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PINNACLE IQ

SPRING 2006

PINNACLE HEALTHCARE INDUSTRIAL QUARTERLY

TRANSITIONAL WORK PROGRAMS

An effective tool to reduce WC claims

Every management strategy stresses the value of TEAMWORK. Time and time again, decisions that effect the financial stability of a company are always evaluated, taking into consideration the ideas and input of active players. A work-related injury oftentimes is as expensive and time consuming as any other financial impact, if it is not managed well. Companies throughout the United States have adhered to the idea of a "light-duty" program in order to reduce the costly impact of "lost time injuries."

Unfortunately, past practices have made light-duty programs virtual nuisances for management and employees. Oftentimes, the only result is hostility among managers, supervisors, and coworkers alike toward the injured worker and their return to work effort. The source of the problem can be attributed to several issues:

- Lack of clearly defined roles regarding the assigned responsibility for patients on light duty.
- Lack of information and understanding among all parties involved.
- Suboptimal communication process between the safety director and managers/supervisors regarding the work restrictions.

As much as any other well thought out strategy, the concept of "light or modified duty," could be a very cost effective measure if the process is established and disseminated to all requisite parties. It must take into consideration the individuals involved, anticipate potential risks, and incorporate strategies for preventive measures.

As with any other business concept, the solution lies on the chosen plan of action. If we plan activities associated with a light-duty assignment after the injury occurs, there will always be an improvised program rather than a well-conceived strategy. However, if we identify key role players and have a well thought out plan, the result is a very effective and positive process everyone in the organization will view as beneficial. Thus, the concept now changes from a "light job" to "strategic job placement." This new approach is called the **transitional work program**.

Vanessa Barrios-Galvan and Gene Guzman performing an on site review

What should a transitional duty job look like? The specific characteristics of a transitional job should, at first, protect the injured body parts from further work strain while providing generalized physical conditioning for the worker as a whole. This should progress toward increasing demands that progressively stimulate the recovering injured areas. The injured worker may ideally graduate from one transitional job duty assignment to another more challenging assignment on their way toward a full return to regular work duties. A transitional duty is a dynamic process, continually pushing the worker back to their regular duties

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IS SB899 WORKING?

STATE OF CALIFORNIA RELEASES STUDY OF THE EFFECTS OF THE 2004 REFORMS ON WORKERS' COMPENSATION INSURANCE RATES

The consensus among legislators, insurance companies, and employers is that the 2004 workers' compensation reform is working. A February 3rd study by Bickmore Risk Services, which analyzes insurance data, found that the average cost of insuring a worker dropped to 2.59% of payroll from 4.81% of payroll.

The study encompassed a three-year period, from 7/1/03 to 1/1/06. In other words, employers are enjoying a savings of more than $2.00 for every $100.00 of payroll. Rates are now below where they were in 1996 and were adjusted for changes in the mix of payroll by industry.

The report also found that State Fund's market share has dropped to 36% of companies covered. Prior to SB899, State Fund had a significant market share of 58% which was up considerably from 28% in 2000. This latest evidence indicates that State Compensation Insurance Fund appears to be returning to its appropriate role as the insurer of last resort in the state.

-continued from page 1

(or to a level of maximum capability permanent accommodation, if this is to be the long-term outcome). Therefore, a transitional duty is to be assigned for a specific, brief predictable period, such as a week at a time and not allowed to linger indefinitely. In summary, a transitional work program is a progressive process whose goal is to gradually return the patient to their normal and customary work duties.

Establish a transitional work program for your organization. The potential cost saving is enormous if done correctly. Recruiting an experienced physical therapist, occupational therapist, or occupational nurse will be beneficial to assist in setting up site-specific programs and policies. Other important elements include:

1. Assess the company's problems related to the return of injured workers to work including history and trends, cataloging job tasks, logistics, policies and procedures, employee relations, union issues, and attitudes among managers, supervisors, and coworkers.

2. Identify categorized tasks that could serve as appropriate transitional work assignments for different categories of work injuries.

