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U.S. ARMY HEALTH SERVICES COMMAND

U.S. ARMY OCCUPATIONAL REHABILITATION DEVELOPMENT STUDY

EVALUATION OF OUTCOME OF MODELS AT FORT BLISS, TEXAS

FINAL REPORT

Prepared under Contract Number OPM-91-2973, W.O. 7073-029,
Project Code 41TOBG

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for

Office of Personnel Management
Training Management Assistance Division
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by

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19. ABSTRACT (Continue on reverse if necessary and identify by block number) (U) OBJECTIVE: The Occupational Rehabilitation Development Study is designed primarily to demonstrate the effects of two contrasting models of case management (Installation-Based and Community-Based) upon FECA costs at Forts Bliss and Know. Also, it will examine the effect of the models upon the return-to-duty rate of injured soldiers. Results will be used to support organizational structures, policies, staffing patterns, and health care service protocols that improve case monitoring and reduce FECA claims. (U) APPROACH: Information was collected throughout the implementation phase analyzed in the final phase of this four-phase study. Data concerning several variables--such as number of lost time days, number of days on continuation of pay, number of new claims, and medical costs--was gathered manually on forms designed by the contractor. These were analyzed using quantitative and qualitative methods to explain observations.					
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(U) PROGRESS: Data collection at Fort Bliss was completed through July 1992. The final report of the Fort Bliss Model was prepared February 1993. The Fort Knox Model was terminated due to excessive delays implementing the study.

**U.S. Army Occupational Rehabilitation
Development Study**

Fort Bliss: Final Report

December 1992

This report summarizes selected data sets generated during the first year of project implementation (D.O.L. FY92) of the U.S. Army Occupational Rehabilitation Development Study at Fort Bliss and the William Beaumont Army Medical Center (WBAMC), El Paso, Texas. This report is designed to present a comprehensive review of project activity and is intended to provide a graphic representation of the project outcome to date. The purpose of this report is to present a synopsis of activity during the project year, a summary of data generated, and a discussion of the program process and outcome indicators.

In addition to the basic report on the project process and outcome, a separate analysis of individual case activity will be available January 15, 1993. This analysis will detail specific program activities involved with each worker who experienced COP during the project period. Conclusions will be drawn about any unique circumstances, actions, and worker experiences that were discovered in the individual case review. This review will offer additional relevant information about the project and the FECA system as it operates at Fort Bliss.

Project Activities

During the months of April through July 1991, all of the initial development activities were undertaken and completed. The installation-based and community-based industrial rehabilitation programs were developed or identified. All staff who were recognized as being directly related to project functioning or were self-identified as having a strong interest in project activities were invited to take part in a training program focusing on the implementation of the model during a three-day session. These staff members included the FECA coordinator and all clerical staff, other CPO staff, Safety staff, Occupational Health professional staff, clerical members of the troop clinic, and others. Also, all military and civilian supervisors of civilian employees were scheduled to attend any one of a series of 2.5-hour training programs during the last week of July and the first week of August. These training programs identified

relevant components of the program and the supervisor's specific role and responsibilities in the process.

The full program was implemented following the completion of the supervisor training, during the second week of August 1992. Data upon which this report is based is broken down by quarter whenever possible and practical, beginning with the first quarter of FY92 (July 1, 1991 - September 30, 1991) and ending with the fourth quarter of FY92 (April 1, 1992 - June 30, 1992). While data reflects the complete first quarter of FY92, the project actually began during the month of August, almost halfway through the quarter.

The primary intent of the project was to apply the internal case management program with workers at Fort Bliss who would become injured during the project period in order to prevent and/or lessen work disability. The project added to an effective and responsive on-post occupational medicine service with an active case management system. That system attempted to promote effective information flow between all parties involved in the process, gain information from the job site, and work with the supervisor to be an active participant in the return-to-work effort (increasing opportunities for work return) and to closely coordinate with the Department of Labor. The supervisor had to be knowledgeable about the FECA system, the Fort Bliss personnel system, local medical care opportunities, the psychosocial reaction and adjustment patterns to injury, and the job site in order to facilitate effective care and safe and timely work return. The intent of the project was also to make industrial rehabilitation (work hardening) programs available to the worker both on-post and in the community. While the community programs represented considerable experience in working on return-to-work issues with long-term patients, the occupational therapists and physical therapists at WBAMC were new to the field. We intended to limit the project focus during the first year to workers who were still at the acute or subacute levels of care. This limitation was to allow the physical and occupational therapists to learn their new craft more effectively. The intent of the second project year was to include in the program effort people from the long-term roles.

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Data Presentation

Persons included in the Project. Over the course of the project period, all persons who experienced work site injury or reported a work-related illness (CA1, CA2 filers at Fort Bliss) were included in the project. In many instances, the case manager also followed and worked closely with the cases of persons whose jobs were through the WBAMC, temporary employees who are not included in the FECA system, as well as those persons working for tenet organizations at Fort Bliss. Since the costs associated with those workers are not included in the chargeback, they have not been included in the following analysis.

Approximately 84% of the claims during FY92 were medical only claims, resulting in no lost time. Approximately 93% of these medical only cases were seen by personnel at either the troop clinic or by WBAMC staff at the hospital, received care as appropriate, and returned to work with no additional services or incidents. Of the 16% of the cases that resulted in lost time, 40% received health care services off-post, while 60% remained with providers on-post until they returned to work and recovered from the illness or injury. In a few instances a worker who had been receiving ongoing care at the troop clinic was referred to a community physician to facilitate timely and/or appropriate care. These instances will be detailed in the case summaries.

Notification of FECA Case Manager and Entry in the Project. In the majority of instances, the action required to follow these people simply involved keeping track of a paper trail. In other instances, however, the services required and included active case management activity. Supervisors and/or personnel in the troop clinic were instructed to notify the FECA coordinator immediately when a job-related injury occurred or was initially reported to them. In practice, it is estimated that the FECA coordinator was notified either during the shift when the injury occurred or at the earliest possible time at least 90% of the time (regarding injuries that occurred during evening, night, or weekend shifts). In those instances when notification was not accomplished in a timely manner, the FECA coordinator would remind the supervisor and personnel in the troop clinic (as appropriate) of their responsibility to notify him. The most frequent reason cited for not notifying the FECA coordinator in a timely fashion was that the supervisor was unaware of the person's injury until after the person had sought treatment.

Notification rate increased steadily throughout the year but will require periodic reminders to remain at a suitable level.

When notification was not immediate, the FECA coordinator would be notified when the CA1 and CA2 were filed. In these instances the case management process would begin at that time. (This is the point where entry into the system occurred prior to the project.) This written notification typically occurred within three to four working days, but in some instances it was up to a month following the incident. The extreme lengths were due to employees who did not understand the system (whether or not an injury was work-related, etc.) or employees whose symptoms grew worse over time until treatment was necessary at a later date. In each of these instances, the worker would be instructed on the proper injury and accident reporting method.

Types of Case Management Service Delivered. Three levels of case management existed in the project. The first level was simply being aware of the case and gaining information from the troop clinic, emergency room, or outside provider. No problems occurred, and no lost days were experienced. In some instances the case manager made a personal contact with the supervisor (following initial contact) and/or the worker to ensure that the treatment process was successful and the retention of work had been achieved. (This was especially true among those workers who were in high-risk positions or who had experienced several injuries in the past.) In a few instances the case manager initiated or facilitated short-term modifications of the work site, the job, or the work schedule.

The second level of case management required following up with internal or community providers, initiating of any accommodations that were necessary and appropriate at the work site, and maintaining contact with the worker. The third level required such activities as analyzing the physical demands of the job to facilitate work return, monitoring and facilitating the development and implementation of the treatment plan and ensuring that work return had been included as a definable and distinct goal (with both internal and external providers), facilitating the use of second opinion and/or fitness for duty examinations, and arranging for work capacity evaluation and work hardening services. In each of these instances, the FECA

coordinator worked with DOL-Dallas, the Safety Department, the FECA committee, the on-post Occupational Medicine Clinic, the work supervisor, and the worker.

During the project year, 402 CA1 or CA2 forms were filed (representing 358 people). In each of these instances, the workers were followed at least with the first level of case management, regardless of whether work relatedness was confirmed or denied. In other words, the FECA coordinator and initiated the management process with all workers did not wait to identify the outcome of claims that were initially controverted.

Of the 358 people who filed CA1 or CA2 forms, 65 were involved in at least the second level of case management. (This number also reflects those persons who experienced a work disruption resulting in COP during the project period.) In these instances the case manager contacted and followed with the attending physician/provider (as appropriate), worked with the supervisor to facilitate work return, and directly contacted and worked with the claimant. As of this writing, 62 of the 65 people who experienced a work disruption and were on COP during the project period successfully returned to duty.

Intensive case management services were conducted with 37 individuals who became injured or filed claims during the project period. The case manager worked very closely with providers (whether on-post or off-post); performed job analysis at the work site as necessary; referred for work capacity evaluation or second opinion examinations; worked closely with DOL-Dallas for guidance, information exchange, and advocacy purposes; and facilitated the use of the installation-based or community-based occupational rehabilitation services.

On the following pages is a summary of selected data sets outlining project activities during FY92. Comparative data for DOL FY91 and FY92 for Fort Benning, Georgia, is also provided where such data was available. Fort Benning was chosen as the comparative TRADOC installation because of its location (more urban than other installations considered) and population. The civilian work force strength at Fort Benning was 3,304 and 3,080 for FY91 and FY92, respectively. At Fort Bliss the strengths were 2,471 and 2,361 for the same periods. Since not all data elements used in the study were available from Fort Benning, none of the study conclusions were based on this comparison.

Table 1
Description of Project Activities
Summary Statistics - FY92

Cases/persons monitored by project (at least initial level of case management - level 1)	402/358
Persons experiencing work disruption and involved in an active case management - 8/91-6/92 (level 2)	65
Persons experiencing work disruption and involved in an intensive case management system (level 3)	37
Persons experiencing a work disruption and returning to work during FY92	60
Persons experiencing a work disruption and remaining off work at the end of FY92 (all FY92 claims)	6
Persons experiencing a work disruption and remaining off work as of 10/30/92 (all FY92 claims)	4
% of persons experiencing medical only claims	84%
% of persons experiencing medical only claims and receiving all care from the troop clinic or WBAMC	93%
% of persons experiencing a work disruption and receiving all care from the troop clinic or WBAMC	40%

As noted earlier, these services' statistics only include those people who were injured during FY92 and do not reflect the FECA coordinator's considerable amount of follow-up and case management work that was focused on cases filed during previous years. The number of CA1 and CA2 claims filed (402) is consistent with the installation's experience in recent years. Particular facts that are pertinent to this review are the 65 people experiencing COP during the project period and the 5 people who experienced a work disruption during the project period and did not return to work during FY92. The importance of each of these data bits will be made more clear as they are put into context on the following pages.

Table 2
Reportable Injuries
FY90 - FY92

<u>Fiscal Year</u>	<u>DOL Reportable Injuries</u>
90	90
91	97
92	70
QTR 1	24
QTR 2	17
QTR 3	15
QTR 4	14

An injury is reportable if it either results in lost workdays or results in the necessity for billable medical services off-post. If the basic number of incidents is the same from one year to the next and the severity of those incidents is essentially the same, then a decrease or lower number of reportable injuries is directly related to the ability of the system to help workers either retain their employability (not experience a work disruption) and/or to remain with the WBAMC physician/provider and not seek treatment outside. The number of CA1 and CA2 forms filed (402) is consistent with recent averages, so the lower number of reportable injuries is not a function of fewer incidents. It's also not a function of a lesser degree of seriousness of the injuries/illnesses as reflected by a review of diagnoses and treatment regiments.

During the last quarter of FY91 and the first quarter of FY92, a sharp rise in reportable injuries occurred. A variety of factors influenced this occurrence. First, the work force was well aware of an impending reduction in force that was anticipated to take place sometime during the summer of 1991. When this type of knowledge occurs (especially in those organizations that have a history of multiple injuries and considerable lost time), increased injury reporting is often the result. Also, a full-time physician in the troop clinic (Capt. Rappa) left at the end of May 1991. His absence left a gap in the ability of the system to deliver services in a timely fashion and, most importantly, made it very difficult for the system to provide adequate follow-up services to the workers.

With the initiation of the program during August 1991 and the addition of a full-time occupational health physician in the troop clinic in late September 1991, additional control was exerted in the system. Interestingly, when this physician left in May 1992, an increase in recordable injuries did not occur. The case management system was still intact at that time. Ideally, the system works best with both services available, supporting each other's efforts and promoting an effective exchange of information system wide.

Table 3
Continuation of Pay (COP) Days

FY88 =		1,202 days
FY89 =		1,256 days
FY90 =		1,012 days
	QTR 1	284
	QTR 2	270
	QTR 3	229
	QTR 4	229
FY91 =		1,246 days
	QTR 1	236
	QTR 2	290
	QTR 3	272
	QTR 4	448
FY92 =		1,221 days
	QTR 1	463
	QTR 2	243
	QTR 3	271
	QTR 4	244

By comparison, Fort Benning experienced 599 days of COP in FY91 and 512 days of COP in FY92.

FY92 quarters 2-4 represent the program at full operation and suggest a prorated yearly average of 1,008 days. This represents a 14.5% decline in COP experience as compared with an average of the previous 4 years. The actual number of COP days for the project period (August 1991 - June 1992) was 1,090. This data is not consistent with the data that is based on data generated by the Uniform Identification Code in the finance system at TRADOC. The following is an explanation for any disparity that may exist:

1. It has often been found that considerable variation can exist between the reporting of COP to finance at the installation level and the actual time off work experienced by the worker. This has been documented for each of the last five years in the Fort Bliss system. To gather meaningful data, one of the responsibilities of the person in the FECA coordinator position over the past years has been to keep accurate and detailed records by hand that reflect the actual COP days for each injured worker by identifying the last day of work and the first day back and following along to see if any additional days are used.
2. Several of the people who are included on the chargeback printout are, in fact, employees of tenant organizations that are in operation at Fort Bliss or are temporary employees not covered by the FECA system. If these numbers appear on the chargeback form, it may be reasonable to assume that they also may appear (inappropriately) on the COP lists as well.
3. The data from this project reflects Fort Bliss employees only and does not include WBAMC employees or the tenants, as mentioned earlier.
4. In several instances a number of large users of COP were later denied benefits from DOL because their injuries/illnesses were determined to be not work related. It is the policy to use COP for everyone when a CA1 is filed. If a situation such as this occurs, the COP will be rescinded at a later date and administratively replaced with sick leave, vacation time, or unpaid leave depending upon the availability of benefit time possessed by the employee. Program staff estimated that this would account for a considerable number of days and often takes a very long time to catch up in the computer system. For example, if reports on COP from 1989 and 1990 were actually generated just after the completion of that year, the mistakes could still be in the system.

Table 4
Summary of COP/Comp Experience
1988 - 1992

<u>Year</u>	<u># Days of COP</u>	<u># Claims/ Workers on COP</u>	<u>COP Days Per Claim</u>	<u># Comp Claims Carrying Over To Following Year</u>
1989	1256	74	17.0	14
1990	1021	82	12.5	12
1991	1246	66	18.9	16
1992	1221	85/73	14.4	6
8/91-6/92	1090	74/65	14.7	5

For comparison, Fort Benning experienced 102 FY91 lost time claims resulting in 599 days of COP for an average of 5.9 days of COP per claim. In FY92 there were 52 lost time claims resulting in 512 days of COP for an average of 9.8 days of COP per claim. No information was available on carryover to the following year for Fort Benning.

As noted earlier, this illustrates an especially important outcome. In FY92, which by all accounts was a typical year except for the large reduction in force that took place, there was a reduction of both the average days on COP as well as a significant reduction of those persons who remained off work at the end of the fiscal year. The importance of this second statistic is evident on the next pages, which show the recent history of cost patterns at the installation based on when that cost typically occurs in the life of the claim (tables 6 and 7).

Table 5
FECA Costs
FY88 - FY92

	<u>Medical</u>	<u>Comp</u>	<u>Total</u>
FY88	\$463,203	\$1,968,000	\$2,431,203
FY89	\$489,211	\$2,110,511	\$2,599,722
FY90	\$655,000	\$2,340,000	\$2,995,000
FY91	\$733,533	\$2,290,853	\$3,024,386
FY92	\$622,424	\$1,325,766	\$1,948,190

Fort Benning's medical costs in FY91 were \$339,182, and total FECA costs were \$1,021,577. For FY92 these same costs were \$419,574 and \$1,189,652 respectively.

The FY92 chargeback does not reflect costs associated with selected cases representing no return-to-work potential or those survivors receiving death benefits. These persons were eliminated from the chargeback by the Department of Labor prior to the generation of the report. The total reported in table 5 does not correspond to the chargeback sent to the installation because several mistakes in the report were noted by CPO staff and, for the purpose of this review only, selected cases that involved employees of tenant organizations at Fort Bliss and cases still included on the chargeback list but eliminated from the system were eliminated from the total.

