Introduction to Occupational Medicine
(or) The Lecture You Wish You Had Attended in Med School

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Pretest Question 1

How many lectures do you remember having on Worker’s Compensation and Occupational Medicine in med school?

A. 0
B. 1-2
C. 2-3
D. 3-4
E. 5+
Currently the Worker’s Compensation system is the sole source of payment for injured worker’s:

A. Medical Costs
B. Lost Wages
C. Permanent Impairment
D. All of the above
E. None of the above
A injured worker taken off work receives their full wages through Work Comp?

A. True
B. False
Lecture Objectives

- Review the Scope of Occupational Medicine Practice and It’s Related Services
- Provide an Overview and History of the Worker’s Compensation (Work Comp) System and Occupational Medicine’s (Occ Med) Treatment Strategies
- Present the ‘Occ Med Mindset’ and Practical Strategies to Reduce the Burden of Paperwork, Documentation, and Communication
- Contrast the Roles of Medicine and Human Resources (HR) in Work Comp
- Overview of Employer and Employee Perspectives in Work Comp Treatment
- Challenge Your Ways of Looking at and Doing Worker’s Comp Care
What is Occupational Medicine?

- It’s Not Just Worker’s Compensation Injury Care
- Services Provided:
  - Care of Injured Workers
  - Pre-Placement Physicals
  - Fitness for Duty and DOT Exams
  - Drug Screens
  - Respirator Fit Testing and Certification
  - Government Mandated Surveillance Exams
  - Employee/Employer Education
  - Preventative Services
Why do Docs do Occ Med?

- Community Obligation
  - Only show in town
  - Significant Distance to Formal Occ Med Clinics
- Professional Obligation and Benefits
  - Requirement of Practice to See Injured Workers
  - Provider Interest and Challenge
  - Low Malpractice Risk
  - Better Outcomes and Lower Cost From Occ Med Savvy Providers
- Opportunity
  - Open Doors for New Business
  - Profitability
Origins of Worker’s Compensation
Origins of Worker’s Compensation

- Being a Pirate Was a Risky Business
- Legend Suggests That Blackbeard Offered Compensation to Injured Pirates Who Lost Eyes or Limbs
- There Were No Death Benefits Offered
Origins of Worker’s Compensation

- Average weekly wage for colonial Americans was 2 Pieces of Eight (Spanish Silver Dollar)
- Loss of an Eye or Finger – 100 Pieces of Eight
  - Loss of Left Arm – 500 Pieces of Eight
  - Loss of right arm – 600 Pieces of Eight
  - Loss of left leg – 400 Pieces of Eight
  - Loss of right leg – 500 Pieces of Eight
History of US Worker’s Compensation

- Early Efforts to Enact Work Comp Laws Started in 1902 But Were Deemed Unconstitutional Since They Required Mandatory Participation.
- WI Enacted the First Constitutional Worker’s Compensation Law in 1911 by Making Participation Voluntary
- Enacted in All States by 1920 With Minor State to State Variations
- Prior to 1911 Workers had a hard time Proving Negligence
- Employer’s Common Law Defenses Were Based on the Concepts of Assumption of Risk, Fellow Servant Doctrine and Contributory Negligence
  - Workers has Rare Wins…but Big Payouts When They Did
History of US Worker’s Compensation

- Worker’s Compensation was Based on the “Great Trade Off”
- Compensation was Provided for Injured Workers and Their Families Regardless of Fault
- Benefits No Longer Necessitated Legal Action
- Employers Were Given Legal Protection From Excessive Court Judgments Resulting From Suits AllegingNegligence
Modern Work Comp Laws are Similar But Do Vary From State to State

49 States Require Work Comp Coverage for All Companies with 3 or More Employees (Texas is the Lone Exception)

Seven States Have 100% State Run Insurance Monopolies

Eleven Have a Combined State and Private Competitive System

The Remaining 32 States Leave Worker’s Comp to Private Insurance Companies Alone.
Current State of Work Comp

- Today the Worker’s Compensation System is the:
  - Sole Source of Payment for Injured Worker’s
    - Medical Costs
    - Lost Wages
    - Permanent Impairment
- 1 Billion Dollars is Spent Weekly by Employers to Treat Injured Workers
  - Medical Costs are 1/3 of the Total
    - Provider Choices are a Significant Factor in Medical Costs
- Non-Medical Costs Include Lost Wages, Settlements and Insurance
  - Future Costs Including Insurance Premiums and Disability Can be Significant
The Occ Med Mindset Concept

