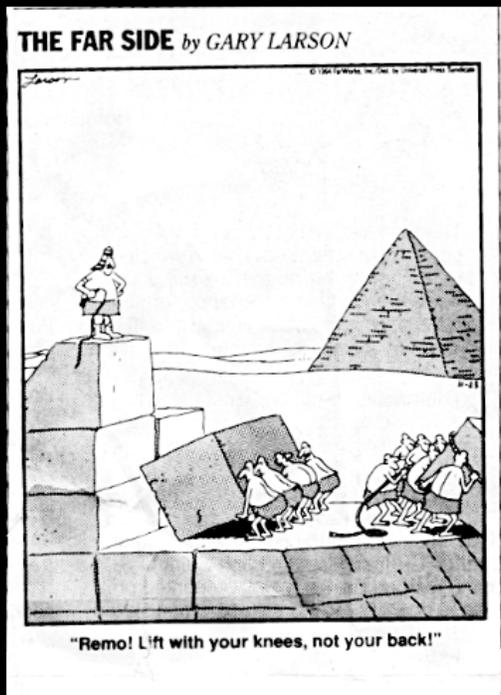
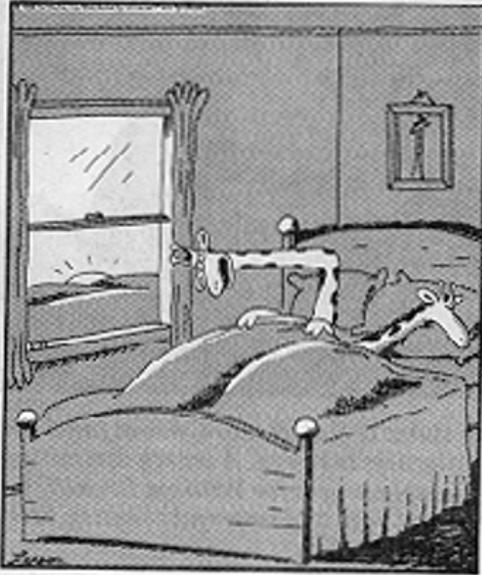


“Remo! Lift
with your
knees, not your
back!”



THE FAR SIDE by GARY LARSON



"Dang! ... Stiff neck!"

"Dang!.....
Stiff neck!"

*A Sports Medicine Physician's Guide to
Understanding the Workers' Compensation
System*

Presented by

Jeffrey Pearson, D.O.

www.medicine-in-motion.com



Reminder:

For those docs who care for professional sports teams, every injury is a Workers' Comp claim.

- may be quite complicated b/c teams play in different cities and states

What's My Disability?



A SUBROSA Production



Contestant #1

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Ic..

The “industrial athlete” concept

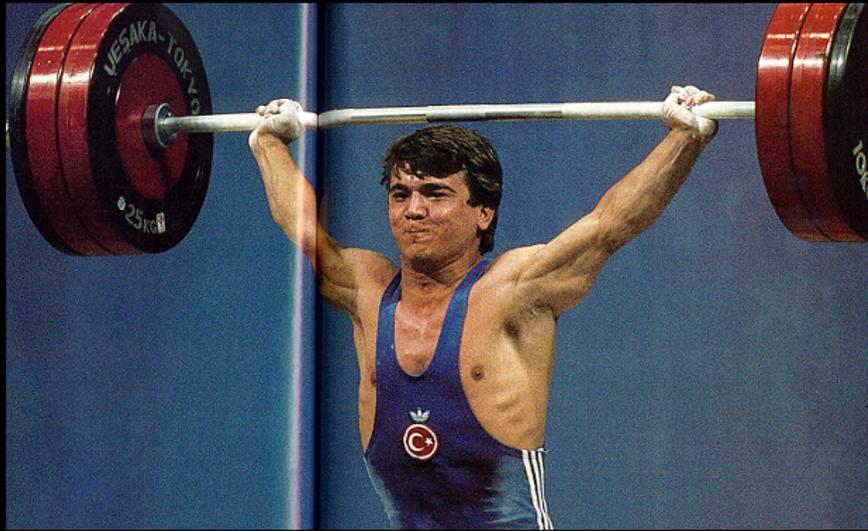


- *Applying the principles of sports medicine to the evaluation and treatment of injured workers.*



A lot of time and money has been spent evaluating athletes to discover ways in which to help them perform better. They've been hooked up to all sorts of machines monitoring their hearts and lungs, strength/endurance, analyzing their diets and whatever supplements they might be taking, etc..

