

PROVIDER Update

1st Edition 2012
KEEPING YOU IN THE LOOP

MetraComp, Inc. · New York Workers' Compensation PPO Network

METRACOMP CLIENTS IN NEW YORK

ACE USA INSURANCE COMPANY
BRIDGESTONE-FIRESTONE
CHARTIS (fka AIG)
DELPHI
GUARD
MAJESTIC INSURANCE COMPANY
NEW VENTURE GEAR
OLD REPUBLIC
PRIMESOURCE
SAFECO
THE HARTFORD
ZURICH INSURANCE

BERKLEY SPECIALTY UNDERWRITING
CNA
CHRYSLER
GENERAL MOTORS
LIBERTY MUTUAL/ WAUSAU
NESTLE
NEW YORK STATE INSURANCE FUND
PMA INSURANCE COMPANY
PUBLIC SERVICE MUTUAL
SENTRY INSURANCE
TRIBAL FIRST INSURANCE

This listing is representative of MetraComp's insurance carrier clients and self-insured employer groups. We make every effort to ensure this listing is complete and reflects a comprehensive list of clients contractually entitled to access our New York network of PPO providers. In addition to our listing, our insurance carrier clients have hundreds of employer groups who are directed or recommended into the MetraComp PPO Network. **Any question regarding a MetraComp/client relationship can be addressed by contacting MetraComp's Provider and Customer Relations Department at (800) 360-1275.**

SAMPLE LIST OF PARTICIPATING EMPLOYERS

AMERICAN RED CROSS
CARESTREAM HEALTH
COMMUNITY CARE PHYSICIANS, P.C.
FOOT LOCKER
KOHL'S
M&T BANK CORPORATION
PEPSI COLA
RALLYE MOTORS
RENSSELAER POLYTECHNIC INSTITUTE
ROSINA FOOD PRODUCTS, INC.
SEARS
ST. VINCENT'S HOSPITAL
THE HOME DEPOT
WALMART STORES
YMCA OF GREATER NY

BEST BUY
COCA COLA
ELMHURST DAIRY, INC.
JC PENNEY
MULTISORB TECHNOLOGIES, INC
OPPENHEIMER
PETLAND DISCOUNTS, INC.
RAYMOURS FURNITURE COMPANY
RIVERHEAD BUILDING SUPPLY CORP
SAMS CLUB
SOUTH SHORE HOME HEALTH SERVICES
SUNRISE SR. LIVING
VOLUNTEERS OF AMERICA
WINGATE HEALTHCARE

MEDICAL DIRECTOR FORUM

SHINING A LIGHT ON LIGHT DUTY

An important part of participation in a Workers' Compensation Preferred Provider Organization (WC-PPO) is attention to the work status of the individual. Appropriate treatment is certainly a key element, but one of the important aspects of treatment is maintaining the highest level of functioning possible based on the injury or illness.

There is good evidence that injured employees who are able to stay at work do better than injured employees who are not working. Work and the workplace have important social and financial benefits to the injured worker. These contribute to the benefit of remaining at work. And, the benefits of remaining at work appear to be independent of the type and severity of the injury. Maintaining the pattern of life, including work, has direct medical benefits and improves healing time for most injuries.

The converse is also true. Workers' comp statistics tell us that the longer a person is out of work, the longer it will take for them to return to work. While that may seem obvious, it is important to note that the time out of work increases at a much higher rate than the lost time per se. A rule of thumb that I have found helpful is that if the person has been out a day; anticipate a couple of days until they return to work. If they have been out a week, anticipate 3 or 4 weeks until they return to work. If they have been out a month, anticipate several months before return to work. By 6 months the rate of recovery to ever return to work drops off to below 50% and declines precipitously thereafter. What happens in the first week or two after the episode often determines the lifelong status of the injured employee.

The best strategy, where clinically appropriate, is to have the person remain at work at some level of duty. This concept of "stay at work" has been tested and appears to be of value. Besides avoiding a "lost time" injury, it has the clinical benefit of improving recovery time of the underlying injury/illness itself.

A second key point is to recognize that the physician's responsibility is to define the medical issues. That means that the provider should not be deciding limitations based on the current job

the person does. It is not uncommon to find that the person cannot do the job they were doing. However, it is not the physician's responsibility to decide what job the employee can do or changes to the job that can be made. That responsibility rests with the employer. Rather, the physician needs to define the appropriate medical factors that impact functionality.

How to define the appropriate limitations is both easy and hard. It is easy in the sense that some basic "floors" can be put in place by recognizing that most people who are ambulatory can do at least sedentary type activity. It is hard in the sense that it takes a deeper understanding of the impact of activities on the person. This is where an occupational medicine consultation, a physical medicine/rehab consult or a functional capacity evaluation (FCE) can be of value. It may be appropriate to define the "floor" capabilities and then refine them as appropriate.

It is also important to remember that the diagnosis does not define the function. The range of functionality with a given diagnosis can go from no limitations to full limitations. Unfortunately, many physicians tend to base their recommendations on the diagnosis rather than an assessment of the person's functionality.

As relates to an FCE; it is important to remember that an appropriate FCE takes the cooperation of the injured worker. While there are some measures built into an FCE to measure effort, these are not very precise. Thus, the physician needs to be aware of the limitations of an FCE.

