Essentials of First Encounter

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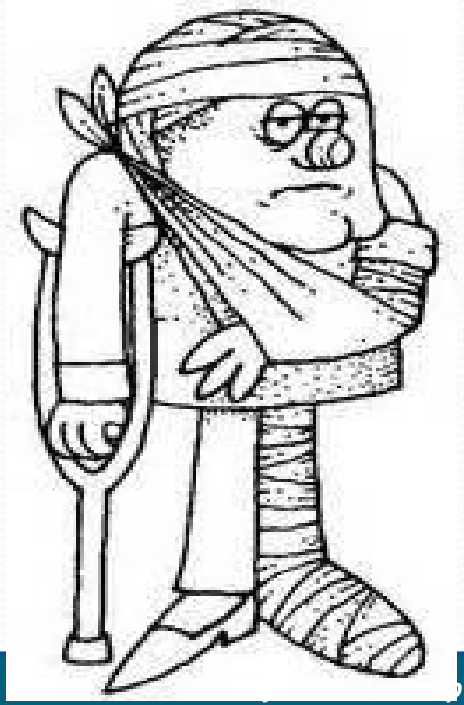
The First Visit……..
for the Claimed Injury or Illness

- The employee should be evaluated as soon as possible even if they have not completed a First Report of Injury (Form 101)
- So….where does the injured worker go?
  - Emergency Department
  - Employee Health
  - Occupational Medicine Provider
  - Urgent care walk in
  - Primary care provider



What should the provider do?

Why is the occupational medical provider different than any other provider?

WITH THIS PEN.....

That First Encounter

- The history of the injury
- Past history
  - Pre-existing conditions
  - Previous surgeries/procedures
- Occupational History—most important!
- Medications
- Physical Examination
  - Very important to document range of motion, strength, reflexes, joint above, joint below….
  - Functional based assessment

	CC	HPI	Past History	Family History	Social History	ROS
CMS Elements	Reason for the encounter	1. Location 2. Severity 3. Timing 4. Modifying factors 5. Quality 6. Duration 7. Context 8. Associated signs/ symptoms	1.Current meds 2.Drug allergies 3.Prior surgeries 4.Prior hospitalizations 5.Prior major illnesses/ injuries **6.**Immunizations	1. Health status or cause of death of near relatives 2. Specific disease related to CC, HPI, ROS 3. Relevant Hereditary Diseases	1. Occupational history 2. Current employment 3. Level of education 4. Marital status or living arrangements 5. Sexual history 6. Habits (nutritional status; use of tobacco, alcohol or illicit drugs)	1. Constitutional 2. Eyes 3. Ears, nose, mouth, throat 4. Cardiovascular 5. Respiratory 6. Gastrointestinal 7. Genitourinary 8. Musculoskeletal 9. Skin 10. Neurologic 11. Psychiatric 12. Hematologic or Lymphati 13. Allergic or immunologic
Function-Oriented Elements	History of the work injury or condition as relayed by the patient	**Function-Oriented HPI** 1. Location 2. Quality 3. Severity 4. Impact on function 5. Timing, including duration 6. Context 7. Modifying factors 8. Associated signs/ symptoms	1. Current meds 2. Drug allergies 3. Significant current illnesses under care 4. Past injuries or conditions or surgeries relevant to the current work injury claim 5. Past workers' compensation claims 6. Immunization status only if relevant to the work injury	1. Work/ Disability status of others at home 2. History of adverse childhood experiences 3. Family/home situational stressors and supports 4. Hereditary diseases if relevant	1. Level of education 2. Marital status or living arrangements 3. Stress, sleep, coping 4. Use of addictive substances 5. Lifestyle (Nutrition, exercise, meditation, involvement in community)	**Occupational History** 1. Usual/current job 2. Job requirements 3. Exposures 4. Personal protective equipm 5. Past jobs/hazards/PPE 6. Career path/goals 7. Work relationships

Constitutional

- Three vital signs (recommended BP, height, weight, calculated BMI)
- Bilateral blood pressure (if clinically indicated)
- General appearance, including pain behavior
- Movement during visit
- Evidence for or against sedation

Functional Assessment

- Examination of gait and station
- Use of assistive devices; discrepancy between exam findings related to actual need for devices
- Tests or demonstration of ability to use affected body part (e.g. grip object, reach, squat)
- Ability to rise from chair or climb to/from table; use of arms to assist