Table 6
**Summary of Costs Associated with Workers
 Injured During Same Year
 1990 - 1992**

<u>Year</u>	<u>Same Year Medical Costs</u>	<u>Same Year Comp Costs</u>	<u>Same Year Total Costs</u>
1990	\$118,594	\$31,581	\$150,175
1991	\$126,852	\$35,634	\$162,486
1992	\$90,404	\$22,253	\$112,657

This table reflects the costs generated by claims during the fiscal year in which the accident/injury occurred. Accepting that FY92 was a typical year, this is a strong indicator of relative cost level to be attributed to the same claims in later years. In this instance the overall drop in cost was related to a lowering of both compensation and medical expenses. Costs in FY92 for those filing a CA1 and CA2 in FY92 represent a 30% decrease from FY91 costs generated by those injured in FY91 and a 25% decrease in comparison to FY90 costs generated by those injured in FY90.

Table 7
Summary of Costs Associated with Workers
Injured During Previous Year
1990 - 1992

<u>Year of Cost</u>	<u>Second Year Medical Costs</u>	<u>Second Year Comp Costs</u>	<u>Second Year Total Costs</u>
1990 (1989 injured)	\$118,873	\$134,517	\$253,390
1991 (1990 injured)	\$133,719	\$129,414	\$263,133
1992 (1991 Injured)	\$127,532	\$171,051	\$298,583

Table 7 illustrates costs generated during the year following the fiscal year in which the claim occurred. The second year following the injury has been the most costly for at least the last five years. It is during this year that compensation costs (those cost related to paying for lost time once a worker's compensation claim has been accepted and after COP has ended) have risen, and medical costs have either stayed stable or have risen as well. With the FY92 drop in costs for the first year claims coupled with fewer people remaining out of work at the beginning of FY93 (five project participants as of July 1, 1992 - reported earlier in table 4), it is anticipated that the second-year costs for those injured during FY92 will drop significantly as compared with the trend in recent years. This is a powerful trend, identifying one of the most important outcomes of the study.

Table 8

**Summary of Costs Included on FY92 Chargeback
for Injured Worker Groups by Year of Injury
(figures rounded to nearest thousand)**

<u>Injury Year</u>	<u>Medical Costs</u>	<u>Comp Costs</u>	<u>Total Costs</u>
1992	\$ 90,000 (14.4%)	\$ 22,000 (1.7%)	\$112,000 (5.8%)
1991	\$128,000 (20.5%)	\$171,000 (12.9%)	\$299,000 (15.3%)
1986-90	\$315,000 (50.4%)	\$635,000 (48.0%)	\$950,000 (48.8%)
<1986	\$ 92,000 (14.7%)	\$495,000 (37.4%)	\$587,000 (30.1%)
<u>Total</u>	<u>\$625,000</u>	<u>\$1,323,000</u>	<u>\$1,948,000</u>

Table 9

**Summary of Costs Included on FY91 Chargeback
for Injured Worker Groups by Year of Injury When Pn and DE
Claims are Eliminated from the Chargeback*
(figures rounded to nearest thousand)**

<u>Injury Year</u>	<u>Medical Costs</u>	<u>Comp Costs</u>	<u>Total Costs</u>
1991	\$127,000 (23.0%)	\$ 36,000 (2.9%)	\$163,000 (9.0%)
1990	\$134,000 (24.2%)	\$129,000 (10.3%)	\$263,000 (14.6%)
1985-89	\$252,000 (45.6%)	\$636,000 (50.9%)	\$888,000 (49.3%)
<1985	\$ 40,000 (7.2%)	\$448,000 (35.9%)	\$488,000 (27.1%)
<u>Total</u>	<u>\$553,000</u>	<u>\$1,249,000</u>	<u>\$1,802,000</u>

Despite the elimination of a large number of cases from the long-term roles, the largest block of costs is still represented by those people who have been on the roles for at least two but no longer than seven years. For the FY92 chargeback, this group represents 50.4% of the medical costs, 48% of the comp costs, and 48.8% of the total costs for the year. The total generated by those persons injured prior to July 1, 1992, represents 65.1% of the medical costs, 85.4% of the comp costs, and 78.9% of the total costs. On table 9 (representing the FY91 chargeback as if the PN and DE claims had been eliminated), the parallel group (those injured prior to July 1, 1989) generated very similar cost patterns: 62.8% of the medical costs, 86.8% of the comp costs, and 76.4% of the total costs.

Comparing first year costs for those injured during 1992 with those injured during 1991, there is a drop in costs on each of the summary areas. The 1992 medical costs dropped from 23% of the total medical costs to 14.4%, from 2.9% of the total comp costs to 1.7%, and from 9% of all costs to 5.8%

Table 10

**The Use of Industrial Rehabilitation Services
Project Year - FY92**

<u>Service</u>	<u>Installation-based (CPO-WBAMC)</u>	<u>Community-based (Various)</u>
Job Analysis	8	3
Work Capacity Evaluation	10	4
Work Hardening Service	2	7
Other Physical/Occupational Therapy Service	9	14
Independent Medical Examination		6

In a few instances job analyses for particular jobs (for example, meat cutter, checkout at the commissary, mechanic) were performed once but used for multiple cases. The case manager would validate the analysis with the supervisor to ensure that there were no unique components associated with the job and would then use the results to communicate with the physician, plan for work accommodation, etc.

The work capacity evaluation/work hardening programs that were used in the community were sometimes a result of a direct referral from Fort Bliss/DOL-Dallas but were quite often the result of a direct referral from the community physician. Three medical doctors who were contacted during the project confirmed that they had never used this type of service before but tried it out as a result of the knowledge they received from project personnel early on in the project and were very pleased with the results. They all indicated that they would use this type of program in the future. One reason for the limited use of the installation-based industrial rehabilitation services was the fact that the vast majority of persons for whom they would be appropriate were already actively involved in receiving allied medical services in the community. While this did not preclude a referral to WBAMC, it often would have involved removing them from a system with which they were already familiar and comfortable.

Study Conclusions

1. One of the problems experienced by the current system was a limitation in its ability to gather, track, and summarize information about claims, treatment processes, and return-to-work experiences. If the system is unable to portray what it does, it will not be able to clearly identify its problems and certainly will not be able to respond to them. This project has instituted and reinforced a method of gathering, summarizing, and maintaining a data base that is essential in managing and preventing injury, illness, and disability in the workplace. During the evaluation of the project, it was discovered that the FECA committee (a body typically meeting once per week to discuss cases and respond to system needs) does not keep formal minutes. It is essential that this group begins to keep a record of the cases discussed, the topic of the discussion, plans made, and follow-up from previous meetings in order to maintain a record of the information flow, commitments, assessments, and plans that occur at that meeting.
2. The process of involving the supervisors immediately in the disability prevention process through their notification of the FEC ^ coordinator has given them a role in the process that has extended beyond simply filling out their part on a form. This has led to some significant changes in attitude and behavior regarding work site accommodation and job restructuring to facilitate effective work return and minimizing lost workdays (as evidenced by the significantly improved performance related to work retention following an injury - with no work disruption - and work return following a disruption).
3. The timing of the project implementation was an important aspect of the outcome evaluation. During FY91 Fort Bliss has been continually preparing for a reduction in force that was anticipated to occur sometime after the Gulf War. Regardless of attempts to minimize the rumors and emotional reactions associated with this process, both management and labor were aware of the preparation. As expected, the number of CA1 and CA2 forms increased sharply during the fourth quarter of FY91 and during the first quarter of FY92. Both quarters reflected at least a 50% greater rate of COP

days and reportable injuries than quarters prior to or after that time. This means that the statistics reflect this rise, which may bias the outcome of the project. On the other hand, this may have been a particularly opportune time for the project to be implemented because it was able to minimize the effects related to a major reduction in force, lesson costs associated with those persons who became injured during that year, and still promote a significantly increased work return rate.

4. Fewer COP days were being used by those who were injured on the job as compared with FY91 experience. By the end of the first quarter of program operation, the average amount of time on COP had decreased to the level of 1990 (the lowest average of any of the years in the prior decade).
5. Fewer people reached the point where they filed worker's compensation claims during 1992 than in any of the previous four years. What is especially important is the fact that many fewer people were off work at the end of FY92, which will be reflected in FY93 costs. This has been a significant problem in the recent past. The greatest single-year costs for each of the last four years have been associated with those people who were injured during the previous fiscal year. Because of the lack of medical management in the community, effective follow-up, and reasonable return-to-work accommodations in the past, these people have reflected 14 to 15% of the total costs for the year, whereas the workers experiencing an injury during that same year have reflected only 6 to 9% of the total costs for that year. It is anticipated that additional and much greater cost savings of this project will be reflected during FY93 and beyond, because so many fewer workers are actively involved in the system and carrying over from FY92 than in FY89 through FY91 (6 in comparison to 14 [FY89], 12 [FY90], and 16 [FY91]).
6. The role of the M.D. at the troop clinic is integral to the overall success of the project and any future programming. The COP rate may be directly affected by the timely and attentive care of a physician who is available to injured workers at the troop clinic. As the data illustrates, 93% of all medical only cases received care from occupational medicine clinic/WBAMC resources and remained within the system. Among those

persons experiencing a work disruption (most often representing those people who have experienced a more severe injury/illness), 60% received their care exclusively from internal resources. On several occasions (to be documented in the case reviews), the provider at Fort Bliss made a direct referral to a community-based physician. While there is a strong indication that the presence of this position does impact on the use and length of COP, it does not necessarily affect the propensity for a small group of employees to seek treatment from outside providers. This implies that it may not be the action of seeking care from an outside physician that leads to losing control of the case. It may have been more related to the lack of internal case management: following the case and keeping abreast of critical information when the person chooses to seek care in the community. When such a system was in place, there was no difference in the rate of COP for people with like disorders between those who sought treatment at the installation from those who sought treatment from outside providers (see the case studies). A cost difference for medical services did exist, however, because no cost was associated with those who sought treatment on-post.

7. Fewer workers than expected used the work capacity evaluation and work hardening resources available on-post and in the community. There were several reasons:
 - a. With the addition of the active project role of the FECA coordinator, many fewer people reached a point of extended work disruption and therefore did not need the specialized services in strengthening, endurance, flexibility, range of motion, etc.
 - b. The active communication between the employer (the role of the FECA coordinator) and both community-based and installation-based physicians and health care providers lessened the opportunity for disagreements in the appraisal of work return potential and the establishment of a return-to-work plan. The work capacity evaluation was used only sporadically and was only used on one occasion to provide objective evidence to address a disagreement. The evaluations performed at WBAMC were typically a component of an ongoing treatment program with a worker.

- c. Additionally, the involvement of the supervisors in the process and their assistance in promoting work return alternatives (rather than inhibiting it) precluded the necessity to gather hard evidence to prove a worker's ability to safely return to work.
 - d. As mentioned earlier in the discussion of table 10, many people for whom an evaluation or a work hardening program would be appropriate were already actively involved in allied medical services in the community. In these instance it was judged to be more effective and efficient to continue with this type of service at the community-based facility rather than change to a new location.
 - e. Early on in the year, project staff discovered that it would be more difficult than expected to gain approval of the work capacity evaluations or work hardening efforts from DOL (despite initial assurances to the contrary). This required project staff to rely on improvising, which proved to be quite successful overall.
8. It is anticipated that an increase in the use of work capacity evaluation and work hardening services on-post can occur in the future if the services are available. It has been the intent of the project to limit entrance into the installation-based industrial rehabilitation services to those persons entering into the system during the first project year. During the second year, the plan identifies that the services will be more available to people on the periodic roles and others who have been off work for an extended period of time. The majority of people in this group will require both work capacity evaluation and work hardening services.
9. A problem noted by project staff and recognized in the case reviews was the inconsistency at a variety of levels experienced in working with DOL-Dallas. This was experienced often as a great difference in the way a claims manager would respond and work with a case, the CPO office at the installation, and community medical providers. Particularly difficult were those instances when a worker had two or more open claims involving different injuries. If these were assigned to more than one claims manager in Dallas, there was often no coordination between the efforts. Often

the DOL personnel were completely unaware of the activities involved with the other case and remained so despite CPO-Bliss attempts to coordinate the efforts. A more specific identification of this problem is presented as part of the case reviews.

ACTIVE DUTY SOLDIER INJURIES

Data on injuries sustained by active duty soldiers was collected using a work sheet (copy attached) provided to the troop medical clinic (TMC) at Fort Bliss and to the emergency room at WBAMC. The data collection protocol required that data be collected on all active duty personnel, officer and enlisted, who had suffered a work-related injury or illness and were expected to require at least five or more days of no duty or modified duty for recuperation and/or treatment. In addition, written instructions were provided with the work sheets describing the criteria to be used in determining which soldiers should be included in the data collection effort and the address to which completed work sheets were to be mailed each month.

Project staff were dependent upon personnel assigned to the medical facilities at Fort Bliss for collection of active duty soldier injury data. During the period after implementation of the program, there were numerous personnel turnovers, particularly at the TMC. As a result, work sheets were either not completed during a portion of the time frame or were misplaced. At least one portion of the work sheets was mistakenly forwarded from the TMC to WBAMC and has not been located. This section of the report summarizes data from those case work sheets provided to the contractor by the TMC.

Number of Cases Analyzed: 16

Number of Injured Soldiers by Grade:

E-2: 1
E-3: 2
E-4: 5
E-5: 2
E-6: 1
E-7: 3
E-8: 1
O-1: 1

Number and Type of Injuries Reported:

Head:	1
Back:	4
Knee:	4
Ankle:	2
Neck:	3
Leg:	2
Elbow:	1
Shoulder:	2

NOTE: Three soldiers sustained injuries to two parts of the body.

Number of Workdays of Lost Time: 40 (One case accounted for 30 days of this time and was related to medical problems other than this injury sustained.)

Number of Jobs Modified to Accommodate Injury: 5 (e.g., No lifting or climbing for a short period of time.)

Number of Work Sites Modified to Accommodate Injury: None

SUMMARY OF INDIVIDUAL CASES:**Case 1**

Rank: E-3
Sex: Female
Nature of Injury: Strained right knee
Circumstances of Injury: Injured right knee during battalion run
Treatment provided: Examined and returned to full duty
Lost Time: 0

Case 2

Rank: E-4
Sex: Male
Nature of Injury: Sprained ankle
Circumstances of Injury: Injured ankle moving equipment
Treatment Provided: Examined and returned to duty with no climbing for 7 days
Lost Time: 1 day

Case 3

Rank: E-7
Sex: Male
Nature of Injury: Back strain
Circumstances of Injury: Injured back doing wind sprints
Treatment Provided: Physical therapy
Lost Time: 1 day

Case 4

Rank: E-3
Sex: Male
Nature of Injury: Cut on forehead
Circumstances of Injury: Picked up item in supply closet and struck forehead on corner of metal box
Treatment Provided: Cleaned and dressed wound
Lost Time: 1 day

Case 5

Rank: E-4
Sex: Male
Nature of Injury: Neck and back strain
Circumstances of Injury: Involved in auto accident; patient's car struck in rear by another car
Treatment Provided: Examined and no lifting for 7 days
Lost Time: 1 day

Case 6

Rank: E-2
Sex: Male
Nature of Injury: Bruised knee
Circumstances of Injury: Tripped and fell in barracks
Treatment Provided: Examined and returned to duty
Lost Time: 0

Case 7

Rank: E-7

Sex: Male

Nature of Injury: Bruised right knee

Circumstances of Injury: Fell off loading dock and caught leg between dock and truck

Treatment Provided: Examined and no climbing/heavy lifting for 7 days

Lost Time: 1 day

Case 8

Rank: E-4

Sex: Male

Nature of Injury: Strained left knee

Circumstances of Injury: Left knee began aching while walking

Treatment Provided: Examined and orthopedic follow-up; possible preexisting condition; individual switched jobs at work site to stay off feet as much as possible.

Lost Time: 1 day

Case 9

Rank: E-5

Sex: Male

Nature of Injury: Sprained ankle

Circumstances of Injury: Twisted right ankle while playing softball

Treatment Provided: Examined and performed different duties at work site to stay off feet

Lost Time: 1 day

Case 10

Rank: E-4

Sex: Male

Nature of Injury: Muscle strain in right calf

Circumstances of Injury: Running during PT

Treatment Provided: Examined and physical therapy

Lost Time: 1 day

Case 11

Rank: E-6
Sex: Female
Nature of Injury: Contusion to right thigh
Circumstances of Injury: Filing cabinet fell on right leg
Treatment Provided: Examination and follow-up at TMC; individual subsequently placed on quarters for medical problems unrelated to injury.
Lost Time: 30 days as of follow-up

Case 12

Rank: E-5
Sex: Male
Nature of Injury: Back and neck strain
Circumstances of Injury: Individual involved in auto accident
Treatment Provided: Examined and returned to duty
Lost Time: 1 day

Case 13

Rank: E-4
Sex: Male
Nature of Injury: Strained muscle in right shoulder
Circumstances of Injury: Fell on shoulder while playing basketball
Treatment Provided: Examined and follow-up at TMC
Lost Time: 0

Case 14

Rank: E-8
Sex: Male
Nature of Injury: Aggravated previous right shoulder injury and bruised right elbow; possible bone chip in right elbow
Circumstances of Injury: Fell on outstretched right arm while playing basketball
Treatment Provided: Examined and physical therapy
Lost Time: 1 day

Case 15

Rank: O-1
Sex: Female
Nature of Injury: Back strain
Circumstances of Injury: Pulled muscle in back doing sprints during PT
Treatment Provided: Examined and returned to duty
Lost Time: 0

Case 16

Rank: E-7

Sex: Male

Nature of Injury: Contusion of neck

Circumstances of Injury: Playing with dog at home, grabbed dog's tail and dog
grabbed patient's neck.