Of course, this is all done with the best of intentions.....utilizing this information, the best athletes may look forward to winning Olympic gold.
(or perhaps lucrative careers earning obscenely high salaries, not to mention millions of dollars endorsing various advertising products.)



Going for the **gold!**

Sports Medicine Approach to the Treatment of Industrial Injuries

- **Advantages:**

- Faster, more efficient return to participation.
- Enhances self-esteem of injured worker.
- **Team physician concept**
 - promotes prevention and overall wellness.



Fortunately, the information gleaned from the athletic studies can easily be applied to the American work force. *Treating these workers as “industrial athletes” offers several advantages:*

FIRST -faster return to participation: the typical athlete wants to get right back into the game ASAP. They generally won't stand for a doctor who tells them to “stay in bed for 3 weeks so that back can heal.” Furthermore, we know that activity promotes more rapid healing and restoration of performance.

And, while Michael Jordan probably wouldn't miss a few weeks of income, not many of us regular folks can go too long, as a result of an injury, without a full paycheck.

SECOND -self-esteem is improved: the sports medicine team serves as cheerleaders in a sense. We ‘psych’ up our athletes every step of the way through their recovery, filling them with positive reinforcement. We do the same for our industrial athletes. [“Doc says he's treating me just like Joe Montana!” or, in San Diego: cómo Péle!]

FINALLY -Team physicians are important. Not only does a good team doc cover events, but we truly become a part of the team. We know our players and coaches.

We understand the personality dynamics around the workplace, as well, and how this may affect a worker's recovery. [It's well-recognized that *an employee who likes their job will return to work faster than one who does not!* Also, if the employees feel comfortable with us, they may start to trust us with such things as the truth of how or when an injury really occurred.]

Going for the
blue plate
special....



What is Workers' Compensation?

- Workers' compensation systems were set up to provide compensation to employees for work-related injuries or illnesses, including medical treatment costs, temporary payment for lost wages, and permanent disability payments that compensate the injured worker for a decreased ability to compete in the open labor market.



Concept of “No Fault”



Before the WC system:

Difficult to obtain treatment for industrial accidents.

- Employers and Employees fought each other. Employers refused to admit fault, hence much litigation. Legal system was all tied up, hence no treatment received for the average “Joe.”

Finally, “No fault” compromise was reached.

- Employers would agree to treat work-related injuries in a prompt manner, but would not have to admit fault. The WC system was to become the exclusive remedy for the care of injured workers. This was supposed to take the litigation out of the process....

Workers' Compensation: Time is money!

- Primary and specialty care
 - testing
 - surgical procedures
- Ancillary providers
 - physical/occupational therapists
 - chiropractors
 - psychologists
 - acupuncture
- Medications and devices
 - Implantable pumps





- Lost wages to employee
- Lost productivity to employer
 - hiring replacement workers vs. increase overtime for others
- Vocational rehabilitation
- Possible increase W/C insurance premiums as result of injury
- Costs of litigation



Types of injuries/illnesses encountered

- 
- 
- Macrotrauma
 - fx's, dislocations, sprains/strains
 - cumulative microtrauma (RSI's)
 - extremities, tension neck/back
 - dermatological, EENT
 - lacerations/wounds
 - cardiopulmonary
 - asthma/reactive airways
 - toxic
 - psychological
 - neurological
 - concussions
 - non-existent

The vast majority of industrial claims involve the musculoskeletal system, particularly the back and upper extremity claims.

Finally She Came Clean To Collect....

Masturbation Award First Of Its Kind?

FORT LAUDERDALE, Fla. – A phone sex operator last month won a workers' comp settlement for injuries sustained while masturbating at work.

