

THE EFFECTS OF WITHHELD MEDICAL CARE ON PD

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Good Morning

Lets Discuss Some Takeaways

- 1. How is Medical Care withheld?
- 2. Effects on IWs
- 3. Role of non industrial depression
- 4. Combining depression and untreated musculoskeletal residua
- 5. Using A & G as the catalyst
- 6. The opportunity to implement this is NOW

First, How Did We Get Here?

Why is Medical Care Being Withheld?

- Most states abandoned resource management as ineffective and too expensive around the turn of the 21st century.
- They substituted aggressive disability management
 - ❖ Disability management requires rapid analysis of the injury, and rapid referral to the most appropriate and effective treating specialist, followed by management of RTW.
 - ❖ IW needs to get over the injury asap and get back to work
- California moved in the opposite direction and is now *rationing* (not even managing) medical resources
- The effects have been a disaster to IW health, and to the Payer's Bottom Line, and now to the state's economy.

Which IWs Need No Treatment?

- Delays in treatment are based on the theory that 80% of IWs will get well without treatment
- BUT the 20% who do not are responsible for 80% of a carriers expenses
- The key is to find the 20% quickly, and refer to a treating specialist
- BUT the PTPs at these clinics are frequently so unsophisticated they refer to the wrong specialist (not understanding the pathology or because the clinic is contracting with the wrong specialist)
 - ◆ Carpal Tunnel to a pain specialist
 - ◆ Trigger finger to a pain specialist
 - ◆ Back pain with no work up or competent examination to a pain specialist

All Referrals to “Occ. Med” Clinic

- Are there any Occ. Med Docs in these clinics?
- So- Who are they?
 - ❖ Exams rarely adequate
 - ❖ Frequent misdiagnoses
 - ❖ Treat almost all with PT and Narcotics
 - ❖ Treat as long as possible
 - ❖ Use PT on fresh injuries which are almost guaranteed to make the IW worse.
 - ◆ Since PT a finite number, few visits left to actually treat IW
 - ❖ Cases: TNTC

All Care Within the MPN

- SB 899 provided a marvelous tool for using only the most efficient doctors- Control over membership in the MPN
- Doctors are not a commodity item
- Opportunity squandered by payers by offering MPN membership to any doctor who accepts a 20-30%% discount
- Who accepts this deal?
 - ❖ Result is serious overutilization that leads to the need for UR and as a final irony IMR

All Care Within the MPN

- Case: I have one patient from Marysville who was told that the *only* Orthopedist available to treat her was in Tracy
 - ❖ 216 mile round trip
 - ❖ Bypassed between 200 and 300 Board Certified Orthopedic Surgeons driving there
 - ❖ Not only is she not being paid TTD, but her husband needs to take a full day off work to get her there.
 - ❖ Result is anger and depression: PD will increase!

How Is Quality Medical Care Denied?

- MRIs of inferior quality
 - ❖ One company has cornered the market for MRIs
 - ❖ Has convinced the WC market that MRIs are a commodity
 - ❖ They are NOT
 - ◆ A .25 T study is not a 1.5T study
 - ◆ Compare a 2 mp cell phone camera to a 12mp professional level camera
 - ❖ Case: 6mm disk with a .25T unit that underwent a miracle cure (Lourdes?) with a 1.5T MRI

How Is Quality Medical Care Denied?

- Specialty care delayed until (all too frequently) no longer able to be successful
 - ❖ Case: Unstable Grade III Ankle Sprain in a 26 yr/old 300 lb 6'2" woman.
 - ❖ Missed at "Occ Med" clinic
 - ❖ Now has arthritis of the ankle joint.
 - ◆ Needs reconstruction: Fusion vs. Arthroplasty
 - ◆ 26y/o patient wants an arthroplasty
 - ◆ New issue is Bariatric Surgery.
 - Carrier has ignored Braewood thus far
 - My argument is that the employer is on the hook for costs of future arthroplasty failure
 - ❖ Case: 10 yr. old missed Gamekeepers Thumb

How Is Quality Medical Care Denied?

- UR and IMR (Fallacy that a Guide is a Rule)
 - ❖ Need to be practical
 - ◆ Case: (Not WC) Elderly Dominican Sister
 - ◆ No right or wrong. A good MD does what WORKS
 - ❖ It makes sense that a group health carrier might subject many cases to guideline scrutiny
 - ◆ Group health has claims made annual policies
 - ❖ But WC payers are responsible for compensating IWs for lost function
 - ◆ For wage replacement
 - ◆ For indemnity as well as future medical costs
 - ◆ For related injuries

How Is Quality Medical Care Denied?

- Case: UR bites its employer
 - ❖ IW with unstable knee, knee clicks and he loses balance
 - ❖ All treatment denied by UR
 - ❖ Unstable knee gave way, IW fell and has additional L5/S1 injury
 - ❖ No work up or treatment for his back which is getting worse (UR strikes again)

How Is Quality Medical Care Denied?

- Surveillance films misused to persuade QME/AME that *treatment* is not necessary
 - ❖ While needed treatment is delayed
 - ❖ IW loses her balance going down stairs
- Delaying claim closure (claim closure is therapeutic)
 - ❖ Many (Most) IWs put their lives on hold pending resolution of the WC conflict
 - ❖ Claim closure is great treatment for many depressions

Effects of Care Denial on IWs

- They may sometimes be uneducated but they are not stupid
 - ❖ They know they are being treated poorly
 - ❖ Frustration
 - ❖ Anger
 - ❖ Depression- REAL, sometimes major depression
 - ◆ Loss of job, work friends, dignity, self esteem, car, house, family
 - ❖ MUSCULO-SKELETAL SYMPTOMS AND SIGNS GET WORSE

Combining Depression With Untreated Musculoskeletal Residua

- Recognize that each enhances the other
- Failure to treat easily treatable injuries causes depression
 - ❖ Which magnifies impairment of Orthopedic injuries
- The result of both is a serious loss of ADL function.
 - ❖ The depression factor cannot be apportioned out
 - ❖ DRE III (anatomically) becomes DRE IV or V (functionally)

Using A & G as the Catalyst

- Assuming the IW's daily activities are impacted by their combination of depression and musculo-skeletal impairment ask about details of their life and functionality
 - ❖ Do this yourself
- If asked at deposition why this case is “unusual”?
 - ❖ It is because the IW had a reasonable expectation of receiving timely and effective medical care for their industrial injury
 - ❖ And that did not happen
 - ❖ Their lives and ADLs were severely impacted
 - ❖ The AMA Guides were never designed to address that situation

Why Is This So Important NOW?

- The Applicants Bar who abandoned us in favor of the pain practices 6-10 years ago are ready to come back
- They have been using impairment due to sleep disorders and G.I. upset past the point of effectiveness.
- The pain practices where they have been referring their clients have far less understanding of the effects of injury on their lives than orthopedists do

Why Is This So Important NOW?

- They are also tired of their clients dealing with opioid addiction as their primary treatment
- Significant impairment resulting from untreated injuries magnified by the depression that is secondary to refusal to treat those injuries is a far more compelling story.
- In addition, we have seen that the workers compensation system is unresponsive to misery and loss of function of our patients.
- It will respond to increasing claim reserves.



Thank you

Questions?