Treatment Provided: Examined and returned to duty

Lost Time: 0

U.S. ARMY HEALTH SERVICES COMMAND
U.S. ARMY OCCUPATIONAL REHABILITATION DEVELOPMENT STUDY

**VALIDATION OF INDIVIDUAL CASE DATA AT
FORT BLISS, TEXAS**

FINAL REPORT

Prepared under Contract Number OPM-91-2973, W.O. 173160,
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for

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January 1993

**U.S. Army Occupational Rehabilitation
Development Study**

Fort Bliss: Validation of Individual Case Data

January 1993

1. PURPOSE

The purpose of this report is to provide information on the chronological and professional intervention steps applied in each lost time case for civilian employees reported at Fort Bliss, Texas during the period of program implementation. Information was gathered on key medical intervention pathways taken in both the installation- and community-based models, the timing of such intervention, and its relation to the amount of lost time for each case. An exhaustive review of some 73 individual cases was conducted in support of this effort.

2. CONTENT

Each case was reviewed on an individual basis. Where the same employee was involved in more than one case, reference is made to the subsequent case number. Each case review contains the following information:

- Age and sex of individual employee
- Date of injury and date of formal report notifying the Fort Bliss CPO of the injury
- Type of injury and circumstances of how injury occurred
- Number of Continuation of Pay (COP) days and Return to Work (RTW) date
- Employees job
- Whether or not employee sought medical assistance at the troop clinic or William Beaumont Army Medical Center (WBAMC) or chose to go to a community provider
- Treatment process(es) applied, when applied, and by whom
- Case Management intervention by Fort Bliss CPO
- Costs accrued in Department of Labor (DOL) FY92 (July 91-June 92)
- A summary of intervention activity and its impact on case resolution

Where appropriate, conclusions are presented related to activities, or the lack thereof, which caused a significant impact on case resolution, both positive and negative. All data were drawn from individual case files and personal interview with the Fort Bliss CPO FECA administrator.

Case Number: 1

Sex: M Age: 39 DOB: 6-7-52 Date of Injury: 6-22-91

Formal report received: 6-26-91

Injury: Herniated disk (HNP). Lifting heavy boxes. Worker has history of back problems.

COP: 45 days RTW: No

Job: warehouse worker/driver

Troop Clinic/WBAMC: No

Treatment Process:

First went to Dr. Bieganowski's clinic. Treated with medication, regular trigger point injections for pain treatment, and three times per week physical therapy - continued throughout July-September 1991.

9-30-91 - Request for an IME. Dr. Barry Bowser (HNP confirmed).

11-20-91 - Assigned a rehab nurse and referred to Crawford Rehab for external rehabilitation intervention.

Management taken over by OWCP Claims Examiner - Dallas instructed all others to cease communication with case and any management attempts. Compensation approved 9-9-91 and periodically extended.

3-19-92 - Ft. Bliss program case manager intervened and offered modified (transitional) employment through Dr. Bieganowski. This was refused by the Dr. as inappropriate.

4-22-92 - Letter sent to worker indicating fitness for duty on 5-13-92.

4-24-92 - Dr. Bieganowski initiated work hardening services in his clinic and anticipated that worker could return to work in early May with restrictions.

Fitness for duty examination results - "unfit for duty" and "if unable to perform light duty will give letter of removal." - Col. Morton

No return to work or letter of removal as of December 1992.

Case Management Intervention:

Case began prior to program initiation, but case manager was able to coordinate with physician so that current information was available to everyone. Case manager worked with supervisor to establish a transitional employment opportunity that was consistent with worker's established capacities, but it was refused by the physician. Coordinated with DOL for IME, rehab intervention at Crawford, and OWCP involvement with no successful outcome. No indication from consultants that any plan was developed. Continued to work with supervisor to identify light duty position, but worker refuses work return, and physician continues to indicate he is cooperative while, on the other hand, refusing to approve any return-to-work options offered.

Costs Accrued in 1992:	Medical:	\$ 9,778.97
	Indemnity:	<u>\$13,035.34</u>
	Total:	\$22,814.31

Summary:

This is more representative of the way the system lost control of cases prior to the initiation of the program. The worker bypassed the internal medical services, the outside physician consistently refused to cooperate with the employer, and the DOL system attempted to exert authority but failed to follow through with worthwhile support. While it may not necessarily be true in this instance, this case is very similar to those where the treatment system itself has contributed to the development of the disability. The case manager's attempts at coordinating the development of a work return plan were appropriate but had no impact because of the inflexibility and lack of movement characterizing the system itself.

Case Number: 2

Sex: M Age: 55 DOB: 8-9-35 Date of Injury: 6-20-91

Formal report received: 7-10-91

Injury: Strained left and right knees. Individual jumped from locomotive and experienced a strain in both knees.

COP: 45 days + 5 days sick leave **RTW:** Successful after 50 days

Job: braker/switcher (railroad)

Troop Clinic/WBAMC: No

Treatment Process:

Sought treatment from Dr. Arredondo, El Paso, following accident. Prescribed medication and rest followed by physical therapy (fourth week). Experienced unrelated cardiac (angina) involvement requiring three days of hospitalization in the third week of treatment. This complicated rehabilitation and return-to-work process.

8-13-91 - Evaluation noted general improvement. Patient was cleared for return to work with restrictions. Patient was restricted to performing office duties not requiring climbing, which is a major task involved in worker's regular job. Reevaluation was scheduled in six weeks. Individual returned to regular work in six weeks; no other related problems were notable.

Case Management Intervention:

This case was initiated prior to the beginning of the project. The case manager did discuss return-to-work alternatives with the supervisor and helped in making the decision to have the worker return to work in a modified duty status until he could successfully maintain the requirements of the job.

Costs Accrued in 1992:	Medical:	\$7,900.73
	Indemnity:	<u>\$ 000.00</u>
	Total:	\$7,900.73

Summary:

Because of the timing of the case, only minor case management involvement occurred. The supervisor was assisted in developing a transitional work position in the office while the last stages of recuperation occurred.

Case Number: 3

Sex: M **Age:** 56 **DOB:** 1-5-35 **Date of Injury:** 6-20-91

Formal report received: 7-17-91

Injury: Abdominal contusion

COP: 39 days (claim denied 9-23-91) **RTW:** Light work at 39 days (8-8-91). Full work at 10-6-91.

Job: electrician

Troop Clinic/WBAMC: No

Treatment Process:

Sought care from Dr. Joseph Motes (surgeon) and Dr. John Tune. Treatment consisted of medication and rest.

8-8-91 - Cleared for light work.

9-23-91 - DOL rescinded and denied claim.

10-6-91 - Dr. Tune cleared individual for full work.

Case Management Intervention:

Case occurred prior to initiation of project. Follow-up was conducted with his supervisor when the appeal was denied, and worker transitioned to full work.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Case management intervention was minor because of the timing of the case. The case manager follow-up was initiated to ensure that the worker was transitioning successfully to full duty when cleared by physician. This case was complicated by the fact that it was controverted by the supervisor and later denied by the DOL (9-23-91), citing the opinion that this was not a work-related injury. This decision was appealed and the original decision upheld by DOL on 11-14-91. Therefore, no medical bills will be paid, and the COP will be converted into sick time or another personal leave benefit.

Sex: F **Age:** 40 **DOB:** 10-18-50 **Date of Injury:** 7-9-91

Formal report received: 7-17-91

Injury: Tenosynovitis, flexor tendons of the right wrist; bilateral carpal tunnel syndrome; bilateral tendinitis.

COP: 13 days **RTW:** Return to partial duty after COP. Reassigned May 1992 to position that was consistent with her ability.

Job: office automation clerk

Troop Clinic/WBAMC: No

Treatment Process:

This has been a long-term medical problem. Individual received treatment from a civilian neurologist. He indicated that she should rest her hands and wrists for a two-week period and prescribed anti-inflammatory medication. He also suggested that she should type for no more than four hours per day and become involved in another activity for the other four hours intermittently. Individual returned to work and applied the typing suggestion with success and retained her employment. However, she has not been able to meet all of the job demands. She has applied for disability retirement and is awaiting a response.

Case Management Intervention:

Since this case occurred prior to the initiation of the program, most of the case management required coordination with DOL to gain information and initiate movement in the case. This case is an example of poor communication on the part of DOL. Because of unhappiness with the treatment regimen (no movement, no active therapy, no use of hand therapy, etc.), the worker requested to change physicians. DOL took three months to respond, despite numerous communications by the CPO and the worker. A particularly frustrating aspect of the process (for both the worker and CPO) was the fact that she had filed a previous claim (4-29-91) for carpal tunnel syndrome involving the left wrist. Apparently, DOL treats different claims by the same person separately. In this case two DOL staff members handled the claims. When the worker, the physician, or someone would write to DOL and refer to the bilateral carpal tunnel, DOL would reply that they had never heard of that before, that she only experienced carpal tunnel syndrome of either the right or left wrist (depending upon the claims manager). The DOL staff member would quite often reprimand the worker or the physician for attempting to add something onto the case that did not exist. This was a ridiculous situation and has significant implications for the system's ability to respond to the needs of the worker, and the supervisor and the productivity of the organization. It is obvious that the DOL staff members never talked to each other

Case Number: 4

about their common case and that they did not work with a person - just a case number.

Costs Accrued in 1992:	Medical:	\$304.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$304.00

Summary:

This case was completed before the initiation of the program.

Case Number: 5

Sex: M Age: 35 DOB: 8-19-55 Date of Injury: 7-9-91

Formal report received: 7-17-91

Injury: Upper back sprain. Injured while pulling beef from cooler and hanging it up.

COP: 4 days **RTW:** Successful after four days off.

Job: meat cutter - commissary

Troop Clinic/WBAMC: Yes. All care was received in the Troop Clinic.

Treatment Process:

Initial visit to Troop Clinic - diagnosis of back sprain.

Treatment consisted of medication and bed rest.

Troop Clinic called supervisor to inform of diagnosis and plan.

Case Management Intervention:

Prior to program initiation, Troop Clinic personnel called the supervisor.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

This was a simple case that was handled very well. The worker sought treatment from the Troop Clinic and stayed in the system. Returned to full work duty based upon plan.

Case Number: 6

Sex: M Age: 40 DOB: 9-19-50 Date of Injury: 7-16-91

Formal report received: 7-17-91

Injury: Lumbar sprain, degenerative disk disease L4-5. Injury occurred while digging a hole around an expansion joint.

COP: 45 days RTW: Successful with restrictions.

Job: boiler plant mechanic

Troop Clinic/WBAMC: Initial treatment began at the Troop Clinic, and patient was referred to internal orthopedics department. Individual chose to go off-post for orthopedic care.

Treatment Process:

Initial examination at Troop Clinic led to referral to WBAMC Orthopedics Department. Worker chose to go to Dr. Garry Reister (radiology) and Dr. Valdez at the Southwest Health Institute. They prescribed trigger point injections and referred him to physical therapy services.

8-26-91 - Follow-up evaluation resulted in extended treatments for two additional weeks.

9-16-91 - A light duty clearance was indicated. Worker returned to clerical position. A request to change physician to Dr. Gan (D.O.) at Southwest Health Institute was approved after long wait.

4-2-92 - Scheduled award was denied.

Has worked successfully with some restrictions since return to work. Continuing medical services as needed with Dr. Gan.

Case Management Intervention:

Coordinated with supervisor, worker, and physician to develop and maintain transitional work position. This later evolved to a long-term modified duty position, which is part clerical and part related to his former responsibilities. Maintained contact with worker, supervisor, and physician to ensure that any new information is provided in a timely manner.

Costs Accrued in 1992:	Medical:	\$15,548.00
	Indemnity:	\$ 000.00
	Total:	\$15,548.00

Summary:

Treatment, reporting, communication, and return to work all timely and appropriate in this case. This case will be a long-term case if worker stays in this position because of the continuing discrepancy between his ability and the demands of the full duty job. Accommodations have been made to allow him to continue working successfully. It is doubtful that he will work in his former position. The system has reached a point of balance in their needs and the worker's abilities to meet those needs. If everyone's comfort level is adequate (and it appears to be so), this case will remain at this level of accommodation indefinitely.

Case Number: 7

Sex: M Age: 55 DOB: 3-2-36 Date of Injury: 7-10-91

Formal report received: 7-23-91

Injury: Acute diverticulosis (reinjury). Lifting stinger missiles (87 lb.) and pallets (80 lb.) with coworkers.

COP: 5 days **RTW:** Return to light duty for two weeks, then return to full duty.

Job: motor vehicle operator

Troop Clinic/WBAMC: One-day stay in WBAMC.

Treatment Process:

Worker presented at WBAMC Emergency Room with severe lower abdominal pain and was admitted for observation. Diagnosis of acute diverticulosis. Individual admitted for one-night stay in hospital, then released with medication to bed rest at home for three to four days.

Case Management Intervention:

Contacted worker after hospital stay. Contacted supervisor prior to RTW to discuss options. Two weeks of modified duty then full RTW.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Involvement by the case manager was minor because of timing of case. Assistance was provided to the supervisor to develop a transitional work position for a two-week period during recuperation. Follow-up with supervisor and worker when regular duty began indicated successful RTW.

Case Number: 8

Sex: M Age: 35 DOB: 7-23-55 Date of Injury: 7-9-91

Formal report received: 7-26-91

Injury: Eye irritation resulting from corneal abrasion of left eye.

COP: 4 days **RTW:** Return to full duty after four days.

Job: firefighter

Troop Clinic/WBAMC: Yes. All care received at Troop Clinic.

Treatment Process:

Reported to Troop Clinic for evaluation when eye became irritated. Above diagnosis was made. Treatment consisted of an Ace wrap, rest, Motrin, and a suggestion to return to work in four days.

Case Management Intervention:

Talk with physician and supervisor indicated no other services necessary. Full RTW at end of treatment/rest period.

Costs Accrued In 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	<u>\$000.00</u>

Summary:

Minor involvement by case manager because of timing of case, but there was follow-up initiated with both the supervisor and physician to ensure smooth case process

Sex: F **Age:** 43 **DOB:** 3-23-48 **Date of Injury:** 7-16-91

Formal report received: 8-1-91

Injury: Right hip contusion complicated by degenerative joint disease as indicated by X-rays. Patient was lifting two boxes from shelf over head when she fell back and landed sitting down hard on buttocks.

COP: 45 days **RTW:** Not as of this date.

Job: supply clerk

Troop Clinic/WBAMC: Troop Clinic for initial evaluation only.

Treatment Process:

At the Troop Clinic the physician indicated that worker should take two days off from work, then return to full duty.

7-17-91 - Patient saw Dr. Thomas in El Paso, who prescribed medication, ice and 24 hours of bed rest. She saw three additional three M.D.s within the next 24-hour period.

7-18-91 - Patient saw Dr. Heydemann at El Paso Orthopedic Surgery Group, who indicated that she should stay off from work until 8-12-91 and return if a plan is developed consistent with any restrictions at that time.

8-12-91 - Return to work was extended to 8-23-91, then to 9-7-91 when Dr. Heydemann indicated that her problem was a bulging disk. Treatment was further extended to 9-16-91.

10-1-91 - Patient condition was said to have improved and was sent to Mr. Ramirez for physical therapy services.

10-29-91 - DOL requested information from Dr. Heydemann.

11-1-91 - Patient's next visit at the Ortho Group was with Dr. Charles Zault, who indicated that she had not improved.

11-20-91 - Patient's next visit at the Ortho Group was with Dr. Charles Zault, who indicated that she had not improved.

12-2-91 - Patient was referred to Dr. Misenhimer for a specialist evaluation, who identified the problem as degenerative disk disease.

2-92 - Compensation payments began.

4-16-92 - Patient's M.D. of record indicated that she will be out of work indefinitely.

7-28-92 - A shift was made to Dr. Rajashekhan (physical medicine), who stated that a more complete diagnosis indicated chronic low back pain, RT SI Radiculopathy, bilateral CTS, and myofascial pain syndrome with trigger points. The treatment time for these disorders was estimated to be six to eight months.

9-92 and 10-92 - The Dr. indicated that no improvement had been made.

Case Management Intervention:

This case occurred prior to the beginning of the project. However, the case manager was quite active in gaining information and working with the physicians, supervisor, and the worker to establish reasonable return-to-work plans. Markedly absent from the management of this case were DOL and OWCP, other than a couple of requests for information from physicians. With no back-up from the system (someone asking questions regarding treatment, etc.), there was very little that the case management function could offer.

Costs Accrued in 1992:	Medical:	\$ 9,863.80
	Indemnity:	<u>\$11,091.42</u>
	Total:	\$20,955.22

Summary:

This case became progressively worse and more complicated with time. The worker experienced what was perceived at the Troop Clinic as a rather innocuous injury and was soon swept up (or chose to be swept up) into a spiraling health care system. Each level of the system discovered or uncovered additional diagnoses and impairments. Nowhere in the health care or DOL system did someone mention that all of the diagnostic categories being discovered had chronic or cyclic pain in common. The possibility of using a chronic pain management program such as the one in operation at one of the participating providers, the Rio Grand Rehabilitation Center, was disregarded on all levels despite being suggested on several occasions by the case management system and despite the fact that this worker is the prototype case for whom these programs were designed.

