

Improving Outcomes - Earlier Return to Work or How & Why Return to Work Affects My Practice

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Declare

- The Hand Center
- MAP Managers, owner of CtdMAP
- PHI = Physical Health Index – Health Assessment
- Books: Physician's Guide to Return To Work, Guides to the Evaluation of Disease and Injury Causation, etc
- Professional Organizations: ABA, AMA, AADEP, AAOS, ACOEM, ASSH, AAHS, IAIABC, SDPM, etc
- Organizations: MDA, ODG, SEAK, etc
- Speaker: multiple national and state level organizations
- Reviewer: multiple journals and books
- **Any other task or job that will improve outcomes for injured workers**



AMERICAN SOCIETY *for* SURGERY OF THE HAND



AAOS American Association of Orthopaedic Surgeons®

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The Hand Center

ORTHOPAEDICS OF THE HAND & UPPER EXTREMITY




KU
SCHOOL OF
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*A Community - Based
Medical School Campus*

- ▶ About the Campus
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- ▶ Departments
- ▶ Dean's Message
- ▶ Medical Education
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The University of Kansas School of Medicine - Wichita



American Academy of Orthopaedic Surgeons®



IAIME

International Academy of Independent Medical Evaluators
Formerly American Academy of Disability Evaluating Physicians



**Physical Health
Insights, LLC**
Detection and Prevention of Injury

Dx & Tx



**Impairment
Disability**

Causation

**Return
to Work
Disability
Duration**

My Point of View

- Appropriate work guides allows for improved quality of life for the individual.
- Unnecessary time off work results in increase disability, dysfunction, and an impediment to experiencing a productive and joyful life.

Introduction

“I can't go back to work.

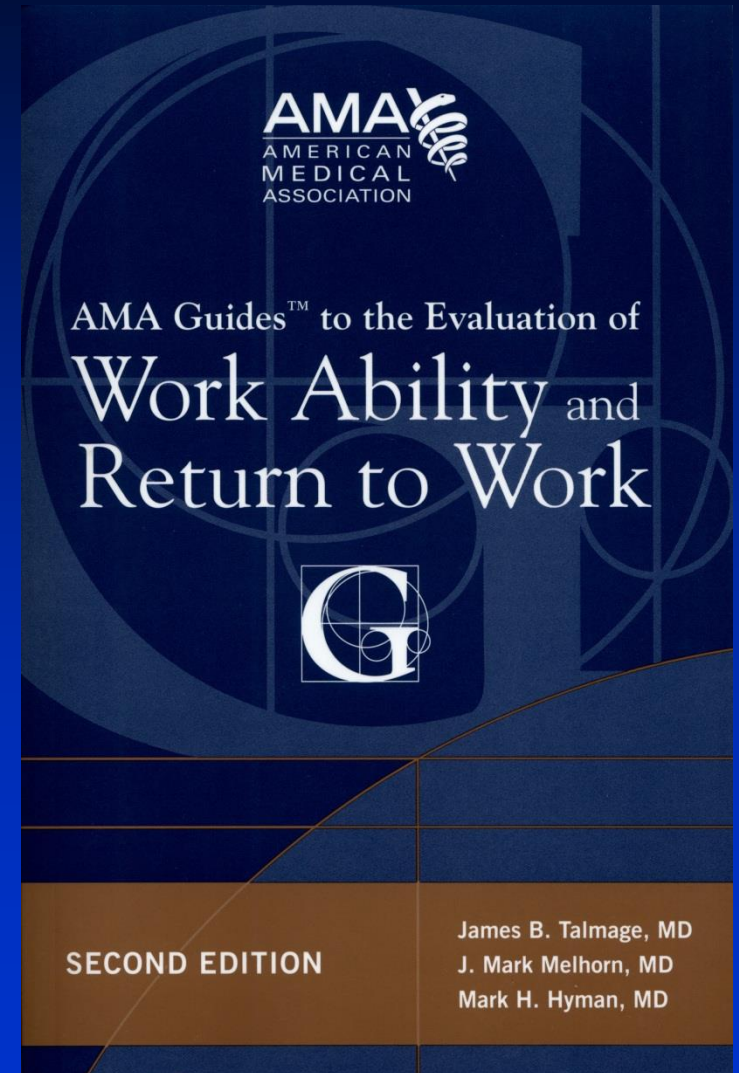
I still hurt!”