While the woman worked for CFP Enterprises Inc. in Fort Lauderdale, she says she developed carpal tunnel syndrome in both hands as a result of masturbating as much as seven times a day. She reports she did the dandy deed(s) while eloquent with specificity accompanied

by visitors to the company's phone sex line.

The woman's attorney, Steven Slootsky, told Reuters that she systematically gave herself orgasms during her conversations. This resulted in carpal tunnel symptoms in her wrists.

Instead of getting specific in her workers' comp claim, he said she told adjusters that she received her repetitive motion injury from repeated use

of the phone.

She claimed weekly benefits of \$267 and asked that she be reimbursed for \$30,000 in medical bills, which resulted from two neurological surgeries to alleviate her pain.

When her claim of repetitive phone usage was challenged, Slootsky says his client was forced to come clean and spill the corporeal cause of her injury. He would not disclose the amount of her award. ▲

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When her repetitive phone use was challenged, she was forced to "come clean" and spill the corporeal cause of her injury.

The amount of the award was not disclosed.

What's My Disability?



A SUBROSA Production



Contestant #2

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|c..

Approach to the treatment of work injuries

- History



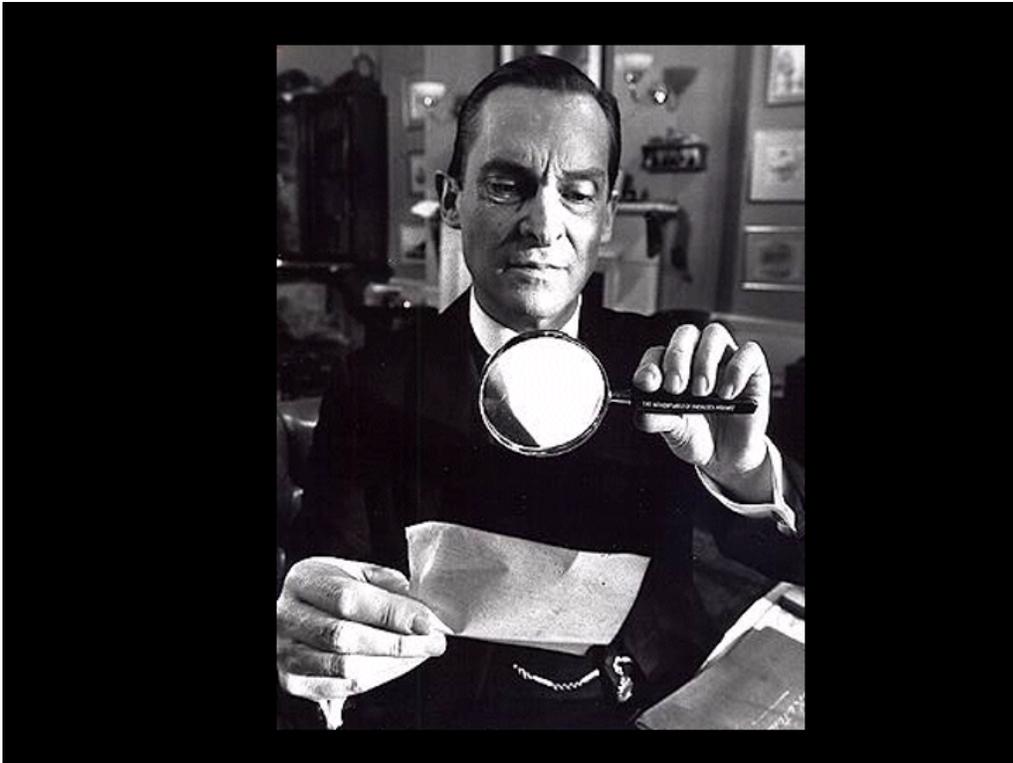
Accurate history is extremely important. Time to ‘play’ Sherlock Holmes, i.e. must pay attention to details.

This is not to imply that we must distrust all of our patients! Rather, just look at things with a critical eye and think to yourself “*Does this make medical sense?*”

It’s very important that the evaluation be conducted in an honest, trusting manner. Studies show that injured workers often face suspicion and negative stereotyping, which can hinder recovery.

Taking an adversarial approach is a good way to lose a patient’s trust. Remember that the vast majority of injured workers are honest and look towards us to take good care of them. Treating them like criminals is simply not good medical practice.