Case Number: 10 (also #57)

Sex: M **Age:** 35 **DOB:** 5-30-56 **Date of Injury:** 7-29-91

Formal report received: 8-1-91

Injury: Cervical strain. The worker was involved in an automobile accident with an oncoming vehicle. Worker hurt neck, back, and left shoulder.

COP: 38 days **RTW:** Returned to transitional work 9-5-91, then resumed full duty on 11-7-91.

Job: materials expediter

Troop Clinic/WBAMC: No

Treatment Process:

Initial examination conducted at Orthopedic and Hand Center of El Paso. Dr. Neustein prescribed medication, rest, and physical therapy services to start during following week.

Physician agreed to transitional work position with light lifting limit. Physician monitored case and cleared worker after two months of transitional work.

Continuing medical and physical therapy care throughout initial work experience.

Case Management Intervention:

Coordinated with physician and supervisor to develop transitional work alternative. Performed job analysis to identify physical demands of job and communicated these to physician. Discussed alternatives with worker and monitored system when in operation. Kept physician aware of worker's performance, leading to clearance on 11-7-91.

Costs Accrued in 1992:	Medical:	\$4,808.97
	Indemnity:	\$ 000.00
	Total:	\$4,808.97

Summary:

Ongoing medical care, physical therapy, and the use of a transitional work assignment that lasted two months all led to successful resumption of responsibilities a little over three months after worker sustained significant injuries in a vehicle accident.

Case Number: 11

Sex: M Age: 46 DOB: 3-9-45 Date of Injury: 7-1-91

Formal report received: 7-12-91

Injury: Right fibular fracture and other minor injuries resulting from being struck by a vehicle.

COP: 32 days **RTW:** After 32 days with no restrictions.

Job: log. management rep.

Troop Clinic/WBAMC: All care at WBAMC.

Treatment Process:

Taken to WBAMC Emergency Room following accident. Individual was examined, had leg put in a cast, received medications, and was admitted for one day of observation. Individual was released from the hospital the next day with follow-ups scheduled in two and four weeks. Cleared for RTW in 32 days.

Case Management Intervention:

Contacted worker and supervisor; there were no problems. There was no need for transitional work. Individual returned to full work status.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Minor involvement by case manager because of timing of case. Follow-up was conducted with worker and supervisor with no problems encountered. No transitional work necessary.

Case Number: 12 (also #40)

Sex: F **Age:** 53 **DOB:** 2-23-38 **Date of Injurv:** 8-1-91

Formal report received: 8-6-91

Injury: Sprain of neck and thoracic and lumbar spine resulting from an auto accident.

COP: 45 days **RTW:** Returned to full duty.

Job: mail and file clerk

Troop Clinic/WBAMC: Initial examination at WBAMC Emergency Room and then went off-post for care.

Treatment Process:

Initial examination was conducted at WBAMC emergency services. Left post to seek care from Dr. Porras, an internist in El Paso. Dr. Porras made a referral to the El Paso Orthopedic Surgery Group, who involved the patient in biweekly M.D. visits and daily physical therapy.

Case Management Intervention:

Coordinated with the supervisor and the M.D. to develop transitional work plan. The job was analyzed, and the physical demands were communicated to the physician. The manager and the supervisor were able to develop a transitional plan that met the needs of the worker within the restrictions set by the physician. The worker was returned to modified duty status for the first six weeks, 8-20-91 through 10-3-91, and then was able to progress to full duty status.

Costs Accrued in 1992:	Medical:	\$6,970.10
	Indemnity:	<u>\$ 000.00</u>
	Total:	\$6,970.10

Summary:

Treatment, reporting, and communication appropriate in this case. The case manager assisted the supervisor in designing a transitional work plan for the worker, who returned successfully and reached full duty in two months.

Case Number: 13

Sex: M Age: 53 DOB: 3-16-38

Date of Injury: 8-1-91

Formal report received: 8-6-91

Injury: Rt. inguinal hernia and repair. Picking up extension ladder.

COP: 45 + sick leave + annual leave **RTW:** 11-4-91

Job: sheet metal mechanic

Troop Clinic/WBAMC: Initial visit to Troop Clinic.

Treatment Process:

After the initial examination, worker received authorization from Troop Clinic to seek care from a surgeon off-post. Dr. Jose Castillo (general surgeon) was contacted.

8-13-91 - Operated. Anticipated a six-to-eight week recovery period following surgery.

10-31-91 - M.D. cleared worker for RTW at follow-up examination.

Case Management Intervention:

Case manager received all relevant letters from M.D. (initial examination, report of surgery, report of follow-up visits, and return-to-work clearance.) Kept the supervisor abreast of developments. Talked with worker regarding RTW when time was appropriate.

Costs Accrued in 1992:	Medical:	\$7,201.75
	Indemnity:	<u>\$2,559.36</u>
	Total:	\$9,761.11

Summary:

Treatment, reporting, communication, and return to work all timely and appropriate in this case. Case manager kept everybody informed regarding developments.

Case Number: 14

Sex: M Age: 43 DOB: 1-26-48

Date of Injury: 8-3-91

Formal report received: 8-7-91

Injury: Puncture wound of the lower right leg. Worker drove nail from air gun into lower back of right leg at boot height.

COP: 20 days **FTW:** Full duty after 20 days.

Job: woodworker

Troop Clinic/WBAMC: Troop Clinic for initial examination only.

Treatment Process:

Initial examination at Troop Clinic and referral to Dr. Eric Lomax.

Examination, weekly wound care, medications, and plan to stay off leg for two weeks

Case Management Intervention:

Remained in contact with physician, worker, and supervisor. Worker returned to work on day anticipated with no problems and no need for transitional or modified work.

Costs Accrued in 1992:	Medical:	\$1,021.05
	Indemnity:	<u>\$ 000.00</u>
	Total:	\$1,021.05

Summary:

Treatment, reporting, communication, and return to work all timely and appropriate in this case. Case manager kept everybody informed regarding developments.

Case Number: 15

Sex: M Age: 36 DOB: 5-13-55

Date of Injury: 8-2-91

Formal report received: 8-9-91

Injury: Shoulder strain, rotator cuff tear, and biceps tendon tear. Injured right arm and shoulder while lifting heavy object.

COP: 39 days **RTW:** Returned to 1/2 time 11-20, 3/4 time 1-30, and full time 3-16.

Job: meat cutter helper

Troop Clinic/WBAMC: Initial examination at Troop Clinic with further treatment in community.

Treatment Process:

The Troop Clinic opted to initiate conservative treatment and suggested that a follow-up visit be scheduled for one week following the accident. They referred worker to Dr. Neustein in community.

8-22-91 - Dr. Neustein scheduled surgery (repair and release) and prescribed physical therapy to follow surgery.

10-23-91 - CPO made a light duty job offer, but waited until a scheduled work capacity evaluation at Sun City Rehab took place on 10-31-91.

11-20-92 - Worker returned to work half time, increased to six hours on 1-30 and to full duty on 3-16-92.

Therapy services were discontinued in April. The worker was agitated about several disagreements he had with his claims manager for DOL. There were several instances where he felt the benefits received from DOL were not correct (disagreements over offsets, etc.) He requested a change in claims representatives in April.

6-19-92 - An exacerbation of the existing injury occurred while the worker was moving shelves at work. He left work at that time. It was documented that this activity was beyond the light duty assignment and that he took it upon himself to extend beyond his limits.

8-14-91 - Referred to a specialist for a second opinion, confirmed M.D. findings. Worker was allowed to continue PT beginning in August.

10-16-91 - A rehab nurse was assigned, and a referral to Crawford Rehab was made.

Case Management Intervention:

The case manager worked successfully with the physician and the supervisor to establish a modified schedule for a transitional work opportunity. This allowed the worker to return to work in a safe manner, at his own pace, while still allowing him to engage in physical therapy services. The case manager's impact lessened when the case shifted to a political battle between DOL and the worker. The slow responses to inquiries and the documented inaccuracies of the DOL system in determining offsets, etc., led the worker to focus his attention on them rather than his own work performance or health. The final result is a worker who was well on his way to effective work return who will now probably do whatever he can to manipulate the system.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

A difficult, but positive work return experience during the early stages of the case. The cooperation that did exist degenerated into a strongly adversarial stand-off as the worker became increasingly upset and frustrated by the inconsistencies and inefficiencies of DOL and the claims management system in operation in Dallas.

Case Number: 16

Sex: M **Age:** 61 **DOB:** 2-14-30 **Date of Injury:** 7-27-91

Formal report received: 8-14-91

Injury: Ligament sprain and abrasion on left wrist and forearm. Individual struck by falling pallets.

COP: 2 days **RTW:** Full work after two days.

Job: materials handler

Troop Clinic/WBAMC: All treatment at Troop Clinic.

Treatment Process:

Treatment was application of ice and two days off.

Case Management Intervention:

Follow-up with supervisor when returned to work - no indication of any other service needed

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, communication, and return to work all timely and appropriate in this case. No significant role for case manager.

Case Number: 17

Sex: M **Age:** 40 **DOB:** 10-15-50 **Date of Injury:** 8-20-91

Formal report received: 8-22-91

Injury: Right ankle sprain. Individual twisted ankle while loading truck.

COP: 1 day **RTW:** Transitional work for one week, then full work.

Job: carpenter

Troop Clinic/WBAMC: All treatment was received at Troop Clinic.

Treatment Process:

Treatment consisted of using an Ace wrap and one day of rest.

Case Management Intervention:

Contacted supervisor to discuss transitional work possibility. Approved for follow-up after one week. Successful RTW.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, and communication appropriate in this case. Case manager assisted in the development of transitional work opportunity and suggested option to supervisor.

Case Number: 18

Sex: M Age: 61 DOB: 2-10-30 Date of Injury: 8-16-91

Formal report received: 8-27-91

Injury: Sciatica. Resulted from lifting box. Twisted back and complained of pain in lower back and hips.

COP: 7 days RTW: Returned to full work as scheduled.

Job: warehouse worker

Troop Clinic/WBAMC: All treatment occurred at the Troop Clinic.

Treatment Process:

8-16-91 - Worker sustained injury and reported accident but did not seek medical attention at that time because there was no pain involved. The pain and stiffness started bothering him two days later.

8-19-91 - Took day off because of pain.

8-20-91 - Pain became so bad that he sought treatment from the troop clinic. He was diagnosed as having sciatica and told to rest at home for three days and come in for a follow-up visit. Since this was on a Tuesday, they agreed that he should take the remainder of the week off, four days rather than three, and return to work on Monday, the 26th, thus seven days of COP. Return to full duty work was successful.

Case Management Intervention:

Contacted supervisor to check on success of return to work. Management noted no problems or further issues.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

A successful case overall. While it is usually preferable for the worker to report to the troop clinic directly after the accident, in this case there were no symptoms until a few days later following the weekend. It is important to note that the accident was reported on Friday the 16th, so there is documentation to substantiate that the injury was related to the incident and not necessarily to something that occurred over the weekend. While it is an accepted practice to have a worker remain at home an

Case Number: 18

extra day when the prescribed rest period is near a weekend (as in the case of the 19th), in this case that action actually added three days of COP rather than just one since COP includes weekend days. This may be something to consider in the future and may be a point of information for physicians.

Case Number: 19

Sex: M Age: 39 DOB: 5-25-52 Date of Injury: 8-14-91

Formal report received: 8-28-92

Injury: Left A/C separation, initially reported as left shoulder sprain. Lifting desk and bookcases while at work.

COP: 3 days RTW: Returned to transitional work, then to full duty in two weeks.

Job: training instructor

Troop Clinic/WBAMC: No

Treatment Process:

First sought treatment from Richard Thomas, M.D. (family practitioner). Dr. Thomas examined the worker, and prescribed medication, an immobilizer, and ice packs. Set the RTW for three days - light duty status.

8-23-91 - Worker experienced an auto accident that was not work-related but led to time off.

9-10-91 - 9-21-91 - Worker received physical therapy services for the shoulder.

The claim was initially denied by DOL because of a question regarding the work relatedness of the injury; therefore, none of the outstanding medical bills were paid. The worker appealed the decision, and the claim was eventually approved 6-16-92.

No residual limitations exist. The worker is successfully back to work at full duty.

Case Management Intervention:

The case manager became involved in the case to coordinate with the supervisor (who had originally controverted the claim), the DOL) to transfer information necessary in the claims filing and appeal process, and the M.D. to ensure that all relevant information was available for decision making.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

(Claim finally approved on 6-16-92 - costs will be reflected in FY 93.)

Summary:

It appears that most aspects of this case were very slow. The worker filed a claim a few days following the accident. The paperwork reached the CPO office a few days later than should normally be expected, and the DOL did not approve the case until almost 10 months following the initial filing. The case manager attempted to keep everyone informed regarding the events and everyone's responsibilities at certain critical moments, but the overall system did not work well in this instance.

Case Number: 20

Sex: M Age: DOB: 11-21-47 Date of Injury:

Formal report received:

Injury: Epididymitis - right testicle; recurrent problem aggravated by lifting heavy desk when moving office.

COP: 3 days **RTW:** RTW with no heavy lifting. Lifting is not a requirement of the job.

Job: instructor

Troop Clinic/WBAMC: Troop Clinic and Urology Clinic at WBAMC.

Treatment Process:

Initial treatment consisted of an evaluation, prescription of antibiotics, bed rest for three days, no heavy lifting for two weeks, and follow-up at the urology clinic in seven to ten days. No problems encountered at any point in the treatment process.

Case Management Intervention:

Follow-up with supervisor after work return, no difficulties were noted. Lifting limitation was not a problem.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, and communication appropriate in this case.

Case Number: 21

Sex: M Age: 43 DOB: 11-21-47 Date of Injury: 8-14-91

Formal report received: 8-28-91

Injury: Laceration of third finger on right hand, initially reported it as a fracture. Caught finger in motor.

COP: 2 days **RTW:** Return to work with no restrictions.

Job: refrigeration mechanic

Troop Clinic/WBAMC: All treatment was provided at WBAMC.

Treatment Process:

Evaluation in WBAMC emergency room. Removed fingernail. Bandaged finger and indicated that the worker could not use the right hand for three days.

Case Management Intervention:

Contacted supervisor only - little involvement in case (no apparent need)

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, and communication appropriate in this case. No problems encountered; minor role for case management other than follow-up.

Case Number: 22

Sex: M Age: 52 DOB: 12-1-38 Date of Injury: 8-7-91

Formal report received: 9-5-91

Injury: Toes fractured on left foot and allergic reaction to insect bite on left thigh.

COP: 11 days RTW: Return to transitional work for four weeks.

Job: motor vehicle operator

Troop Clinic/WBAMC: All treatment received at Troop Clinic.

Treatment Process:

After initial examination, the left foot was put in cast. Analgesics were prescribed. Patient required use of crutches, and the doctor indicated that the worker would not be able to engage in heavy lifting or prolonged standing or walking for four weeks. Follow-up examinations in two and four weeks. Last examination resulted in lifting of restrictions.

Case Management Intervention:

Talked with both worker and supervisor. Assisted supervisor in accommodating worker back to work in transitional-restricted duty position. Follow-up with physician after final visit to Troop Clinic and learned of lifting of restrictions; communicated this to supervisor.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, and communication appropriate in this case. Case manager actively involved in working with supervisor to develop transitional work opportunity and evaluating progress.

Case Number: 23 (Tenant)

Sex: M **Age:** 44 **DOB:** 3-19-47 **Date of Injury:** 8-23-91

Formal report received: 9-9-91

Injury: Laceration of the third finger on the right hand. Cut by glass while collecting trash.

COP: 5 days **RTW:** Returned to regular duty.

Job: meat cutter

Troop Clinic/WBAMC: Received all treatment at Troop Clinic.

Treatment Process:

Worker went to Troop Clinic for an examination. The laceration was sutured and splinted, and the worker received a tetanus shot. Follow-up in a week.

Case Management Intervention:

Talked with both worker and supervisor. No transitional work necessary. Worker returned to job at full capacity.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, and communication appropriate in this case. Minimal case management necessary.

Case Number: 24

Sex: M Age: 45 DOB: 1-28-46 Date of Injury: 9-12-91

Formal report received: 9-27-91

Injury: 2 fractured ribs - lower left. Slipped and fell.

COP: 6 days RTW: Return to transitional work. Full duty in 10 days after RTW.

Job: illustrator

Troop Clinic/WBAMC: Received all treatment at WBAMC.

Treatment Process:

Went to WBAMC emergency room for initial examination and treatment. Diagnosed as having two broken ribs and prescribed Tylenol #3 and Motrin. Indicated that the worker should not lift more than two to five pounds. Cleared for light duty work after six days of a 10 day period. Reevaluated after 10 days, then cleared for full duty.

Case Management Intervention:

Contacted worker and supervisor. Discussed case with physician to understand imposed limitations. Facilitated a transitional work assignment for 10 day period. The vast majority of this position is light work, so it only required a slight modification. Followed-up with treating physician after 10 working days and received clearance for full duty. Discussed this with supervisor, and transitional work ended successfully.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, and communication appropriate in this case. Use of transitional work and monitoring of case by case manager in concert with supervisor, physician, and worker.

Case Number: 25

Sex: M Age: 23 DOB: 10-27-67 Date of Injury: 9-13-91

Formal report received: 9-3-91

Injury: Back strain. Pulled victim out of car.