3. Write transitional work program guide lines, policies, and procedure.

4. Train employees on their roles in relation to pain reporting, injury management, and the transitional work process.

5. Make every level in the organization involved in the transitional work program, including managers, supervisors, foremen, safety committee members, injured employees, and coworkers.

Develop good working relations with local healthcare providers. Set up preferred provider arrangements with qualified and experienced physicians and physical therapists. The employer and the healthcare providers must be partners in the injury recovery process. If they are adversaries, everyone loses. Ask local physical therapists or chiropractors what is their average number of visits per patient. This simple background check will allow employers to gauge the individual provider's approach to work-related injuries. Does the clinician try to get the workers back to work quickly, within 6-8 visits, or have they historically treated the patient for 20-30 visits? Do they keep the worker working in a light/modified duty role or do they enable dependence by placing the individual on total temporary disability in conjunction with prolonged treatment regimens?

Arrange for a physical therapist to visit your worksite. Workers can speak with a visiting therapist to discuss how to resolve minor problems, such as muscle soreness and joint pain which is commonplace in many industries. They can also offer suggestions, without initiating an injury claim. Often, these early problems can be addressed with some simple self-care advice without incurring a reportable claim. The onsite physical therapist can also provide ergonomic consults, advice on light-duty work, employee screening, injury prevention training, stretching programs, etc.

Have all injured workers evaluated by the preferred provider the same day an employee reports a problem. The purpose is immediate examination and recommendation, similar to the trainer on a sports team that immediately examines an injury to determine the next course of action. This will have a positive impact on a company's mod rate and will enhance outcomes.

Finally, encourage early reporting of any pain or ailment an employee reports at work. Do not discourage pain reporting with what may be perceived as antagonistic or uncaring responses. Early pain reporting, with an appropriate response, good treatment, and immediate job risk correction will result in reduced lost days, minimize the potential for illegitimate claims and subsequently reduce overall workers' compensation cost.

All of these combined processes will certainly improve and dramatically change your workers' compensation challenges. In essence, you are having all the key role players working toward the same goal. These players, including management, healthcare providers, supervisors/foremen/coworkers, and ultimately the most important role player the injured employee, must work cohesively to achieve optimum program results. In conclusion, a
transitional work program tailored in this fashion will most certainly include the most important management concept in any organization, **teamwork!**

Avian Flu Update

The 2005-2006 influenza season was relatively mild despite the media frenzy regarding a possible flu pandemic and the ongoing press regarding the Avian flu virus. Because it is unknown whether or not the Avian flu will mutate into a virus that can be readily transmitted between humans, the CDC has been closely monitoring changes in Europe and Asia over the past six to eight months.

Although H5N1, which is the scientific name for the Avian flu, does not usually infect people, human cases of H5N1 infection associated with outbreaks in birds have been reported. Most of the reported human H5N1 infections resulted from direct or close contact with infected poultry or contaminated surfaces. In February of 2005, the first four human cases of H5N1 infection were diagnosed in Southeast Asia. Over the next 12 months, H5N1 human cases were reported in Cambodia, Thailand, Indonesia, Vietnam, and most recently in China. In 2006, human cases were reported in Turkey and Iraq. At this time, there is little or no protection against this virus in the human population if it were to further mutate, thus setting the stage for a highly virulent influenza pandemic (worldwide outbreak).

There is currently a ban on the importation of birds and bird products from H5N1 affected countries. The regulation states, "No person may import or attempt to import any birds, whether dead or alive, or any products derived from birds, including hatching eggs from H5N1 affected countries."

Cholinesterase Surveillance Monitoring: Medical Supervision

The Office of Environmental Health Hazard Assessment, OEHHA, oversees the California Pesticide Worker Safety and Health Programs under Cal/EPA. Employers wishing further information regarding pesticide programs, monitoring schedules and medical supervision, should visit the following OEHHA website: http://www.oehha.ca.gov/pesticides/programs/pestcode.html.

