

Occup Hlth for Urgent Care: “Advanced” : Determining Work Status, Work Comp Fraud , Disability Mgt

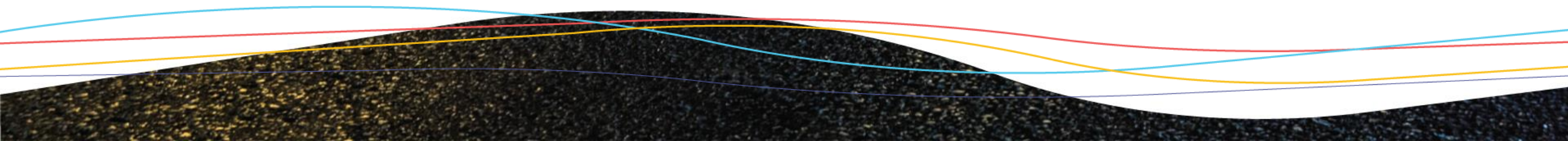
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COLLEGE OF
URGENT CARE
MEDICINE

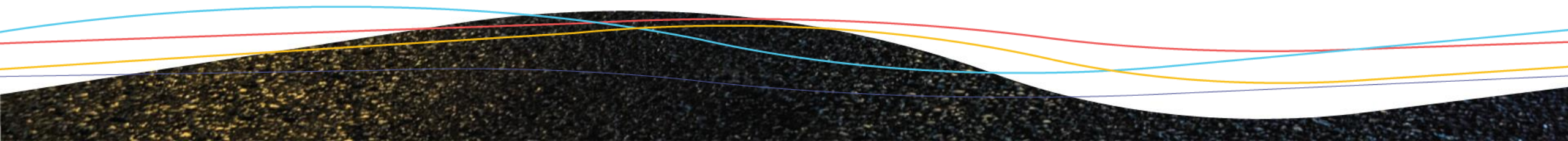
Faculty Disclosures

- None



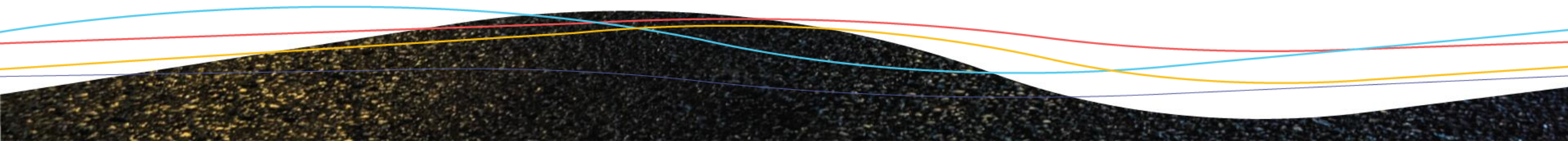
Objectives

1. Explain “return to work” (RTW) program.
2. Demonstrate physical exam techniques when assessing work injuries associated with delayed recovery.
3. Communicate the significance of avoiding temporary total disability (TTD).
4. Identify red flags for workers compensation fraud.
5. Explain the features of disability management.

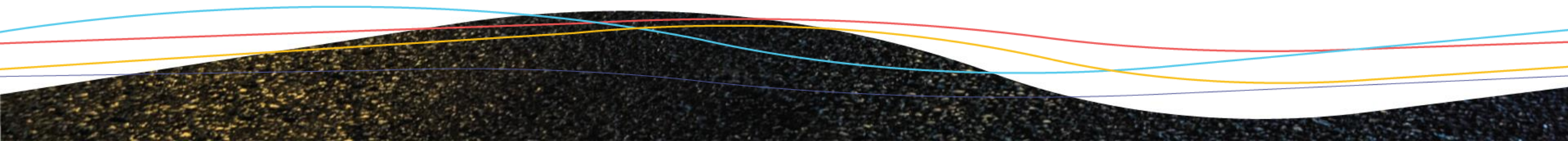


Employer Concerns

- Work status determination
- Appropriate modified duty restrictions
- Move work comp cases along
- Close work comp cases
- Communication with the clinic