(<http://www.dir.ca.gov/chswc/RTWinCA0701.html>)



Sherlock Holmes should be required reading for all medical students!

Sir Arthur Conan Doyle was a Scottish physician who modeled Holmes after his mentor at the University of Edinburgh, Dr. Joseph Bell! (*Interestingly, Bell consistently denied being the inspiration for the character.*)

Industrial History

- Occupational/job description
 - Date of hire
 - Shift/hours; overtime?
 - 2nd job?
- Hand Dominance
- When, where, and how?
 - Precipitating factors?
 - Protective equipment?
- Treatment thus far
- Current symptoms and work status

Job description:

be familiar with the required activities.

When, where, and how?

Any changes in workstation?

Increase # of hours or overtime?





- Previous injuries to same region(s)
- Previous Medical/Surgical History
 - allergies, current medications, endocrine, neurological, depression, etc.
- Social habits and avocations
 - tobacco, ETOH, substance abuse, hobbies/sports
- Litigation involved?



NON SEQUITUR by WILEY MILLER

WORD ORIGINS...



Physical Examination

- Thorough exam of affected part(s)
 - Note deformities, ROM, strength, stability, ecchymoses, impingement, inflammation, functional tests
- Waddell's signs
 - non-organic contributions to symptoms (symptom enhancing)



Source: <http://www.louisville.edu/sahs/pt/Orthotests/text/waddell.html>

1980 Gordon Waddell, et al developed a standardized assessment of 8 behavioral responses to examination. The presence of 3 or more of these signs may suggest that a patient's pain may be of a non-organic (e.g. supratentorial), resulting in symptom amplification. (The tests were not for malingering, per se.)

Tenderness

Superficial - the skin is tender to light pinch over a wide area of lumbar skin

Non-anatomic - deep tenderness is felt over a wide area and is not localized to one structure; it often extends to the thoracic spine, sacrum, or pelvis.

Simulation Tests

Axial Loading - there is a complaint of low back pain with vertical pressure on the skull of a patient that is standing

Rotation - back pain is reported when the shoulders and pelvis are passively rotated to the same side as the patient stands relaxed

Distraction Tests - a positive finding is demonstrated in the routine manner (e.g. a positive straight-leg raise); this finding is then checked while the patient's attention is distracted (extending patient's leg while sitting).

Regional Disturbances - findings that involve a divergence from accepted neuroanatomy.

Weakness - is demonstrated on formal testing by a partial cogwheel "giving way" of muscle groups

Sensory - sensory abnormalities may fit a "stocking" rather than a dermatomal pattern

Overreaction - this may take the form of disproportionate verbalization, facial expression, muscle tension and tremor, collapsing, or sweating

Testing

- Imaging studies
- NCV/EMG's
- Blood
- Urine
- PFT's
- Exercise treadmill testing



Waddell also pointed out that there are at least three situations in which even multiple behavioral signs should be disregarded as insignificant. These are to include patients:

- with possible serious spinal pathology or widespread neurology,
- patients over the age of 60, and
- patients from ethnic minorities.

Waddell's signs have not been proven to be valid or standardized for these individuals.

Numerous guidelines have been published discussing the appropriate role of imaging and other testing in the WC scenario.

For example, in low back pain, most agree that, in the absence of “red flags” no imaging is indicated.

