resume a previously saved form". The main content area starts with a "Welcome!" heading, followed by a paragraph thanking the user for their interest in myCasereview and explaining that their answers will be used to determine eligibility and for quality improvement. Below this, a bold paragraph states that the registration form should only be completed by medical professionals, takes no more than 10 minutes, and leads to a PayPal payment for a subscription. It also provides contact information for Kia Kehrer. A "Please note" section mentions that the program is based on an annual subscription from January to December. Finally, a "Disclaimer" section states that the service is for educational purposes only and is not a replacement for a consultation.

Midwest Regional
Medical Academy

Page: 1 2 3 4

☐ Save my progress and resume later | [Resume a previously saved form](#)

Welcome!

Thank you for your interest in myCasereview, a program of Midwest Regional Medical Academy. Your answers on this survey will be used to determine your eligibility to participate. Your answers also may be used for quality improvement assessment; if your answers are used, your identity will remain anonymous.

This registration form should only be completed by the medical professional intending to use this program. This survey should take no more than 10 minutes to complete. At the end of the registration form, you will be directed to PayPal to complete payment for your subscription. If you have questions regarding payment, please contact Kia Kehrer at kia.kehrer@childrensmn.org.

Please note: This program is based on an annual subscription that runs from January-December each calendar year.

Disclaimer: myCasereview is a service to make child sexual abuse expertise available to all Child Advocacy Center medical providers regardless of location. The service is designed to provide reviews by an expert for educational purposes and is not intended to be used for initial diagnostic or treatment purposes or to serve as a second opinion for a specific case. This service is not a replacement for a consultation or to address issues related to a specific patient.

The registration form (four pages total) will request demographic information, ask about your experience and background, as well as about the photodocumentation equipment you currently use. Finally, it will ask about your familiarity with the Adams Guidelines ([Adams, J., et al. \(2018\). Updated Guidelines for medical care of children who may have been sexually abused. North American Society for Pediatric and Adolescent Gynecology](#)) as these will be used when indicating your diagnostic impression. After entering your responses, you will then click the **Submit** button.

Next, you will be asked to review all of the information you submitted and at this point, you can make any corrections. Once everything looks okay, click **Confirm**. You will be asked to pay the \$100 registration fee at this point, utilizing PayPal. After payment is complete, your browser will direct you to a confirmation page, and you will also receive an email from the MRCAC Medical Academy Program Manager notifying you that your registration has been received and will be reviewed within two business days.

Once your registration has been reviewed and receipt of payment is confirmed, the program manager will send you the Clinician Manual and a unique customized link to begin uploading cases. Soon after that, you will also receive an invitation to Box.com, a HIPAA-compliant file storage system where you'll be able to review feedback on your cases.

Box.com Access

You will receive an email invitation to view your folder in Box.com. If you already have an account in Box.com that uses the same email address you are using for myCasereview, you will be directed to a log in page that looks like the image below. Click on the line that says *Not a part of Children's Minnesota?*



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For more information, please contact Kim Martinez, Program Manager, at 952-992-5278 or kim.martinez@childrensmn.org.

From there, you will be asked to submit your email address and password. Once you have entered that information, you will have access to your Box.com folder.

If you do not already have a Box.com account with the email address you are using for myCasereview, you will be asked to create one. The account creation page will look similar to the image below. Once you create your account, you will be able to access your Box.com folder.

box English (US) 1-877-729-4269

Create Your Account

has invited you to collaborate on "00 Sample Folder"

Signup for a Box account to accept invite

Full Name

Email Address

Password


Confirm Password

Phone Number (optional)

Submit

By submitting this form, you confirm that you agree to our [Terms of Service](#) and consent to the storing and processing of your personal data as described in our [Privacy Policy](#).

You're invited to collaborate on:

 00 Sample Folder

Children's MINNESOTA
Children's Minnesota

Your Box.com folder will serve as your reference center throughout your participation in the program. It contains your account information (including your unique link for submitting cases), the Clinician Manual, a copy of the HIPAA Privacy Rules, and – as

you progress through the program – your uploaded case information and expert reviewer feedback.