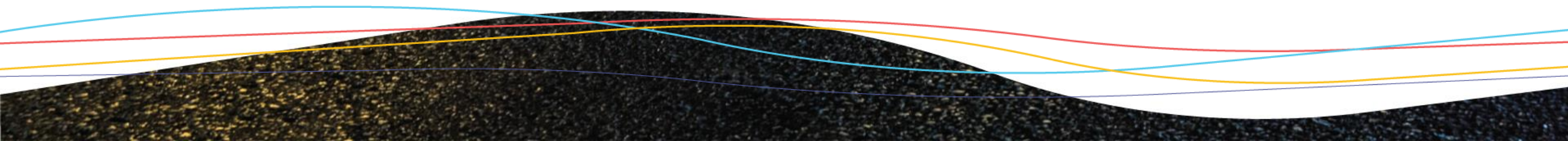


Clinician's Role in Work Comp Care

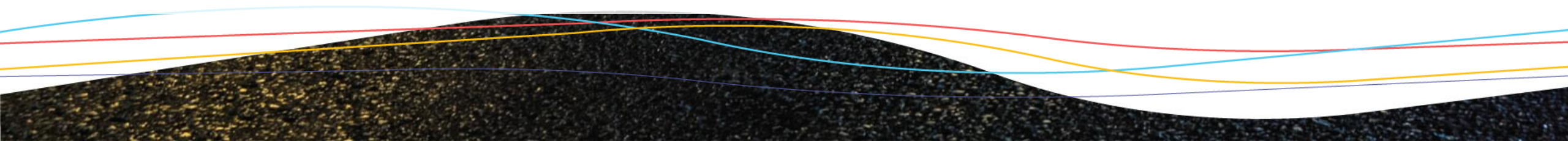


Work Comp Injuries- **History!**

- A worker presents with a documented work injury
- The employer authorizes treatment
- Clinician obtains the patient's history

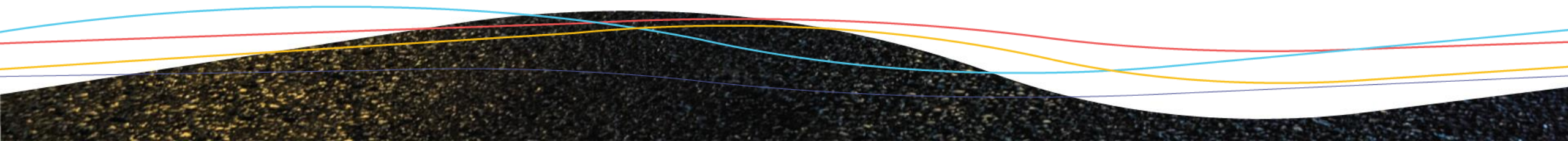


First Injury Reports: History!

- Mechanism of injury: Trauma/strain/spontaneous onset?
 - What were you doing at the time of the accident?
 - Where did the injury occur?
 - What personal protective equipment was used?
 - What specific body parts are affected?
 - When were the symptoms first noticed?
 - When was the injury reported?
 - Previous injuries/surgery to the claimed body parts?
- 

Follow up Reports

- Show clinical progress
- Decreasing work restrictions (increasing work capacity)
- Watch for cases with no progress, expand diagnostic evaluation prn
- Assure that the diagnosis code reflects a f/u visit
 - Example: Lumbar sprain subsequent visit (not initial visit)
- Check the ROS in EMR to reflect changes in patient status



Employee Red Flags (1)

- Injury reporting not timely
- No witness to the incident
- Vague or contradictory description of incident
- Subjective complaints not validated
- Shopping for multiple physicians
- Noncompliant with treatment
- History of multiple WC claims
- Family or friends on disability

Employee Red Flags (2)

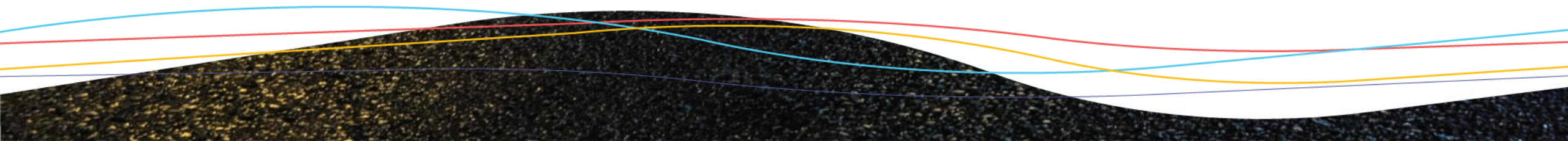
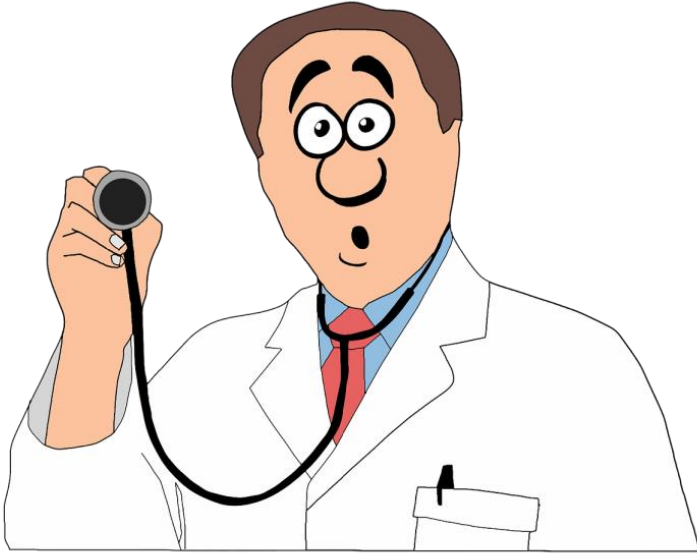
Employment status in jeopardy

- Poor performance - recently counseled
- Seasonal worker near conclusion of job
- Upcoming lay off or strike planned
- Unexplained absences before injury