COP: 3 days RTW: Returned with no restrictions.

Job: firefighter

Troop Clinic/WBAMC: Received all treatment at WBAMC.

Treatment Process:

Went to emergency room following back strain. Worker was examined, prescribed pain medications, and told to take three days of bed rest and avoid lifting and exerting back muscles.

Case Management Intervention:

Follow-up with supervisor upon worker's return. Returned with no problems or restrictions.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	<u>\$000.00</u>

Summary:

Treatment, reporting, and communication appropriate in this case. No significant need for case management other than follow-up with supervisor to monitor any potential problems.

Sex: M Age: 42 DOB: 2-27-49 Date of Injury: 9-20-91

Formal report received: 10-2-91

injury: Back sprain from lifting heavy boxes. Aggravation of an existing lumbar strain.

COP: 5 days RTW: Returned to modified duty. Permanent duty 2-11-92.

Job: mail distribution clerk

Troop Clinic/WBAMC: Initial examination at Troop Clinic then referred off-post for MRI.

Treatment Process:

Initial examination indicated an aggravation of a preexisting lumbar strain. Prescribed analgesics, muscle relaxants, one week off, and referral to Dr. Barwick at the WBAMC Orthopedics Department. Also referred to Sierra Medical Center for MRI.

10-18-91 - Began treatment at Sierra Medical Center. Returned to modified duty at end of COP period.

2-11-92 - Examined by Occupational Health Service with following results: permanent duty limitations - no lifting over 35 lb. and an expectation of intermittent exacerbations.

6-19-92 - Follow-up evaluation performed by Dr. Boone at Sierra Medical Center. This was an extremely vague report. There was little link between this report and any treatment or evaluations performed in the past. Worker remains on modified duty in same position.

Case Management Intervention:

Coordinated with physicians at Troop Clinic and at Sierra Medical Center to facilitate work return and retention of job. Following a job analysis, worked with supervisor to establish a modified duty assignment. In February 1992, coordinated efforts to ensure that modified duty assignment would be available on a permanent basis.

Costs Accrued in 1992:	Medical:	\$2,806.17
	Indemnity:	<u>\$ 000.00</u>
	Total:	\$2,806.17

Summary:

This case involved an aggravation of a previous injury. The worker returned to a modified duty position in a reasonable period of time consistent with the worker's

Case Number: 26

ability. The case manager worked with health care personnel and supervisor to facilitate the modification of job responsibilities.

Case Number: 27

Sex: F Age: 40 DOB: 9-16-51 Date of Injury: 9-26-91

Formal report received: 10-7-91

Injury: Hip contusion. Fell and complained of low back pain.

COP: 2 days RTW: Returned to regular duty.

Job: clerk typist

Troop Clinic/WBAMC: No

Treatment Process:

9-26-91 and 9-30-91 - Visits to Dr. Jose Ruffien (family practice). Follow-up with Med Care, Inc. (X-ray) and Radiology Corp (X-ray) led to diagnosis of hip contusion. Prescribed no heavy lifting.

3-11-92 - No formal treatment since initial visits but, supervisor reported that worker has consistently complained of pain since the accident.

Case Management Intervention:

Initial contact with supervisor and worker following accident to identify if transitional work would be necessary. The conclusion was that this worker's job does not require any heavy lifting or other activities that would place her in a vulnerable position. The case manager maintained contact with the supervisor to monitor the worker's performance. While the worker's work performance has not been negatively impacted by the accident, she continues to complain of pain in the hip and lower back.

Costs Accrued In 1992:	Medical:	\$432.75
	Indemnity:	<u>\$000.00</u>
	Total:	\$432.75

Summary:

This case involved considerable follow-up with the supervisor to ensure that the worker was still working safely and successfully, despite the complaints of pain (with no objective evidence of pathology). No other interventions have been necessary because the worker's performance on the job has not been adversely affected by the perceived difficulties.

Sex: F **Age:** 34 **DOB:** 6-23-57 **Date of Injury:** 10-7-91

Formal report received: 10-10-91

Injury: Contusion to right shin. Ladder slipped from roof and bruised worker's right shin.

COP: 2 days **RTW:** Returned to full duty.

Job: sheet metal worker

Troop Clinic/WBAMC: All treatment was received at the Troop Clinic.

Treatment Process:

Initial examination following the accident. Obtained an X-ray, applied ice, and indicated the worker should keep the leg elevated for the remainder of the day. Also indicated that the worker should be on light duty for two to three days then shift back to regular duty.

Case Management Intervention:

Follow-up with supervisor following accident. Supervisor did not identify a transitional duty opportunity and opted to have the worker take two days of COP and then return at full capacity. Follow-up with supervisor to ensure that everything occurred as anticipated.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

All communication and handling of the case appears to have been appropriate. One question that should be raised is the supervisor's preference to have the worker take COP rather than a transitional assignment for the two-day period following the accident.

Case Number: 29

Sex: F Age: 44 DOB: 6-20-47 Date of Injury: 10-16-91

Formal Report Received: 10-21-91

Injury: Lumbosacral strain and right knee contusion resulting from fall at work.

COP: 39 days RTW: Returned to half days on 10-28-91 then to full duty on 11-25-91.

Job: secretary (typist)

Troop Clinic/WBAMC: No

Treatment Process:

First sought treatment at Sierra Medical Center then was referred to the El Paso Orthopedic Medical Group (Dr. Ghisselli). Received outpatient physical therapy services during time off work and has continued with this therapy sporadically since the time of the accident. Sent for an MRI evaluation on 8-20-92 because of the length of time the worker has been experiencing symptoms. MRI indicated no significant findings. Continues to work with pain complaints but no significant impact on job performance.

Case Management Intervention:

Followed this case closely because of numerous previous claims. Contacted supervisor to arrange transitional work option, which was used. Contacted worker at home and when she returned to duty. Discussed case on multiple occasions with physician to ensure effective information flow.

Costs Accrued in 1992:	Medical:	\$1,892.17
	Indemnity:	<u>\$ 000.00</u>
	Total:	\$1,892.17

Summary:

The case is still open, and follow-up continues because the worker still complains of pain. The case manager followed this case closely because the worker has filed numerous claims in the past and was identified as potentially at risk. A transitional work program was used to facilitate a more timely work return; a modification in the schedule to half days for the first month was used. The pain has not influenced her ability to do her job to a significant degree.

Case Number: 30

Sex: M Age: 38 DOB: 7-1-53 Date of Injury: 10-25-91

Formal report received: 11-4-91

Injury: Acute gout in right knee, a chronic condition that was exacerbated. Squatting with added weight. Previous occurrence 9-6-91. While doing plumbing work, patient squatted, resulting in nine days of sick leave.

COP: 5 days **RTW:** Returned to regular duty.

Job: plumber

Troop Clinic/WBAMC: All treatment received at the Troop Clinic.

Treatment Process:

Initial examination identified that the worker had exacerbated a chronic condition. Initial report indicated that he had an acute knee sprain, which was later identified, based upon personal history, as a case of acute gout. The treating physician indicated that the worker should be off work and rest for one week and have a follow-up check in two weeks from either the Troop Clinic or the worker's physician.

Case Management Intervention:

Contacted worker and supervisor. No transitional work needed. Worker returned as scheduled to regular duty.

Costs Accrued in 1992:	Medical:	\$865.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$865.00

Summary:

All communication and handling of the case appears appropriate. One question that should be raised is the physician's suggestion to seek follow-up from either the Troop Clinic or with the worker's physician. While this may have been appropriate for a chronic condition, this has the potential for increasing time off work by leaving the decision to someone who does not have an understanding of the job or the work site.

Case Number: 31

Sex: M Age: 54 DOB: 3-2-37 Date of Injury: 10-22-91

Formal report received: 11-7-91

Injury: Groin sprain. Preexisting hernia repair with occasional pain, no evidence of recurrence.

COP: 9 days RTW: Returned to full duty.

Job: meat cutter helper

Troop Clinic/WBAMC: No

Treatment Process:

Sought care from Dr. Diaz, the surgeon who had performed the hernia repair. Dr. Diaz prescribed Motrin and told patient to avoid work or exercise for one week and to follow up in one week. At follow-up, physician suggested that the worker should stay off for another two days and then return to full duty.

Case Management Intervention:

Maintained contact with worker and supervisor to ensure that worker returned successfully. Attempts to contact physician directly with information about job to facilitate timely work return failed. Physician extended absence from work for additional two days, and then work return was successful.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Medical costs are unknown.

Summary:

Physician extended work return for two days. Probable cause was that physician did not have adequate information about job or ability and willingness of supervisor to accommodate worker.

Sex: M Age: 47 DOB: 7-7-44 Date of Injury: 11-5-91

Formal report received: 11-13-91

Injury: Groin sprain related to previous right hernia repair.

COP: 15 days RTW: Returned on modified duty 12-2-91 and left on LWOP on 12-3-91. Returned to full duty in summer 92. Filed reoccurrence and stress claim.

Job: maintenance worker

Troop Clinic/WBAMC: No

Treatment Process:

Sought treatment initially from Dr. Alavi. Prescribed pain medication and indicated that worker could not engage in heavy lifting.

12-2-91 - Cleared for return to light work.

12-3-91 - Patient left work under leave without pay status with little or no contact with work site.

7-92 - Returned to work, and within one week filed for a reoccurrence and added a claim for stress-related disorder. Left work force again.

11-92 - Hospitalized for severe depression.

Case Management Intervention:

Maintained continuous contact with supervisor and physician throughout initial stages of case and planned with worker for work return. Worker was cleared for work in a timely fashion. Contact maintained with worker during absence. Worker had no motivation to return to work. The worker returned to work when the financial burden became too great. Worker returned under plan developed with supervisor and worker. Worker filed another claim within a week and added a stress-related claim as well.

Costs Accrued in 1992:	Medical:	\$36.87
	Indemnity:	<u>\$00.00</u>
	Total:	\$36.87

Summary:

A very unusual case that involved good communication among parties involved but did not lead to success. It is probable that the psychiatric disorder was a complicating factor throughout the case, without the staff or primary physician being aware of it.

Sex: F Age: 31 DOB: 12-4-59 Date of Injury: 11-6-91

Formal report received: 11-13-91

Injury: Right shoulder sprain. Lifted box of computer paper and felt a pull in right shoulder. Back was sore, and the problem became progressively worse.

COP: 5 days **RTW:** Returned to full duty 11-12-91. Left work and was out until 11-18-91. Returned for 3/4 day - two hours of therapy.

Job: supply clerk

Troop Clinic/WBAMC: All treatment received at Troop Clinic and WBAMC.

Treatment Process:

Initial examination with no follow-up indicated. Treatment consisted of Tylenol #3 and five days off work. Went to Troop Clinic again on 11-13-91 after complaining of increased pain. Referred to WBAMC for physical therapy services three weeks of daily treatment; one while off work and two after return.

Case Management Intervention:

Coordinated with supervisor to facilitate initial work return. The first return to work was at full duty with no limitations noted by the physician. Worker almost immediately complained of increased pain, so supervisor initiated limited duty assignment after call to case manager. The next day the worker left the job to go to the Troop Clinic again and was referred to the PT department at WBAMC. Case manager worked with supervisor to approve a schedule that would allow the worker to work six hours per day and receive treatment at the physical therapy clinic for two hours. The work schedule was approved and began on 12-18-91.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

This case involved a false start work return, which was based upon the physician's initial opinion regarding the feasibility of return to full duty following five days of rest. When this plan did not work, the worker went back to the Troop Clinic and was referred to the physical therapy department for more intensive treatment and follow-up. The worker, the case manager, the supervisor, and the physical therapist worked together to develop a work schedule that could accommodate continuing treatment, which resulted in successful work return.

Case Number: 34

Sex: F Age: 57 DOB: 8-20-34 Date of Injury: 10-11-91

Formal report received: 11-18-91

Injury: Acute myositis - right shoulder. Carrying a load of papers down stairs with one hand (one hand on rail). Awkward position caused sprain.

COP: 20 days RTW: Returned to full duty.

Job: shipment assistant

Troop Clinic/WBAMC: No

Treatment Process:

Sought treatment (had CA16) from Dr. Coldwell (internist). Prescribed Parafon forte and rest. No specific return-to-work date set; told to return for follow-up examination in two weeks.

Case Management Intervention:

Attempts to contact physician unsuccessful. The open ended return-to-work date limited the case manager's ability to promote the development of an effective plan. Worker did return to work in a timely fashion, given the initial diagnosis and the physician's ambiguous return-to-work planning by the physician.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

No medical expenses were reported.

Summary:

The case manager's ability to influence the outcome of the case was limited by lack of contact with the treating physician. The case manager was able to work with the supervisor and help prepare the work return plan at the work site. Contact with the worker was the only conduit of communication with treatment personnel. In the early stages all bills and correspondence were sent to DOL-Dallas.

Case Number: 35 (also #68)

Sex: M **Age:** 38 **DOB:** 8-3-53 **Date of Injury:** 11-15-91

Formal report received: 11-20-91

Injury: Face contusion. Patient hit head on lamp.

COP: 45 days **RTW:** Returned to modified duty 3-30-92 and full duty 5-11-92.

Job: recreation aide

Troop Clinic/WBAMC: No

Treatment Process:

Saw orthopedic surgeon and chiropractor on first day. Chiropractor referred worker to neurologist - Dr. Bieganowski. Worker complained of significant headaches.

11-20-91 - The worker refused a light duty transitional position.

11-21-91 - Supervisor controverted claim.

12-4-91 - Physician's note indicated that the severe dizziness that the worker was experiencing as a result of the accident would create a danger to self or others if work return was tried.

1-7-92 - Claim accepted as contusion to face.

1-13-92 - CPO asked for second opinion regarding treatment regimen. Cites that the M.D. was unwilling to cooperate with employer, who was willing to accommodate any limitation cited by physician.

3-12-92 - Second opinion with neurological surgeon - found nothing.

3-27-92 - Employee accepted transitional work job.

3-30-92 - Began with two weeks of four hours a day. During mid-April this was extended to six hours a day, and on 5-11-92 the worker moved to eight hours a day.

5-11-92 - Worker reinjured. See case #68 for further explanation.

Case Management Intervention:

The case manager worked very closely with the supervisor throughout the process to develop transitional work alternatives. He had analyzed the job and identified a set of responsibilities that were consistent with the worker's capacities. Following a particularly vague report from the physician on 12-4-91, the case manager wrote a very aggressive letter urging the physician to be more specific regarding the condition and its effect on the worker's ability to work. On 1-12-92 the case manager received a very comprehensive and defensive report from the physician, justifying all of the treatments. The case manager asked DOL to approve a second opinion examination on 1-13-92, which was scheduled for 3-12-92. At the end of the case period, the manager helped the supervisor set up the work return schedule and transitioned the worker to full responsibilities.

Costs Accrued in 1992:	Medical:	\$7,137.15
	Indemnity:	<u>\$3,392.32</u>
	Total:	\$10,529.47

Summary:

This worker was referred to a local neurologist, who historically has kept people off work for unusually long periods of time. The case manager attempted to work with the physician and the supervisor to develop reasonable return-to-work alternatives, but the physician approved nothing. The case manager became aggressive with the case, writing a very pointed letter to the physician, requesting specific treatment and prognostic information that had not been available previously. The physician finally responded, and the case manager requested approval from DOL for a second opinion examination. This action shifted the physician into considering return to work, and the worker returned to a six-week transitional work plan, which led to full work at the end of the period. Unfortunately, on the day the worker was finally at 100%, he became reinjured. See case #68 for explanation.

Case Number: 36

Sex: M Age: 41 DOB: 12-11-49 Date of Injury: 11-21-91

Formal report received: 11-22-91

Injury: Lumbar strain, acute exacerbation of chronic low back pain. Pushing/lifting 25 lb. box.

COP: 2 days RTW: Returned to limited duty - ongoing

Job: auto mechanic

Troop Clinic/WBAMC: Carried on full treatment regimen at Troop Clinic and physical therapy department at WBAMC. Patient also sought treatment from physician off-post.

Treatment Process:

Initial examination at the Troop Clinic resulted in no active treatment. It was indicated that the worker should take two days off from work. Follow-up visit in two days - treated with pain medication and a muscle relaxant and cleared to return to limited duty. Referred to physical therapy department at WBAMC for follow-up in 30 days. Follow-up visits regularly at the Troop Clinic. Ongoing limited duty.

3-23-92 - Fitness for duty examination scheduled with Dr. Morton indicated patient was unfit, as a result of exacerbation of a preexisting condition. In examination learned that the worker had been seeing Dr. Ochoa, a physician off-post, throughout entire time since 11-21.

6-12-92 - Case closed. Procedures for removal from federal service initiated.

Case Management Intervention:

Coordinated with supervisor and physician at Troop Clinic to maintain worker on job. Supervisor complained that worker was so limited that it was difficult to fit him into productive jobs. Case manager helped to identify alternatives. Requested a fitness-for-duty examination and has initiated removal from federal service.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

An exacerbation of a preexisting condition has led to continued restricted duty. The level of capacity of the worker limits him so much that it is very difficult for the supervisor to support him at work. The case manager has facilitated the use of modified work, with the hope of increased ability in time, but this does not seem to be the case. A fitness-for-duty examination was performed with negative findings, and removal from federal service has been initiated.

