not all claims are easy

(PART 3) - MANAGING PHYSICAL RELATED DISABILITIES

By Liz Scott & Tamara Lodge

Disability Management as a field has evolved significantly over the past two decades. This article will discuss strategies for the appropriate treatment and return to work of individuals with physical conditions. The condition of the late nineties was clearly back pain and physical related complaints. Disability Management Practitioners have had a fair amount of time to perfect the means of effectively managing physical disabilities. This article will summarize the current knowledge in the area of physical claims disability management.

CLAIM INITIATION

Claim initiation is a very important step in the disability management process and can assist in setting the tone of a claim and could influence the length of time an employee is absent.

It is essential to set the tone at the very beginning of the absence that everyone is committed to ensuring the employee returns to work. In a study done by Cole, Mondloch, & Hogg-Johnson, (2002) one of the elements that was identified as an important influencer on whether an employee returned to work was if the employee perceived they would return to work.

Having a process in place, is essential to ensuring that all claims, whether non-occupational or occupational, are initiated in a consistent manner and that all employees are required to provide the same documentation when absent from work or when work accommodation is required.

When an absence or workplace incident occurs, prompt action must be taken to ensure the employee obtains appropriate healthcare, and that the employer conveys concern and the expectation of return to work.

CLAIMS MANAGEMENT

A coordinated program of medical care, ergonomic assessment, and intervention can be efficacious in the primary, secondary, and tertiary prevention and treatment of physical related disabilities.

Medical documentation, i.e. functional capabilities should immediately be provided by the employee to the employer following an occupational illness/injury. This allows for the immediate offering of modified duties, if applicable. Medical documentation should be submitted to the employer as soon as possible when an employee is absent related to a non-occupational condition. This allows the employer to ensure the employee is pursuing the appropriate healthcare and focusing on recovery and return to work.

As discussed in Bernacki, Guidera, Lavin, & Tsai, (1999), work related musculoskeletal disorders or occupationally related cumulative trauma disorders are syndromes characterized by discomfort, impairment, disability, or persistent pains in joints, muscles, tendons or other soft tissues with or without physical manifestations. There is a significant body of epidemiologic and case study information indicating that the incidence of work related musculoskeletal disorders, including carpal tunnel syndrome, bursitis, tenosynovitis, tendonitis, and epicondylitis, is significantly higher in jobs that involve repetitive motions, localized contact stress, awkward positions, vibrations, and forceful exertions.

Therefore, a significant part of managing claims related to physical disabilities is the prevention of work

related illnesses and injuries, such as the repetitive motion injuries noted above. Ensuring workstations are ergonomically sound and worker education is provided concerning proper body mechanics and safe working habits will go a long way to preventing these types of physical disabilities.

Ergonomic modifications

In a study conducted by Loisel, Gosselin, Durand, Lemaire, Poitrais & Abenhaim (2001) a newly developed model of back pain management that included a participatory ergonomics program component had significant results in improving outcomes. The program successfully modified a workers' job task to allow them to participate in regular jobs within the parameters of their new capacities. This is an important finding for those that assist with prevention and return to work as it proves the necessity of employee participation for positive outcomes. Individuals must take some ownership for their own return to function in order for any program to be a success.

When it comes to Ergonomics, recognizing and filling different training needs is an important step in building an effective program. The different types of training that a facility might offer include: overall ergonomics awareness training; targeted training for specific groups of employees because of the jobs they do, the risks they face, or their roles in the program; or for members of ergonomics teams to perform job analysis and develop controls. (WorkSafe Bulletin, 1998).

Ongoing employee education concerning proper body mechanics and safe working habits will remind employees to work safely and help to decrease injuries.