Domestic issues

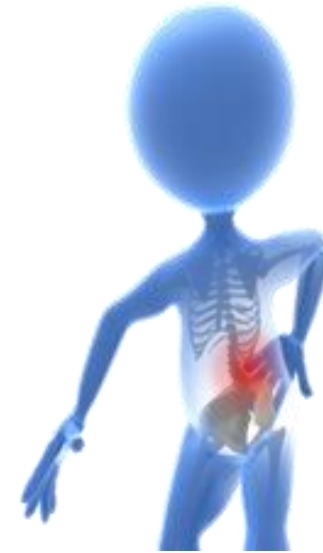
- Childcare requirements
- Remodeling a home
- Vacation request denied
- Shift change required

Work Comp Injuries- Physical Exam



Physical Exam (1)

- Exam (tangential technique)
 - Appearance
 - Gait and movement
 - Removing clothing and shoes
 - Transfer to exam table
- Attention to injured body part
- Distraction exam if necessary



Physical Exam (2)

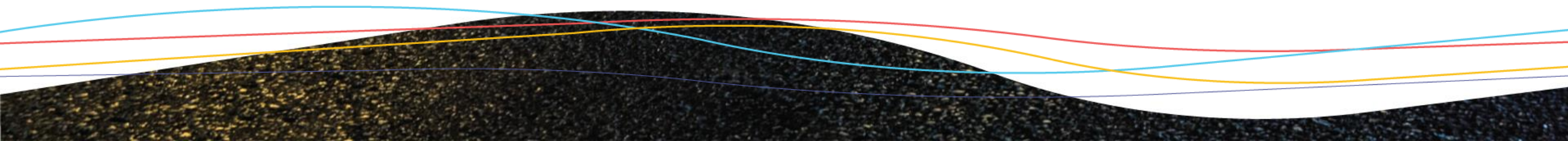
- Inspection of injured body part:
 - Scars
 - Swelling
 - Deformity
 - Asymmetry
- Range of motion
- Strength (consistency)
- Neurological deficits



Physical Exam- Red Flags

- Discrepancy btw claimed distress and objective findings
- Lack of cooperation with physical exam
- Poor compliance with prescribed treatment
- Preoccupation with claimed injury
- Patient response vague or evasive
- Interfering spouse or friend
- Exam not consistent with anatomic patterns

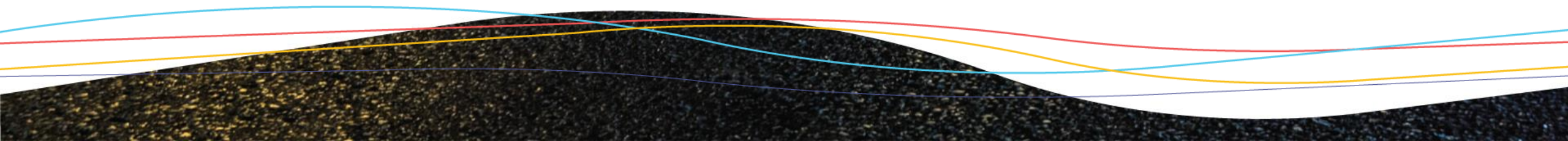
Work Comp Fraud



Work Comp Fraud- Types

Someone lying to benefit financially:

- Employee
- Employer
- Health care provider





**COMMIT
WORKERS' COMP FRAUD,
GET A NEW OUTFIT.**

**Don't do it. Don't tolerate it.
Report it: 800-315-7672**

San Diego County District Attorney

<http://www.countynewscenter.com/news/billboards-warn-against-workers%E2%80%99-comp-fraud>

Occupational vs. Urgent Care Injury

- **Incentives to claim a non-work injury as workers comp:**
 - No copays for work injuries
 - No deductibles for work injuries
 - Time off for medical appointments and therapy sessions

Severe Back Pain on Modified Duty

Note unrelated physical exam findings



On light duty for a work back injury but repairing his car's exhaust system at home.

Severe Back Pain



Patient with severe back pain preparing for the exam

Severe Shoulder Pain



Severe shoulder pain with significant decreased ROM on exam.

Photo does NOT represent a patient

Severe Back Pain



Patient with severe back pain. Who did your toenails?

Ankle Sprain



Severe ankle pain after a sprain.

Addressing Inconsistent Findings (1)

- Do not accuse the patient of “faking” an injury
- Direct confrontation not recommended
 - Patients are emotionally fragile
- Indirect approach
 - Allow patient to save face
 - Explain objective findings



Addressing Inconsistent Findings (2)

- Careful diagnostic testing
- Repeat clinic visits to document findings
- Continuity of care - same clinician
- Explain anticipated healing process to patient



What can Employers Do?