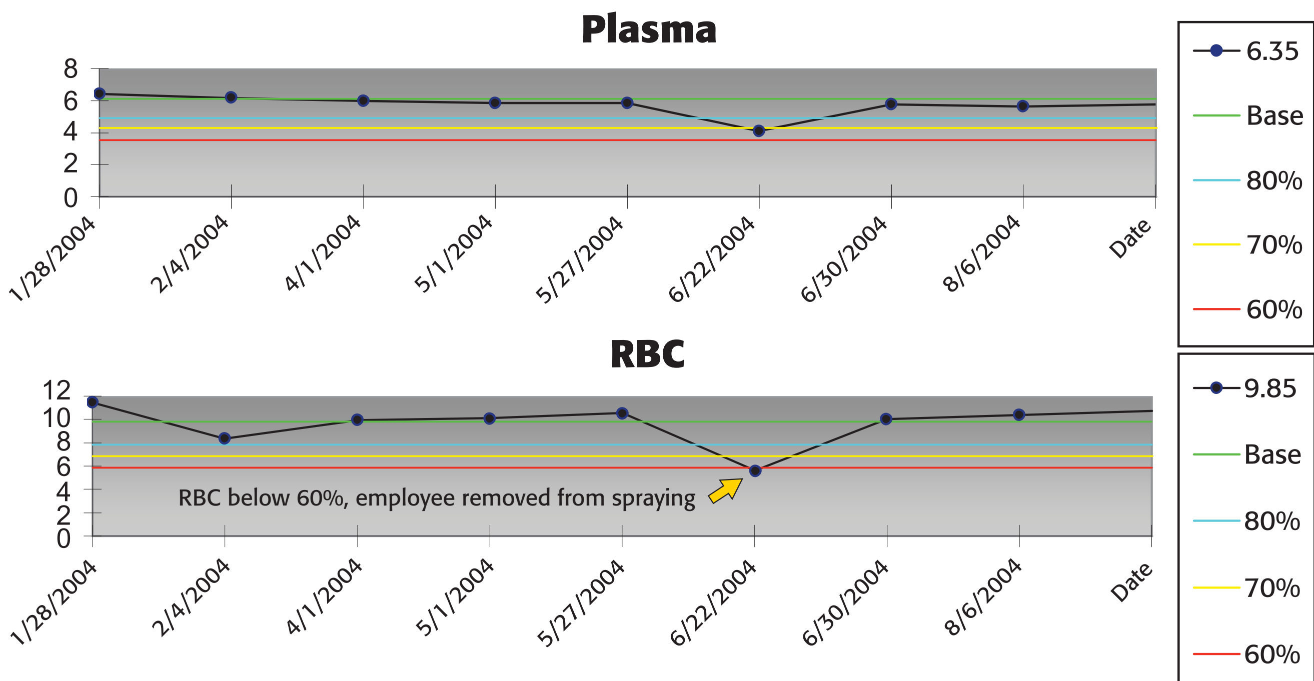
The following table summarizes the key points in cholinesterase surveillance monitoring and summarizes the medical supervision criteria. *See page 4 for additional information.*