- When Treating Work Comp Injuries It is Especially Important To Have an Occ Med Mindset or in Other Words “Think Like an Occ Doc”
- Understand How the Work Comp System Works
- Quickly Identify and Fix the Physical Problem
  - Delayed Resolution is Expensive in Work Comp
- Minimize Expenses from Overly Aggressive Diagnostic Testing and Treatment
- Keep People Functioning at Home and in the Workplace to Lessen Disability
- Communicate Proactively With Employers and Insurers
Benefits for the Injured Worker

- Early and Appropriate Return to Activity and Work Results in:
  - Preservation of Work Ethic
  - Less Physical Deconditioning and Depression
  - Maintenance of Camaraderie/Workplace Relationships as well as Personal Support Systems
Injured Worker Benefits
Injured Worker Benefits

- **Financial Benefits**
  - Work Comp Wages Never Fully Replace Regular Wages
  - First 3-7 Days Off Work Not Covered
  - 2/3 Wage if Off Work – Full Pay if Performing Limited Duty
  - After 14 Days Off – 50% of Injured Workers Experience Financial Burden

- **Long Term Preservation of Quality of Life**
  - After Six Months Off – 50% Never Return to Work
  - After One Year Off – Only 25% Ever Return to Productive Work Activities
Benefits for the Employer

- Decreased Costs With Early Return to Work
  - Light Duty or Restrictions Prevent Costs Resulting From Lost Work Time
  - Many Progressive Employers Have Light or Restricted Duty Programs Because They Save Money

- OSHA Recordable Injury Numbers Can Be Lessened

- Decreased Future Insurance Premiums
  - Premiums are Based on Comparison of Actual Claims to Industry-Specific Claim Rates
  - Expenses Today Can Increase Insurance Premiums for the Next 3 Years
How To Avoid Death by Work Comp Paperwork
HIPAA and Work Comp

- HIPAA Rules Do Not Apply in Work Comp
- A Release of Information (ROI) is Not Required for Work Comp Injuries
  - However Consider the Use of a ROI to Minimize Confusion with Patients
- It is a Work Comp Law Obligation to Provide Information to the Employer and Insurer
  - Documentation Templates can help with this
- Patient’s Right to Privacy is Not Changed Under Work Comp Law
How To Avoid Death by Work Comp Paperwork

- Save Time by Using Well Designed Occ Med Specific Computer and Paper Tools
- Utilize An Previously Established Occ Med Database Containing:
  - Employer Facts
  - Insurer Facts
  - Contact Person(s) Information
- Insist on Employer Provided Data Including
  - Authorizations for Initial Treatment
  - Basic Injury Information/First Injury Reports
  - MSDS Sheets When Exposures Have Occurred
Work Comp Law Mandates Providers to Communicate Key Information
- Diagnosis, Work Relatedness, Treatment, Restrictions

Use Templates To Serve as Reminders for Required Information
- Progress Note should include these Key Elements
- Use a Specific Return to Work Report Form

Work-Relatedness/Causality Determination When Possible
- An injury or illness is considered work-related if the condition Arose Out of Employment during the Course of Employment (AOE/COE), due to an event or exposure at the workplace.

Provide Historical Facts as You Know Them

Proactively Provide Required Information to Reduce/Eliminate Requests for Documentation!

Computer Generated Forms are Replacing Older Cluttered Paper Forms
The Majority of Injuries are Musculoskeletal
- Conservative Treatment Generally Provides the Best Outcomes
- Good Physical or Occupational Therapy Can be Very Helpful
- Aggressive Diagnostic Testing is Rarely Needed

Clearly Define Patient Capacities and Limitations
- 24/7 Lifestyle Restrictions, Rather than Work Restrictions

Proper Medication Use
- Do Not Disable a Patient by Way of Narcotics!