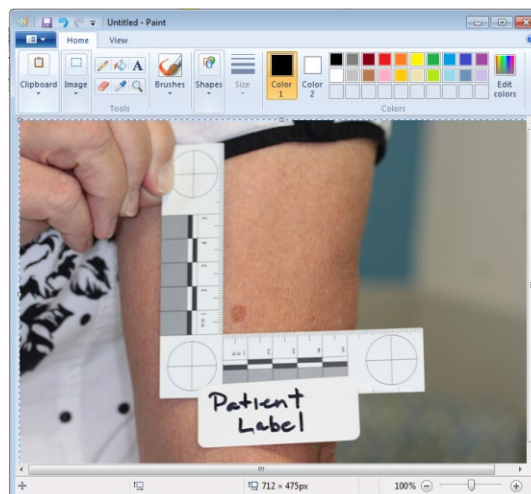
Case Creation: File Preparation

Before submitting each case, it is essential that you remove all Personal Health Information (PHI) from the narrative and any files you intend to upload. The identifiers that qualify as PHI are described at <https://www.mrcac.org/hipaa-privacy-rules/> and are written out in the next section. Remove these identifiers from any text you plan to include in the narrative sections, which include the history provided by the caregiver and/or child, the physical exam, genital exam findings, anal exam findings, and your initial diagnostic impression. Videos, if you plan to share them, should be edited to only the relevant sections requiring review and should exclude PHI identifiers. Images should also be de-identified.

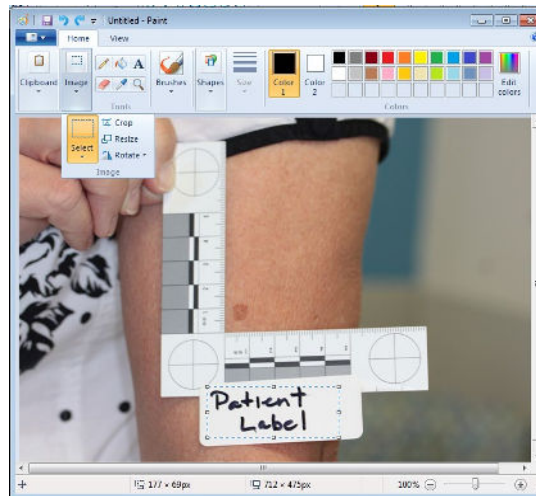
Microsoft Paint® is a simple drawing program built into Microsoft Windows® and can be used to de-identify images before sending them in for review. The examples in this document are from Windows 7®, but Paint in other versions of Windows has similar features. The interface may look a little bit different depending on your version.

De-Identifying Images

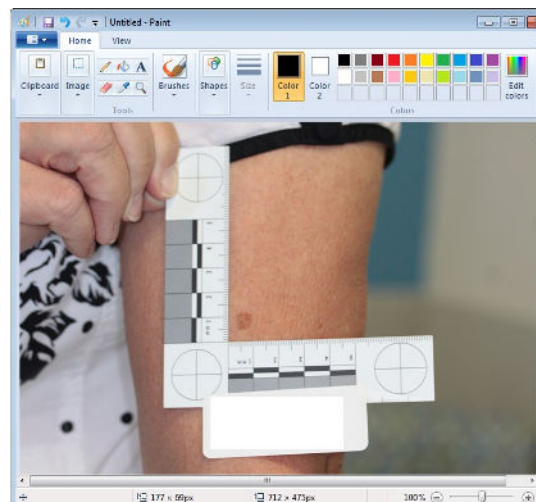
1. Open the image you wish to de-identify in window paint.



