

Dissection of Worker Comp Injury: The Team Approach

Dr. Phil Adamo, Dr. Phil Parks,
Alice Hathaway, Margo Mello & Joan Balkus

*Work Related Injuries Workshop
June 2015*

Case presentation

- 48 year old nuclear medicine technician sustained an injury in July 2006. She claimed she injured her low back while moving a patient with a broken hip from his bed to the image table.
- History of low back problems for 17 years
- History of Fibromyalgia

Role of the Primary Provider

- Evaluation of the injured worker as soon as possible following the injury; complete H & P
- Education regarding symptoms and physical examination findings; i.e., what are “concerning” features of low back pain
- Evidence-based discussion of diagnostics (x-ray, MRI, discography)
- Evidence-based discussion of interventions (Early physical therapy, NSAIDS, ESI, Surgery)
- Coordination with employer/manager, adjuster, vocational rehab specialist
- Pitfalls

Course of the Injury

- Exam without hard radicular findings
- Conservative treatment with NSAIDs and PT
- Trial of return to work—exacerbation
- MRI in 9/ 2006- L5S1 DJD and Grade 2 spondylolesthesis and compression of nerve roots at L5 bilaterally
- Surgical Opinion 1- no surgery- she declined

Course of the injury continued

- Trial of ESI 10/06
- Surgical opinion 2- recommended surgery
- She underwent discography
- Surgery performed– L5-S1 posterior interbody fusion and bilateral foraminotomy
- 3 months later- “essentially complete relief of all back and leg pain”.
- Aquatic PT and resume all normal activities.

Course of the injury continued

- She began on-line study and on the job training as a mammography tech
- 1 year later- pain and intermittent numbness in the legs- stiffness with activity at work
- Diagnosis: “instrumentation pain” - recommend removal of hardware
- Hardware removed –performed in 9/2008
- 10/08- returned to restricted activity-resumed retraining to be a mammography tech

Legal issues

- Sect 34 exhausted
- Sect 35 not voluntarily paid
- Agreement drafted and approved for a closed end period of Sect 35 from the date after Sect 34 exhausted to the day she returned to work -6 weeks of benefits

Role of the Adjuster

- Since the employee failed conservative treatment schedule IME for necessity of surgery. If IME confirms that the surgery is reasonable and necessary then approve surgery with an another IME within 12 weeks following surgery.
- Surgery to remove the hardware would be approved since we paid for the original treatment.
- Agree to an additional 4-6 weeks of temporary total by agreement.

Practice Settings for Case Management

<i>Hospitals Acute Care</i>	<i>Hospitals Sub-acute Care</i>	<i>Long Term Acute Care</i>	<i>Long Term Care Facilities</i>	<i>Rehab Facilities</i>	<i>Student/ University Health Care</i>
<i>Student, University Counseling Centers</i>	<i>Corporations</i>	<i>Medicare</i>	<i>Medicaid</i>	<i>State- Funded Public insurance</i>	<i>Long Term Care Services</i>
<i>Case Management Companies</i>	<i>Correctional Facilities</i>	<i>Veterans Administra- tion</i>	<i>Mental Health Facilities</i>	<i>Home Health Services</i>	<i>Ambulatory /Day Care Facilities</i>
<i>Residential & Assisted Living Facilities</i>	<i>Hospice, Respite & Palliative Care Facilities</i>	<i>Medical Group Practices</i>	<i>Life Care Planning Programs</i>	<i>Disease Management Companies</i>	<i>Private Health Insurance Companies</i> WC

Functions of Case Management

- Case management is a collaborative process which *assesses, plans, implements, coordinates, monitors and evaluates options and services* to meet an individual's health needs through communication and available resources to promote **quality cost-effective outcomes**.
- The *extent* to which these functions are done depend on the *practice setting*

For this case...

- Employee was the “ideal client” i.e. “nice”, well-liked, hard-working, motivated to work, compliant
- Case manager activities in this case:
 - 1) Referrals to specialists and other providers
 - 2) Communication to management
 - 3) Communication to the client, providing support
 - 4) Scheduling diagnostics in a timely manner

Role of the Vocational Rehab Specialist

- Identify transferable skills and job options
- Complete job analyses to determine minimum skill requirements and physical demands
- Ergonomic assessment with job modifications
- Referral to OEVR and develop IWRP
- Coordinate retraining and monitor progress
- Internal and external job development and placement