Our Goal Should Be To

Prevent
“NEEDLESS”
Disability

- Prevent Cost Shifting
- We all loose in the end

My royalties have been gifted to charities



Messenger

- I am only the messenger
- If you don't like guidelines or disability durations
- Please refrain from blaming the messenger



The Challenge

- Americans employed directly in manufacturing
- 1979 = 19.6 million
- 2011 = 12 million = 9% of workforce

The Challenge

Workers' Comp

- Patient directed care
- Employer directed care
- Insurer directed care

The Challenge

You are being measured

- Cost of care
- Outcomes
- Time off work (disability duration)
- Stay at work / Return to work
- Impairment
- Disability

The Challenge

What can you control

- Cost of care
- Outcomes
- Time off work (disability duration)
- Return to work / Stay at work
- Impairment
- Disability

The Challenge

But I can't do my job

- Don't want to work
- Unhappy with employer
- Unhappy with coworker
- Financial gains
- Family issues
- Lack of coping skills

I Can't Return To Work List

- What if I go back to work and get hurt again / more?
- My job wants me at 100% before I return to work.
- My attorney says to take my time in recovering.
- Other guys have stayed off this long ... or longer.
- What about the pain?

I Can't Return To Work List

- Everyone heals differently ... I know my body and it's just not normal again yet.
- My family has planned a trip to Disney World next week, while I'm off ... so I don't want to return to work until after that trip.
- I have disability insurance.
- I want to be completely normal, the way I was before, before I return to work.

I Can't Return To Work List

- Before my injury, I could ..., now I can only ...
- I can't go back to work because I can't ... (listings)
- No matter what they say, there is no restricted duty, I have to be 100% ... or else.
- I know my husband and he's a hard worker and would work if he could.

I Am the Injured Worker

Single greatest road block to RTW is
psychosocial issues / comorbidities



This is ahead of > lack of RTW option / accommodation
> Litigation > Employee / employer relationship > late
injury / claim reporting > Proactive / timely
communication with stakeholders > legalese statutory
requirements / communication > employee doesn't
understand the workers' comp system > Jurisdiction /
geographic differences > Access to care

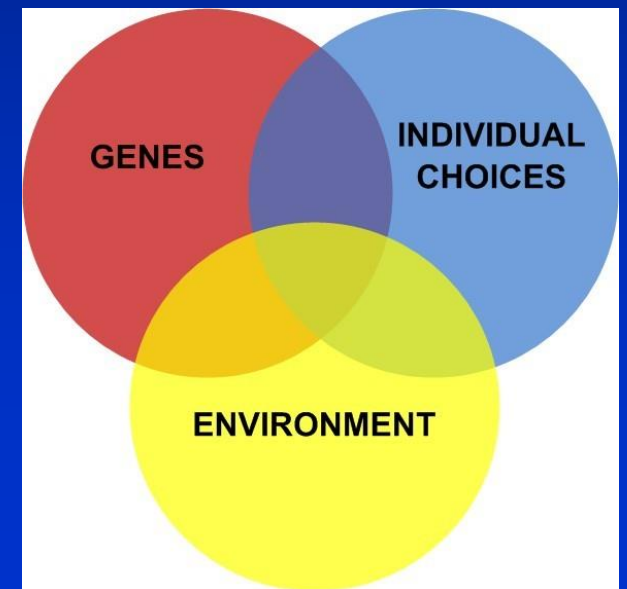
I Am the Injured Worker

psychosocial issues / comorbidities

What makes us who we are?

Nature = genes

Nurture = personal experiences



J. M. Melhorn. Negotiation - The Art of Communication Regarding Dx, Tx, Causation, and Outcome. In: *17th Annual AAOS Workers' Compensation and Musculoskeletal Injuries: Improving outcomes with back-to-work, legal and administrative strategies*, edited by J. M. Melhorn and J. S. Barr, Jr., Rosemont, IL: American Academy of Orthopaedic Surgeons, 2015.{13471}



Return to Work

Patient

1. Tolerance
2. Risk
3. Capacity

Physician

1. Capacity
2. Risk
3. Tolerance

- Friction = Unnecessary Disability

Return to Work

3 easy steps

1. Capacity

2. Risk

3. Tolerance



Return to Work

- 1. Capacity** = physical ability based on the injury and the current medical condition
- 2. Risk** = possibility of reinjury or worsening of the medical condition
- 3. Tolerance** = decision by the patient to endure the pain in exchange for the benefits of returning to work
(modified by education and communication)

Early RTW Benefits

- Continued employment 2 fold
- Lower impairments and disability
- Improved quality of life for employee
- Employer saves money



Communication

- Misunderstanding is common
- Communication is poor
- Unnecessary time off work occurs
- Focus on incapacity rather than on retained ability (capacity)



Communication

- For the employee, this means a restoration of at least partial earnings and benefits.
- It also means the employee is back in the running for any advancement or lateral job opportunities that may arise.