Examination of the Spine

- Assessment of range of motion (flexion, extension, lateral bending and rotation) of involved and adjacent spine segments
- Straight leg raise and crossed straight leg raise, with description of findings (not positive or negative)
- Inspection/palpation percussion of spinous processes.
- Abdomen/pelvic: masses/ tenderness/pulsatile masses/bruits.
- Bladder/anal sphincter laxity for r/o cauda equina.
- Distraction, provocation or other special tests

Examination of Extremities

- Inspection of joints for evidence of inflammation, chronic connective tissue disease
- Inspection/palpation for misalignment, asymmetry, crepitation
- Defects, tenderness, masses or effusion
- Assessment of active (first) and passive range of motion with notation of any pain, crepitation or contracture in the affected joint as well as the joints proximal and distal to the injured joint (e.g. if wrist was injured, examine wrist, elbow and thumb movement on the affected side; if shoulder, examine elbow and C-spine)
- Assessment of stability with notation of any dislocation, subluxation, or laxity
- Assessment of muscle tone (e.g., flaccid, cogwheel, spastic) with notation of any atrophy or abnormal movements with bilateral circumferential measurements if difference is noted
- Distraction, provocation or other special tests

Neurologic exam

- Examination of sensation in the affected and proximal area (e.g., by touch, pin, vibration, proprioception)
- Tests related to balance or coordination
- Examination of DTRs with notation of any pathologic reflexes (e.g., Babinksi)
- Examination of bilateral strength in the relevant area

Are There Established Treatment Guidelines?

- These Medical Treatment Guidelines are meant to cover the majority of tests and treatments for each condition for which they apply. MGL c. 152 requires an annual review of the guidelines currently in existence.
- The Medical Treatment Guidelines are drafted by a group of highly respected expert clinicians that represent pertinent specialties in the medical community. A member of the Health Care Services Board (HCSB) will chair each guideline's drafting group. The drafting group bases the treatment guidelines on the best available medical evidence and on what reasonable practitioners in the community are recommending. After guidelines are drafted, they are subject to further review by medical societies, labor, insurers, employers groups, the general public and full HCSB. The HCSB reviews all comments and thereafter votes to endorse the guideline. If endorsed, the guideline is then presented to the Director for the DIA for adoption.
- The guidelines provide guidance to clinicians, insurers, utilization review agents and others concerning what falls into an acceptable range of treatment.
- The treatment guidelines are not mandatory and it is expected that up to 10% of treatments may deviate from the guidelines.

The ACOEM Guidelines

- Why use them?
  - Scientific—lots of research articles
  - Evidence based or Consensus based
  - Regularly updated

ACOEM GUIDELINE Chapters

- ICD- 9CM to CPT Crosswalk
- Ankle and Foot
- Cervical and Thoracic Spine
- Chronic Pain
- Elbow (2010)
- Elbow (2013)
- Eye
- Hand, Wrist and Forearm
- Hip and Groin
- Knee
- Low Back
- Occupational Asthma Guidelines (2014)
- Occupational Interstitial Lung Disease Guideline (2015)
- Opioids Guideline (2014)
- Shoulder

Is the injury/illness work related?

- "Arisen out of and in the course of employment"
- Most injuries that can be classified as work-related are those that occur at the workplace, but also may occur in company-owned trucks and other locations as long as the employee was doing *something connected* to his or her job.
- This includes company parties and other social events sponsored by an employer, but not necessarily on company-owned property.
- **Who determines this?**

What should the provider not do?

- Render an opinion about causality..especially after the first encounter
- Do not say, "my opinion is this injury/illness is related to the workplace"
- Why not?
  - Do you have all the facts of the incident?
  - There are other pieces to this event
    - Witnesses-did you interview them?
    - Video surveillance –did you review the camera documentation of the event
    - Let the Adjuster do their job

Because….sometimes, it is not about the diagnosis!

Begin with the End in Mind !

Stephen R. Covey– *"The 7 habits of Highly Effective People"*

Vocational Rehabilitation

- Vocational Rehabilitation (VR) services are nonmedical services that may be needed to restore the employee to suitable employment at a salary that is commensurate with what they earned before the injury.
- Services may include evaluation of the injured worker's capabilities, vocational testing, counseling or guidance, workplace modifications, and/or job placement assistance/formal training.
- The benefit of returning an injured worker back to work for their employer, whether it is on light duty or through modifications in the workplace or work hours, would be an improved workers' compensation history and a modification of their insurance rates. MGL c. 152, § 75B, as added by c. 572, § 58 of the Acts of 1985, prohibits an employer in Massachusetts from firing, refusing to hire, rehire, or promote or otherwise discriminate against a qualified handicapped person on account of that person's handicap.

Thank you!

Questions?