

Smarter Rehab

QUICK AND CAREFUL INJURY EVALUATION SEEN AS CRITICAL TO IMPROVING WORKERS' COMP OUTCOMES

Written By Bruce Shutan

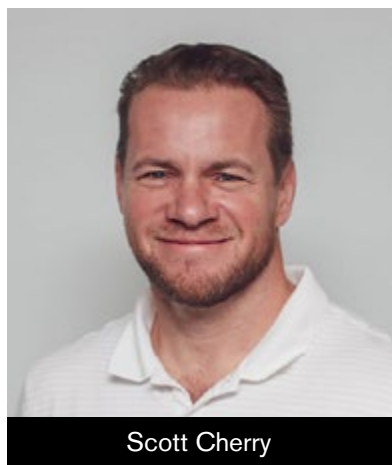
T

he knock on U.S. health care is that reactive medicine is practiced as part of a perverse system that's too busy treating symptoms to catch root causes, or even prevent illness and injury in the first place. It's an increasingly loud argument that applies not only to self-insured group health plans but also workers' compensation. Longstanding frustration over these issues intensified during the early months of COVID-19's tightening grip on the nation's hospitals and other clinical facilities.

But the key to reversing a decades-long slide appears to be in a common-sense approach that embraces basic tenets and virtual care, according to industry observers. In the case of work comp, physical therapy may serve as ground zero in the battle against wasting resources.

The key to making a difference in worker's comp outcomes requires high quality evaluation and early intervention, suggests Scott Cherry, a doctor of osteopathic medicine and chief medical officer for Axiom Medical Consulting, LLC. These two fundamental concepts have helped his





Scott Cherry

firm effectively manage more than 77% of cases with first-aid measures that avoid both days lost and excessive prescriptive therapeutics.

"If there's not a culture of health or early reporting, a minor injury may be nagging, and then it slowly gets worse," he cautions. "But by that time, it's gotten so bad that the injured employee feels like they need to now over-emphasize their symptoms to hit that threshold by which the company has set – and it's probably an invisible bar."

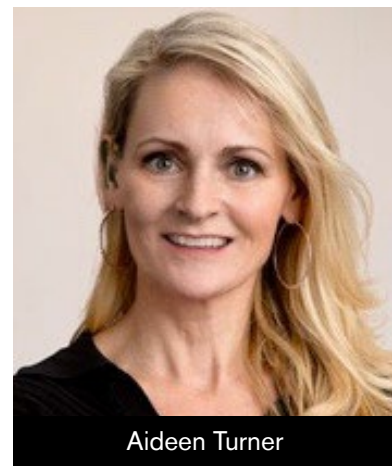
Given the human anatomy's interconnectedness, a holistic approach to physical therapy will expedite recovery and rein in workers' comp claims. Addressing any shoulder pain, for example, requires careful examination of mechanical issues involving everything that's connected to the injured limb.

Michelle Despres, VP of business development and national clinical leader for One Call Physical Therapy, makes the following analogy: "If your wheels are out of alignment and now your tires have worn bald on the edges, you go buy new tires, but if you don't fix the alignment, you haven't solved your problem."

BOLSTERING PATIENT EVALUATIONS

The quality of a clinician's evaluation skills and patient-centered focus are making a tremendous difference in musculoskeletal care, particularly workers' comp outcomes, says Aideen Turner, CEO of Virtual Physical Therapists (VPT). Her firm, which requires the providers it works with to earn a mechanical-diagnosis certification that usually takes two years to complete, reports clinical savings of \$1,908 and total savings of \$4,800 per case.

"VPT's requirement of a mechanical assessment enables the clinician to uncover and address the root cause of problems rather than treating symptoms," she explains. "For example, shoulder pain can be associated with neck dysfunction, as research has shown this to be the case in over 43% of isolated extremity symptoms." Once the true cause of symptoms is identified, patients are able to quickly regain full function, as well as avoid unnecessary and costly treatment.



Aideen Turner

Intermittent pain, such as knees that only hurt when someone squats or climbs stairs and shoulders that only hurt when they're lifted, involve mechanical pain, which is found in 90% of musculoskeletal cases. This is not a chemical issue that requires drug treatment for chemical pain is constant and lasts only a few days, she explains. Confusing mechanical versus chemical pain is why musculoskeletal costs \$213 billion a year and is getting worse, according to Turner, who cites a 60% increase in disability in the past 30 years. The result is increased surgeries and a growing population of chronic pain sufferers.

The chief objective, of course, is to identify and eliminate the root cause of painful conditions vs. simply treat symptoms. Turner recalls a recent case involving a female secretary who worked at the same job for 40-some years. Diagnosed with bilateral carpal tunnel syndrome, she had surgery on her right wrist but developed keloid scarring so the left surgery was denied. "Bilateral symptoms generally indicate a spinal not local cause," she notes.

"It is critical that the clinician perform a thorough mechanical assessment to identify the causative factor and not simply address the symptoms."

After about five minutes of neck retraction, the patient's numbness in both her hands decreased significantly. But without determining the root cause, the danger is that she'd become a patient with chronic pain from carpal tunnel who won't improve. This expertise lends to excellent collaboration with the treating physicians to drive better results.

"The problem in health care across the board is we often turn early to diagnostic testing, such as MRI," Turner says. "We know that imaging often shows all anomalies in a joint, but do not necessarily tie to the functional deficits. When performed earlier than research suggests and the patient receives a label of a tear or joint dysfunction, there can be the introduction of psychosocial factors that may impact the recovery experience."

In another recent case, a patient whose MRI showed a tear experienced numbness and tingling down his arm. He also long complained of carpal tunnel symptoms. After therapists worked with him on some simple neck exercises, it eliminated all sources of pain, and he ended up cancelling his scheduled rotator cuff surgery.