Employer Documentation and Reporting	Medical Supervision	Testing	Action Plan
Whenever an employee handles a pesticide in toxicity category 1 or 2, containing an **organophosphate** or **carbonate**, the employer shall maintain records that identify the employee, the name of the pesticide and the date. Each employer who has an employee who regularly handles pesticides shall have the following: A written agreement signed by a physician that includes the names and addresses of both the physician providing medical supervision and the employer responsible for the employees. This document shall state that the physician has agreed to provide medical supervision and that the physician possesses a copy of and is familiar with the "Medical Supervision of Pesticide Workers Guideline for Physicians" document. The employer shall keep a record of the agreement to provide medical supervision and will use records and all recommendations received from the medical supervisors in conjunction with cholinesterase test results for the purpose of medical surveillance. The records will be maintained for three years and shall be available for inspection by the employee, the director, commissioner, county health official or state health official.	The employer shall follow the recommendations of the medical supervisor concerning matters of occupational health, specifically as they pertain to cholinesterase medical surveillance and monitoring. The employer shall post the name, address, and telephone number of the medical supervisor in a prominent place at the locale where employee usually starts the work day; or, if there is no locale where the employee starts the work day, they will post this information at each worksite or in each work vehicle.	All covered employees shall have a baseline red blood cell and plasma cholinesterase determination. Baseline values will be verified every two years. Baseline values shall be verified every two years, unless there is a change in testing laboratories. For new employees, the medical supervisor may accept previously established baseline values if they are obtained in accordance with these regulations and it is determined that the same laboratory methodology was utilized to analyze the employee's blood samples. The employer shall ensure that each employee, not previously under medical supervision, has RBC and plasma cholinesterase determinations within three working days after the conclusion of each 30-day period in which pesticides are regularly handled. After three tests, at 30-day intervals, further periodic monitoring shall be at intervals specified in writing by the medical supervisor. When the medical supervisor has made no written documentation for continued periodic monitoring, the testing interval shall be 60 days. To meet the requirements of these regulations, red cell and plasma cholinesterase tests ordered by a medical supervisor for occupational health surveillance shall be performed by a clinical laboratory currently approved by the State Department of Health Services.	The employer shall investigate the work practices of any employee whose red blood cell or plasma cholinesterase levels **fall below 80% of the baseline**. The investigation of work practices shall include a review of the safety equipment used and its condition and the employee's work practices which include employee sanitation, pesticide handling procedures, and equipment usage. The employer shall maintain a written record of the findings, any change of equipment or procedures, and any recommendations made to the employee. The employer shall remove an employee from exposure to organophosphate or carbonate pesticides if the employee's plasma cholinesterase falls to 60% or less of the baseline or if red cell cholinesterase **falls to 70% or less of the baseline**. The employee shall be removed from further exposure until cholinesterase values return to 80% or more of the respective baseline values. The employer shall maintain written records of the dates of removal and the dates when employees are returned to exposure.

Cholinesterase continued... Sample Tracking Results

Name	Base	1/28/200	2/4/2004	4/1/2004	5/1/2004	5/27/2004	6/22/2004	6/30/2004	8/6/2004
John	6.35	6.6	6.1	6	5.8	5.8	4	5.9	5.5
Jones	**Base**	6.35	6.35	6.35	6.35	6.35	6.35	6.35	6.35
Plasma	**80%**	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08
	70%	4.445	4.445	4.445	4.445	4.445	4.445	4.445	4.445
	60%	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81

Name	Base	1/28/2004	2/4/2004	4/1/2004	5/1/2004	5/27/2004	6/22/2004	6/30/2004	8/6/2004
John	9.85	11.4	8.3	10	9.9	10.5	5.3	9.9	10.3
Jones	**Base**	9.85	9.85	9.85	9.85	9.85	9.85	9.85	9.85
RBC	**80%**	7.88	7.88	7.88	7.88	7.88	7.88	7.88	7.88
	70%	6.895	6.895	6.895	6.895	6.895	6.895	6.895	6.895
	60%	5.91	5.91	5.91	5.91	5.91	5.91	5.91	5.91



Atherton Police Dispatcher Charged With Workers' Comp Fraud

A former Atherton police dispatcher is being charged with felony fraud for allegedly faking the severity of a workers' compensation knee injury. The employee worked for the City of Atherton from 1991 through 1997 in the capacity of a police dispatcher. The individual claims she was injured when she fell down while answering a phone. She did not respond to extensive medical treatment and was then permanently disabled, precluding her from work.

An Atherton insurance broker caught the employee squatting and lifting heavy rocks in December of 2000. The decision to investigate and recommend legal recourse was made by Cities Group, a five-city insurance pool that Atherton belongs to.