Background Screening

- Criminal background check: Theft, embezzlement, workplace violence
- Drug and alcohol tests
- Verify references
- Credit record



Employee Orientation

- Describe the corporation's philosophy regarding health and safety
- Describe protocol for work injuries and illness
 - Immediate reporting of injuries
 - Supervisor review of the incident
 - Witnesses interviewed
- Describe return to work program



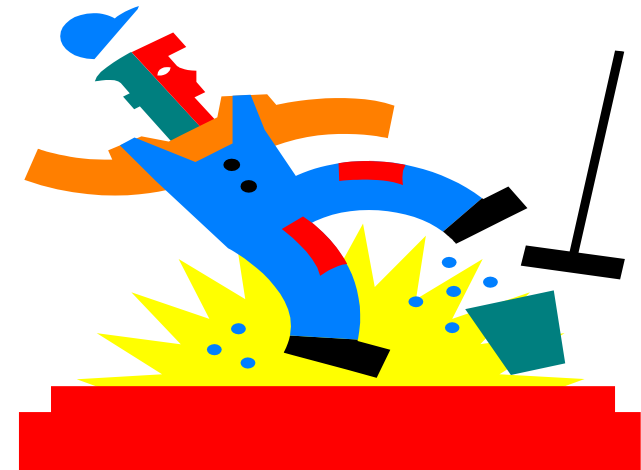
Employer Actions

- Create a safety culture/program
- Incorporate safety into supervisor and mgr performance reviews
- Listen to employee complaints
- Correct safety problems immediately
- Show you care about good working conditions



Accident Investigation

- Work with supervisor to:
 - Identify the cause of the problem
 - Correct the cause of the problem
 - Determine the severity of the injury or illness:
 - The extent of medical treatment
 - The number of missed/restricted workdays
- Interview witnesses



Employer Actions

- Install video equipment
- Maintain a safe workplace
 - Harder to justify “fake” injuries
 - Recognize safe behaviors
 - Include safety as a meeting agenda item
- Have a return to work program
 - Temporary alternative duties



Surveillance



Bulldog PI, LLC Insurance Investigations-



<http://www.ari-investigations.com/>

Clinician Review of Video

- Confirm identity of the injured worker seen in the video
- How many previous exams conducted?
- Describe PE findings seen in the clinic
- Describe discrepancies noted in the video: Range of motion , strength demonstrated, absence of pain signs, endurance, etc.

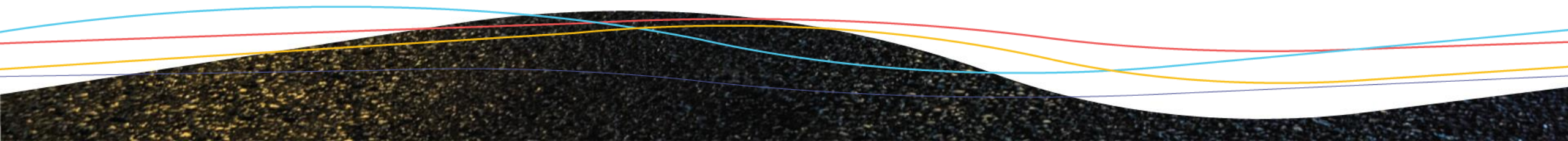
Return To Work (RTW) Restrictions

- **Modified duty (transitional duty, light duty)**

- Encourage return to work during rehabilitation

- **Temporary total disability (TTD)**

- Employee unable to work during rehabilitation



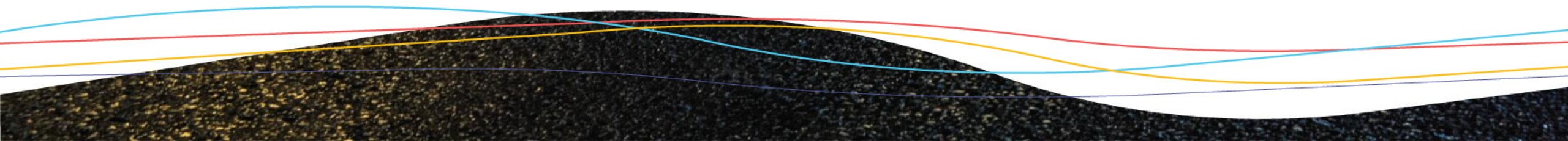
Return to Work (RTW)

- Injured worker may:
 - RTW at regular duty, no restrictions
 - RTW at modified duty with the following restrictions:
 - May not RTW (TTD)
- DOI does not count.



RTW- Clinician's View

- Clinicians do not understand the RTW program
- No formal training in medical school or residency
- RTW mgt not viewed as “medical practice”
- Little tolerance for reviewing data to determine RTW status
- Variability of RTW forms by different companies is frustrating
- Unaware of employers and insurance need for RTW information



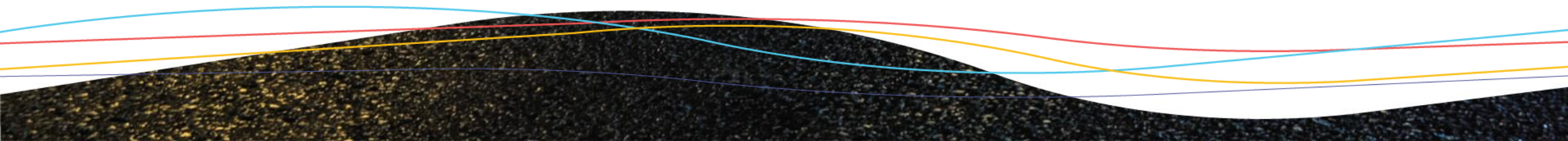
Work Status Reports- Important!