Assessment



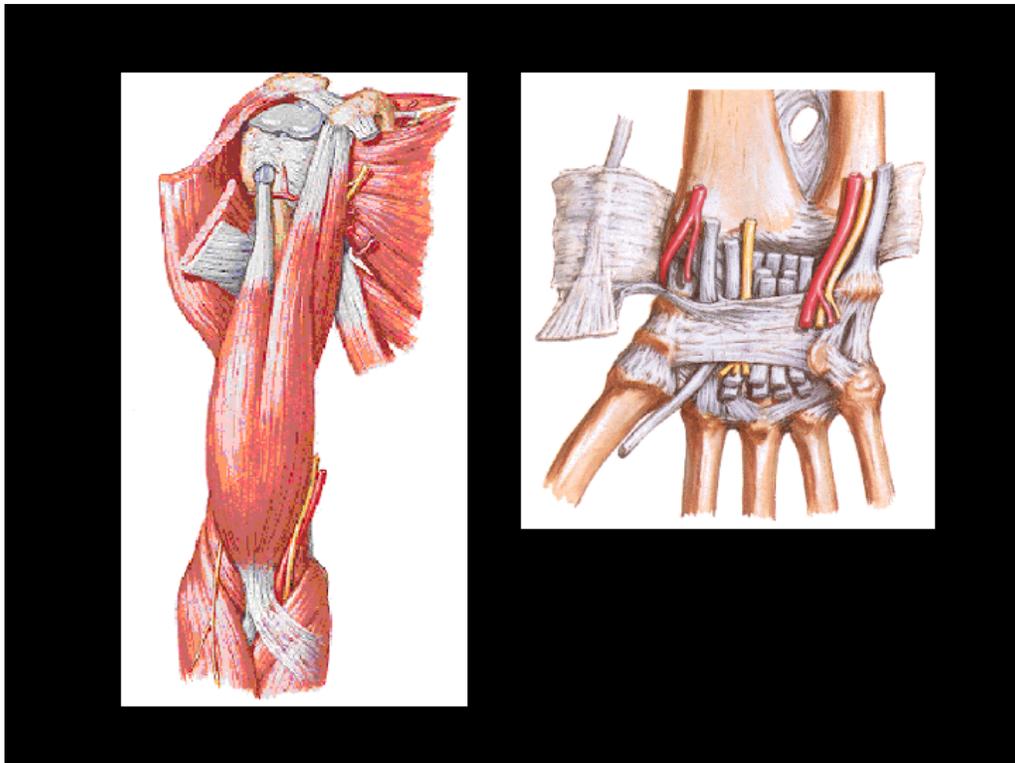
- Extremely important to attempt to make an accurate/reasonable diagnosis of injury or illness.

- Be as specific as possible.

- Body part(s) affected
- mechanism of injury

- Helps in planning appropriate treatment and prognosticates.





Don't assume every hand complaint is carpal tunnel!

An A-C sprain can mimic a rotator cuff problem.

Treatment Plan

- Given a reasonable diagnosis and a reasonable treatment plan, a reasonable person will improve in a reasonable period of time.



A Sports Medicine Approach to Overuse Injuries in the Workplace



www.medicine-in-motion.com

For example of a treatment plan, refer to this talk on my web site at www.medicine-in-motion.com

What's My Disability?



A SUBROSA Production



Contestant #3

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|c..

Documenting what you've done

- Doctor's First Report of Injury (5021)
- Primary Treating Physicians Progress Report (PR-2)
- Permanent & Stationary Report (PR-3)

Remember what we learned from our med-legal courses in med school. If you didn't document it, it didn't occur.

The University of California at Berkley recently published a summary of their findings with regards to returning injured workers back to the workplace. Interviews were obtained with groups of employers, injured workers, insurance adjusters, and occ-med physicians.

Their overwhelming conclusion: it is extremely important that treating physicians know how to write useful medical reports and formulate clear and specific work restrictions.

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your visit to the patient, the injury or occupational illness, and the date of this report to the employer or the nearest administrative law judge, or the nearest employer. Failure to file a timely report may result in a monetary penalty. In the case of a report of an occupational injury or illness, or a case of occupational illness, the report should be filed with the nearest administrative law judge, or the nearest employer, and a copy should be filed with the nearest administrative law judge.

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POST OFFICE BOX

AOE/COE

“Arising out of and in the course of employment.”



- A compensable injury/illness must arise out of employment or while performing activities directly related to required work tasks.
 - Injuries sustained in a MVA while delivering goods would be compensable.
 - Arm wrestling in the break room would not.



*“Can we treat
this as first
aid?”*



First Aid is defined as treatment that could ordinarily be expected to be performed at home.

Follow up visits, single doses of prescription medicine and OTC meds are allowable.