Case Number: 37

Sex: F Age: 41 DOB: 10-16-50 Date of Injury: 11-21-91

Formal report received: 11-25-91

Injury: Lumbar strain; twisted back on stairwell

COP: 7 days RTW: Returned to full duty. Limited at a later date by subsequent injuries on 12-15-91 and 9-2-92.

Job: secretary

Troop Clinic/WBAMC: Patient utilized the Troop Clinic throughout a majority of the treatment. In May 92, requested to seek care outside because Occupational Health Service physician was leaving Ft. Bliss.

Treatment Process:

At the initial examination, the physician prescribed rest, analgesics, and physical therapy at WBAMC. Patient continued follow-up visits biweekly until 3-6-92 and then monthly until OHS physician left employment. A portion of the continuing treatment related to a second claim on 12-15-91. Reports from physician and physical therapy department were descriptive and very helpful in identifying needs of worker.

Patient requested to change physicians to Dr. Ellis at El Paso Orthopedic Group when OHS physician left.

Case Management Intervention:

Case manager worked with supervisor to develop work schedule that would allow worker to continue physical therapy treatment. Coordinated other claims and assisted worker in retaining work, despite two subsequent claims: (No lost time was associated with either of these other two claims.)

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

A very complicated case that all persons involved handled very well. The case manager worked closely with personnel to ensure that scheduling and the physical requirements of the job were adequate to allow for continued treatment but still met the productivity requirements of the unit. The physician communicated with everyone very well, was consistent in her dealings with the worker, and took advantage of resources available in the physical therapy department. The supervisor was open to creative

Case Number: 37

scheduling, which allowed the worker to return to work in a timely fashion and to stay there in a productive manner despite subsequent injuries.

Case Number: 38

Sex: M Age: 41 DOB: 7-17-50 Date of Injury: 11-26-91

Formal report received: 12-6-91

Injury: Contusion to right arm resulting from fall. The injury occurred away from duty and was reported six days after the fact. The worker sought treatment three days after the injury.

COP: 0 (controverted - claim denied) **RTW:** Returned to full duty.

Job: carpenter

Troop Clinic/WBAMC: No

Treatment Process:

Sought treatment from Dr. Palafax at the Orthopedic Back Pain Center and at the VA Outpatient Clinic for a contusion to the right arm. Specific treatment intervention is not available from the records.

Case Management Intervention:

Contacted Dr. Palafax's office for information regarding the case. No information sent other than a verbal recommendation that worker remain off work until 12-18-91. The supervisor submitted necessary forms to DOL for controversion of claim. The claim was denied 2-7-92, and eight days of COP were rescinded.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Claim controverted and denied. Worker anticipated problems with case and returned to work nine days earlier than suggested by physician.

Case Number: 39

Sex: M Age: 44 DOB: 7-1-47 Date of Injury: 12-2-91

Formal report received: 12-3-91

Injury: Splinter - right index finger. Driven under nail.

COP: 6 days **RTW:** Return to full duty.

Job: plumber

Troop Clinic/WBAMC: All treatment received at Troop Clinic.

Treatment Process:

Prescribed use of an aluminum splint and light work for seven days. Physician deemed time off from work not necessary. The supervisor used prerogative to initiate COP rather than using light work.

Case Management Intervention:

Follow-up to ensure timely work return

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	<u>\$000.00</u>

Summary:

Case manager and supervisor discussed options of using transitional light work instead of COP. The supervisor opted for COP.

Case Number: 40 (also #12)

Sex: F **Age:** 53 **DOB:** 2-23-38 **Date of Injury:** 12-10-91

Formal report received: 12-17-91

Injury: Contusions and abrasions to both legs, hips, ankles, and buttocks when patient slipped and fell.

COP: 22 days **RTW:** Return to work at half time for two weeks then returned to full duty.

Job: mail and file clerk

Troop Clinic/WBAMC: Used WBAMC emergency services first, then was treated outside.

Treatment Process:

Initial examination at WBAMC emergency. Sought continuing care at El Paso Orthopedic Surgery Group (physicians from injury detailed in case #12.) Indicated worker should take three weeks off work for rest and recuperation followed by an assessment of status for return to work.

Case Management Intervention:

Coordinated with supervisor to develop return-to-work plan, which modified schedule to half time until the worker would be able to maintain full-day responsibilities. Used job analysis performed on job from first injury and established job requirements. Worker was able to shift to regular duty in two weeks.

Costs Accrued in 1992:	Medical:	\$237.39
	Indemnity:	<u>\$000.00</u>
	Total:	\$237.39

Summary:

Treatment, reporting, and communication were appropriate in this case. Case manager worked with supervisor to develop time-limited modified schedule to allow the worker to return to work as soon as possible. Modified schedule lasted two weeks, and then regular duties were resumed.

Sex: M Age: 48 DOB: 12-19-43 Date of Injury: 12-19-91

Formal report received: 12-23-91

Injury: Contusion on back and right knee. Door fell down stairs and struck worker in back and jammed the right knee against wall.

COP: 45 days RTW: No

Job: maintenance worker

Troop Clinic/WBAMC: All treatment at Troop Clinic and WBAMC for first two months, then patient sought treatment off-post.

Treatment Process:

Initial examination at Troop Clinic indicated that worker had a soft tissue contusion of the mid-back and a mild contusion of the knee. Clinic prescribed rest for two days and return to work.

12-23-91 - A follow-up visit resulted in 10 days' quarters through 2-4-92. The worker refused a referral to physical therapy on-post. The worker also refused a strongly urged recommendation that he attend a consultation exam with the orthopedics department. The patient agreed to meet with the chief of the PT department, who outlined a complete treatment and work hardening program that would allow the worker to resume full duty in one to two months; the worker also refused this treatment and program.

2-14-92 - Worker requested to change M.D., citing ineffectiveness of treatment plan.

3-18-92 - Change of doctors was approved by DOL on 3-18-92 without consulting with CPO or M.D. in charge of case. Case manager sent letter to DOL on 3-31-92 expressing disappointment in DOL for approving the change, documenting the worker's uncooperative nature in refusing all aspects of care. Patient sought care from Dr. Palafax, who referred the worker to outside PT services three times a week. DOL requested a Crawford rehab nurse to be assigned, particularly early in the case as compared with other instances. Case manager maintained continual contact with M.D. and wrote to request specific medical restrictions to develop transitional work position. Also requested a second opinion examination. Dr. Lewis indicated that the worker was capable of returning to work in a light duty capacity on 10-4-92. Physician of record was asked opinion of second opinion and return-to-work option. His reply was extremely vague, not responsive to direct question. CPO has asked DOL to intervene but based upon experience, does not expect any support or back-up.

Case Management Intervention:

Case manager kept in constant communication with physicians on-post, physical therapy department, worker, and supervisor at the beginning of case. An analysis of the job was conducted, and reasonable accommodations were set up to allow for the worker to return to work early. When shift in physicians occurred, case manager attempted to work with outside physician and develop return-to-work plan. Physician refused his plan and all others attempted. Case manager requested a second opinion examination, and communicated results to physician of record; all are now waiting to hear what next step will be.

Costs Accrued in 1992:	Medical:	\$10,717.87
	Indemnity:	<u>\$ 5,477.03</u>
	Total:	\$16,194.90

Summary:

This case involved a worker who was particularly uncooperative with the on-post treatment services. He refused to participate in return-to-work planning involving orthopedic consulting, physical therapy and work hardening services. After two months the patient requested to change physicians to someone outside the post because he was not getting better from the treatment received at the Troop Clinic and WBAMC. The physician in the community did involve the worker in PT services, but these were not associated with any clearly defined work-return plan. A second opinion examination was initiated and resulted in an endorsement of return to work in a modified work assignment. No communication from physician has occurred since that examination.

Case Number: 42

Sex: M **Age:** 54 **DOB:** 4-28-37 **Date of Injury:** 12-18-91

Formal report received: 12-30-91

Injury: Lumbosacral strain. Slipped on stairs and fell, causing injury to back, legs, and head.

COP: 40 days **RTW:** Return to modified duty based on preinjury level from previous injury.

Job: motor vehicle operator

Troop Clinic/WBAMC: No

Treatment Process:

First treated by Dr. Capen at the El Paso Orthopedic Surgery Group. Initial estimate of work return was two weeks. Pain medication and muscle relaxants were prescribed. Cleared for RTW on 1-15-92. Remained at work until 2-6-92.

2-18-92 through 3-92 - Returned to work.

2-20-92 - Request for fitness for duty made and completed 4-8-92. Dr. Morton deemed worker unfit for duty. Dr. Morton also identified possible chemical dependency (referred to EAP).

4-5-92 to 4-22-92 - Worked.

6-4-92 to 7-9-92 - Worked.

Has filed nine former claims, most of which complicated any attempts at work return. Continues to attend M.D. appointments and works in a clerical position at this time.

Case Management Intervention:

Coordinated with M.D., supervisor, and worker to facilitate return-to-work plan. This worker was already on a light duty assignment from a previous injury on 9-25-90. Sporadic return-to-work attempts throughout early 1992. Arranged for a fitness-for-duty examination, which was completed in March 1992. Results were negative; however, worker continues to work in modified work assignment.

Costs Accrued in 1992:	Medical:	\$1,272.02
	Indemnity:	\$ 000.00
	Total:	\$1,272.02

Summary:

Despite continued attempts on the part of the employer to accommodate worker on the job, this worker continues to exhibit symptoms, experience numerous absences, and show an inability to regain adequate levels of work performance in the former job. A fitness-for-duty examination was conducted, and the results were negative, but the case has not been taken further to end this person's federal service.

Case Number: 43

Sex: F Age: DOB: 7-20-51 Date of Injury: Unknown

Formal report received: Unknown

Injury: Right foot sprain. Slipped and fell resulting in swollen right foot.

COP: 45 days RTW: Returned early to full duty.

Job: clerk - school

Troop Clinic/WBAMC: No

Treatment Process:

Sought treatment by Dr. Pennick at the El Paso Orthopedic Surgery Group. Treated worker with analgesics and use of a short leg cast. Patient referred to physical therapy off-post. Worker returned to work at least two weeks earlier than anticipated because of case manager's communication of job demands to physician and the development of a pragmatic return-to-work plan incorporating the ability of the worker to continue PT.

Case Management Intervention:

Communicated with physician, worker, and supervisor to facilitate the development of a return-to-work plan. Performed a job analysis and communicated results to physician. Worked with supervisor to develop scheduling alternatives that would allow work return while worker maintained physical therapy.

Costs Accrued in 1992:	Medical:	\$865.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$865.00

Summary:

An excellent example of well coordinated services, which led to early, safe work return. The case manager communicated necessary information about the job and job site to the physician and worked with the supervisor to develop a pragmatic work return plan.

Case Number: 44

Sex: M Age: 38 DOB: 11-8-53 Date of Injury: 1-3-92

Formal report received: 1-6-92

Injury: Strained groin muscle.

COP: 2 days RTW: Returned to full duty.

Job: painter

Troop Clinic/WBAMC: All treatment was received at the Troop Clinic.

Treatment Process:

Initial examination and treatment at the Troop Clinic consisted of analgesic medication and three days off, including the weekend. RTW to full duty on following Monday.

Case Management Intervention:

Follow-up to ensure successful work return.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Minor role for case manager. Conducted follow-up and ensured that work return was successful.

Case Number: 45 (also #71)

Sex: M **Age:** 57 **DOB:** 11-13-34 **Date of Injury:** 1-2-92

Formal report received: 1-8-92

Injury: Strained right rotator cuff.

COP: 2 days **RTW:** Returned to transitional work for two weeks, then to full duty.

Job: mason

Troop Clinic/WBAMC: All treatment was received at the Troop Clinic.

Treatment Process:

Initial evaluation at the Troop Clinic prescribed no use of arm for 10 days, physical therapy, and return to light work in 10 days. Worker returned to modified work after two days of COP under plan approved by physician.

Case Management Intervention:

Worked with supervisor and worker to develop transitional assignment in primary work area that would not include the use of the right arm. Physician at the Troop Clinic, approved the plan and the worker returned eight days earlier than anticipated.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Through the assistance of a well thought-out work-return plan developed by the supervisor, the worker, and the case manager and approved by the physician, the worker was able to return to duty eight days early.

Case Number: 46

Sex: M **Age:** 64 **DOB:** 10-13-27 **Date of Injury:** 12-10-91

Formal report received: 1-8-92

Injury: Closed head injury - contusion. Patient slipped, fell, and struck head.

COP: 3 days **RTW:** Returned to full duty.

Job: material handler

Troop Clinic/WBAMC: Initial visit at WBAMC Emergency Room, with follow-up visit at Troop Clinic.

Treatment Process:

Initial evaluation at WBAMC consisted of four hours of observation. Medications were prescribed, and patient was told to rest for three days and report back for a follow-up at the Troop Clinic. Follow-up visit indicated no adverse symptoms. Worker returned to full duty.

Case Management Intervention:

Follow-up with worker and with physician. No transitional work necessary, and no other follow-up indicated.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Case required only follow-up to ensure effective work return. Adequate job of communication and follow-up throughout case.

Case Number: 47

Sex: F **Age:** 44 **DOB:** 2-16-47 **Date of Injury:** 12-16-91

Formal report received: 1-16-92

Injury: Thoracic strain resulting from moving desks, bending to feed printer, assisting in move of office. There were no witnesses to corroborate activity.

COP: 5 days **RTW:** Returned to full duty with time available for continued PT.

Job: clerk typist

Troop Clinic/WBAMC: Initial visit only, then went to outside physician.

Treatment Process:

Was seen initially in the Troop Clinic. They diagnosed the problem as a thoracic strain and prescribed muscle relaxants, rest, active physical therapy, and RTW in five days. On the sixth day of COP, worker went to see Dr. King at the El Paso Orthopedic Surgery Group. They identified that she was able to return to work but would require physical therapy services three times per week. She continued seeing this group and received physical therapy services off-post for three months. Still complaining of pain in May 1992, she requested to change physicians to Dr. Palafax because her physician had an unexplained illness. As of December 1992, there was still no word from DOL whether or not she was approved to seek care with Dr. Palafax.

Case Management Intervention:

Because of the ongoing treatment, the case manager remained in contact with worker and supervisor during worker's COP and continued follow-up when she returned to work. Case manager informed Dr. King about demands of job and informed him that the supervisor was willing to accommodate the worker's schedule in order to facilitate the use of PT services. Physician cleared worker for immediate return to work.

Costs Accrued in 1992:	Medical:	\$648.77
	Indemnity:	<u>\$000.00</u>
	Total:	\$648.77

Summary:

Worker was first treated by on-post physician, then went off-post. Length of treatment and COP minimized by effective communication with supervisor and physician, keeping everyone informed about job, worker's condition, and continuing treatment needs.

Sex: F **Age:** 52 **DOB:** 4-29-39 **Date of Injury:** 1-6-92

Formal report received: 1-21-92

Injury: Lumbar strain. Slipped and twisted lower back.

COP: 45 days **RTW:** Returned to limited duty 3-14.

Job: NA - subject to RIF 9-30-92

Troop Clinic/WBAMC: Stayed with Troop Clinic until referred to community physician for surgery.

Treatment Process:

First examination at Troop Clinic. Indicated worker should be on limited duty for three weeks-work one to two days per week. She continued to have symptoms, and M.D. extended time off work to 3-4-92 with regular follow-up visits that worker consistently attended. Updated diagnosis - HNP.

Referred to surgery in June 1992. Referred from WBAMC because of backlog of patients at the hospital. Dr. Morton agreed with Orthopedic Surgery Department. Referred to Dr. White in El Paso. DOL required second opinion from specialist. A second review of the case saw no indication of HNP. Worker went back to Dr. White, who developed a response to the second opinion, and an appeal was made to DOL-Dallas. The worker waited two months for surgery approval from Dallas.

9-16-92 - Worker wrote a very clear and well laid out letter to her Congressman regarding the slowness and general unresponsiveness of DOL-Dallas, requesting intervention. Worker received notice of separation (RIF - 9-30-92).

10-13-92 - A third opinion endorsed surgery, and worker received O.K for surgery. Nothing in the letter indicates that DOL-Dallas is aware that this person has been separated from service despite the communication that was made from CPO-Ft. Bliss. Because of the separation, the case is now being managed by DOL-Dallas.

Case Management Intervention:

The case manager coordinated with M.D.s, supervisor, the worker, and DOL-Dallas to gain and pass on information, identify the physical demands of the job, help the worker retain her employment for as long as possible, and work on behalf of the worker to gain information and any response from DOL-Dallas.

Case Number: 48

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

FY 1992 only

Summary:

This is a case where the worker appeared to do everything right. She was a willing participant in any return-to-work opportunities that were suggested, and she remained under the care of Troop Clinic and WBAMC physicians until they referred her to a community physician for surgery. She waited for DOL to schedule a second opinion examination and followed standard protocol for appealing the initial decision, which was overturned. The communication from DOL-Dallas was slow, incomplete, and often inaccurate. This worker was cooperating completely with the system at DOL, and the system responded with ineffectiveness throughout the case. The internal systems at Ft. Bliss and at the Troop Clinic-WBAMC appeared to be effective and appropriate, often placing themselves in the position of advocating on the worker's behalf to DOL-Dallas - to no avail.