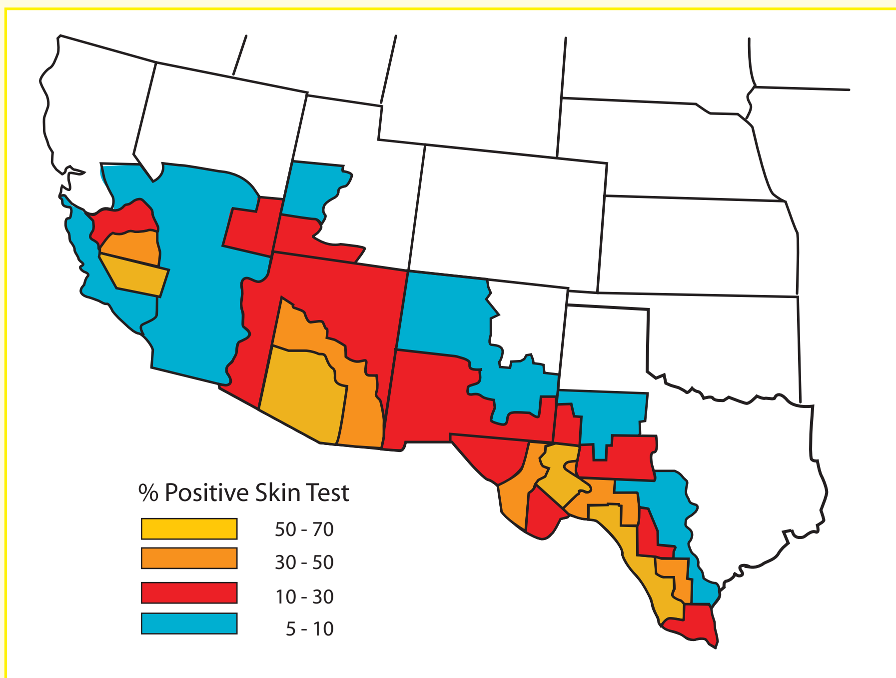
The injured worker was arraigned in the San Mateo Superior Court on 1/7/06 on six counts of fraud and will face trial in May. Prosecutors stated that the City of Atherton has incurred expenses in excess of $150,000.00, which included workers' compensation payments, knee surgery, and a variety of other occupational medical expenses. This case will be followed closely given its unique nature and the city's position regarding reimbursement of all costs including workers' compensation and investigation expenses which now exceed $200,000.00

VALLEY FEVER: Coccidioidomycosis

Coccidioidomycosis, also known as Valley Fever and San Joaquin Fever, is an infection caused by inhaling the microscopic spores of the fungus *Coccidioides immitis*. Spores are microscopic thick-walled structures that fungi use to reproduce. The spores of coccidioidomycosis can be found in the soil of the Southwestern United States, Central America, and South America. Farmers and others who work with soil are most likely to inhale the spores and become infected.

Symptoms

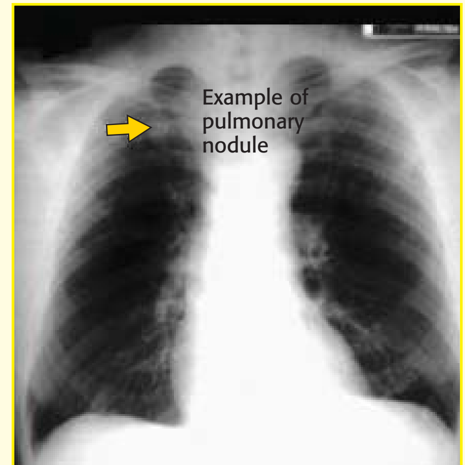
Most people with acute primary coccidioidomycosis have no symptoms. If symptoms develop, they appear one to three weeks after the person becomes infected. Typically the spores of *Coccidioides immitis* are inhaled and then are lodged in the lungs. While in the lungs, they divide, multiply and cause inflammation. The disease is not spread from one person to another. As the disease progresses, the patients develop a fever which can be as high as 104 degrees Fahrenheit, a dry cough, chest pain, headache, muscle aches, weight loss, and joint pain. In some cases, patients develop a painful red rash on the lower extremities approximately two to three weeks after the onset of the fever. Symptoms usually subside without treatment within four to five weeks. Patients that have been infected will develop partial immunity to reinfection.