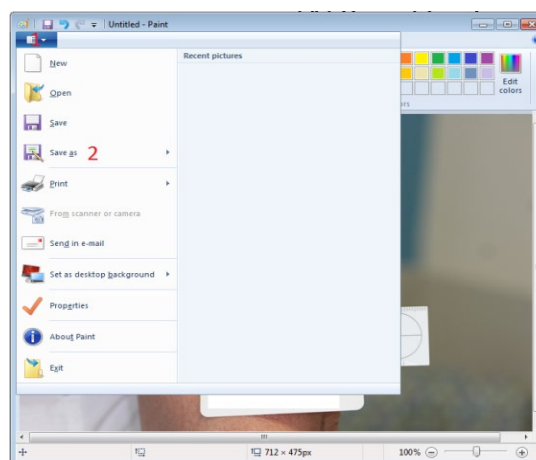
2. Use the *Select* tool to make a blinking rectangle around the patient information.



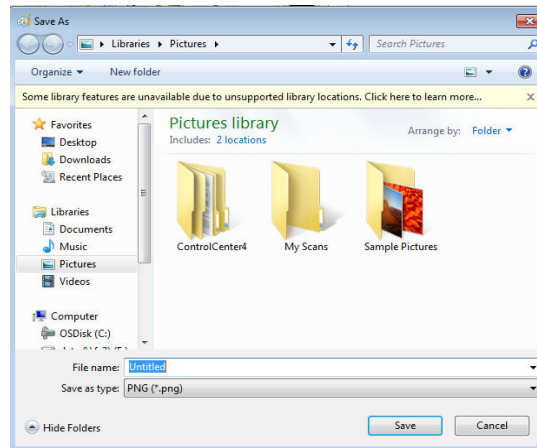
3. Use the *Clipboard / Cut command* or press *Control* and *X* on the keyboard.



4. Verify that all PHI has been Removed. Then *Click File* and then *Save As*.



5. Ensure that **Save as Type** is set to **PNG (*.png)**
6. Select a name and location where the de-identified file should be saved (see file naming conventions in the next section).
7. Click **Save**. The new file you just saved has been de-identified and can be submitted on the website.



Case Creation: Case Submission

When your case materials are ready, click on the case submission link contained in your welcome email or the document saved in/downloaded from your folder in Box.com. If you need to stop before submitting a case, **you must save your work**. You can save it and return to it later using the button at the top of the form or the hyperlink at the bottom:

<p>Top of form →</p> <p>Bottom of form →</p>	<p><input type="checkbox"/> Save my progress and resume later Resume a previously saved form</p> <p>Save my progress and resume later Resume a previously saved form</p>
--	--

The initial page of the case submission link provides guidance regarding the removal of personal health information (PHI) from submitted files and verifies understanding of HIPAA compliance. That information can be reviewed at <https://www.mrcac.org/hipaa-privacy-rules/> and below:

Personal Health Information (PHI) is defined as the following identifiers of the individual or of relatives, employers, or household members of the individual (<https://hipaa.com/?p=1718>):

1. Names

2. *Geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.*
3. *All elements of dates (except year) for dates directly related to an individual, including dates of admission, discharge, birth, and death. For persons > 89 years, year of birth cannot be used.*
4. *Telephone numbers.*
5. *Fax numbers.*
6. *Electronic mail address.*
7. *Social security number.*
8. *Medical record numbers.*
9. *Health plan beneficiary numbers.*
10. *Account numbers.*
11. *Certificate/license numbers.*
12. *Vehicle identification and serial numbers including license plates.*
13. *Device identifiers and serial numbers.*
14. *Web URLs.*
15. *Internet protocol addresses.*
16. *Biometric identifiers, including fingerprints and voice recordings.*
17. *Full face photos and comparable images.*
18. *Any other unique identifying number, characteristic, or code.*

Options for the de-identification of your files for this project:

1. *For a DOC (Word) or DOCX file:*
 - *Manually remove text and re-save as a DOC, DOCX or PDF;*
 - *Print out the report, completely black out the text with a black magic marker, and rescan the document to a PDF.*
2. *For a PDF (Adobe) file:*
 - *Manually remove text using Adobe and re-save as a PDF;*
 - *Print out the report, completely black out the text with a black magic marker, and rescan the document to a PDF.*
3. *For a paper document:*