- Sent to the employer describing work restrictions
- Timeliness of submission of work status reports is very important.
- Sent to non-medical people (supervisors)- No medical abbreviations
- Specific work restrictions noted so modified duty can be arranged.
- Restrictions apply to all jobs including other part time work.
- If sedating medications used, address safety sensitive duties: Driving, working at height, machinery, etc.



Return to Work

- Aggressive return to work program
- Documentation sent to employer
- Specific restrictions noted
- Do not just state “*light duty*” - the employer needs specific guidance



Modified Duty- Examples

- Copying/filing/shredding
- Sweep/wiping surfaces
- Checking prices/expiration dates
- Inspecting parts or equipment
- Greeting customers
- Aide or observer
- Fire watch



US Dept of Labor- Definitions

Category	Lifting occasionally (lb)	Lifting frequently (lb)
Sedentary	10	5
Light	20	10
Moderate	50	25
Heavy	100	50
Very heavy	150	75

Duration definitions:

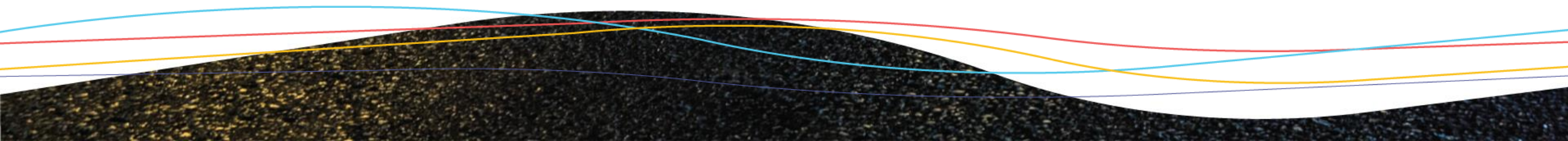
Seldom: < 2% of work day

Occasional: 2% to 33%

Frequent: 33% to 66%

Constant: > 66%

Dictionary of Occupational Titles, 1991



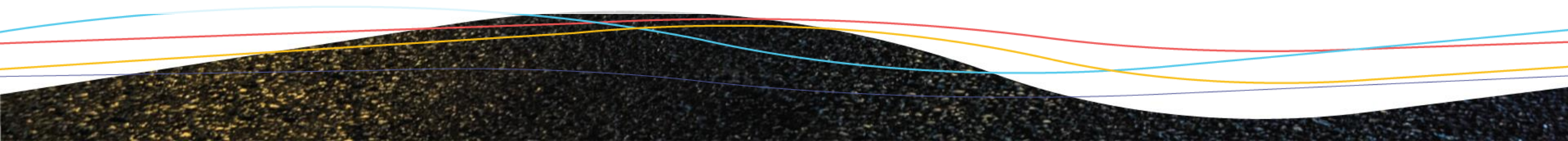
Return to Work (RTW)

- Uncomfortable discussion with injured employee
- Decision is outside of the traditional medical model
- Clinician negotiation with employee not reimbursable
- RTW motivation depends on:
 - Job satisfaction
 - Supervisor relationship
 - Level of discretion at work
 - Psychosocial issues



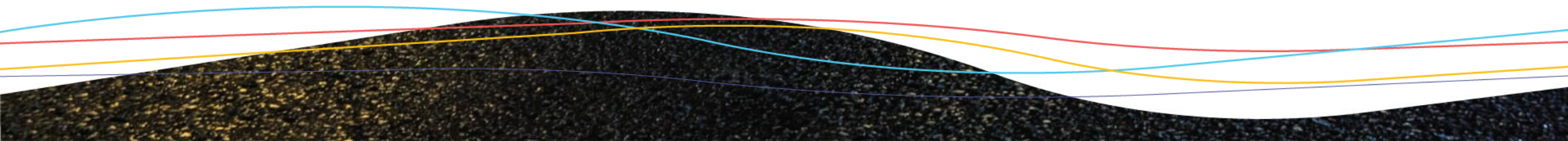
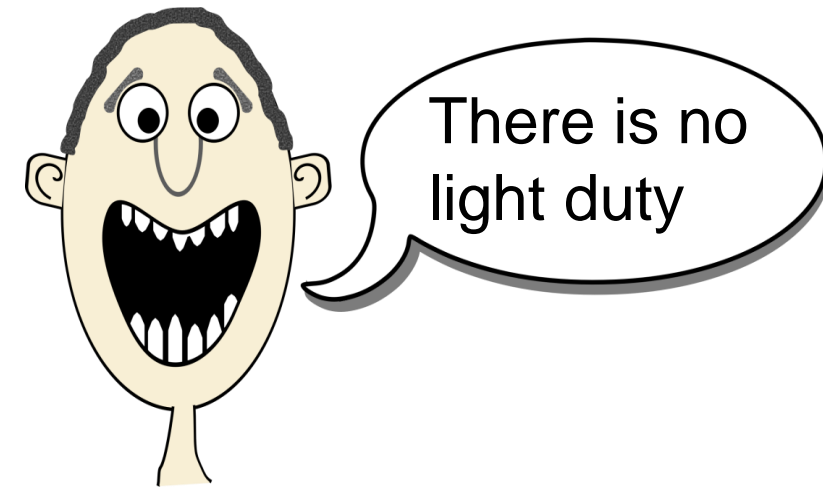
RTW Benefits- Light Duty