Communication

- A return to work, even in a light-duty position or with accommodation, also means the transition from incapacitated patient to productive employee by enhancing recovery and reducing disability.

Communication

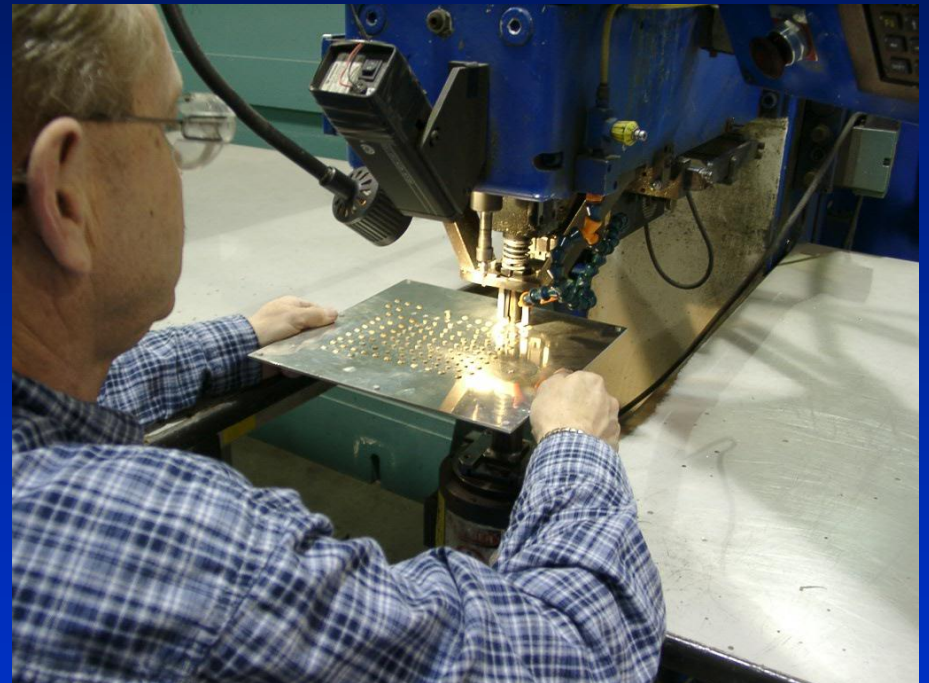
- Therefore, the goal is to get the employee back to appropriate work in the shortest period of time.
- Of the above groups, physicians have the first opportunity to encourage a patient's return to function and work after an illness or injury.

Communication

- Assuming the employer is willing and able to accommodate, the supplementary players are supportive, the task becomes an interaction (**negotiation**) between the patient/employee and the physician/care provider.

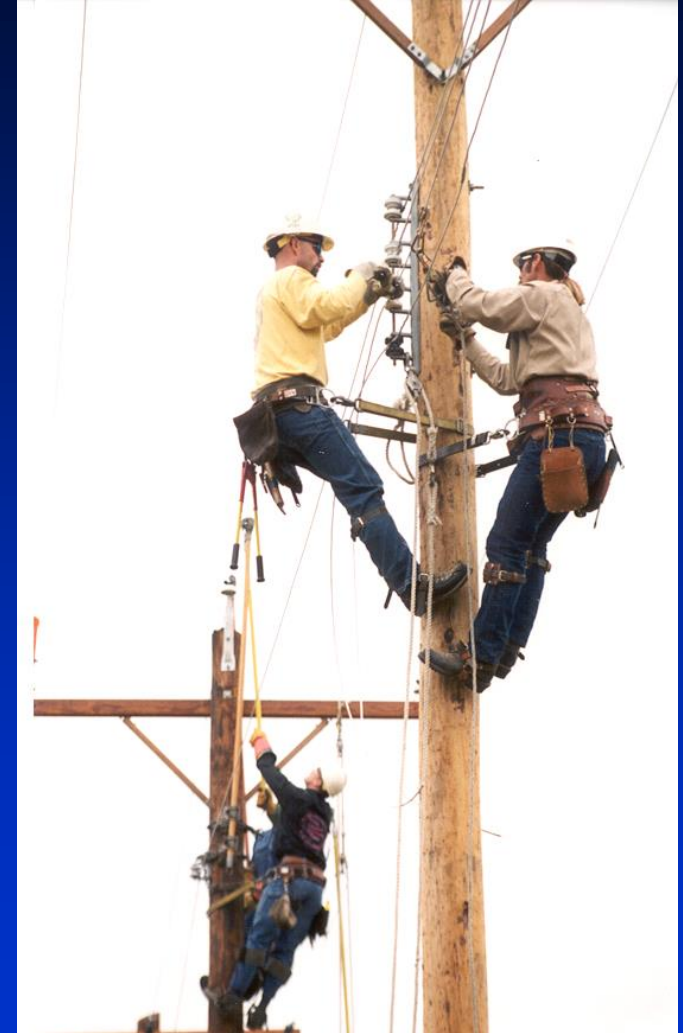
Communication

- Unfortunately, the return to work system often fails, since many factors influence the employee's stay-at-work or early return to work decision-making process (**tolerance**).



