



Successful Return To Work: The Chiropractic Gatekeeper

**440.134 Workers'
compensation managed
care arrangement**

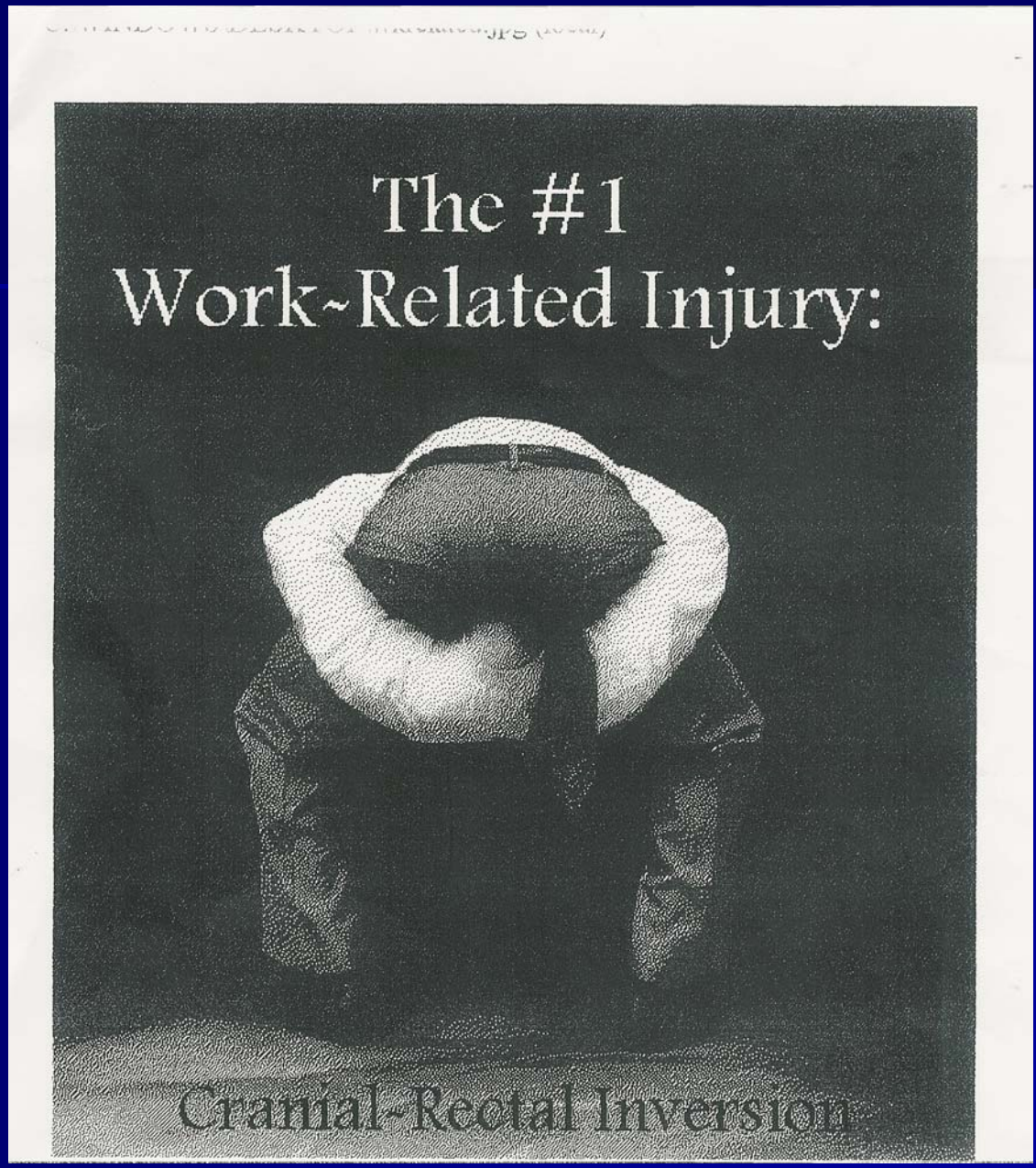
"Medical care coordinator" means a primary care provider within a provider network who is responsible for managing the medical care of an injured worker including determining other health care providers and health care facilities to which the injured employee will be referred for evaluation or treatment. A medical care coordinator shall be a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, or a podiatric physician licensed under chapter 461.

"Primary care provider" means, except in the case of emergency treatment, the initial treating physician and, when appropriate, continuing treating physician, who may be a family practitioner, general practitioner, or internist physician licensed under chapter 458; a family practitioner, general practitioner, or internist osteopathic physician licensed under chapter 459; a chiropractic physician licensed under chapter 460; a podiatric physician licensed under chapter 461; an optometrist licensed under chapter 463; or a dentist licensed under chapter 466.

The Communication Gap: Going In Circles

- Injured employee sent to walk-in clinic.
- Injured employee sent home with scrip - return in a month.
- Injured employee left to stew at home earning no income.
- Carrier receives DWC-1 from employer 1 week later.
- Carrier receives physician notes 2 weeks later with HCFA.
- Employer will not take employee back until MMI.
- What's wrong? Dx: CRI

Dx: CRI



Standard Medical Management for WMSDs

- Diagnosis and treatment based on symptoms.
- High reliance on pharmaceuticals.
- Lower OV frequency.
- High specialist utilization.
- High hospital and surgical referral.
- Longer case duration.
- Higher disability.