Work Status

- **Regular Work**
 - able to perform usual & customary job functions
- **TTD: *Temporarily Totally Disabled***
 - unable to perform work in any capacity
- **TPD: *Temporarily Partially Disabled***
 - Can perform some tasks, but not usual & customary duties.
("Modified" duty)

Modified duty is always preferable to TTD. Win-win for both employer and employee:

- lots of TTD claims likely to raise employer's premiums.
- TTD doesn't pay employee as well as modified.
 - In CA. no pay until after 3rd day off work, then only about 60% of regular pay (but tax free).

TTD should be last resort.

If employer not able to provide modified duty, automatically TTD.

Frequently Used Work Restrictions

- Weight lifting restriction: ____ #
- No repetitive bending/twisting
- No prolonged standing or walking
- Sit down work only
- No prolonged sitting/awkward static postures
- No climbing, stooping, squatting
- Limited use of L R hand/ _____
- L R upper extremity use only
- No repetitive use of _____
- No repetitive work above chest with R L upper extremity
- No chemical/vapor exposures
- _____

ERROR on original presentation slide: vapor was inadvertently listed as fumes (fumes refers to metals only)

Room for discussion on the meaning of “prolonged”- should we provide specifics e.g. must stop typing every 30 minutes OR use common sense.

Best scenario: employer and employee to work together to see what works best to assure comfort (there needs to be some give and take/compromise).

Voc rehab people will ask the above in a slightly different manner. They want to know what the patient is capable of doing (not restrictions).

Return to Regular Work

- Full active ROM
- Minimal or no discomforts
 - taking minimal or no pain meds
- Full strength/good endurance
- Full function (including proprioception)
- Mental status intact
- *Able to perform required job activities in a safe manner?*





Factors Influencing Return to Work



- Nature of injury
 - minor vs. major
 - *caught early or late?*
- Patient factors
 - personality/mood, cultural factors
 - level of conditioning
 - ***do they like their job?***
- Nature of work
 - fire fighter vs. desk jockey



Cultural factors

- e.g. use of certain words in the history
 - cintura (waist) often used to mean low back [Spanish]
 - mano (hand) often used to refer to the entire extremity.
- perceptions of pain, concept of machismo
- healers



- Financial considerations
 - “paid vacation”
 - impending plant layoffs?
- Modified vs. regular duties
 - difference in pay?
- Employer’s attitude
- Litigation



What's My Disability?



A SUBROSA Production



Contestant #4

..3|



|c..



Most patients get better and return to 100%.

Those legitimate patients that do not are eventually made P&S.

[Permanent & Stationary i.e. reached maximal medical benefit; no significant improvement expected beyond this point.]

These patients will be rated for disability.

