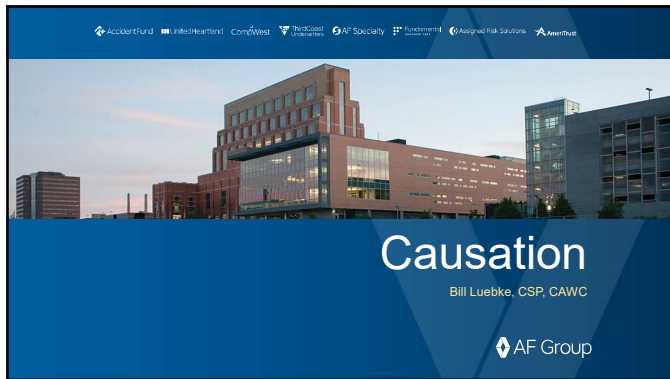
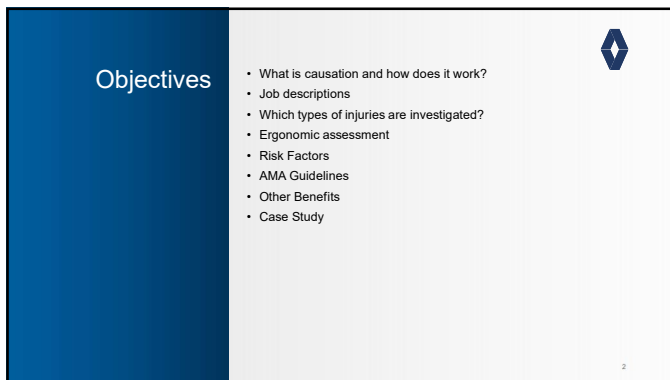
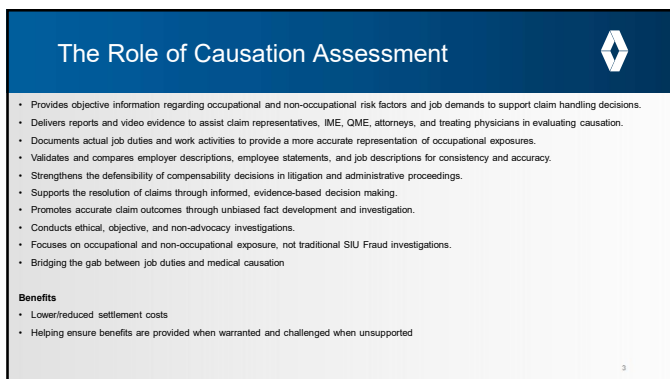




1



2



3

Why Job Descriptions Should Not Drive Medical Opinions



- Beware of sending a job description to an IME or treating physician
- Job descriptions are normally generic in nature (covering many different positions).
- Resulting in overestimating or underestimating the actual job tasks performed; weights lifted, job steps to complete the work tasks, etc.
- Misleading claim reps/doctors
- Weights / Frequency – Way off!
- Normally used internally for hiring



4

4

Types of Claims Investigated



Ergonomic –
upper
extremity



Return to Work/
Stay at Work



Traumatic/
Complex



Environmental
Disease



Subrogation/
Catastrophic

5

5

Ergonomic Assessments



- Repetitive motion injuries drive loss frequency and severity
- Compensability comes into play when cause of injury is in dispute
- A medical diagnosis is needed from a treating physician
- Most all office ergonomic related injuries should be investigated
- Most rotator cuff/upper neck cervical injuries should be investigated
- Insurance companies investigate property damage or auto damages, why not work injuries

6

6

Conditions Commonly Reviewed

Hand/Wrist/Finger

- Carpal Tunnel Syndrome
- De Quervain's Tenosynovitis
- Trigger Finger/Thumb
- Ganglions
- Tendonitis

Elbow/Forearm

- Cubital Tunnel
- Medial Epicondylitis
- Lateral Epicondylitis

Others

- Cervical injuries
- Back injuries
- Rotator cuff tears
- SLAP tears
- Frozen shoulder

"These data include work as well as nonwork-related musculoskeletal disorders without distinction" — these conditions occur commonly in the general population, including in people with no occupational cumulative trauma exposure.
— National Research Council / Institute of Medicine, Musculoskeletal Disorders and the Workplace (2001). Base rates in the general population include carpal tunnel symptoms in roughly 14% of adults and trigger finger in 2-3%.