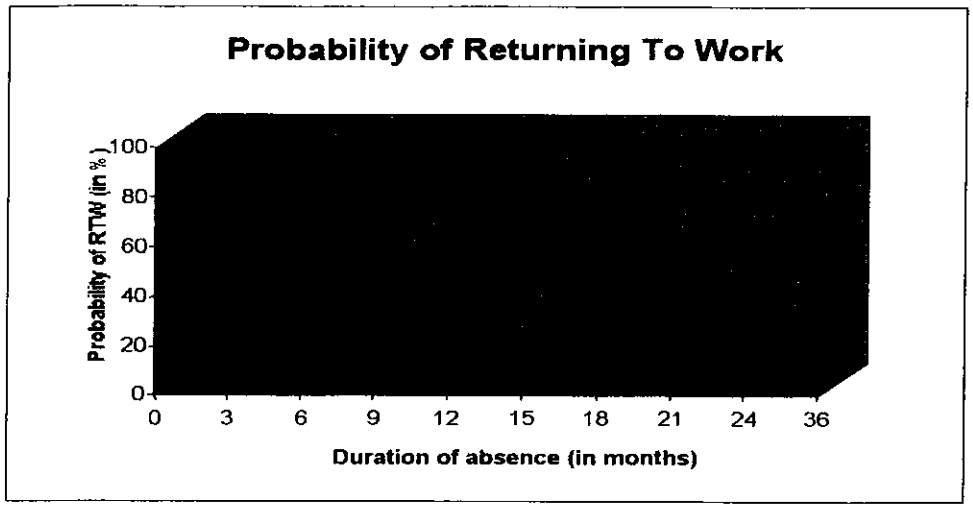
Guideline directed care

In managing claims it is important to be familiar with the most recent guideline directed care literature.

As discussed in Guzmán, Esmail, Karjalainen, Malmivaara, AIrvin, & Bombardier, (2001) there is strong evidence that "intensive multidisciplinary biopsychosocial rehabilitation with functional restoration improves function when compared with inpatient or outpatient non-multidisciplinary treatments."

In the case of low back pain many resources exist to determine best practice medical care. The Institute for Work and Health has a toolkit available for health care practitioners and employees that suffer from low back pain. This is available at http://www.iwh.on.ca/archive/pdfs/IWH_backpain_pres.pdf. There are several other summary articles for physically related conditions available at the IWH website. It is important for those involved in claims management to become familiar with this research and the principals of best practice treatment. This information can then be discussed with the employee and the treating health care practitioners to ensure the employee does receive the best guideline directed care possible.

Finally, if the employee is not progressing toward recovery in six weeks then a new approach should be explored and additional assessments enacted.



Functional abilities evaluations

A Functional Abilities Evaluation (FAE) determines an employee's current level of physical capability and compares it with pre-accident levels to help determine whether he or she can safely return to work or to a modified routine.

The FAE can identify job accommodations necessary to avoid further injury, as well as determine an employee's physical compatibility for a new, targeted job. It can also predict his or her ability to perform specific tasks following acute rehabilitation or work hardening.

Trained professionals (occupational therapists or kinesiologists) conduct an interview and a physical test using standardized tools such as the Arcon® or Blankenship® systems to perform the assessment. The resulting report provides recommendations that assist in the development of a rehabilitation or return to work plan (Ontario March of Dimes, 2005).

Functional abilities evaluations can also be used to simplify work accommodation planning, should there be any dispute in what the employee is stating are his or her functional capabilities. It provides objective medical information to support an employee's actual capabilities and an appropriate job match can then be performed.

RETURN-TO-WORK

Various studies have shown there are positive effects on outcome by combining appropriate treatment protocols to the return to work strategies (Beissner, Saunders and McManis, (1996), Edwards, Zusnian, Hardcastle, Twomey, Sullivan & McLean, (1992), Lahmann, Spratt & Lahmann, (1993), Michell & Carmen, (1990), Neimeyer, Jacobs, Reynolds-Lynch, Bettencourt & Lang, (1994).

Early and safe return to work is one of the most cost-effective strategies an employer can implement following an absence. The value of return to work is significant from a financial and human point of view. Work is instrumental to an individual's life balance and the sooner an employee can return to work the more positive the results. A well-designed return to work program is an essential component to any disability management program.

The longer an employee is absent from work, the less likely a return to work becomes possible (Shrey, 1992).

An essential component to any disability management program and the most effective way to implement an early and safe return to work is to provide transitional return to work duties. In disability management, transitional work is defined as "any

job or combination of tasks and functions that may be performed safely with remuneration by an employee whose physical capacity to perform functional job demands has been compromised (Shrey, 1992)."

Transitional duties should be documented prior to the return to work, using objective medical documentation as the guideline for the employee's functional capabilities, and compared to the employee's job description. Both the employer and employee should be involved in this process. Regular meetings should be held with the employee to monitor progress. Transitional return to work should be time limited with the goal being a return to the employee's regular duties.

Recognition that there are other factors that influence time off and desire to return to work is important in the overall goal of return to work. As discussed in Peterson, (1995), Hazard, Fenwick, Kalisch, Redmong, Reeves, Reid & Frymoyer, (1985), Beissner, Saunders & McManis, (1996), Harder & Scott (2005), these factors can often present significant barriers that must be addressed to achieve positive outcomes.