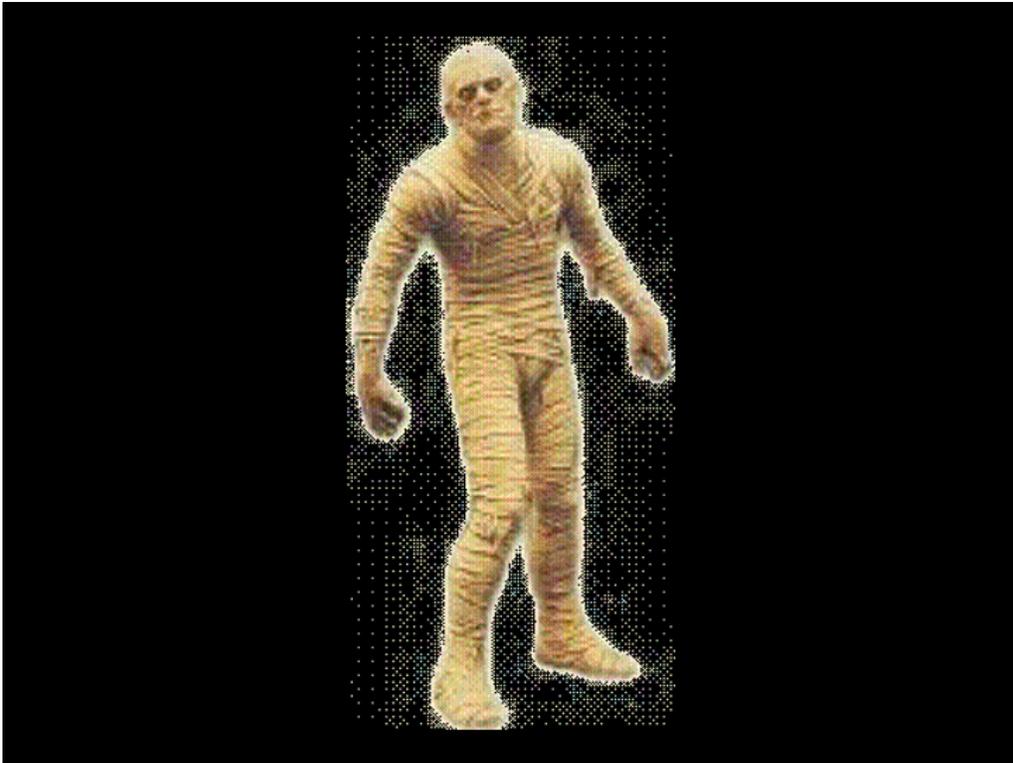
Subjective factors

Objective factors

Age

Open labor market

May be given future medical benefits, etc.



On the other hand, some patients will never get better no matter how much you do for them.

Treatment Failures

- Legitimate Patients
 - wrong diagnoses?
 - wrong treatment plan?
 - non-industrial factors
 - concomitant medical problems
 - Not sticking to modified duty?



- Illegitimate patients
 - *Don't sit on a case - always keep it moving forward. (30 day rule for case control)*
 - Perform further testing or refer to specialty
 - **subrosa**

Subrosa: purpose is to impeach false testimony.

Pearls

- **Communicate**
 - to employee
 - with employer
 - with insurance carrier
 - with specialists, therapists
- **Reporting**
 - prompt
 - detailed/thorough

Good communication is essential. Per the report by the Institute of Industrial Relations University of California at Berkeley:
<http://www.dir.ca.gov/chswc/RTWinCA0701.html>

Under their best practices recommendations:

1. Treating physicians must formulate and communicate clear and specific work restrictions to employee and employer.
2. Employers communicating promptly, openly, and respectfully with injured employees regarding the return-to-work process and methods to find appropriate alternative work.
3. Claims administrators facilitating non-adversarial communication between the injured worker, employer, and treating physician to achieve medically appropriate return-to-work

In California, AB 435 deals with privacy issues.



Make sure that injured worker understands his/her diagnoses and treatment options, as well as their rights under WC. Keep them informed as to what is going on with their claim.

Also, Ergonomics and injury prevention

flexibility, endurance

Encourage them to report discomforts before they get too far along.

Educate yourself:

Be a true team doc:

- Visit companies and learn what they do. Who are the safety people, etc.?
- Do they use any hazardous materials?
- What are their most common injuries? (Can they be prevented?)
- Be familiar with the job descriptions, overtime requirements.

What's My Disability?



A SUBROSA Production



Today's Winner:

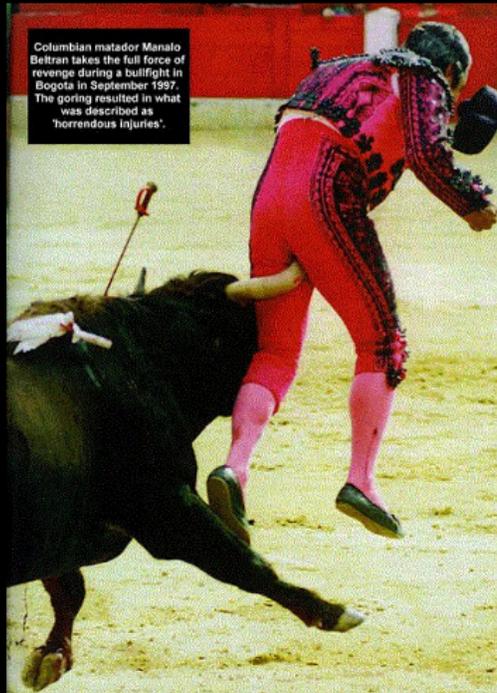
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Thank you!

The End



Thanks for sitting in on this presentation. Hopefully, my points were not as painful as this one!

JP
23 October 01