7

Occupational and Non-Occupational Risk Factors



Occupational Risk Factors	Non-Occupational Risk Factors
• Repetition • Force • Posture • Static Duration • Environmental Factors (hot/cold/vibration/contact stress)	• Age • Gender • Diabetes • Smoking • Pregnancy • Comorbidities

8

Compensable Benefits

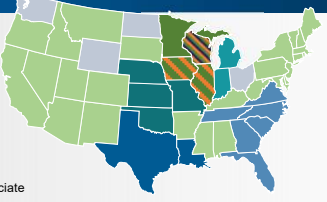
?

Upon completion of an investigation, the injury is rated from Low to High. Can you think of any benefits that occur when a claim is accepted or rated as a high exposure (i.e. likely work related)?

- Customer Service
- Not paying additional costs; IME, attorney, etc.
- Loss Control alert
- Selling the service to our customer
- Showing we care
- SIU detection

9

Causation Assessment Credentials



- Criminal Justice
- IME Certification
- Safety Engineering
- Chiropractic Doctor
- Master of Public Health
- Certified Safety Professional
- Certified Rehabilitation Counselor
- Certified Professional Ergonomist
- Associate Ergonomic Professional
- Certified Safe Patient Handling Associate
- Kinesiologist

10

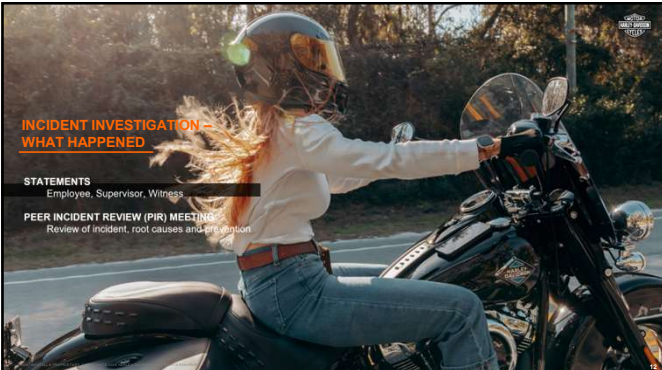
10



Employer Perspective

11

11



INCIDENT INVESTIGATION – WHAT HAPPENED

STATEMENTS
Employee, Supervisor, Witness

PEER INCIDENT REVIEW (PIR) MEETING
Review of incident, root causes and mitigation

12

12

[illegible][illegible][illegible][illegible][illegible]

H-D CAUSATION TOOLKIT

ERGONOMIC JOB MEASUREMENT

Detailed breakdown of the specific jobs ergonomic risk factors

JOB SAFETY RISK ASSESSMENT

Detailed breakdown of the specific jobs risk factors

16

H-D CAUSATION TOOLKIT

FORENSIC & BIOMECHANICAL INVESTIGATION

Detailed accident & incident reconstruction investigations

Figure 3. Photographs of ARCCA testing with ATD and Ford Excursion van.

INDUSTRIAL HYGIENE ASSESSMENTS

Detailed evaluation to identify & measure workplace exposures

17

H-D CAUSATION TOOLKIT

QUESTION

As an employer, what do you feel is the most important tool to help determine causation?

1. Physical Demand Analysis (PDA)
2. Incident Investigation
3. Task Analysis
4. Safety Event Investigation
5. Ergonomic Job Risk Assessment
6. Job Safety Risk Assessment
7. Forensic & Biomechanical Investigations
8. Industrial Hygiene Assessments

18

Causation – A Medical Provider's Perspective

Dr. Michael Borkowski

19

Some medical diagnoses/conditions occur without a known cause. They are referred to as:

- A. Idiopathic
- B. Iatrogenic
- C. Psychosomatic
- D. The result of diet high in Ultra-Processed Foods (UPFs).
- E. Job dissatisfaction induced.

