The “Team” Approach to Disability Management

Communication is the key to successful rehabilitation and prevention of delayed recovery after disabling injury or illness.

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Worker’s Comp

Doctor

Employee

Claims Manager

Employer
According to a recent survey of Industrial Medicine Physicians

*Up to 80% of paid indemnity expense is unnecessary* ...

**Stated Reasons**

Employer has a policy against light duty

The treating doctor is not equipped to determine the right work restrictions

Too little information about the physical demands of the job is provided to the physician

Managed Comp Survey of Industrial Med Physicians April 1998
3 KEY TERMS

- Delayed Recovery
- Secondary Prevention
- Disability Management
Delayed Recovery:

Disability duration out of proportion to severity of injury or illness
Delayed Recovery:

- **Nature of Injury/Anatomy**
  - sprain/strain
  - “cumulative trauma”
  - soft tissue
  - spine & upper extremity

- **Severity**
  - associated with minor injury
  - pathology obscure or absent
Delayed Recovery:

- Secondary Gain
  - psycho-social issues predominate
  - low job satisfaction
  - poor motivation
  - low self-esteem
  - illness behavior
  - sense of entitlement

- Fraud/Malingering - rare
- Litigation - Common
Risk of Delayed Recovery

3 Chronic pain/disability
20 Medical Care
500 Disability for Work or Recreation
1,000 Symptoms of Low Back Pain
Prevention is the Goal

- **Primary** - prevent *occurrence* of injury/illness
- **Secondary** - optimize efficiency of *rehabilitation*
- **Tertiary** - prevent *recurrence* of injury/illness
Secondary Prevention

- **Appropriate Utilization of Medical Services** - to optimize *functional recovery*

- **Disability Management** - cooperative effort involving worker, employer, doctor, therapist and claims administrator

- **Prevention of “Delayed Recovery”**
Two Components of Secondary Prevention:

- Quality Medical Treatment
- Management of Disability
Disability Management

Key Clinical Principles:

- Prolonged rest causes deconditioning which inhibits recovery
- Psychological stressors adversely effect outcome when RTW is not immediate
- Focus is on restoration of function rather than alleviation of symptoms
WC Shift in Focus

- Last Decade - Bill Audits and Utilization Review
- Currently - Functional Recovery and Disability Management
Barriers to RTW - The Patient

- Fear of re-injury or aggravation (pain avoidance)
- Job satisfaction
- Sense of entitlement (worker’s comp, personal injury)
- “Illness behavior”
- Motivation level
- Financial issues
Barriers to Return to Work - The Doctor

- Role as patient advocate vs “company doctor”
- Treatment goals focused on feeling better rather than getting better
- Failure to include transitional work in the treatment plan
- Lack of information re physical demands of the job
Barriers to RTW - The Employer

- Fear of liability for re-injury or aggravation
- Failure to appreciate transitional work as therapy
- Use of benefits system (WC, STD, LTD) to manage personnel problems
- Lack of information re: the economic benefits of transitional work
Return to Work as a Function of Time

- % of Patients Returned to work
- Probability of return to work in the next week
- Probability of ever returning to work

Time off work in weeks
ACES

Accelerated Case/Claim Evaluation System

Workers’ Compensation Model

by

Industrial Health Strategies

Providence, Rhode Island
ACES model: Focus on Cumulative Trauma

- Etiology often obscure
- Treatment frustrating
- High Risk for Delayed Recovery
- Disproportionate Costs
ACES - 3 Steps:

- Three Point Contact by Adjuster
- Profiling with ACES software
- Tasking and Triage
Purpose of ACES Profiling

• Identify claims at high risk for “delayed recovery”
• Assign appropriate level of claims management activity
• Develop algorithms for Fraud and Loss Prevention Services
• “Normalize” claimant populations to assist in analysis of claims staff & medical providers
For each claim, ACES analyzes logical relationships among dozens of claim variables and generates a severity/prioritization score termed the ACES INDEX.

The ACES Index is derived from data routinely collected during normal claim setup.

- Claim Information
- Employee Information
- Provider Information
- Employer Information
ACES MODIFIERS

- Injury Diagnosis, Duration
- Modified Duty Availability
- Physician, or Therapy Issues
- Claims History
- Attorney Presence
- Employer/Employee Issues
- Job Demands
- Obesity, Smoking, Age
CLAIMS MANAGEMENT
DECISION-MAKING
(Tasking)

- Worksite Assessment
- Diagnostics/Therapy
- Second Opinion/IME’s
- Functional Capacity
- Vocational Services
- Fraud Investigation
- Loss Control Activity
HOW DO WE GET PEOPLE BACK TO WORK?

Worker’s Functional Ability

Functional Job Demands

A SIMPLE SOLUTION TO A COMPLEX PROBLEM
Worksite Assessment

- Identify areas of stress related to diagnosis?
- Can be minimized thru changes by employer?
- Can be minimized thru changes by employee?
- Identify appropriate modified duty
Case Example #1:
47 year old high-tech manufacture plant worker

- had been off work 4 months with shoulder injury (rotator-cuff tendonitis)
- being treated by an orthopedic surgeon;
- employer apparently had no “modified duty.”
Communication is the Key

Patient

Provider

Employer