RTW – Predictive Factors

- **Individual Risk**
 - Age
 - Gender
 - Biosocial issues
- **Job Risk**
 - Job or task demands
 - Organizational structure
 - Physical work environment



RTW – Predictive Factors

- The Five D's
 1. Dramatization
 2. Drugs
 3. Dysfunction
 4. Dependency
 5. Disability



RTW – Predictive Factors

More difficult if:

- Attorney involvement
- Delayed intervention and return to work program
- Depression
- Drinkers
- Experiencing occupational mental stress

RTW – Predictive Factors

More difficult if:

- Have family members with disabilities
- Are interpersonal conflicts at home or work
- Specific legislative rules or requirements
- Less education
- Less motivated individuals
- Lower total annual family incomes

RTW – Predictive Factors

More difficult if:

- Widowed, separated, or divorced
- Injury involves multiple body parts
- Have multiple WC cases
- Are not currently working
- Have chronic persistent pain
- Have a poor history of onset
- Say that work caused my problem

RTW – Predictive Factors

More difficult if:

- Are receiving compensation
- Currently smoking
- Believe they have higher stress doing their daily activities
- Feel that their return to work guides are unreasonable

WC - Injury Types

- ICD-9 = pain in limb = 729.5
- 729.51 = pain in shoulder
- 729.52 = pain in arm
- 729.53 = pain in forearm
- 729.54 = pain in hand
- 729.55 = pain in ass or pelvis



SAW/RTW Physician Skills

- Like other skills, the more you practice, the better your ability to negotiate.
- Studies suggest the best way to begin learning negotiation skills is by examples.



Approaching the Patient

Medical Issues

- Uncomfortable
- Outside usual training
- Academics supports various positions
- Standards are limited
- Position reflects our individual attitudes & knowledge

Approaching the Patient

Patient - Relationship Issues

- Difference in opinions
 - patient, physician, family, case manager,
 - employer, insurer, attorney, judge
- Disrupts normal patient-physician link
- Negotiations
 - more time, emotional strain, often not reimbursed

Strategies for RTW

Like other skills, negotiation is both a skill and an art form

- Capacity = science = firm
- Tolerance = patient = soft
- Risk = education

Strategies = SUCCESS

Set the stage

Uncover the issues

Confine the issues

Confirm intent and authority

Evaluate the issues

Solve the problem

Satisfaction check

UE - Work Guides - Form

PLEASE CONSIDER OFF WORK UNTIL NEXT APPOINTMENT UNLESS ALTERNATIVE OR TRANSITIONAL WORK IS AVAILABLE AS CIRCLED OR CHECKED BELOW:

		TOTAL HOURS AT WORK PER WORK DAY	0	2	4	6	8	+
Unchanged from previous visit								
Regular	Right / left hand only	repetitive grasping	0	2	4	6	8	
No restrictions	with coban wrap/glove on	pushing/pulling	0	2	4	6	8	
As Tolerated	with buddy tape	fine manipulation	0	2	4	6	8	
Modified	with cast on	Post Op. Gradual Increasing Work Load						
No work until next visit	with splint on / ^{AS} / off	limit vibratory tools	0	2	4	6	8	
Pt. says no work available	w/splint Work Sleep Both ↑ ↓	limit power tools	0	2	4	6	8	
Driving if ok by DOT		limit hands over shoulders	0	2	4	6	8	

WORK CHARACTERISTICS: Limited (0-12), Occasional (0-33), Frequent (34-66), Constant (67-100)

SEDENTARY WORK: max. 10 lbs or less lift/carry; occasional lift/carry

LIGHT WORK: max. 20 lbs or less lift/carry; frequent at 10 lbs

LIGHT MEDIUM: max. 35 lbs or less lift/carry; frequent at 20 lbs

MEDIUM WORK: max. 50 lbs or less lift/carry; frequent at 25 lbs

MEDIUM HEAVY: max. 75 lbs or less lift/carry; frequent at 35 lbs

HEAVY WORK: max. 100 lbs or less lift/carry; frequent at 50 lbs

Pt. says presently working: yes no Trial regular work.

task rotation ergo workplace
 job rotation rom ointment
 heat am cool pm contrast bath
 exercise stretch strength
 splint coban scar management
 Repetitive Lift Carry 30/hr
 Repetitive Grasp 250/hr or 2000/8hr

If you are not satisfied with the work restrictions above, please see your company physician.