Case Number: 49

Sex: F **Age:** 47 **DOB:** 11-22-44 **Date of Injury:** 1-14-92

Formal report received: 1-21-92

Injury: Sprained right hand and dental problems. Patient tripped and fell, hitting hand and mouth and breaking three teeth.

COP: 45 days **RTW:** Returned to regular duty.

Job: mobile equipment servicer

Troop Clinic/WBAMC: No

Treatment Process:

Worker was first examined by a dentist. The dentist applied first aid and scheduled three root canals and three crowns as a result of injuries sustained in the accident. Patient went to the family physician who put the hand in a splint and indicated that it could not be used for two weeks. Claim was controverted because at the time of the accident there were no cuts, bruises, blood, or swelling noted. The claim for contusion of mouth was accepted. Worker remained off work until 3-16-92. Case manager kept in contact with M.D. regarding job demands in order to develop transitional work assignment.

3-16-92 - Returned to work under a transitional work assignment. Left work on comp soon after return through 4-10-92.

4-30-92 - Worker continuing to experience pain in hand. The M.D. suggests fusing-replacing selected carpal-metacarpal bones. This injury is complicated by previous claim for carpal tunnel syndrome on 4-23-90.

Continued treatment for hand during June - September 1992. Surgery approved 9-21-92 and scheduled for 10-29-92. Worker remained at work until surgery. After surgery she was involved in hand therapy and anticipated work return for December 1992.

Case Management Intervention:

Continuous contact with supervisor, worker, and physician to ensure effective information flow. Analysis of physical demands of job and communication of this to physician to facilitate the development of a transitional work program. Continuous contact with DOL-Dallas to assist in decision making. Slow responses from DOL extended case services and medical intervention.

Case Number: 49

Costs Accrued in 1992:	Medical:	\$ 583.00
	Indemnity:	<u>\$3,450.87</u>
	Total:	\$4,033.87

Medical FY 1992 only

Summary:

A very slow resolution to a case that became a carry-over from a previous claim in 1990. The case manager, local physician, and supervisor facilitated an effective return to work, but the potential need for surgery limited the progress in the transition. Surgery was approved months after request, slowing process considerably. December - January (currently) should end case that should have ended in the summer of 1992.

Case Number: 50

Sex: M **Age:** 49 **DOB:** 8-2-42 **Date of Injury:** 8-26-91

Formal report received: 1-22-92

Injury: Lumbar disc syndrome. Initially reported as a thoracic sprain.

COP: 45 (rescinded on 3-4-92) **RTW:** Returned to full duty.

Job: psychology tech.

Troop Clinic/WBAMC: No

Treatment Process:

Received first treatment at the Health Care Diagnostic Center from Dr. Hazarian. Made diagnosis above, and prescribed pain and anti-inflammatory medications, and referred patient to daily PT for two weeks. The claim was disallowed on 3-4-92 after being controverted by the supervisor, who claimed it was not work-related.

Case Management Intervention:

Follow-up with worker, physician, and supervisor during early stages of claim. When supervisor controverted claim, the case manager also forwarded all necessary materials to DOL-Dallas. Case manager continued with follow-up and monitoring activities while worker was on COP, awaiting decision regarding the claim.

Costs Accrued In 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Case received all relevant management and monitoring services until officially denied by DOL on 3-4-92.

Case Number: 51

Sex: M Age: 38 DOB: 12-16-53 Date of Injury: 1-22-92

Formal report received: 1-31-92

Injury: Rib cage sprain on left side. Lifting heavy boxes $\geq$ 30 lbs.

COP: 1 day **RTW:** Returned to full duty.

Job: teller

Troop Clinic/WBAMC: All treatment was received at Troop Clinic.

Treatment Process:

Initial evaluation at the Troop Clinic revealed a rib cage sprain, which was treated with mild analgesics. Worker was told to go home for one day of rest and then to return to full duty. Follow-up at worker's prerogative.

Case Management Intervention:

Follow-up with supervisor to ensure return to work was successful.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

All communication and handling of the case appears to have been appropriate.

Case Number: 52

Sex: M Age: 38 DOB: 9-4-53 Date of Injury: 1-27-92

Formal report received: 2-3-92

Injury: Lumbar strain. Slipped and fell resulting in back strain, left wrist strain, and sacroiliac subluxation.

COF: 45 days RTW: scheduled

Job: food service worker

Troop Clinic/WBAMC: Received initial treatment only.

Treatment Process:

Initial treatment in Troop Clinic consisted of prescribing medications and light duty from 1-28 - 2-3-92 with regular duty to continue 2-4-92.

1-27-92 - Sought treatment from chiropractor. Remained under this person's care until 4-27-92, when chiropractor referred patient to an orthopedist, Dr. Hernandez, for a second opinion. Dr. Hernandez became physician of record.

6-8-92 - Case manager requested information from Dr. Hernandez regarding the worker's treatment plan, prognosis for recovery, and program for return to work.

6-15-92 - Statement came back indicating no work at this time. No other information.

6-15-92 - Physical therapy referral from chiropractor, Sam Young Rehabilitation Center.

10-9-92 - A nurse referral (Crawford Rehab) was made.

10-15 -92 - Referral was made to Rio Vista Rehab for work capacity evaluation and work hardening.

10-21-92 - DOL initiated a second opinion.

11-12-92 - Anticipated completion date for work hardening program.

Case Management Intervention:

The case manager analyzed the job and attempted to coordinate with the chiropractor and management supervisor to initiate a return to work plan. The chiropractor refused at that time. Response from medical community was poor throughout case. DOL initiated a push to the system in the fall of 1992 by requesting a second opinion and assignment of a rehab nurse. This led to a work hardening referral and probable

Case Number: 52

return to work.

Costs Accrued in 1992:	Medical:	\$10,289.81
	Indemnity:	<u>\$ 410.14</u>
	Total:	\$10,699.95

Summary:

This is a very slow, plodding case complicated by uncooperative medical providers. All attempts by case manager to develop return to work program were refused. DOL influence exerted by requesting second opinion and assigning a rehab nurse shifted system. At last review the worker was in a work hardening program, awaiting return to work.

Case Number: 53 (tenant)

Sex: M **Age:** 48 **DOB:** 3-31-43 **Date of Injury:** 1-22-92

Formal report received: 2-4-92

Injury: Sprained right wrist and thumb. Slipped on stairs and **blocked** fall with right hand.

COP: 45 days **RTW:** Returned to modified duty.

Job: electronic technician

Troop Clinic/WBAMC: Initial care.

Treatment Process:

Received initial care at Ft. Hood. Treatment was to immobilize **wrist** and hand in short arm-thumb cast. Physician indicated that worker could return to **work** in three days.

2-7-92 - Sought care from Dr. Westbrook in El Paso. Dr. Westbrook removed cast and placed hand in splint. Differing opinions between physicians regarding whether injury resulted in sprain or fracture.

3-16-92 - Saw worker again and decided to continue with splinting.

4-92 - Removed splint from worker and allowed worker to return to work. Worker continues to work on modified duty status.

Case Management Intervention:

This worker works for a tenant company. Program influence **with** tenant organization is minimal; therefore, direct case management work was minimal. Discussed case with physician to assist in the development of a pragmatic return-to-work plan, but physician decided to wait until splint was removed before work return was approved.

Costs Accrued in 1992:	Medical:	\$1,858.62
	Indemnity:	<u>\$ 000.00</u>
	Total:	\$1,858.62

Summary:

This case involved a worker who is employed by a tenant organization. The case manager followed the case closely but did not receive cooperation from the community physician. This lack of cooperation may have extended work return for a few weeks.

Sex: F Age: 54 DOB: 6-13-37 Date of Injury: 2-4-92

Formal report received: 2-7-92

Injury: Low back syndrome.

COP: 45 days RTW: Returned to regular duty 3-13-92. Out 4-21-24-92.

Job: budget analyst

Troop Clinic/WBAMC: No

Treatment Process:

Sought care for back sprain from Bieganowski clinic. Prescribed pain and anti-inflammatory medication and three days off work with bed rest.

2-10 -02 - Follow-up appointment. Dr. changed RTW estimation to off two weeks or until further notice.

Additional physician appointments on 3-2-92, 3-11-92, and 3-18-92, when he cleared her for regular duty.

3-2-92 to 3-18-92 - Engaged in work hardening at Bieganowski clinic in El Paso.

4-21-92 - Complained of continuing symptoms. Dr. told her to take three days of rest.

4-24-92 - Patient returned with no more incidents. Has indicated to supervisor and to case manager that she continues to see physician twice weekly and continues to experience pain.

11-4-92 - She requested that her case be reopened. No reply from DOL-Dallas as of 12-92.

Case Management Intervention:

Multiple attempts to discuss case with Dr. Bieganowski. Several calls made with no reply and one formal letter sent (no reply to letter). Return to work coincided perfectly with end of COP time. Case manager worked with supervisor to keep worker productive by modifying schedule to allow for any necessary continued treatment.

Costs Accrued in 1992:	Medical:	\$6,105.55
	Indemnity:	<u>\$ 000.00</u>
	Total:	\$6,105.55

Summary:

High COP time, given the type of injury in relation to the minimal level of physical demands imposed at the job site. The worker's physician has historically kept people out of work for much longer than normally anticipated time periods. Despite attempts to contact the physician and develop a return-to-work plan, the worker remained out for the entire COP period.

Case Number: 55

Sex: M Age: 46 DOB: 5-17-45 Date of Injury: 1-18-92

Formal report received: 2-21-92

Injury: Hernia. Chain saw hit testicles as it bucked resulting in loss of use of right testicle.

COP: 45 (rescinded - converted into sick leave) RTW: Returned to full duty 3-4-92 because claim was not filed within 30 days. Left 4-21-92 for operation and returned again 6-22-92.

Job: motor vehicle operator

Troop Clinic/WBAMC: No

Treatment Process:

Following accident individual experienced progressive swelling of right testicle.

2-19-92 - Worker saw a urologist in El Paso.

4-28-92 - Worker underwent a hydrocelectomy.

5-28-92 - Claim accepted at 13% disability (scheduled award).

Case Management Intervention:

Case manager maintained close contact with supervisor, DOL, worker, and physician to ensure everyone had the information they needed to make effective decisions regarding the case. The worker returned to work in a timely fashion, given the requirements of the job and the length of the recuperation period.

Costs Accrued in 1992:	Medical:	\$ 299.00
	Indemnity:	<u>\$1,348.80</u>
	Total:	\$1,647.80

Medical FY 1992 only

Summary:

Because of the timing involved in filing the claim, COP was later converted into sick leave. After claim filed, communication was clear and timely for the remainder of the case period.

Case Number: 56

Sex: M Age: 46 DOB: 10-7-45 Date of Injury: 2-19-92

Formal report received: 2-21-92

Injury: Amputation of distal top of left middle finger.

COP: 27 days RTW: Returned to full duty.

Job: meat cutter

Troop Clinic/WBAMC: All treatment was received at WBAMC Emergency Room.

Treatment Process:

Following accident, initial examination at WBAMC. Treatment consisted of debriding bone and administering IV antibiotics. Scheduled for outpatient surgery to create a cross finger flap and take a full thickness graft from the groin area. Follow-up visits will be conducted.

Case Management Intervention:

Discussed case with MD at WBAMC, supervisor, and worker. Already had job analysis on Meat cutter job so was able to discuss return to work plan. Worker returned at earliest safe time following accident.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Clear and timely information shared with all parties concerned. Worker returned to full duty work on time.

Case Number: 57 (also #10)

Sex: M **Age:** 35 **DOB:** 5-30-56 **Date of Injury:** 2-25-92

Formal report received: 3-12-92

Injury: Reinjury of cervical spine. Flipped back in chair, resulting in lumbar strain.

COP: 16 days **RTW:** Returned to restricted duty at same level as preinjury. See write-up of case 10.

Job: material handler

Troop Clinic/WBAMC: No

Treatment Process:

Went to current physician, Dr. Halaby, who prescribed medication and rest for two weeks with physical therapy services beginning immediately and continuing for the subsequent four-week period.

Case Management Intervention:

Case manager made follow-up contact with physician to identify if new injury would affect worker's ability to return to already-modified job. Coordinated with supervisor and worker to ensure that work return would be successful.

Costs Accrued in 1992:	Medical:	\$3,461.29
	Indemnity:	<u>\$ 000.00</u>
	Total:	\$3,461.29

Summary:

The case manager maintained communication with all participants to ensure that worker would return following the new injury. This worker was already on modified duty status and would be particularly vulnerable to changes in condition. The worker did return successfully, and accommodations were made for continuing medical and physical therapy services.

Case Number: 58

Sex: M Age: 45 DOB: 3-6-46 Date of Injury: 3-4-92

Formal report received: 3-16-92

Injury: Right inguinal hernia. Occurred while removing stock from shelves.

COP: 45 days **RTW:** Limited duty until 4-23-92, then to full duty 5-11-92.

Job: material handler

Troop Clinic/WBAMC: For initial visit (PA and MD).

Treatment Process:

Went to Troop Clinic and saw both physician assistant and the MD. They diagnosed the worker as experiencing a right inguinal hernia and referred him to a surgeon off-post.

3-17-92 - Dr. Davales performed outpatient surgery and scheduled individual to return to work on 4-23-92. Returned at limited duty status on that day.

5-5-92 - DOL denied claim as not being job-related.

5-11 -92 - Increased to regular duty.

7-16-92 - M.D. countered denial.

10-27-92 - Claim accepted upon reversal of DOL decision.

Case Management Intervention:

Case manager analyzed job and discussed it with the physician. Physician established early return to work following the surgery, given the understanding that a transitional set of responsibilities would be used until the worker was ready to meet the full demands. DOL denied the claim on 5-5-92 as not being job-related. The M.D. countered this denial in a letter that was dated 7-16-92. The denial was reversed, and the claim was accepted 10-27-92.

Costs Accrued In 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

In concert with the supervisor, the case manager was able to offer the physician and the worker a safe and reasonable return-to-work alternative prior to the anticipated date. The worker accepted this alternative and was able to increase his performance up to full duty status within three weeks. DOL denied the claim in May 1992. The physician was able to document the work relatedness of the injury in a letter sent during July. DOL reversed their decision in October.

Case Number: 59 (tenant)

Sex: M **Age:** 48 **DOB:** 8-13-43 **Date of Injury:** 3-9-92

Formal report received: 3-19-92

Injury: Cervical and lumbosacral sprain.

COP: 6 days **RTW:** Returned to half days through the fourth week. Full duty on sixth week.

Job: electronics engineer

Troop Clinic/WBAMC: No

Treatment Process:

Went to Orthopedic and Hand Center of El Paso. Dr. Neustein prescribed pain medication and muscle relaxants and one week of rest. Dr. referred patient to Sun City Rehab. Resumed half day work during second week - half days in PT work hardening program at Sun City Rehab. Lasted four weeks until worker was cleared to return to full duty.

Case Management Intervention:

Case manager analyzed job and discussed it with the physician and therapists. Worked with supervisor to establish a modified schedule so that worker could work half-time and engage in work hardening half-time. Follow-up with worker and supervisor after full duties were resumed.

Costs Accrued in 1992:	Medical:	\$1,638.26
	Indemnity:	<u>\$ 000.00</u>
	Total:	\$1,638.26

Summary:

In concert with the supervisor and the therapist, the case manager was able to coordinate a half-time return to work while the worker continued receiving work hardening treatment at Sun City Rehab. The four-week program minimized lost time and promoted effective work return.

Case Number: 60

Sex: F Age: 41 DOB: 1-25-51 Date of Injury: 4-3-92

Formal report received: 4-6-92

Injury: Strained back. While moving desk, patient felt pull in upper back. Pain became worse during night.

COP: 2 days RTW: Returned to full duty.

Job: secretary

Troop Clinic/WBAMC: All treatment was received at Troop Clinic.

Treatment Process:

Examined at Troop Clinic following accident. Patient was told to leave work and rest for two days. Unfortunately, this occurred late on Friday afternoon, and the Troop Clinic physician filled out the form in such a way that two days of COP were used instead of two regular weekend days - no actual work time was lost.

Case Management Intervention:

No real lost time. No case management services needed except for follow-up to ensure effective work return.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

This was a lost-time case that probably should not have been documented as lost time. The injury occurred late on a Friday afternoon. The Troop Clinic physician indicated that the person should take a couple of days off from work to rest. This civilian employee worked straight days, Monday through Friday, so the two days off to rest were Saturday and Sunday. The worker returned to normal duties on Monday with no real lost time; however, two COP days were charged.

Case Number: 61

Sex: M Age: 43 DOB: 6-26-48 Date of Injury: 4-10-92

Formal report received: 4-20-92

Injury: Rib fracture (hairline fracture).

COP: 5 days RTW: Transitional work for one week then returned to full duty.

Job: boiler plant equipment operator

Troop Clinic/WBAMC: All treatment was received at WBAMC.

Treatment Process:

The worker first was examined in the WBAMC emergency department. He was given an Ace wrap for support and some pain medication. He was told to work on a limited duty status for two weeks and then return to normal duty.

Case Management Intervention:

Coordinated with the supervisor and the physician to establish transitional work and then to move worker to regular responsibilities.

Costs Accrued In 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

While the worker could have gone back to limited duty immediately after the accident, the supervisor decided that the limitations may be too great for the first few days. The supervisor decided to use COP for a week following the accident and then return the worker to a limited duty position for one week after that. Worker returned to full duty following the transitional work position.

