



Strong as individuals. More powerful together.

Do Impairments Overlap?

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Compensatory Internal Medicine Issues From Ortho/Psych Evaluations

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Cardiologist/Internal Medicine

California Orthopaedic 2021 QME Course

Introduction

5th generation SF Native

Medical Training – UCLA Cedars-Sinai SF General (UCSF)

Double Board Certified Cardiology/Internal Medicine

Urban practice - primary vascular, Medicare WC Tx, consultant cardiology, pre-op

Multiple hospitals>>>> primary office based

Non-invasive cardiac lab on site- outside referrals, WC, primary pts

Pre-op Risk Assessment, particularly in complex, high risk,

Medicare pts Treatment from SF/LA ortho patriarchs- Callander, Colloff, Misrack,
Rosenfeld

ML/practice risk assessments from ortho patriarchs- Lipton, Renbaum, Mandell,
von Rogov

Risk Assessment for PreOp/Cardiac Exam

Risk Assessment for PreOp

Comorbidities

Meds (all CALIF) ASA, NSAIDs, diabetic meds, xcoags

Weights High, average CHO/salt

Activity What is done What will \$SOK do? Can you walk 1 flight stairs (5 METs)

Think of PreOp as internal medicine compensable consequence

Physical Exam

Weight with clothes

BP/P sitting after sitting Ohmron BP cuff

Exam neck lungs chest cardiac exam abdomen

Ext Exam- perfusion, pulses, edema, open sores, cellulitis, Homan's varicosities

Internal Medicine Issues as Compensable Consequences

If YES, please write next to the listed medical problem

- Constipation
- Heart burn, indigestion
- Sleep Issues
- Fatigue/tiredness
- Sexual Issues
- Depression/anxiety
- Blood pressure problems
- Weight Gain/Loss
- Inactivity
- Clotting or bruising issues
- Neurologic issues
- Other

Compensatory Internal Medicine Issues from Ortho/Psych/NeuroSurg Evaluations

Inter-connections of QME specialties and medical conditions-

Compensatory Consequences of Psych/Orthopedic Workers Comp Issues VALUE
OF THE ORTHOPEDIC HISTORY FOR MEDICAL ISSUES

Blood pressures and weights

Pain-SNS, cortisol up>>arrhythmias, HTn, coag, sugars, salt/water up

Opiates-depression, GI issues, sleep, cognition, drowsiness, libido>>

ADL impairments AMA Guide, 5th edit Chap I pg 4 Table 1-2 NSAIDs-
fluid retention, HTn, sugars, coagulation, GI side effects, renal
Orthopedic inactivity- depression, wt gain, HTn, lipids, sugars, clotting

psychiatrists, neurologists, orthopedist, chiro viewpoint

How and why are your individual evals impacted by IM/CV approach?

GERD Constip

Htn

Cardiac

Resp

Sleep

Sex Dys

Psych
Ortho
Neuro
IM

Compensatory Internal Medicine Issues from Ortho/Psych/NeuroSurg Evaluations

Cardiac Evaluations

Legal concepts

- A. Heart trouble- California Presumption
- B. Apportionment
- C. Anti-attribution clauses

Medical Concepts

- A. Medical History and Physical
- B. Sympathetic system (SNS) and pain- Htn, sugars, coag, cardiac demand
- C. Stress history, symptoms verified from medical records
- D. Personality Inventory-?reactive or angry personality-TYPE A

Older Friedman concepts vs newer concepts

- E. Applicant's perception/description of job, job stresses
- F. Employer's job description
- G Diabetes defined by ADA/AHA as coronary equivalent ("heart trouble")

Compensatory Internal Medicine Issues from Ortho/Psych/NeuroSurg Evaluations

Cardiac-Medical Physical Exam-discussed above

Lab tests

- Outside, reliable current tests

- Current blood UA tests

IMC definitions of cardiac impairment

- Treadmill- objective?

 - Exercise tolerance as METs, limited by non cardiac sx,

 - Cardiac issues- ischemia, arrhythmias, hypertension

 - Pulmonary, gait, coordination

- ECHO- Ventricular function (LVEF) SEMI-objective measure

 - Limited by clinical parameters- ECHO, nucl med

- If needed, cardiac **MR**

 - Arrhythmias- Treadmill, Holter, 14 day ZioPatch

 - Respiratory- oximetry, spirometry, CXR, PFTs w diffusion

Impairment- objectively based on meds, BP, end organ changes, METs

Hypertension, CAD, arrhythmias, aorta, ?combined values tables vs adding impairments- Kite Analysis

Benson approach to int med impairments

Cumulative Trauma- hypertension as prototype

Functional Capacity Evaluations

- Cardiac aspects of **ABILITY TO WORK** vs strength flexibility

- Non-cardiac ergonomic, strength, dexterity, validity of muscle group testing

 - To translate the medical impairments into whether given job description/

 - Requirements, can THIS individual perform THAT job,

 - Can he perform on the open labor market in WHAT capacity?