This physician may modify these restrictions further based on their special knowledge of your work place.

Tx More Than the Injury

- Early RTW
 - best interest of patient
- Better self image
- Improves ability to cope
- Improves work survivability
- Improves self sufficiency

Tx More Than the Injury

- Late RTW
 - bad for patient
- Less likely to RTW
- Less likely to be employed
- Increases impairment & disability
- Increases family and financial instability

Tx More Than the Injury

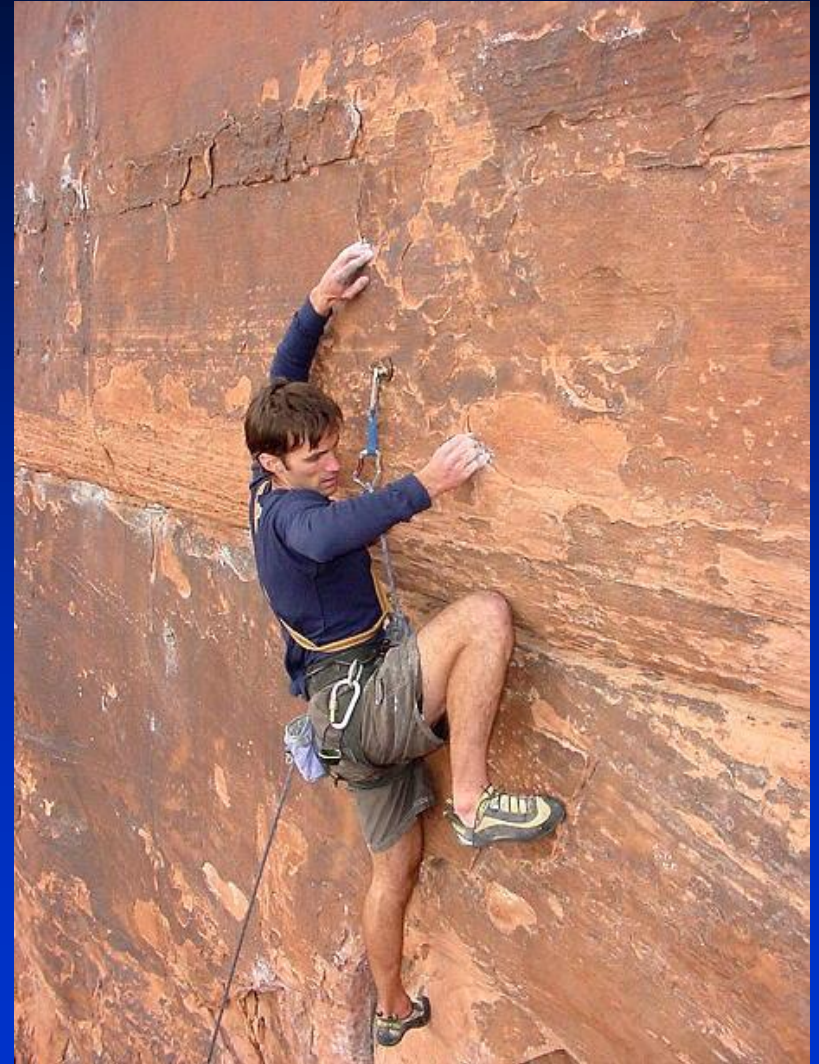
- Physician must educate & facilitate
- Holistic team approach
 - Patient
 - Family
 - Employer
 - Physician
 - Insurer
 - Attorney
 - Judge
 - Government

SAW/RTW Conclusions

- Staying at work or early return to work is in everyone's best interest
- Science supports
- Professional medical organizations supports
- Physicians have a unique opportunity to improve quality of care and outcomes by reducing unnecessary lost work time (disability)

SAW/RTW = Costs to Physicians

A good measure of our commitment to something is the amount of inconvenience or discomfort we are willing to endure for it.



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Want More Help?

- AAOS
- Annual Workers' Compensation CME
- www.aaos.com
- IAIME
- Multiple regional courses
- <http://www.iaime.org/>
- ACOEM
- <http://www.acoem.org/>

Additional Reading



Examples

source

6507,7391,7406,7458,11861,15191