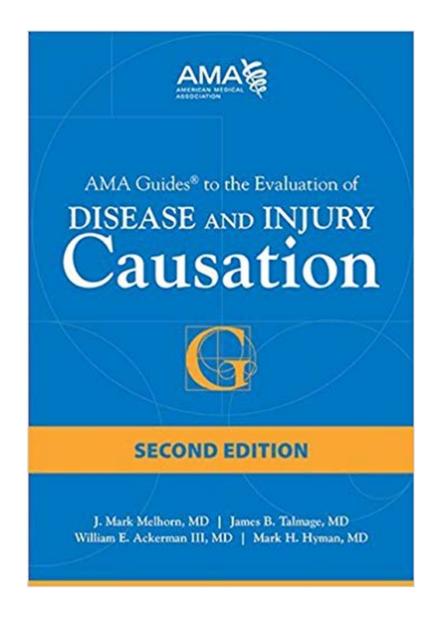


The Occ Med Perspective

Tom Winters, MD Michael Kelley

Tuesday, March 29th, 2022 2:00-2:30 pm

References



Medical vs. Legal Definitions of Causality

Legal Definition of Causality

- Law based
- Depends on burden of proof as defined by law



Medical Definition of Causality

- Scientifically based
- Based on probabilities from scientific literature
- RDOMC, RDOMP, MPTN, POTE



Work related Conditions AOE/COE







Illness

Incorrect Causation Associations

- Post hoc ergo propter hoc
- After this, therefore because of this

Examples

Correlation = Causation

- Fact all persons who died drank water
- Conclusion drinking water causes death



Scientifically based Causation Analysis

Causation may be direct or indirect

- <u>Direct Causal Relationship</u> Action --> Injury
- <u>Indirect Causal Relationship</u> Action --> worsening of pre-existing condition caused by other factors

Non Causal Relationship – Action has no association with condition

Indirect Causation

- Aggravation (permanent)
 - 1% rule in California
 - major cause but not necessarily the predominant cause in Mass.
- Exacerbation (temporary)
- Acceleration
- Precipitation (of latent process)
- Recurrence (without provocative event)



Temporality	Does the cause precede the effect?
Plausibility	Is the association consistent with existing knowledge?
Consistency	Have similar results been shown in other studies?
Strength	What is the strength of association between the cause and effect?
Dose / response	Does increased exposure = increased effect
Reversibility	Does removal of a cause decrease the risk of the effect?
Study design	Is the evidence based on a robust study design?
Evidence	How many lines of evidence lead to the conclusion?

Causal association

- 1) The medical findings of disease or injury are compatible with the effects of a disease producing agent or an injury producing event to which the worker has been exposed
- 2) sufficient exposure is present in the worker's occupational environment to have caused the disease
- 3) the weight of evidence supports the disease as having an occupational vs. non-occupational origin

Medical History

- Current and past medications
- Allergies
- Alcohol and Smoking history
- Hobbies
- Exercise habits
- Employment history
- Psychological history, Social Support, Job satisfaction
- Current and prior medical conditions
- Surgical history and/or previous treatment or diagnostic history



Practical Examples of Causality Determination

Carpal Tunnel Syndrome



Evidence based causation

- Keyboard activities: insufficient evidence
- Vibration: low risk
- Highly repetitive work alone: depends on definition of repetitive
- Forceful work: very strong evidence
- Awkward posture: low risk
- Combination of risk factors (force and repetition, force and posture): very strong evidence

Confounders for CTS

- Diabetes very strong evidence
- Dominant hand *insufficient evidence*
- Comorbidity very strong evidence
- Smoking *low risk evidence*
- Genetics very strong evidence
- Alcohol consumption insufficient evidence
- Wrist ratio some evidence
- Hobbies some evidence for gardening and knitting



Knee Osteoarthritis



- Knee OA or DJD is most common form of arthritis
- Increased prevalence with age
- Comorbities can contribute excessive weight, genetics, mechanical factors

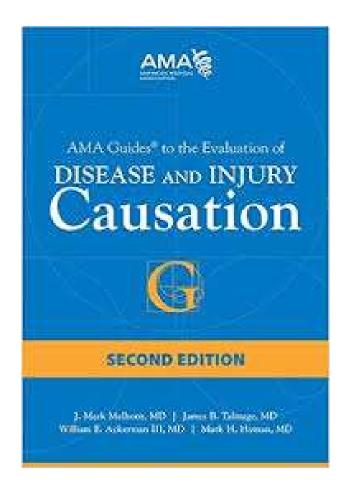
Case Examples

References

"Work-Relatedness"

- William W. Greaves, MD, MSPH, Rajiv Das, MD, MPH, MS, Judith Green McKenzie, MD, MPH, Donald C. Sinclair II, JD, and Kurt T. Hegmann, MD, MPH
- JOEM Volume 60, Number 12, December 2018

References



Thank you

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