Examples of these barriers include physical job factors, such as heavy physical labour and repetitive motions; workplace organizational factors, such as low job control and long working hours; individual characteristics, such as pain and low recovery expectations; and psychosocial factors such as relationships with co-workers and supervisors, and labour relations in the workplace. (Institute for Work and Health, Fact Sheet, Return to work: Factors that Influence Return to work, 2005).

If an employee has permanent restrictions then a clear process, in line with the Human Rights Code, should be in place for "request for accommodation." Each of these request needs to be objectively reviewed. This will ensure job matches are appropriately executed, and expensive and unnecessary accommodations are avoided. Once an employee has returned to the workplace in an accommodated role, functional capabilities should be updated regularly to ensure ongoing ability to perform the essential duties of the new job.

Return to work planning and progress, are two very essential elements of all return to work plans. An employee that is returning to work should be aware the ultimate outcome of the return to work plan will be return to a regular job.

CONCLUSION

Managing claims related to physical disabilities can be challenging, however with consistent claim initiation practices, proactive claims management, and solid return to work strategies the human and financial cost of physical claims can be minimized.

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REFERENCES

Bernacki, E J, Guidera, JA. Schaefer, JA, Lavin, RA, Tsai, SP. (1999). An Ergonomics Program Designed to Reduce the Incidence of Upper Extremity Work Related Musculoskeletal Disorders. *The Journal of Occupational and Environmental Medicine.* Volume 41(12), pp 1032-1041.

Beissner, KL, Saunders. RL and McManis, BG. (1996). Factors Related to Successful Work Hardening Outcomes. *Phys Therapy*, 76, 1188–1201.

Cole, DC, Mondloch, MV, & Hogg-Johnson, S. (2002). Listening to injured workers how recovery expectations predict outcomes – a prospective study. *CMAJ*, vol 166(6), 749-754.

Edwards, BC, Zusnian, M, Hardcastle, P, Twomey, L. Sullivan, P and McLean, N. (1992). A Physical approach to the rehabilitation of patients disabled by chronic lowback pain. *MedJAust*, 156, 167–172.

Gibson, L and Strong, J. (1996). The reliability and validity of a measure of perceived functional capacity for work in chronic back pain. *J Occup Rehab,*. 6, 159–175.

Guzmán, J, Esmail, R, Karjalainen, K Malmivaara, K, AIrvin, E & Bombardier, C. (2001). Multidisciplinary rehabilitation for chronic low back pain: systematic review. *BMJ*, 322:1511-1516.

Harder, H. & Scott, L. (2005). Comprehensive Disability Management. Elsevier, London, England.

Hazard, R. Fenwick, J. Kalisch, S. Redmong, J. Reeves, V. Reid, S. and Frymoyer, J. (1985). Functional Restoration with Behavioral Support: A One-Year Prospective Study of Patients with Chronic Low-Back Pain. *Spine* 14, 157–161.

Institute for Work and Health. (2005). *Fact Sheet, Return to work: Factors that Influence Return to work.* www.iwh.on.ca

Lahmann, TR. Spratt, KF and Lahmann, KK. (1993). Predicting long-term disability in low back injured workers presenting to a spine consultant. *Spine* 18, 1103–1112.

Loisel, P, Gosselin, L Durand, P Lemaire, J, Poitras,S, Abenhaim, L. (2001). Implementation of a participatory ergonomics program in the rehabilitation of workers suffering from subacute back pain. *Applied Ergonomics*, 32 (53)60.

Michell, R and Carmen, G. (1990). Result of a Multicenter Trial Using an Intensive Active Exercise Program for the Treatment of Acute Soft Tissue and Back Injuries. *Spine* 16, 514–521.

Neimeyer, LO. Jacobs, K. Reynolds-Lynch, K Bettencourt, C and Lang, S. (1994). Work Hardening Past, Present, and Future – The Work Programs Special Interest Section Behavioral Work Hardening Outcome Study. *Am J Occup Therapy*, 48, 327–339.

Ontario March of Dimes (2005). http://www.dimes.on.ca

Peterson, M. (1995). Nonphysical Factors that Affect Work Hardening Success: A Retrospective Study. *J Orthop Sports Phys Therapy*, 22, 238–246.

Shrey, DE and Olsheski, JA. (1992). Disability management and industry-based work return transition programs. *Physical Medicine and Rehabilitation* 6(2), 303–314.

Worksafe BC (2005). *Worksafe Bulletin, 1998.* www.worksafebc.ca

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