- Enhances recovery
- Reduces disability
- Better self image
- Improved ability to cope
- Improved work survivability
- Improved ability to be self-sufficient
- **Decreases unwarranted WC Claims**
- **Workers' Compensation costs decrease 20-40%**



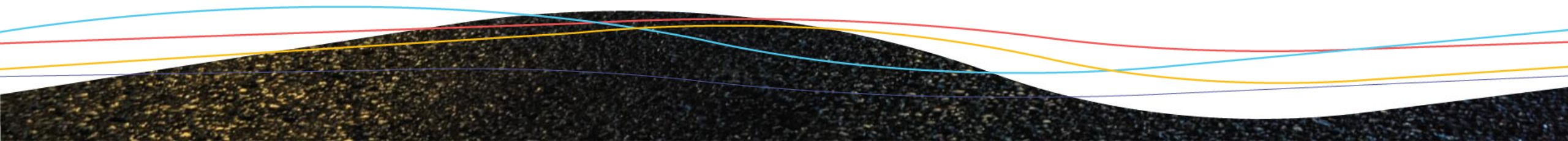
RTW Obstacles

- **Employer:** Transitional duty availability
- **Physician:** Knowledge deficit, beyond medical efforts
- **Legal system:** Award based on deficits
- **Employee:** Motivation, job satisfaction, etc.



RTW Programs

- Many companies with return to work programs do not use them promptly. They are reactive rather than pro-active.
- They do not anticipate the need for transitional work assignments but instead wait to hear what is needed.
- After the doctor writes restrictions, the employer has the responsibility to make arrangements for return to work – but the employer often has no internal resource with expertise, operational processes and budget authority to make it happen quickly.



RTW- *Employee Obstacles*

- Extreme symptom reporting
- Fear of movement and re-injury
- Passive coping strategies
- Negative expectation of recovery
- Uncertainty of the future
- Low job satisfaction
- Low social support at work

Kendall, Burton, Main, and Watson: TSO Books, 2009.

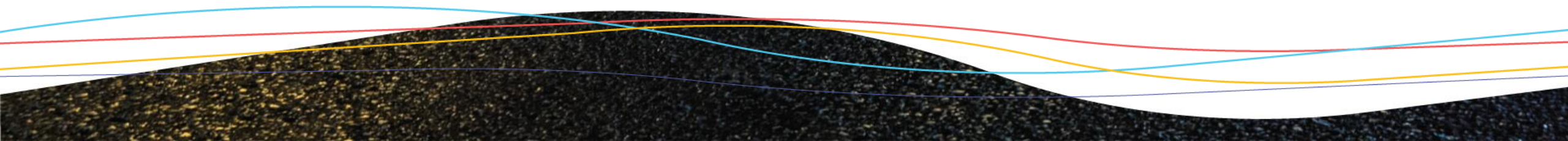
Total Disability

- Return patients to modified work if possible
- Avoid temporary total disability (TTD)
- TTD: Schedule a follow up visit in the near future for discussion of appropriate activity after the period of incapacitation.
- Implications of TTD for the employer
- 60-80% of TTD is NOT medically necessary

Talmage, JB and Melhorn, JM. A Physician's Guide to Return to Work. AMA Press. p. 25. 2005.

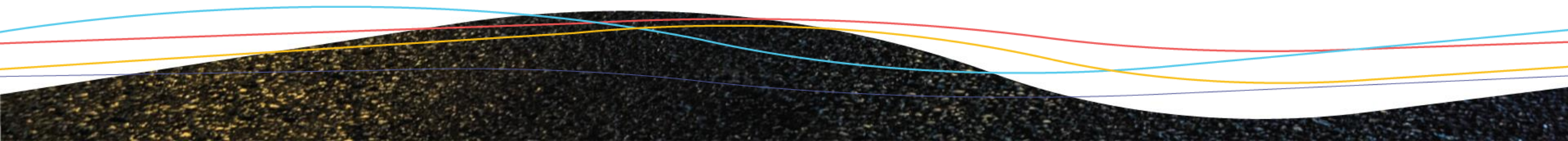
Bedrest Implications: Risk

- Muscle atrophy
- Cardiopulmonary deconditioning
- Bone mineral loss
- Thromboembolism
- Perception of severe illness
- Economic consequences