Sex: F Age: 47 DOB: 5-11-44 Date of Injury: 4-16-92

Formal report received: 4-23-92

Injury: Right knee sprain. Right knee popped when worker bent over.

COP: 10 days RTW: Returned for one day light duty on 4-18-92, then full duty 4-19-92, then off for one week on 4-23-92, then returned to full duty after that.

Job: sales store checker

Troop Clinic/WBAMC: All treatment was received at Troop Clinic.

Treatment Process:

First examination in Troop Clinic resulted in one day off and a prescription of pain medications. Worker returned to work after one day to modified duty position on Saturday and then full duty on Sunday. On 4-23-92 she went to Troop Clinic again to be examined. She was told to go to quarters for one week of quarters since she was not scheduled to work the following weekend. This translated into nine more days of COP. On 5-4-92, she returned with no additional complaints or performance problems.

Case Management Intervention:

Coordinated with M.D., worker, and supervisor to ensure that second return to work would be successful. Used job analysis to inform physician of demands of job and worked with supervisor to develop any transitional position. (not necessary).

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

This worker may have returned to work too soon after the original work disruption. She was given only one day off to rest a sprained right knee, yet her job required her to stand almost 100% of the time. The second period of work disruption was probably made longer by her early return to work the first time. The case manager, physician, and supervisor worked to ensure that the second return would be successful, but no special plan was necessary.

Sex: F **Age:** 35 **DOB:** 5-20-56 **Date of Injury:** 4-27-92

Formal report received: 4-28-92

Injury: Right ankle sprain. Twisted right ankle. First reported as foot sprain.

COP: 3 days **RTW:** Transitional work for three weeks, then return to full duty.

Job: electrical systems mechanic

Troop Clinic/WBAMC: All treatment was received at Troop Clinic.

Treatment Process:

After initial examination, worker's right ankle was placed in a gel cast. She was told to take three days off work and then return to light duty for three weeks.

Case Management Intervention:

Assisted supervisor in developing transitional employment opportunity by analyzing job and identifying components of job that could be modified for a limited time period. Use of transitional work was successful; worker returned to full duty at end of period.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, communication, and return to work all timely and appropriate in this case. Case manager kept everybody informed regarding developments and assisted the supervisor in the development of a transitional work opportunity.

Case Number: 64

Sex: M Age: 44 DOB: 4-5-47 Date of Injury: 3-25-92

Formal report received: 4-30-92

Injury: Left inguinal hernia repair.

COP: 45 days RTW: Returned to transitional work in eight weeks, then to full duty four weeks later.

Job: mechanic

Troop Clinic/WBAMC: No

Treatment Process:

Sought treatment initially from Dr. Luna, who referred him to Dr. Alavi (surgeon).
Surgery took place 5-27-92.

7-2-92 - Worker returned to light work.

8-3-92 - Returned to full work.

Case Management Intervention:

Coordinated with supervisor to develop transitional work opportunity to meet physician's imposed restrictions. Analyzed job and communicated results to physician. Physician cleared worker for return to work on 7-2-92 and for full resumption of responsibilities on 8-3-92.

Costs Accrued in 1992:	Medical:	\$7,430.00
	Indemnity:	<u>\$ 000.00</u>
	Total:	\$7,430.00

Indemnity FY 1992 only

Summary:

This claim was accepted by DOL on 5-13-92, controverted by supervisor on 5-18-92, and upheld by DOL. Despite this political fight going on in the background, the case manager continued to coordinate information, and the worker returned to work successfully and on time.

Case Number: 65

Sex: M Age: 34 DOB: 5-28-57 Date of Injury: 5-5-92

Formal report received: 5-7-92

Injury: Right ankle sprain. Slipped on steps.

COP: 45 days RTW: Returned to transitional work on 6-22-92 and to full duty on 6-29-92.

Job: maintenance worker

Troop Clinic/WBAMC: Treated initially at Troop Clinic then went off-post.

Treatment Process:

After the initial examination at the Troop Clinic, the worker was told to take one day off work to rest his ankle. Worker went to a podiatrist in the community, who told him to avoid any weight bearing on his ankle for a two-week period. Each weekly visit to the physician extended the time off work by one week.

Case Management Intervention:

The case manager performed a job analysis and coordinated with the supervisor to develop a return-to-work plan. This plan and the analysis results were forwarded to the physician of record. Initially, the physician did not respond favorably to the plan but discussed it with the case manager and agreed to try. The worker returned to work in a transitional work position for one week and then resumed full responsibilities.

Costs Accrued In 1992:	Medical:	\$920.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$920.00

Summary:

This worker's action of seeking care off-post greatly extended the time off work. The podiatrist was not familiar with the ability of the installation to modify jobs to meet the capacities of the worker and was reluctant to try the plan. After discussing the plan with the case manager, he did decide to try it, and the worker returned successfully.

Case Number: 66

Sex: M Age: 53 DOB: 1-22-39 Date of Injury: 4-23-92

Formal report received: 5-11-92

Injury: Lumbar strain. Resulted from lifting.

COP: 3 days RTW: Returned to transitional work for one week, then return to full duty.

Job:

Troop Clinic/WBAMC: All treatment received at Troop Clinic.

Treatment Process:

Initial examination at Troop Clinic. Physician prescribed muscle relaxants and specified three days off from work and then return to light work.

Case Management Intervention:

Coordinated with supervisor to ensure that work return was successful. Discussed options for transitional work that could be used. A plan was instituted and used for one week until worker returned to full duty.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, communication, and return-to-work planning were all timely and appropriate in this case. Case manager kept everybody informed regarding developments and assisted the supervisor in the development of a transitional work opportunity.

Case Number: 67

Sex: M Age: 39 DOB: 4-20-53 Date of Injury: 5-9-92

Formal report received: 5-11-92

Injury: Back sprain

COP: 10 days RTW: Returned to modified duty and remains on such.

Job: motor vehicle operator

Troop Clinic/WBAMC: Initial examination and treatment at WBAMC emergency room then chose to seek care off-post.

Treatment Process:

After initial examination, physician prescribed muscle relaxants and pain medication and told the worker to remain off work for two weeks. On 5-13-92, the worker sought care off-post from Dr. Halaby (orthoped), who continued care regimen begun at WBAMC. Dr. Halaby indicated that the worker required light duty. The worker returned to modified duty status, which has continued since that time. There has been no improvement in the patient's condition.

Case Management Intervention:

Coordinated closely with supervisor to develop light duty assignment. Used job analysis that had been performed earlier in the year on behalf of another worker to establish demands of job and worked with physician to identify current level of restrictions.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

This worker began treatment at WBAMC and then went to a physician off-post, who did not change the initial treatment regimen. The restricted duty assignment that began as a transitional position has not progressed to full duty since his return to work at the end of May. Worker still complains of symptoms and is still under Dr. Halaby's care.

Case Number: 68 (also #35)

Sex: M **Age:** 38 **DOB:** 8-3-53 **Date of Injury:** 5-11-92

Formal report received: 5-14-92

Injury: Cervical and thoracic strain. Occurred while loading towels against instruction, given modified responsibilities. It is documented that the worker had picked a fight with another worker earlier in the day.

COP: 7 days **RTW:** Returned to 1/2 time.

Job: recreation aide

Troop Clinic/WBAMC: No

Treatment Process:

Sought treatment from physician of record for a previous case, Dr. Bieganowski. Indicated that employee should take one week off from work to rest.

5-18-92 - Returned to half days.

10-9-92 - Rehab RN assigned from OWCP and referral to Crawford Rehab.

10-19-92 - Second opinion examination scheduled.

Case Management Intervention:

Coordinated with supervisor to ensure worker returned to duty after a week and that worker would closely adhere to job responsibilities. Requested second opinion examination and DOL involvement when modified duty was continually extended throughout year.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Medical FY 1992 only.

Summary:

This is a continuation of an open case from November 1991. The worker was out of work for an extended period of time with little apparent justification. Return to work had been arranged, transitioning the worker through half to three-quarter and finally to full-time work. This injury occurred on the first day of full time work as the worker extended beyond agreed-upon limitations and engaged in what had been identified as a

Case Number: 68 (also #35)

dangerous activity, given his condition. He did return to work on time in this instance but only to half time, where he currently remains. The case manager has requested assistance from DOL-OWCP and has requested a second opinion examination to establish the appropriateness of the current duty limitation.

Case Number: 69

Sex: F Age: 31 DOB: 1-22-61 Date of Injury: 6-1-92

Formal report received: 6-5-92

Injury: Back sprain

COP: 3 days RTW: Returned to full duty.

Job: budget assistant-typist

Troop Clinic/WBAMC: All treatment was received at Troop Clinic.

Treatment Process:

After initial examination at the Troop Clinic, physician prescribed pain medication, muscle relaxants, and three days of rest. Individual should be able to return to full duty.

Case Management Intervention:

Coordinated with supervisor to ensure successful work return. Case manager was particularly sensitive and was ready to initiate increased levels of contact if the worker did not return after the three days because of the large number of previous claims she has filed and her history of lost time.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, communication, and return to work were timely and appropriate in this case. The case manager was prepared to work more closely with the worker and intervene if necessary because of patient's extensive claims and lost-time history.

Case Number: 70 (tenant)

Sex: M **Age:** 42 **DOB:** 12-29-49 **Date of Injury:** 6-8-92

Formal report received: 6-17-92

Injury: Lumbosacral strain, resulting from lifting and pushing.

COP: 4 days **RTW:** Returned to transitional work for one week, then full duty.

Job: engineering tech

Troop Clinic/WBAMC: No

Treatment Process:

Sought care from Randy Pollett, M.D. in community. Dr. Pollett prescribed medication, four days off from work, physical therapy, self-initiated strengthening exercises, and a light duty return.

Case Management Intervention:

Coordinated with supervisor to develop a transitional work position that would be consistent with physician's restrictions. Discussed option with physician and initiated plan. Worker returned to regular duty in one week.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, communication, and return to work all timely and appropriate in this case. Case manager kept everybody informed regarding developments and assisted the supervisor in the development of a transitional work opportunity.

Case Number: 71 (also #45)

Sex: M **Age:** 57 **DOB:** 11-13-34 **Date of Injury:** 6-1-92

Formal report received: 6-12-92

Injury: Knee sprain. Continued to work and sought treatment 6-2-92.

COP: 45 days **RTW:** No

Job: mason

Troop Clinic/WBAMC: Troop Clinic conducted the initial examination only.

Treatment Process:

6-2-92 - First examination at the Troop Clinic indicated the worker could return to work on the same day.

6-4-92/6-8-92/6-16-92 - Sought care from Dr. David Lewis and went to follow-up visits. Each visit resulted in extending the work return by one week.

6-30-92 - The physician indicated that the worker would be unable to work until at least the next appointment of 7-24-92 with no other explanation.

7-24-92 - Dr. Lewis conducted a comprehensive evaluation. The diagnosis indicated a right knee joint synovitis with effusion and prepatellar bursitis.

7-18-92 - Compensation began.

0-7-92 and 10-21-92 - Fitness-for-duty examination requested by supervisor.

11-18-92 - Fitness evaluation was performed; results are not yet available. There has been no transitional work offered as yet. Information regarding medical condition and restrictions is unclear.

Case Management Intervention:

Case manager has tried to work with physicians to keep others informed, but little or no information has been forthcoming. The fitness for duty examination should lead to a case resolution by shifting the focus and placing pressure on the community physician to move the case.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00
	Medical FY 92 only	

Case Number: 71 (also #45)

Summary:

Despite case manager's attempts, this case was characterized by poor information flow between medical providers and employer. This lack of information limited everyone's attempts at identifying return-to-work alternatives.

Case Number: 72

Sex: M Age: 60 DOB: 12-13-31 Date of Injury: 6-18-92

Formal Report Received: 6-29-92

Injury: Sprain - left shoulder. Initially reported as ruptured muscle in left arm.

COP: 45 days **RTW:** Returned to modified job status on 8-10-92.

Job: heavy mobile equipment mechanic

Troop Clinic/WBAMC: No

Treatment Process:

Was initially taken to Providence Hospital emergency room. Went for numerous follow-up visits to Providence physician. Returned to work 8-11-92 to a modified duty assignment - remains on this status. Fitness-for-duty examination requested 11-2-92. Limited medical information in file.

Case Management Intervention:

Follow-up with physician facilitated the development of the modified duty assignment.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Severe sprain of left shoulder limited return-to-work potential. Worker remains in modified duty assignment with little possibility in the near future to meet the physical demands of the job. The supervisor requested fitness-for-duty examination prior to the case review, but it has not been scheduled as yet.

Case Number: 73

Sex: M **Age:** 57 **DOB:** 6-3-35 **Date of Injury:** 6-26-92

Formal report received: 6-29-92

Injury: Low back sprain.

CUP: 7 days **RTW:** Returned to full duty.

Job: digital computer mechanic

Troop Clinic/WBAMC: All treatment was received at the Troop Clinic.

Treatment Process:

Went to the Troop Clinic for the initial examination. M.D. prescribed medication and told the worker to take off the three subsequent days of work. The injury occurred on Friday, and worker was off until the next Thursday. Individual returned to work without incident.

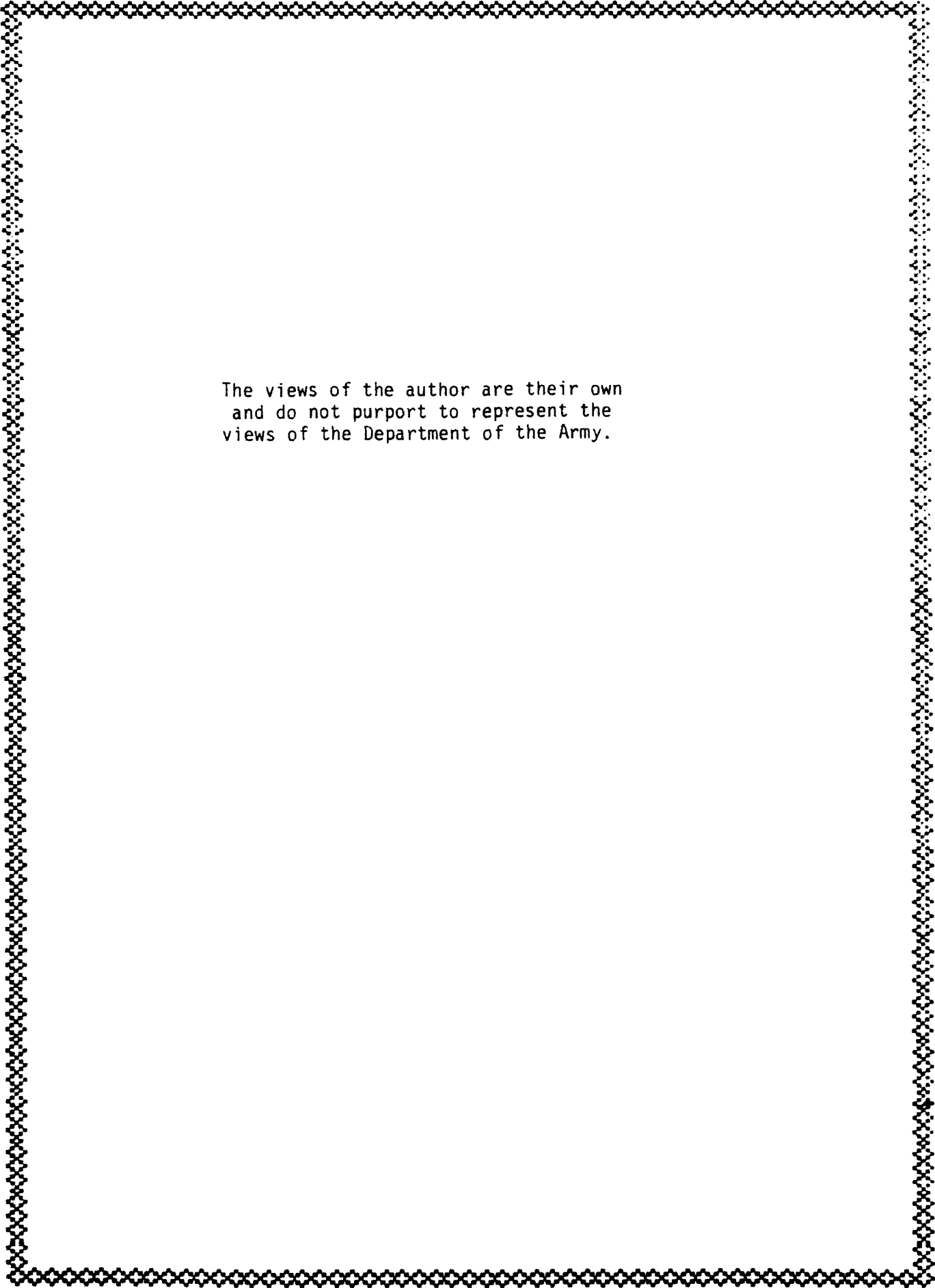
Case Management Intervention:

Coordinated and communicated with worker and supervisor to ensure a successful work return.

Costs Accrued in 1992:	Medical:	\$000.00
	Indemnity:	<u>\$000.00</u>
	Total:	\$000.00

Summary:

Treatment, reporting, communication, and return to work were timely and appropriate in this case.



The views of the author are their own
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views of the Department of the Army.