

The Office Visit from A to Z

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Objectives

- 1. Enhance Understanding of Comprehensive Evaluations:** Deepen knowledge of the office visit plays in shaping the trajectory of a work-related injury case, influencing the injured worker's health outcomes, and optimizing their return-to-work process.
- 2. Appraise Legal Documentation Significance:** Attain insights into the critical role of comprehensive office visit notes in influencing case management processes and potential legal proceedings, emphasizing the importance of detailed and accurate documentation in safeguarding legal and procedural integrity.
- 3. Foster Collaborative Synergy:** Develop a deeper understanding of the collaborative dynamics among occupational health professionals, treating providers, case managers, orthopedic specialists, and employer. This collaboration should effectively align treatment objectives and rehabilitation plans to ensure that the patient's return-to-work strategies are efficiently and seamlessly managed.



Mr. Meyer

A FICTIONAL CASE STUDY

Patient Profile:

Name: Mr. Meyer

Age: 48 years old

Occupation: Engineer at a local hospital

Work Environment: Engaged in hands-on technical tasks, including equipment maintenance and installation.

Incident Description:

Jacob, a seasoned engineer, was assigned to perform routine maintenance on overhead medical equipment in the hospital. The task involved prolonged reaching and handling of tools above shoulder height while using a ladder. As he began descending the ladder after completing the work, he experienced a sudden sharp pain in his lower back. The pain intensified with each step down and was accompanied by stiffness and discomfort.



Patient Profile:

Mr. Meyer reported the incident to his supervisor and received first aid from the hospital's occupational health department, where he provided the following information.

NKDA

Meds: Losartan

PMH: Hypertension (controlled), " I have no other medical issues. I did gain some weight since I started this job 6 months ago"

He states he was "fine before the injury" and reports no prior back problems or surgeries.

Patient Profile:

The OHS NP examines him:

Vitals: Blood Pressure: 130/85 mmHg, Heart Rate: 78 bpm, Respiratory Rate: 16 breaths/min, Temp: 98.6°F. BMI: 31, reported pain **severity 10/10**.

Of note: he denies any pain into his legs or changes of sensation, numbness or tingling.

Physical Examination:

- Lower back tenderness: to deep palpation in L4/L5/S1 area
- Limited range of motion in the lumbar spine, likely due to guarding (pain)
- Bilateral negative for leg strength tests (somewhat limited due to guarding), normal reflexes, normal sensation to light touch in both lower extremities

Patient Profile:



Plan:

No indication for imaging, given no assumed nerve involvement based on exam findings and mode of injury.

Given his acute onset reported high pain, he was taken out of work for 4 days and given back exercises to do at home as tolerated and was instructed to avoid prolonged sitting, standing or laying down.

The NP prescribes him 600mg ibuprofen he can take every 8hrs for pain as needed. He looks a bit disappointed. Conservative tx: heat, ice, gentle exercises as tolerated

His follow-up is scheduled on his 5th day after injury.

What is your assessment with the information available at this time?

Work related? Not work related? Not enough info available?

What is missing from your perspective?

From a legal, case management and clinical point of view?

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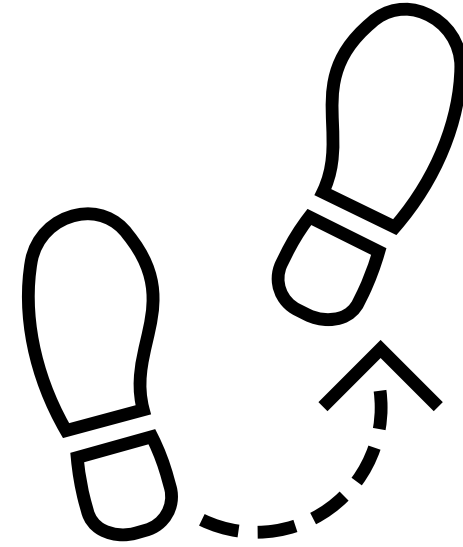
1st Follow-Up visit

The patient returns for his regular scheduled visit. He continues to have pain in his lower back, now rated at 7-8/10 and reports the ibuprofen doesn't help much, but takes "the edge off". He states he feels like there are some ants in his left toes occasionally.

Notable on exam:

LEFT positive straight leg, weakness noted on exam of the extensor hallucis longus. Sensory decreased in L4/L5 dermatome distribution. Increase tenderness in LB. Jacob reports no issues with bladder or bowel function, no saddle paresthesia.

What is an appropriate next step?



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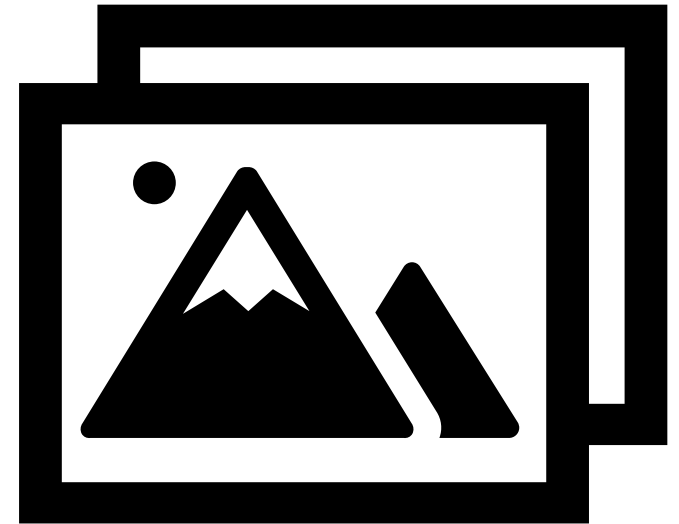
Follow-up after MRI results

Disc Herniation:

Protrusion at L4/L5, left paracentral disc protrusion.

Radiculopathy:

Impingement of the traversing L5 nerve root, and narrowing of the neural foramina



Continued

Conservative treatment failed after 6weeks:

- ESI?
- Consider discectomy?
- Other options?

What if ...

**Underlying condition:
Degenerative Disc Disease**

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- ❑ ***Injured worker had prior work as a HVAC. Had own company for 18yrs. Just recently started working for this new company.***

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- ❑ Underlying condition: Degenerative Disc Disease
- ❑ *Injured worker had prior work as a HVAC. Had own company for 18yrs. Just recently started working for this new company.*
- ❑ ***He shares that he was reading a text message from his daughter, who had her first day at a new high school, when he dropped his phone. As he was getting down the ladder fast and then bending down to pick up the phone, he hurt his back.***

Final thoughts

- Goal is to restore Jacob's health to pre-injury condition
- Key: good communication between stake holders
- Trust: important in relationship between Jacob and his care team, employer, case manager, lawyer.
- The office visit is often the first interaction between an injured worker and the care team and can be the start of a smooth or rocky journey





AUDIENCE QUESTIONS

Thank you!