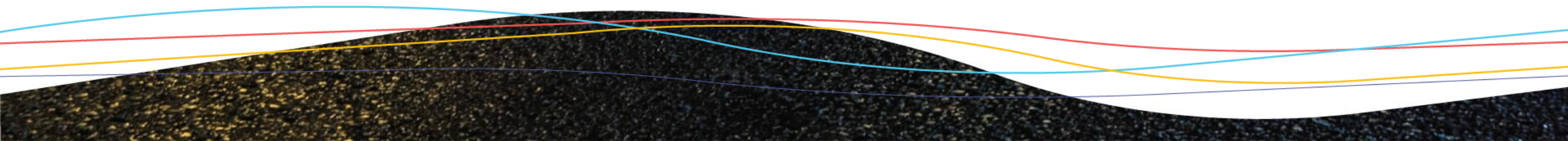
Delayed Recovery: Risk Factors

- Personal/family Hx of prolonged disability
- Symptoms/disability out of proportion
- Perceived exaggerated pain behavior
- Underlying medical conditions
- Job dissatisfaction
- Workplace friction
- Economic or legal factors
- Dysfunctional family dynamics
- Chemical dependency
- History of abuse
- Depression



Delayed Recovery

- Focus on what people can do
- Advice options:
 - Phased return
 - Altered hours
 - Amended duties
 - Workplace adaptation



Disability Management

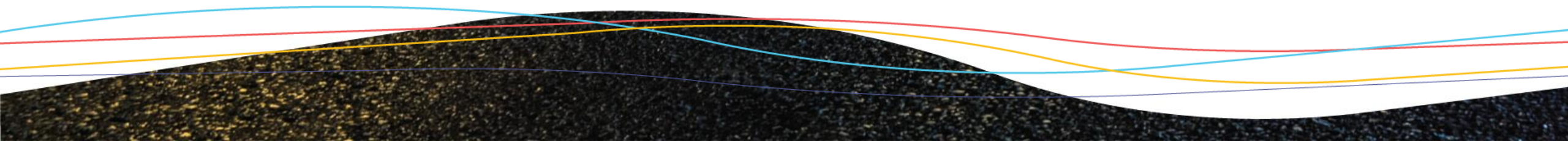
- Prolonged absence from usual roles, including work, is detrimental to physical, mental and social well-being.
- Most physicians have not received sufficient training regarding disability prevention practices as a method of secondary prevention.
- Therapeutic benefit of optimal activity, including early RTW when appropriate.
- Reduction of disease-associated disability.

• Last J. Scope and methods of prevention, In: Last J, Wallace R, eds. Maxy-Rosenau-Last public health and preventive medicine. 13th ed. Norwalk, Conn.: Appleton Lange, 1992:3-10.

• Cassidy S. Principles and practices of disability management in industry [Book review]. J Occup Environ Med 1996;38:1277.

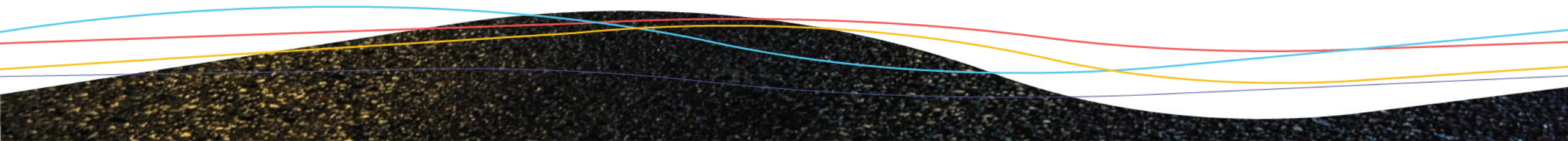
Disability Prevention

- Requires a positive physician-patient relationship.
- Demonstrate a sincere interest by listening closely to patients' concerns, including their perspectives on how the condition may influence their activities and lifestyles.
- Discussing the natural history and prognosis of the illness or injury to alleviate anxiety and encourage discussion regarding lifestyle and activity.
- An activity prescription or plan can help patients remember the details and anticipate changes in activity level.



Disability

- Prolonged disability should prompt diagnostic review and a search for unrecognized psychological or social factors.
- If risk factors for delayed recovery are recognized early, intervention strategies, including appropriate referrals, can be formulated.
- Discussing these concerns with the patient may also lead to insight regarding specific issues, which may diffuse potential problems.



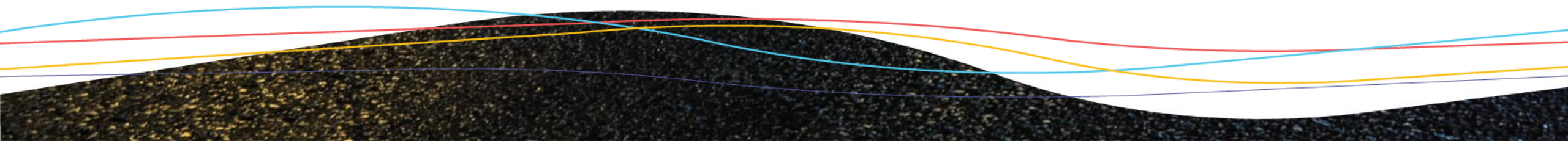
Physician's Role

- Treat the condition
- Appropriate role of patient advocate
- Facilitate health (including resumption of activity)
- Offer proactive advice on the basis of prognosis
- Recognize the patient's social obligations and resources
- Educate regarding the therapeutic benefit of returning to optimal function
- Compassion and understanding combined with firm therapeutic goals

Welter ES. The role of the primary care physician in occupational medicine. In: Zenz C, Dickerson OB, Horvath EP, eds. Occupational medicine. 3d ed. St. Louis, Mo.: Mosby Year-Book, 1994:13-27.