A third key point is that the restrictions or accommodations should be defined in terms of physical limitations, environmental limitations or time limitations. The physician should avoid indicating the person can or cannot do a particular job or task of a job. Thus, for example, limitations such as "10 lbs. lifting maximum", "no more than 15 minutes standing out of a half hour", "keep area clean and dry", "no use of right hand" or "sit or stand as needed for comfort" are appropriate. On the other hand saying the person "cannot do computer entry job" is inappropriate for someone with a hand problem because the company may choose to offer a voice recognition system. Likewise a statement such as "no materials handling" is not appropriate because the company may choose

to offer an automated lift device which only requires minimal physical activity on the part of the employee. The key point is that the physician should stick to the medical recommendations and leave the employment decisions to the employer.

A fourth key point is that it is not the responsibility of the physician to make the accommodations necessary to allow the injured employee to maintain or return to work when the supervisor will not. Nor is it the physician's responsibility to create work for the employee. If the employee comes back to the physician and indicates they were not accommodated, they need to be referred to a case manager if one exists or back to the employer at a higher level of human resource management. Another resource to which the patient can be referred is the Advocate for Injured Workers at the Workers' Compensation Board. The physician should not change their medical recommendations. It is not uncommon for the employee to claim that they were not accommodated when they really did not make an effort to be accommodated.

At each visit the physician should re evaluate limitations based on the current condition of their patient. And, the physician should listen to the employee regarding their own perception of the matter. But, in the end the physician should stay with the objective medical evidence. Some physicians might feel that the patient who does not get their way regarding work

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Medical Director

PPO ADMINISTRATOR FORUM

IN-NETWORK REFERRALS

Recent file reviews show a pattern of MetraComp participating providers failing to refer MetraComp PPO participants (injured workers) to other MetraComp in-network providers.

Please note you can locate MetraComp participating providers by visiting our website at www.metracomp.com and clicking on the "Locate a Provider" link at top of the home page. This will direct you to our on-line referral tool.

recommendations may seek other care. That may happen in some cases, but it is more common for the patient to lose respect for their provider when they see that they can easily manipulate the provider.

There are several resources available for approaching the stay at work/return to work issues. The American College of Occupational and Environmental Medicine has a document entitled "The Personal Physician's Role in Helping Patients with Medical Conditions Stay at Work or Return to Work" available at www.acoem.org/PhysiciansRole_ReturntoWork.aspx that expands on the general principles discussed above. The American Medical Association has published the 2nd edition of a book entitled "AMA Guides™ to the Evaluation of Work Ability and Return to Work" which discusses the factors to consider in determining limitations and work ability for a variety of conditions. There are several websites devoted to the topic that give additional information. For example, www.rtwknowledge.org/browse.php?view_type=health.

It sometimes seems easier for the provider to simply check "no work" when there is an issue. But in doing so, it is my opinion that providers are doing a disservice to their patient. There are significant negative consequences in physical, mental and social health to long term disability. Assisting the injured employee to either stay at work or return to work is good medical care.

We appreciate your time and attention to making referrals to MetraComp participating providers and ask that you be mindful of this while treating MetraComp participants in the future.

MEDICAL RECORD REVIEW

MetraComp performs the Medical Record Review process annually. Your continued cooperation and support of this process throughout 2012 is greatly appreciated. Thank you.

PROVIDER NETWORK SURVEY

Enclosed, please find a MetraComp Provider Network Survey. Please take a few minutes to complete the survey. We value your service to MetraComp and care about your opinion. Please return survey to MetraComp, Attn: QI Specialist via FAX: (630)737-2077 or MAIL: 3200 Highland Ave, Downers Grove, IL 60515. You can also complete the survey on-line @ www.metracomp.com.

Thank you for your continued support and participation in our PPO network

Tamara Puccia
PPO Administrator

REGULATORY/WC BOARD UPDATE

NYS WCB has a new web address:
<http://www.wcb.ny.gov/>

WCB Webinar on Variance Requests for MTG (CME credit available):
http://medicaleducationny.com/webcourses/c008/course008_p001.asp

WCB Notice regarding the 2012 Guidelines for Determining Permanent Impairment and Loss of Wage Earning Capacity that will take effect January 1, 2012:
http://www.wcb.ny.gov/content/main/SubjectNos/sn046_472.jsp

2012 Guidelines:
<http://www.wcb.ny.gov/content/main/hcpp/ImpairmentGuidelines/2012ImpairmentGuide.pdf>

Faxing documents to the WCB.
http://www.wcb.ny.gov/content/main/SubjectNos/sn046_296R2.jsp

COMPLAINTS/GRIEVANCES

To report complaints/grievances, please call (1-800-360-1275).

ADDITIONAL RESOURCES

MetraComp: <http://www.metracomp.com/>
Occupational Safety and Health Administration (OSHA): <http://www.osha.gov/>
National Institute for Occupational Safety and Health (NIOSH):
<http://www.cdc.gov/niosh/homepage.html>
American College of Occupational and Environmental Medicine (ACOEM):
<http://www.acoem.org/>
HIPAA Information:
<http://www.hipaadvisory.com/> and
<http://aspe.os.dhhs.gov/admsimp>

Treatment of exacerbation of injury covered under MTGs
http://www.wcb.ny.gov/content/main/SubjectNos/MDOBulletins/MDO-2012_1.jsp

2012 Hearing Schedule
http://www.wcb.ny.gov/content/main/SubjectNos/sn187_1_2012.jsp

Reimbursement for Spinal surgery implants reinstated
http://www.wcb.ny.gov/content/main/SubjectNos/sn046_471.jsp

WCB names medical advisory committee
http://www.wcb.ny.gov/content/main/SubjectNos/sn046_470.jsp