- *Print out the report, completely black out the text with a black magic marker, and rescan the document to a PDF.*

4. *For a photo:*

- *Manually cut out all portions of photos that include labels with identifying information, full face images, or comparable images.*
- *Refer to [How to Deidentify Images in Paint](#) (in your Clinician Guide and at <http://bit.ly/3545Oil>) for specific editing steps.*

Before submitting each case, clinicians will need to verify understanding of each of the statements below regarding the removal of protected health information:

- ☐ *I have received training and understand my responsibilities under the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules;*
- ☐ *I will remove all of the 18 elements of HIPAA protected health information from both my text and image files before submission;*
- ☐ *I understand that all materials I submit will be reviewed, and any materials found to have Protected Health Information will be destroyed and removed from the project platform, and I will be asked to resubmit properly de-identified files to continue in the project;*
- ☐ *I understand that failure to comply with these rules will result in loss of any files which are improperly submitted, may preclude my participation in the project, and may result in loss of my registration fee and/or civil and criminal sanctions under federal regulations (42 USC § 1320d-5).*

You will then begin entering case information, including demographics.

Please note: This box will be auto-populated with the Case Number. Do NOT enter text into this box.

Case Information



Case Identifier *

DO NOT TYPE IN THIS FIELD

This field should be pre-filled based on your unique case submission link. If this field does not contain a case number, please return to your case submission link and begin again. Make sure that the full link is entered into your browser.

Date of Service *

How much time has passed since the last suspected episode of abuse/assault? *

Please select... ▼



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For more information, please contact Kim Martinez, Program Manager, at 952-992-5278 or kim.martinez@childrensmn.org.

Demographics

Age on date of service: Years *

Age on date of service: Months *

Biological Sex *

☐ Male

☐ Female

Race/Ethnicity

Please select...



History

History provided by the caregiver and/or child: Please provide **brief** historical information that is **pertinent** to this examination or any historical information that may have influenced your diagnostic impression. **Do not copy and paste the entire history and physical.** *

Physical Exam

General Physical Exam Findings: Please provide the **pertinent** positive and negative findings that will assist the reviewer in diagnostic impression of this case. **Do not copy and paste the entire physical exam report.** *

Then, depending on the biological sex you report for the child you examined, you will see the following screens:

Female:

Genital Exam - Female

Tanner Stage *

Please select...

Technique *

☐ Colposcope
☐ Traction
☐ Swab
☐ Foley
☐ Water/saline wash
☐ Direct visualization
☐ Handheld magnification
☐ Labial separation

Position *

☐ Supine frog-leg
☐ Supine stirrups
☐ Supine-knee chest
☐ Lateral dubilus
☐ Prone-knee chest

Hymen type *

☐ Crescentic
☐ Redundant
☐ Annular
☐ Other
☐ Unknown

Speculum *

☐ Yes
☐ No

Bimanual *

☐ Yes
☐ No

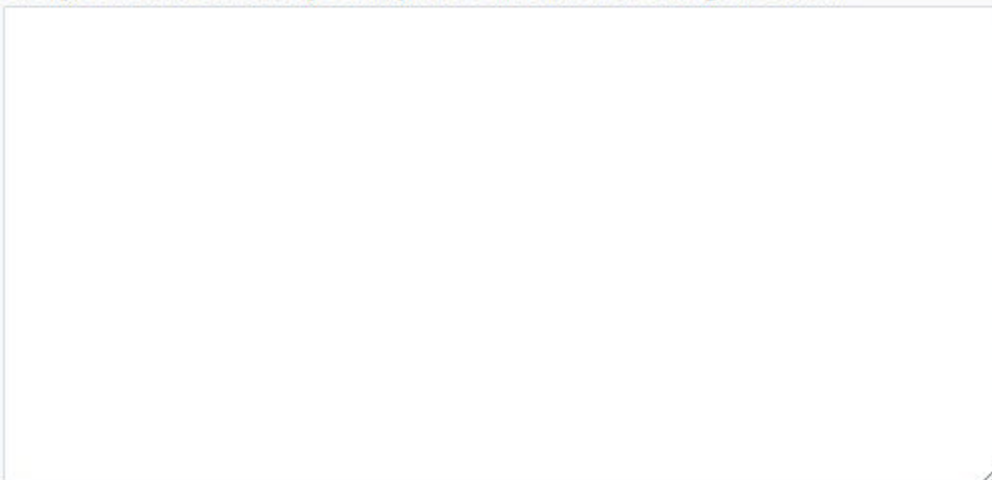
Genital Exam Findings (labia, vagina): *Please provide a detailed description of genital anatomy with location and detailed description of normal and abnormal findings. Please include a description of any concerns or issues you may have encountered during the exam. **