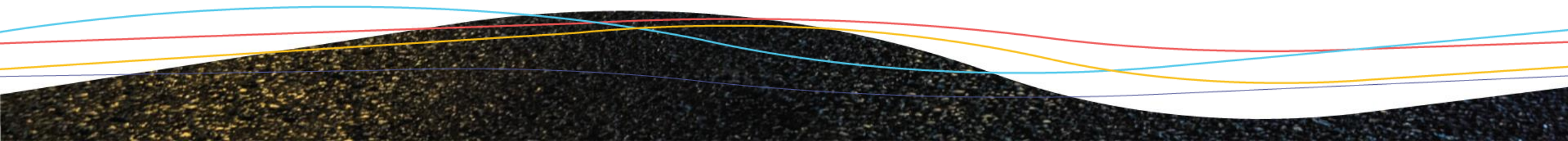
Independent Medical Evaluation- IME

- Insurance company chooses the doctor.
- Resolve disputes about a medical condition.
- Not a normal physician-patient relationship.

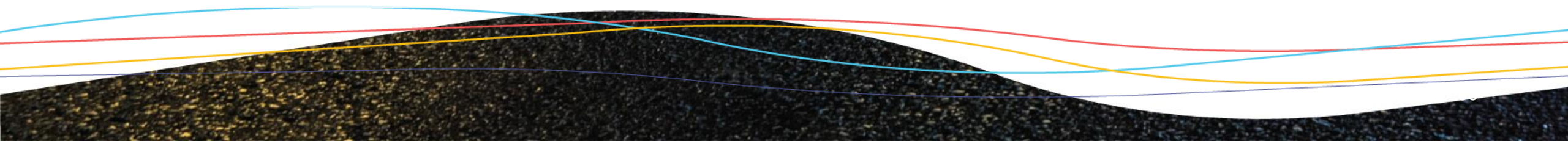


Independent Medical Evaluation

- To remedy disputes about a medical condition in a WC case.
- IME doctors answer questions such as:
 - To establish work-relatedness of a condition
 - Identify the medical treatment necessary
 - Establish the degree of a permanent impairment
- Not a normal physician-patient relationship



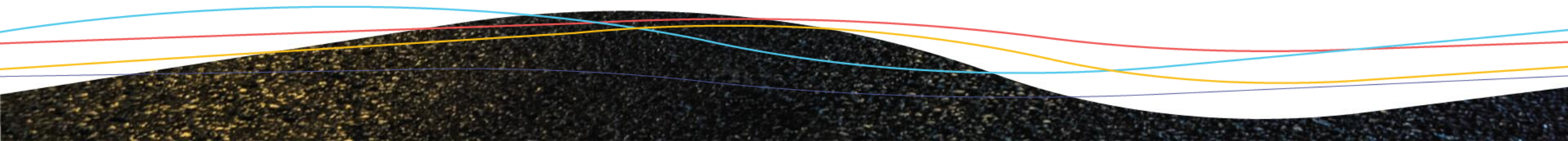
Workers' Compensation System

- **No Fault:** Employer pays benefits no matter who caused the injury, as long as the injury arose out of or occurred in the course of employment (AOE/COE).
 - **Exclusive remedy:** Unless the employer is uninsured, the worker cannot pursue other forms of recovery from the employer, even if the employer was grossly negligent.
 - **State regulated:** Selecting a provider, changing a provider, medical fee schedule, wage replacement rate
 - **Assured/fixed benefit: No limits on the frequency, duration, or extent of medical services.**
- 

Case Closure

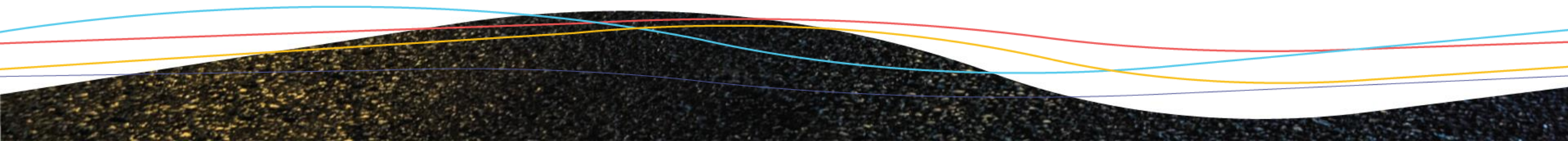
- Important in determining employers WC insurance future premium cost. ? Next 3 years
- Work Comp terminology differs by state
 - MMI: Maximum medical improvement
 - P & S: Permanent and stationary

CASE CLOSED



Take Away Points

- Training regarding the particular differences of providing care for work comp patients would facilitate understanding and acceptance among clinicians.
- Workers' Compensation Fraud can be managed at different levels.
- Disability management is crucial in providing occupational medicine services.





DRIVING **CHANGE** 2023
THE URGENT CARE CONVENTION