Coccidioidomycosis exists in three forms. The acute or primary form produces flu-like symptoms. The chronic or long-standing form can develop as many as 20 years after the initial infection and in the lungs, can produce inflamed areas that fill with pus. The most severe type is called *disseminated* coccidioidomycosis in which the fungus spreads throughout the body and affects multiple organ systems. Disseminated coccidioidomycosis is oftentimes a fatal disease.

Coccidioidomycosis is an airborne infection, and the incidence is approximately 15 cases per 100,000 population. The disease is most common in individuals between the ages of 25-55.

In the chronic form of coccidioidomycosis, patients will develop more significant infections predominantly in the lungs. In some cases, the patients may develop abscesses (pus pockets) with fluid in the lungs that cause severe pulmonary problems. In these cases, the patients will also have a fever, chest pain, painful respirations, and other signs consistent with pneumonia.



Patients with chronic coccidioidomycosis warrant medication and medical intervention for recovery.

Diagnosis

A physician may suspect coccidioidomycosis if a patient develops symptoms after living in or recently traveling to an area where the disease is common. Chest x-rays will usually reveal abnormalities and further testing of either blood or sputum will be used to confirm the diagnosis. A skin test similar to that for tuberculosis will determine whether or not a patient has been infected. The test is simple and accurate, but it does not indicate whether the disease was limited to its acute form or if it has progressed to a chronic form.

Treatment

In most cases of acute coccidioidomycosis, the condition is self-limiting and will go away without treatment. Symptomatic relief for fever and pain can be obtained with non-prescription medications. In some cases of primary coccidioidomycosis, the physicians may opt to treat the patient with oral medications.

Chronic and disseminated coccidioidomycosis is a much more serious disease that requires close medical attention and prescription medications. Patients with compromised immune systems are at a higher risk for complications.

Biopharmaceutical companies are in the process of developing a vaccination. Although a vaccine has yet to be developed, its use would more than likely be targeted to the high risk areas where this fungal disease is prevalent.

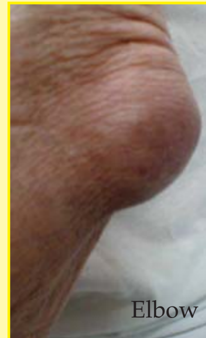
What is Bursitis?

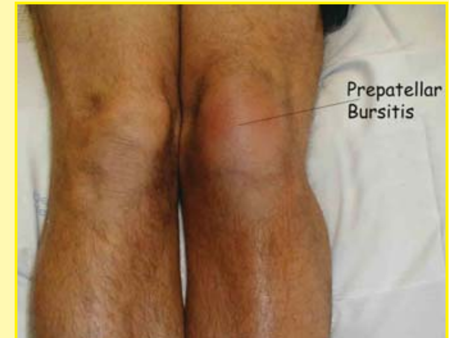
Bursitis is the inflammation of a *bursa* or the lubricating pad that separates tendons from bones that are near joints. Bursitis most frequently occurs around the elbow, shoulder, knee, and hip joints. Bursitis is common in numerous occupations. For example, carpenters are prone to bursitis of the elbow and shoulder, and carpet installers are more prone to bursitis affecting their knees.

A bursa is a soft sac filled with a lubricating fluid that minimizes friction caused by tissues (muscles and tendons) that move near or over a joint. When a bursa is injured or irritated from overuse, the sac becomes inflamed and can swell two to three times its normal size.

How is bursitis treated?