Cardiac Consequences of Orthopedic/NeuroSurgical Disease

Pain-treatment with narcotics, NSAIDs, nerve trafficking disease

Lack of Activity

Weight Gain

Disrupted sleep patterns

Effects on arrhythmias, sleep apnea

Potential aggravators of ischemia (CAD), blood pressure, CHF

Bowel Motility Issues in CHF

Cardiac Consequences of Work

Increase in heart rate and blood pressure

Uses more oxygen- potentially problematic in CAD or CHF

High/low stress aggravates BP, CAD, arrhythmias

Fireman Example sleep, stress, high physical demands, temperature

Cardiac Testing to Assess Impairment/Capacity/Work Safety

Functional-Physiologic

EKG, treadmill, stress echo, exercise oximetry, spirometry

Assess gait, coronary disease, oxygen consumption references to work activity

Rhythm, palpitations, blood pressure

Targeted or overall functional capacity evaluation with cardiac component

24 hr EKG Holter monitor, multi-day event monitors

Ambulatory 24 hr blood pressure monitors

Anatomic- echo/Doppler, CXR

Cardio-Pulmonary Test Profile/Indications

Tests Needed

Echo (2D/M, quant, qual, color Doppler)
EKG
Treadmill
Stress Echo/ Doppler
Spirometry with/without bronchodilators
24 hr EKG Holter
ZioPatch MultiDay 14 21 28 Day Event Monitor
Ambulatory 24 hr blood pressure monitor
Urinalysis –micro
Random glucose
Std Bloods CBC, lipid, CMP, TSH, A1C, sed rate CRP
Cardiac Blood tests BNP, lipoprofile, hsCRP
CXR- PA, LAT
Ankle brachial Index
Coronary artery calcium score
Other _____

Conditions

Chest pain
Hypertension
CAD (MI, angina, CABG
(stent/angioplasty)
Mitral Valve Prolapse
Valvular Heart Disease
CHF
Cardiomyopathy
Palpitations
Arrhythmias (AFib, PSVT)
Pacers-AICD Eval
Fainting-dizziness
SOB dyspnea
Diabetes
Asthma- reactive airways dis
Complex internal med case (COVID)

Attorneys and Adjustors Case Summary Outline of Disputed/Potential Areas of Impairment

	PATIENT
Orthopedic	DATE
Upper Ext R L shoulder elbow wrist hand	ATTY
Lower Ext R L hip thigh knee calf ankle foot	ADJUSTER
Spine R L Cervical Thoracic Lumbar	

NeuroSurgical Neurology

Spine Cervical Lumbar Thoracic Pain	QME	RQME	AME	PI	ASB	T
Peripheral Neuropathy Sciatica						
Trauma Head/Brain/Concussion	Post Stroke		Cognition	-Emotional		

Psychiatric

Depression	Anxiety	Panic	Post Traumatic	Stress	Pain
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Cardiology Hypertension

- Coronary Artery Disease (angina, MI, bypass surgery, stent/angioplasty)
- Congestive Heart Failure cardiomyopathy
- Arrhythmias, atrial fibrillation, palpitations, pacers, defibrillators
- Valvular heart disease heart failure
- Anti-Coagulation
- Shortness of Breath Pulmonary Embolism
- Stroke ASCVD-cognition Peripheral Arterial Venous Disease

Attorneys and Adjustors Case Summary Outline of Disputed/Potential Areas of Impairment

Comprehensive Picture Internal Med Derivative Consequences of Ortho/Neuro/Surgery Psych Injuries

Cardiac

Respiratory SOB COPD asthma (RAD, chem expos) pneumonia V Fever COVID

Diabetes Weight Gain diabetic complications

Upper Stomach- Reflux Ulcers Nausea

Lower Abdomen- Constipation Diarrhea Hemorrhoids

Hernias- R L Inguinal Groin Umbilical

Sleep Issues Sleep Apnea Shift Work

Sexual Dysfunction

Rheumatology severe arthritis immuno

Kidney Disease ESRD dialysis

Cancer blood issues anemia

Infect Dis **MRSA** v staph V Fever COVID

Neuro Parkinson's-orthostatic BP

Other: _____

Thank You.

Richard Levy, M.D.