"We need to flip the way we're treating musculoskeletal, especially with self-insured on the group health end," Turner suggests, which means seeing a specialist in musculoskeletal disorders first through direct access to physical therapists and then to be referred to a primary care physician if needed.

POWER OF EMPOWERMENT

Smarter assessments of workers' comp injuries and recommended treatment protocols not only save time and money, but also motivate claimants to improve their health outcomes. Despres recalls a crush injury case involving someone with complex regional pain syndrome for whom hands-on care in the rehab clinic was initially considered the most prudent course of treatment.

But after doing a series of de-sensitization exercises, he'd seen some measure of improvement the very next day and felt empowered to continue that regimen, which took just five or 10 minutes several times a day. After 18 visits, he was 90% better and ready for a return to work. This diagnosis was known to be very difficult to resolve and has a low success rate for injured workers. To achieve return-to-work readiness in 18 visits for complex regional pain syndrome is an incredible outcome, she adds.


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“If he’d gone into a clinic, then the PT would do that once a visit maybe for 10 or 15 minutes, three times a week,” she explains. “The difference there is that instead of participating in passive treatments he was actually doing it himself. And because he saw some benefit, he was motivated to continue. And as he continued, he was in control. He achieved his goals through the guidance and oversight of his PT.”

Indeed, patient empowerment is a primary driver of tele-rehab.

The importance of early engagement cannot be underestimated. Her company’s data shows that workers who start physical therapy within three days of injury require 38% fewer PT visits to achieve successful outcomes. The result is in stark contrast to conservative care initiated more than 30 days post-injury, with the discharge time doubling to nearly six weeks from less than three weeks.

Shortening the return-to-work timeline can save self-insured employers indirect costs that include replacing absent workers, Despres adds. Ultimately, she says ensuring that injured workers receive prompt care involves a collaborative effort between employers and their work comp partners.

But results will vary. A statistical analysis of Axiom customers and prospective clients uncovered an interesting disparity in terms of how work comp injuries are managed from one company to the next. More than 75% of most injuries, for example, are going to be minor, but the largest proportion require more than first aid and enter the workers’ comp system.

Sprains or strains account for roughly 40% of all lost-workday injuries, which swell, limit mobility and can cause significant pain if left untreated or care is delayed, according to Cherry. But the stakes are even higher for high-pressure injection injuries at work affecting hands and fingers that are frequently underestimated by clinicians. The danger is that failure to promptly recognize these injuries as a high risk for infection, swelling and underlying tissue damage can result in amputation.

Minor and even severe injuries are easy to assess, Cherry believes. What’s tricky is the grey area where he says clinical decision making is needed to determine whether injured employees require hands-on evaluation in a clinic.





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COVID'S GROWING IMPACT

With traditional outpatient physical therapy, patients are scheduled every 15 to 20 minutes and, productivity for a physical therapist is usually an average of 12 to 16 patients in an 8 hour treatment day. Virtual visits are strictly one-on-one and provide additional opportunity for patients to share ongoing concerns about what's impeding their ability to work or return to their job, Despres notes. More active listening and motivational interviewing add a biopsychosocial layer to treatment that she believes amounts to a common-sense approach.

Prior to COVID-19, tele-rehab was offered as an option for any nonsurgical musculoskeletal disorder that was joint- or muscle-based, but she says there was very low adoption for multiple reasons, including concern about the technology.

"People questioned the quality," Despres reports, but now many of them are accustomed to this model. One Call saw a whopping 650% increase in adoption of tele-rehab compared to pre-Covid levels, while as many as 35% of injured workers using the service were 55 or older.

Telemedicine took root years prior to COVID-19 on the group health side and is only now gaining traction for work comp. Turner notes that the virtual care model she embraced three years ago is slicing in half the national average for workers' comp visits, which are 12 to 18 per case. "On the self-pay side, we average 2 to 2.5 visits," she reports, a number that includes herniated disks, ankle sprains and rotator cuff tears.

The public finally warmed up to virtual care, seeing value in one-on-one interaction vs. multiple people in a clinic where phones are constantly ringing and it's easy to be distracted. "They're in the comfort of their own environment, and we're teaching them how to lift properly where they live, not just in a sterile clinic environment," she says. "Empowerment and understanding the cause of their pain and how to self-treat which reduces pain and chronicity."

Patients and practitioners alike also escape any fear of being infected from in-person visits, and in some cases, avoid traveling long distances. What's more, expanded virtual hours during sheltering-in-place orders was a tremendous convenience, especially to patients who do shift work or need to work around their family.

The pandemic, no doubt, adds a layer of complexity to managing work comp. With

COVID-19 forcing significant transformation across the U.S. health care landscape, Axiom developed an app for employers to quickly and easily pre-screen team members for infectious or contagious conditions before allowing access to work. Employee who are flagged for potential exposure or illness alert are referred to a clearance center for further assessment.

Self-insured employers now have a new reason to consider investing in total worker health, which is to direct resources to who suffer from chronic lung or heart problems, as well as diabetes and obesity.





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Cherry says all such groups have been identified by the Centers for Disease Control to be at high risk for severe disease from COVID-19.

"We really want to embrace a workplace culture of what I call zero tolerance of illness," Cherry says, "because whether it's the flu, COVID or strep, if you have a fever or you have some type of symptoms, coming into the workplace is really risky for the whole company."

He likens Axiom's contagious respiratory illness assessment program to syndromic surveillance at a time when COVID-19 testing protocols were still being developed. Given the pandemic's devastating economic impact, Cherry notes the emergence of proposed legislation that's "actually going to blur the line between personal medical and work-relatedness." ■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 30 years.



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