20

20

Medical Perspective: Decisions at Each Step

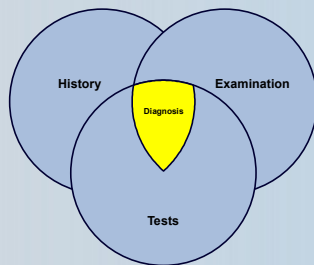
- 1.) More Information
 - Records
 - Diagnostic Evaluation
 - Causation Report / Detailed Job Analysis
- 2.) Testing / Consultation
 - Industrial Hygiene
 - Ergonomist
- 3.) Interpretation of Existing Information
 - Analysis of Documentation / Tests
 - Review of Individual or Aggregate Data



21

21

Medical Perspective: Reaching a Diagnosis



22

22

Medical Perspective: Patient History



- Physicians taught to believe patient
- Patient histories are almost always selective
- Patient histories can be intentionally or unintentionally wrong or inaccurate

23

23

Medical Perspective: Physical Examination

- | | |
|------------------------|----------------------------------|
| • Accurate? | • Other Side Addressed |
| • Credible? | • Valid / Reliable / Distraction |
| • Consistent? | • Meaningful or Relevant |
| • Baseline Considered? | |

24

24

Medical Perspective: Diagnostic Testing

- False Positives
- Was Testing Indicated?
- Test results in a "Label" or does it correlate clinically?
- Change Treatment Plan?
- Accurately Performed / Interpreted?
- Differential Diagnoses



25

25

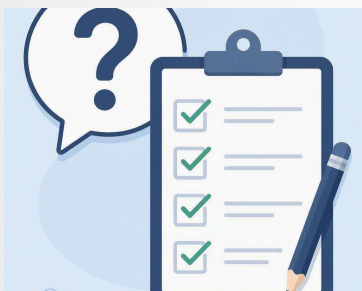
Medical Perspective: Causation Analysis Steps

- Diagnosis
- Exposure
- Disease at any dose?
- Exposed Sufficiently?
- Literature Support
- Mitigating Factors
- Alternate Explanation
- Yes or No?

26

26

Question for the group from Dr. B



27

27

Medical providers and healthcare systems often provide excessive and/or copied and pasted documentation to support their causation opinion, up-charge the visit and/or reduce litigation risk. This is called:

- A. Medical Fluff
- B. Documentation Adiposity
- C. Bugie (*Italian for lies*)
- D. Note Bloat
- E. "Phony Baloney"

28

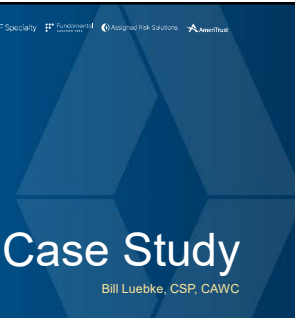
28

A worker reports that he performed work that required "bending and lifting" on June 1st and seeks care on July 1st claiming that his back and leg pain is work-related. Doctor documents "Patient here to see me for back and leg pain starting after bending and lifting". Your next action/question is:

- A. Send the ergonomist for an assessment of job duties.
- B. What is the claimant's weight and smoking status?
- C. What date did back pain begin, and what date did leg pain begin?
- D. What did the MRI show?
- E. Does the employee like his supervisor?

29

29



Case Study

Bill Luebke, CSP, CAWC

AF Group

Accidentfund
InsuranceText
CompWest
ProComp
AF Society
Insurance
Assigned Risk Solutions
AmertTrust

30

Case Study



- Employed as a receptionist for 24 years.
- Diagnosed with bilateral carpal tunnel syndrome (CTS).
- Reported performing keyboarding activities for approximately seven hours per day and attributes the development of bilateral CTS to occupational typing duties.
- Individual characteristics: 5'8", 160lbs, female, diabetes, no reported non-occupational hobbies or activities involving repetitive hand or wrist use.



31

31

AMA Guide To Causation



- According to the AMA Guidelines, what occupational risk factors are associated with the development of carpal tunnel syndrome (CTS)?
- According to the AMA Guidelines, what non-occupational risk factors are associated with the development of carpal tunnel syndrome (CTS)?