Bursitis is a common orthopedic condition that usually responds to conservative medical treatment. In most cases, the treatment consists of anti-inflammatory medications, avoidance of direct pressure to the affected bursa, and limiting aggravating movements. The use of orthotic supports such as knee pads and elbow pads are also helpful. In more severe cases, patients are referred to orthopedists or occupational medicine physicians that may opt to *aspirate* or remove the excessive bursa fluid with a needle and inject corticosteroid medication into the painful bursa. In more severe cases where patients are prone to chronic recurring bursitis, orthopedic surgical intervention is a last resort.


Elbow



What is Cubital Tunnel Syndrome?

Cubital tunnel syndrome is a condition caused by pressure on the ulnar nerve, aka the *funny bone*, located behind the elbow. Cubital tunnel syndromes is less common in occurrence than its famous counterpart, carpal tunnel syndrome. Both cubital tunnel syndrome and carpal tunnel syndrome can cause debilitation, weakness, and impaired function resulting in decreased productivity from the injured worker. People who use their hands and wrists repeatedly in the same way have a tendency to develop cubital tunnel syndrome as a result of cumulative occupational trauma.

Anatomy and Physiology

The ulnar nerve passes through the cubital tunnel which is a bony passageway behind the elbow. When a person hits their "funny bone" or ulnar nerve, they develop immediate numbness and tingling along the route of the ulnar nerve. When the ulnar nerve is injured, one experiences numbness, tingling, and possibly pain to the small finger and ring finger of the injured extremity.

Signs and Symptoms

- Numbness and tingling to the small finger and half of the ring finger.
- Increased pain with flexion or bending of the elbow, putting direct pressure on the elbow while performing repeated manual labor, or prolonged stationary positions while driving.
- Weakness in the affected extremity.
- Hand, forearm, and elbow pain with repeated use.

Is cubital tunnel syndrome more prevalent in certain work duties?

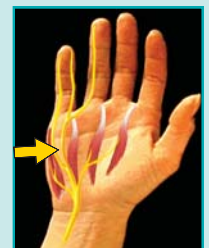
Yes - Cubital tunnel syndrome is prevalent in occupations and work duties that involve direct pressure on the elbow or repeated flexion or bending of the elbow. Cubital tunnel syndrome can be seen in workers that do repeated data entry, typing, assembly line work and commercial truck drivers. Cubital tunnel syndrome is also more common in patients with arthritis, diabetes, thyroid disease, and individuals that ingest large amounts of alcohol.

How is cubital tunnel syndrome diagnosed?

The medical provider will review the patient's symptoms and perform a comprehensive examination in order to determine if there is evidence of cubital tunnel syndrome. Specific tests will be performed that elicit abnormal responses in the areas that are innervated by the ulnar nerve. Electrodiagnostic testing, specifically nerve conduction studies and electromyography, will confirm the diagnosis.

Left: Ulnar nerve elbow

Right: Ulnar nerve hand



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What is the treatment?

Once cubital tunnel syndrome is diagnosed, the primary treatment involves the relief of the patient's symptoms with an emphasis on reducing pressure on the ulnar nerve. The medical provider's goal is to return the patient to a preinjury status so they can assume their routine and customary work and a normal lifestyle. The initial treatment involves light-duty restrictions, the use of anti-inflammatory medication, physical therapy, and ergonomic modifications.

Patients that are non-responsive to conservative treatment will need to see an orthopedist who may opt for a continuation of conservative treatment or in more advanced cases recommend surgical intervention as a means of releasing the pressure around the ulnar nerve.

What can employees do to prevent cubital tunnel syndrome?

Employees that perform repetitive work with their hands and wrists should be encouraged to take intermittent breaks from repetitive motion and encouraged to perform stretching exercises. These individuals should also avoid resting on their elbows for prolonged periods. Early intervention through proactive exercise regimens and ergonomics are the cornerstones of preventive management.

If you would like further information regarding stretching exercises and ergonomic evaluations, please feel free to contact your local Pinnacle HealthCare physical therapy department.