Frequent Follow Up is Important
Thoughts on Follow-Up

- Specific Follow-Up Strategies Are Not Just Medically Based
  - Schedule Follow-Up When You Anticipate Changes will be Needed For Either Treatment or Restrictions
  - Use a Gradual Reduction of Restrictions
  - ACOEM Guidelines can be useful

- Early Use of Resources
  - Physical Therapy/Occupational Therapy
  - Vocational Rehabilitation Consultants
  - Utilize Occupational Medicine Clinics
  - Consultations or Referrals for Difficult Cases
Communicate with the Injured Worker

- Partner with the Employee
  - You Share a Mutual Goal of Return to Work and Normal Lifestyle

- Do an Initial Review After First Encounter With the Patient
  - Diagnosis as You Know It
  - Prognosis and Severity
  - Treatment Plan
  - Patient’s Responsibilities
  - Expected Timeframe

- Careful Communication of 24/7 Restrictions and Capacities
Communication with the Employer
Communication with the Employer/Insurer

- Poor Communication is a Major Source of Dissatisfaction for Employers and Insurers

- Provide Necessary Information Proactively
  - Causation, Diagnosis, and Treatment
  - Activity Restrictions
  - Clinic Follow-Up Date
  - Send Documentation With Patient and Fax/E-Mail a Copy to Employer
  - Use Your Progress Note As a Communication Tool

- Provide Reasonable Return to Work Options
  - Don’t Simply Notify the Employer that the Injured Worker is Being Taken Off Work
  - Use a Professional Form, Not a Script Pad Note
Physician vs. Human Resources
Dealing With Restrictions
Physician vs. Human Resources
Dealing With Restrictions

- Providers Know Medicine, Not Human Resources!
  - Provider Should Deliver Reasonable and Cost-Effective Medical Treatment
  - Should Delineate Medically Defensible Activity and/or Lifestyle Restrictions

- Providers Shouldn’t Take on HR Functions
  - Let HR Determine Available Accommodations for Light Duty/Restrictions
  - Have the Employer Manage Time Off Requests
  - Avoid the “Numbers Game” – Modify Activity Level Rather Than Work Hours
  - This Approach Can Minimize Arguments with Patients
When the Patient Doesn’t Get Better
When the Patient Doesn’t Get Better

- No Provider Fixes Them All!
- ACOEM/AMA Treatment Guidelines Can Help By Providing
  - Expected Recovery Timeframe to Identify Outliers
  - Treatment Recommendations For Specific Work Related Conditions
- Judicious Escalation of Treatment
  - Advanced Diagnostics Should be Intelligently Applied
  - Consider Non-Narcotic Pain Interventions
    - Trigger Point Injections, Spinal Injections, TENS Units, Acupuncture
  - Request Consultation or Make Specialist Referral
Consultation or Referral

- Build an Occ Med Minded Referral Base of Specialists Who Have an Understanding of the Work Comp System, the Benefits of Reasonable Return to Work and Lifestyle Restrictions
- Clearly Communicate with the Specialist
  - Provide the Reason for and Expectations from the Consultation or Referral
  - Clearly Indicate That This is a Second Opinion vs. Referral with Transfer of Care
  - Use a Formal Letter or Progress Notes
- Communication Rationale with Employer in Progress Notes
- Utilize Second Opinions over Transfer of Care, If Possible
  - Follow-Up After Specialty Visit
    - Interpret Specialty Opinion, Review Findings, Treatment Options and Restrictions
A faith healer enters a hospital ward, trying to help the patients that were there. He came to a patient who was blind and touched him. The patient jumped up exclaiming, “I can see, I can see! It’s a miracle!”

He went to the second patient and touched him. The patient jumped out of bed exclaiming, “My back pain, its gone! It’s a miracle!”

Before he could reach the third patient, the patient jumped out of bed shouting, “Don’t touch me!” The faith healer was shocked, and said “I only want to help you.” to which the patient replied, “Stay away, I’m a worker’s comp patient.”

--Stolen from an Unknown Author
The Motivationally Challenged Patient
The Motivationally Challenged Patient

- Symptom Magnification is Much More Common than True Malingering
  - Motivation Levels Can Differ Between Self-Employed vs. Employed Work Comp Injury Patients
- Communicate Concerns with Employer
- Utilize Disability or Case Managers
- Remember Your Documentation May Be Used to Build or Destroy a Future Court Case
  - Progress Notes Should State the Facts as You Know Them
The Definition of ‘Totally Disabled’
The Definition of ‘Totally Disabled’

- If Your Patient Was Able to Walk Into Your Office Under Their Own Power, and Was Able to Interact With You – They Are Not, By Definition, "Totally Disabled."