Standard Chiropractic Management for WMSDs

- Diagnosis and treatment based on function.
- Low reliance on pharmaceuticals.
- Higher OV frequency.
- Low specialist utilization.
- Low hospital and surgical referral.
- Shorter case duration.
- Lower disability.

460.403 Definitions

Any chiropractic physician who has complied with the provisions of this chapter may examine, analyze, and diagnose the human living body and its diseases by the use of any physical, chemical, electrical, or thermal method; use the X ray for diagnosing; phlebotomize; and use any other general method of examination for diagnosis and analysis taught in any school of chiropractic.

**Title 49 of the Code of Federal
Regulations (Transportation)**

Volume 4, Chapter III, Part 390.5

Medical examiner means a person who is licensed, certified, and/or registered, in accordance with applicable State laws and regulations, to perform physical examinations. The term includes, but is not limited to, doctors of medicine, doctors of osteopathy, physician assistants, advanced practice nurses, and doctors of chiropractic.

**Practical Return To
Work: Key To
Successful Outcomes**

Successful RTW Elements: Employer

- Management commitment
- Written policies and procedures
- Written job descriptions for every position:
 - Risk factors
 - Physical requirements
 - Essential functions
- Written temporary work assignments
 - “Modified duty” positions
 - Closely match injured employee’s functional capabilities

Successful RTW Elements: Provider

- Physician commitment
- Protocols and clinical procedures for WMSDs
- Understanding job descriptions:
 - Risk factors
 - Physical requirements
 - Essential functions
- Understanding temporary work assignments
 - “Modified duty” positions
 - Closely match injured employee’s functional capabilities

Acute LBP in Adults

- Clinical Practice Guidelines, Number 14, Rockville, Maryland: US Dept Of Health and Human Services, Public Health Service, AHCPR, 1994. Bigos S, Bower O, et al.
- Most effective physical method is manipulation
- Muscle relaxants were no more effective than NSAIDs
- No demonstrable benefit to combining w/NSAIDs
- Opioids no more effective than safer analgesics

Work-related LBP: Case 1

- Case: 30 y/o male Park and Recreation Specialist
- Hx: strenuous lifting (E927)
 - Picnic table
 - Gradual worsening in 24 hours
- Dx:
 - Orthopedic: strain/sprain
 - Neurology and radiology: WNL
- Tx:
 - Acetaminophen 500mg. ad lib
 - 3x/wk 4 wks: CMT/PT

Work-related LBP: Case 1

- Case: 30 y/o male Park and Recreation Specialist
- RTW status:
 - 2 weeks TWA - office/clerical assist
 - Full duty
- Specialists involved: none
- Released with no restrictions
- Case duration: 4 weeks, 0% impairment

Work-related NP: Case 2

- Case: 43 y/o r/h male Painter
- Hx: Fall from ladder (E881.0)
 - Lost control of paint can
 - Struck head; momentary loss of consciousness
- Dx:
 - Orthopedic: strain/sprain; radiculitis
 - Neurology: reflex loss right C5 and C6; strength WNL
 - Radiology: C-sp DJD
- Tx:
 - Ibuprofen 400 mg t.i.d. 2 days, then ad lib
 - 4x/wk 3 weeks: CMT/PT
 - 2x/wk 2 weeks: PT
 - Home therapy 3 weeks

Work-related NP: Case 2

- Case: 43 y/o r/h male Painter
- RTW status:
 - 2 days bed rest
 - 4 weeks TWA - office/clerical assist
 - Full duty
- Specialists involved: none
- Released no restrictions
- Case duration: 8 weeks, 0% impairment

Work-related shoulder: Case 3

- Case: 38 y/o r/h female Receptionist
- Hx: Trip and fall (E917.7)
 - Caught foot in chair casters
 - Fell onto floor striking right side
- Dx:
 - Orthopedic: strain/sprain
 - Neurology: WNL
 - Radiology: r/o torn labrum and/or rotor
- Tx:
 - 3 visits: orthopedic
 - 3x/week 6 weeks: CMT/PT
 - Home therapy 8 weeks

Work-related shoulder: Case 3

- Case: 38 y/o r/h female Receptionist
- RTW status:
 - 1 day bed rest
 - Full duty
- Specialists involved: orthopedic
- Released no restrictions
- Case duration: 16 weeks, 7% Impairment

Rehab and Physical Function

- Rehab must not be solely based on symptom relief.
- It must address more than pain. Rehab must be oriented towards restoration of function, not just relief of symptoms.
- The patient has a functional disability after an injury and until it is addressed, these functional changes will persist.
- Successful RTW is directly related to a patient's ability to function.

440.13 Medical services and supplies; penalty for violations; limitations.

(2)(a) Medical treatment; duty of employer to furnish

...Medically necessary treatment, care, and attendance does not include chiropractic services in excess of 24 treatments or rendered 12 weeks beyond the date of the initial chiropractic treatment, whichever comes first, unless the carrier authorizes additional treatment or the employee is catastrophically injured.

The Value of Pre-placement Screenings and Physicals

- Establish baseline medical data
- Appropriately treat or refer
- Required in certain industrial classifications
- Useful in determining pre-existing conditions
- Comply with Title I of ADA

The Three C's

- Competence: employer, carrier, and provider training
- Confidence: the support of management and health care providers
- Communication: the most important element of any successful outcome:
 - Employer-carrier
 - Employer-provider
 - Carrier-provider
 - Employer-employee
 - Employee-provider
 - Carrier-employee

Thank You

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