LEGISLATIVE UPDATE

THE WORKERS' EMPOWERMENT ACT... HERE WE GO AGAIN

On 2/15/06, the California Secretary of State's office added three controversial ballot initiatives, collectively known as the Workers' Empowerment Act. These three ballot initiatives, 1199, 1200, and 1201 will be hotly contested by insurance industry lobbyists representing tort litigators. The proponents of these ballot initiatives have hired a high profile political law firm and have been cleared by the state to begin gathering signatures. In order to place the initiatives on the November ballot, a total of 598,105 signatures from registered California voters must be collected by July 17.

The three proposed ballot measures would allow injured workers to opt out of the workers' compensation system and sue their employers 90 days after injury. Furthermore, the initiatives would restore injured worker choice of treating physicians, dismantle the existing medical provider network, restore the presumption of correctness for treating physicians, and allow medical providers to file suits if bills for the treatment of injured workers are not paid within 60 days.

Each of the proposed initiatives would amend the state constitution to allow voters to use the initiative process to make statutory changes to the workers' compensation system, which is now the exclusive purview of the state legislature. The following summaries of the initiatives were drafted by the Attorney General's office:

Initiative 1199. Workers' compensation. Option to sue. Initiative constitutional amendment and statutes.
This initiative provides option, 90 days after injury, for injured employee to sue employer or insurer for civil damages rather than continue in the workers' compensation system. Allows injured employees to choose their own medical providers with treatment paid by employer or employer's insurer. Findings of selected provider are presumed correct unless rebutted by preponderance of medical opinion. Authorizes employee selected medical provider to sue employer or insurer if provider's bills are not paid within 60 days. Repeals provision allowing employers and insurers to contract with pharmacies to provide medicines to employees.

Initiative 1200. Workers' compensation. Option to sue. Initiative constitutional amendment and statutes.
Provides option, 90 days after injury, for certain private sector, non-union injured employees to sue employer or insurer for damages, rather than continue in workers' compensation system. Allows injured employees to choose their own medical providers with treatment paid by employer or carrier. Findings of selected provider are presumed correct unless rebutted by preponderance of medical opinion. Authorizes employee selected medical provider to sue employer or insurer if provider's bills are not paid within 60 days. Repeals provision allowing employers/insurers to contract with pharmacies to provide medicines to employees.

Initiative 1201. Workers' compensation. Benefits. Choice of medical provider. Initiative constitutional amendment and statutes.
Increases workers' compensation weekly permanent partial disability payments and death benefit levels in 2007, and thereafter authorizes annual increases in death benefits tied to state average weekly wage. Allows injured employees to choose their own medical providers, with treatment paid by employer or employer's insurer. Findings of selected provider are presumed correct unless rebutted by preponderance of medical opinion. Repeals provision allowing employers and insurers to contract with pharmacies to provide medicines to employees.

Industry insiders and state finance officers project that the passage of any one of these initiatives could potentially result in significant costs in the mid to high hundreds of millions of dollars for state and local government work-related injuries.

Employers beware.

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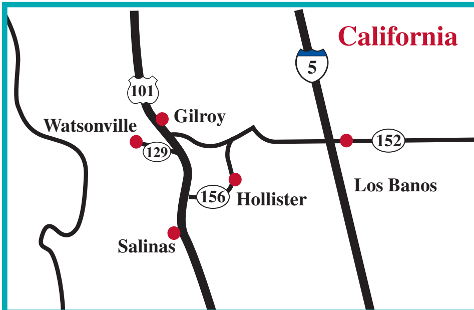

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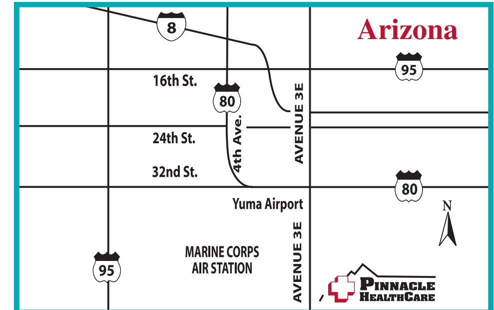

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