- Provide Proper Documentation of Actual Capabilities and Restrictions
  - Patients Should Not Be Described as Totally Disabled Unless Hospitalized!
  - Don’t Let Documentation Disable Your Patients and Prevent Reasonable Work/Lifestyle Accommodations!
  - Remind Employers Not to Ignore or Abuse the Lifestyle Restrictions That You Have Provided
Employer Perspectives on Work Comp

- Employers Hate Surprises – Communicate Proactively!
- Prevention of Unnecessary Lost Work Time or Injury Costs is Appreciated
- Any Significant Work-Related Injury or Illness is ‘Recordable’
  - Reported via OSHA Form 300
  - Don’t Turn First Aid into a Recordable Injury
OSHA’s Form 300 (Rev. 01/2004)
Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two.

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Employee’s Name</th>
<th>Job Title</th>
<th>Date of Injury (mo/day)</th>
<th>Where the event occurred (e.g. Loading dock north end)</th>
<th>Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mark Elgin</td>
<td>Welder</td>
<td>5/25</td>
<td>basement</td>
<td>fell from ladder</td>
</tr>
<tr>
<td>2</td>
<td>Shana Alexander</td>
<td>Foundryman</td>
<td>7/12</td>
<td>pouring dock</td>
<td>poisoning from lead fumes</td>
</tr>
</tbody>
</table>
OSHA Recordable Injuries

- Reported Using OSHA Form 300
  - Days Away From Work
  - Restricted Work Activity or Job Transfer Due to Work Related Injury or Illness
  - Medical Treatment Beyond First Aid
  - Work Related Cancers
  - Chronic Irreversible Diseases
  - Tuberculosis Infection
  - Bone Fracture
OSHA Recordable Injuries

- Reported Using OSHA Form 300
  - Loss of Consciousness
  - Ruptured Eardrum
  - Hearing Loss
  - Needle Stick or Puncture that is Contaminated with Another Person’s Blood or Potentially Contaminated Matter
  - Any Case of Employee Being Medically Removed From Work Due to Requirement of an OSHA Health Standard
  - Death
Provider Impacted OSHA Recordable Injuries

- Days Away From Work
- Restricted Work Activity or Job Transfer Due to Work Related Injury or Illness
- Medical Treatment Beyond First Aid
Provider Should be Aware of Treatment Choices and OSHA Standards

First Aid Qualifications Include
- No Prescription Strength Meds Given
- No Restrictions on Work Activity or Days Away From Work

Basic First Aid... as Defined by OSHA
- Drilling of a Fingernail or Toenail to Relieve Pressure, or Draining Fluid from a Blister
- Removing Foreign Bodies from the Eye Using Only Irrigation or a Cotton Swab
- Applying Wound Coverings, such as Band-Aids, Butterfly Bandages, or Steri-Strips
- No Use of Rigid Splints
- Administering Tetanus Immunizations
So its 4:45pm on Friday, and you have just removed a superficial foreign body from a worker’s eye using a moistened Q-tip. You have not given any prescription meds, and release the employee to return to work on Monday.

Is this a recordable injury?
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Is this a recordable injury?

Surprisingly, yes!

Days away from work make the injury recordable.

OSHA Doesn't Care if the Employee Never Works Weekends, or it's a Holiday
Why Does This Matter?

- For the Employer, Higher OSHA Form 300 Reportable Injury Rates
  - Put Them “On OSHA’s Radar”
  - Resulting in Closer Scrutiny
  - Potential for Fines
  - Increased Insurance Premiums

- For the Provider
  - The Goal is Not to Game the System
  - Awareness of Consequences
  - Avoid Being Either “the Company Doc” or a Totally Biased Patient Advocate
Final Points

- Injured Workers Do Best When...
  - They Have Fast Resolution to Workplace Injuries, and are Not Encumbered by Poorly Treated Pain and Excessive Activity/Lifestyle Restrictions.
  - They Have the Emotional Benefits and Sense of Purpose Gained by Employment, in Addition to Income.
  - They are Treated Appropriately and Respectfully by Their Providers.

- Employers are Happiest When...
  - Their Injured Employees are Given Reasonable and Cost-effective Care by Occ Med Savvy Providers.
  - Their Injured Employees are Returned to Work as Soon as is Reasonable.
  - They Have Fewer OSHA Recordable Injuries.
  - They Receive Good Communication by Providers.
A physician needs a signed Release of Information (ROI) before releasing Work Comp medical records to the employer and the Work Comp insurance carrier.

A. True
B. False
A physician needs a signed Release of Information (ROI) before releasing Work Comp medical records to the employer and the Work Comp insurance carrier.

A. True  
B. False
It is the treating physician’s job to determine if the injured worked can return to work.

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B. False
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A. True
B. False
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