32

32

AMA Guidelines



- **Occupational Risk Factors for Median Nerve Entrapment at the Wrist (CTS)**
 - Combination of risk factors (eg, force and repetition, force and posture): very strong evidence; national and international epidemiologic surveillance data has consistently demonstrated that the highest rates of CTS occur in occupations with high upper extremity physical demands, including meatpacking, poultry processing, automobile assembly work, and other occupations requiring intensive manual exertion of distal upper limbs.
 - Vibration: low risk evidence
 - Highly repetitive work or in combination with other factors: strong evidence; but again, the widely varying definitions for repetitive work makes association difficult
 - Forceful work: very strong evidence
 - Awkward postures: low risk evidence, the lack of evidence is possibly due to individual variability in work methods
 - Keyboard activities: insufficient evidence
 - Cold environment: insufficient evidence
 - Length of employment: insufficient evidence
 - Job satisfaction: some evidence

33

33

AMA Guidelines



Non-occupational Risk Factors for Median Nerve Entrapment at the Wrist (CTS)

- **Age:** very strong evidence; risk increases with increasing age
- **BMI:** very strong evidence; high BMI increases risk
- **Gender:** very strong evidence; female
- **Biopsychosocial factors:** very strong evidence.
- **Diabetes:** very strong evidence
- Dominant hand: insufficient evidence
- **Comorbidity:** very strong evidence, especially with a history of other upper-limb musculoskeletal disorders, inflammatory arthritis such as rheumatoid, thyroid disease, diabetes, or a wrist fracture, those with a family history of CTS are also predisposed thereto.
- Smoking: low risk evidence
- **Genetic:** very strong evidence
- Alcohol consumption: insufficient evidence
- Carpal tunnel or wrist size (wrist ratio): some evidence
- Nonoccupational activities: some evidence for gardening and knitting

34

34

Dive into the Job Duties



- Repetition
 - Quantifying keyboard exposure in office-based occupations can be challenging.
 - Estimate your own job? How much time would you estimate is spent using the keyboard?
 - It is uncommon for employees to spend more than 50% of their workday actively using the computer.
 - The use of electronic medical record systems often involves more mouse navigation, rather than continuous keyboarding.

Checking In Patients

- 34 patients per day
 - Based on 100 patients split between 3 people = 1 hour and 42 minutes / day
 - Average check-in time = 3 minutes (established patients)

35

35

Repetition Continued



Checking-In Patients (1 hour and 42 minutes per day) (20% of overall job duties)

Job Duty	Percentage	Total time	% in an 8-hour day
Mouse	54.78%	56 minutes	11%
Keyboarding	13.24%	14 minutes	3%
Misc.	32.99%	32 minutes	6%

Scheduling Patients (31 minutes per day) (23% of overall job duties) – 17 patients per day

Job Duty	Percentage	Total time	% in an 8-hour day
Mouse	49.55%	15 minutes	3%
Keyboarding	9.82%	3 minutes	.06%
Misc.	46.63%	13 minutes	2.7%

36

36

Other Occupational Risk Factors

- Force
 - No forceful exertion while conducting office type job tasks
- Posture
 - Minimal wrist deviation observed (minimal flexion, extension, ulnar, radial deviation)
 - Slight ulnar and radial postural deviation when utilizing the mouse
- Static Duration
 - No sustained at-risk postures or forceful exertions in excess of 10 seconds.
- Environmental Risk Factors
 - Some contact stress when resting wrists on edge of desk.
 - No impact stress
 - No extreme temperatures
 - No vibration

37

37

Results

- A comprehensive ergonomic assessment, detailed investigative report, and video documentation were provided to the IME physician for review.
- The evidence identified and evaluated both occupational and non-occupational risk factors associated with the claimant's bilateral carpal tunnel syndrome.
- The physician was able to render an informed medical opinion based on objective findings, documented job demands, and video evidence rather than solely on a job description or the claimant's subjective estimates.
- The investigation provided a clear understanding of the claimant's actual work activities and ergonomic exposures.
- Based on the totality of the evidence, the IME physician concluded that the non-occupational risk factors outweighed the occupational risk factors. The claim was subsequently denied.
- Objective evidence drives informed decision-making and supports accurate compensability determinations.

38

38

AF Group | AccidentFund | UnitedHeartland | CompWest | ThirdCoast | AF Specialty | Fundamental | Integrated Risk Solutions | AmeriTrust

All policies are underwritten by a licensed insurer subsidiary. United Heartland is the marketing name for United Wisconsin Insurance Company, a member of AF Group. Third Coast Underwriters is a division of AF Group. For more information, visit afgroup.com © AF Group.

39