Genital Exam Assessment/Diagnostic Impression *

- ☐ Examination findings are normal, commonly seen in other conditions, mimic abuse or are unrelated to trauma or sexual abuse.
- ☐ No expert consensus regarding degree of significance.
- ☐ Examination findings caused by trauma.

Anal Exam Findings: *Please provide a detailed description of anatomy with location and detailed description of normal and abnormal findings. Please include a description of any concerns or issues you may have encountered during the exam. **



Anal Exam Assessment/Diagnostic Impression *

- ☐ Examination findings are normal, commonly seen in other conditions, mimic abuse or are unrelated to trauma or sexual abuse.
- ☐ No expert consensus regarding degree of significance.
- ☐ Examination findings caused by trauma.

Infections/Lab: *Please add any pertinent laboratory work completed and results. **

Infections/Lab Assessment/Diagnostic Impression *

- ☐ No testing completed
- ☐ No laboratory evidence of infection
- ☐ Infection not related to sexual contact
- ☐ Infection that can be spread by sexual or non-sexual contact
- ☐ Infection caused by sexual contact

Male:

Genital Exam - Male

Tanner Stage *

Please select... ▼

Circumcised

☐ Yes ☐ No

Penis

☐ Normal ☐ Abnormal

Urethral meatus

☐ Normal ☐ Abnormal

Scrotum

☐ Normal ☐ Abnormal

Testes

☐ Normal ☐ Abnormal

Perineum

☐ Normal ☐ Abnormal

Anus

☐ Normal ☐ Abnormal

Tone

☐ Normal ☐ Abnormal

Genital Exam Findings: *Please provide a detailed description of genital anatomy with location and detailed description of normal and abnormal findings. Please include a description of any concerns or issues you may have encountered during the exam.*

Genital Exam Assessment/Diagnostic Impression *

- ☐ Examination findings are normal, commonly seen in other conditions, mimic abuse or are unrelated to trauma or sexual abuse.
- ☐ No expert consensus regarding degree of significance.
- ☐ Examination findings caused by trauma.

Anal Exam Findings: *Please provide a detailed description of anatomy with location and detailed description of normal and abnormal findings. Please include a description of any concerns or issues you may have encountered during the exam. **

Anal Exam Assessment/Diagnostic Impression *

- ☐ Examination findings are normal, commonly seen in other conditions, mimic abuse or are unrelated to trauma or sexual abuse.
- ☐ No expert consensus regarding degree of significance.
- ☐ Examination findings caused by trauma.

Infections/Lab: *Please add any pertinent laboratory work completed and results. **

Infections/Lab Assessment/Diagnostic Impression *

- ☐ No testing completed
- ☐ No laboratory evidence of infection
- ☐ Infection not related to sexual contact
- ☐ Infection that can be spread by sexual or non-sexual contact
- ☐ Infection caused by sexual contact

Then you will proceed with the next page to share the photodocumentation techniques you used:

Photodocumentation Techniques

Which of the following did you use to obtain photodocumentation for this case? Check all that apply. *

- ☐ Digital still camera
- ☐ Digital video camera
- ☐ Digital still colposcope
- ☐ Video colposcope
- ☐ Other

Did you use an external light source when you documented this physical examination?

- *
☐ Yes
☐ No

Did you use a tripod when you documented this physical examination? *

- ☐ Yes
☐ No

The next step is to upload your image files or video clips. You will need to submit at least two (2) and a maximum of ten (10) image/video files. *Remember that a complete examination includes both genital and anal images. Remember to upload at least one anal image in addition to genital images.* Please pay careful attention to the instructions for de-identifying and uploading images/videos. For additional assistance in de-identifying images in Microsoft Paint, visit <http://bit.ly/3545Oil>.

Clinical Images/Video

Instructions for submitting clinical images and videos

- You will need to upload a minimum of two (2) image or video files to submit your case for review. *Remember that a complete examination includes both genital and anal files. Please remember to upload at least one file that demonstrates the entire hymen (if the exam was of a female) and one anal file in addition to individual genital finding files.*
- Remove all identifying information from the images and videos you submit. Instructions for de-identifying images can be found in your user manual and at <http://bit.ly/3545Oil>.
- Remove identifying information from the file names.
- Videos should be edited to only the relevant sections requiring review.
- Acceptable image file formats include .bmp, .gif, .jpg, .jpeg, .png, .tif, or .qtf, and video formats include mp4, wmv, wma, asf, webm, flv, avi, quicktime, mov, and m4a.
- The total size of all uploaded files can not exceed 30 MB. *If your attached files exceed that limit, you will **not** be able to submit your case. You will be asked to remove files before you can complete the case submission. If you need assistance submitting files above the 30 MB limit, please contact Kim Martinez at kim.martinez@childrensmn.org.*

STEP 1: Click the **Choose File** button.

STEP 2: Click on the file on your computer you would like to upload.

STEP 3: Click on the **Next Page** button at the bottom of the page after you have uploaded at least two files.

Upload 1 *

Choose File No file chosen

Upload 2 *

Choose File No file chosen

Upload 3	Choose File	No file chosen
Upload 4	Choose File	No file chosen
Upload 5	Choose File	No file chosen
Upload 6	Choose File	No file chosen
Upload 7	Choose File	No file chosen
Upload 8	Choose File	No file chosen
Upload 9	Choose File	No file chosen
Upload 10	Choose File	No file chosen

Did you include at least one anal image/video? *

☐ Yes

☐ No

Did you include at least one image/video that visualizes the entire hymen? *

☐ Yes

☐ No

Do you believe that the images you uploaded adequately demonstrate the exam findings? *

☐ Yes

☐ No

[Previous Page](#) [Next Page](#)

Once you've uploaded your images/video clips, click ***Next Page***.

On the final page of the case submission, enter your diagnostic impression and attest that you have removed all identifying information from your submitted materials.

Diagnostic Impression

Initial Diagnostic Impression

Overall assessment of the case: *Select any/all that apply. **

- ☐ Examination findings/infection neither support nor exclude sexual contact.
- ☐ Infection supports sexual contact.
- ☐ Examination findings resulting from trauma that support sexual contact based on the history and presentation.
- ☐ Examination findings resulting from trauma that is most likely not related to sexual contact based upon the history and presentation.
- ☐ Unable to determine; need to see patient back for a follow-up examination.

In your own words, please share your overall assessment OR you may copy and paste your assessment from your medical record. *

I attest that all identifying information has been removed from this case including written documentation and photodocumentation. *

☐ Yes

Once you click on the **Submit** button, you will be directed to a page where you can review your answers and confirm your submission. You must click on the **Confirm** button on that page in order to complete your case submission.

[Previous Page](#)

[Submit](#)

Click **Submit** to review your answers, then click **Confirm** to complete your case submission. You will see a new page that confirms your case has been submitted. Then, the expert reviewer will be notified that they have a case to be reviewed.

Expert Reviewer Feedback

Once your case has been reviewed, you will receive an email notification to log in to your folder in Box.com to see your case documents and the reviewer's comments. In that email, you will also receive a link to a brief survey to share your feedback regarding the myCasereview program.

Questions

If you have any questions or concerns, please contact Kim Martinez at 952-992-5278 or email kim.martinez@childrensmn.org.