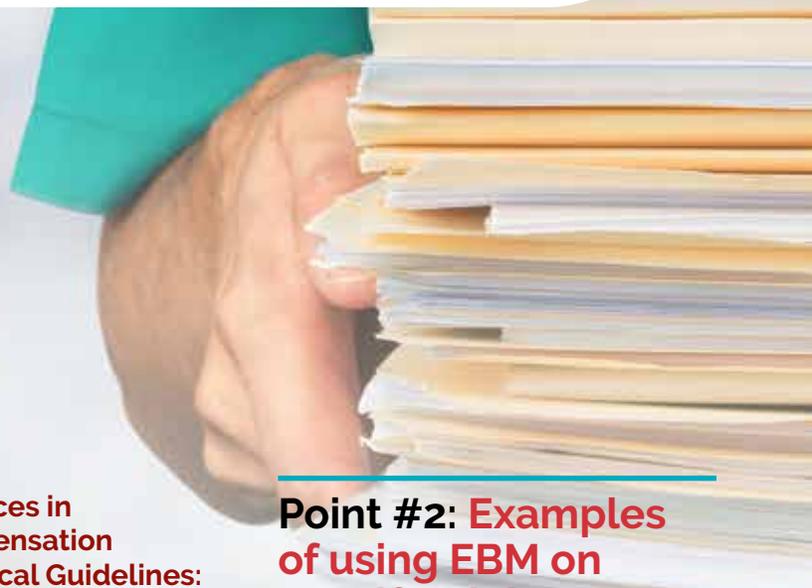


# How to Use Evidence-Based Medicine to Create Better Workers' Comp Claim Outcomes



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**E**vidence-based medicine, formularies, and the opioid crisis are most often referenced in the context of a broad national, or state level discussion. While these discussions are important and carry political ramifications, the content is often difficult to convert into a practical, day-day application to influence the treatment and claim outcome of an employee recently injured on the job.



## Point #1: What is Evidence-Based Medicine?

Evidence-based medicine is generally referred to its acronym, EBM. The Hierarchy of Scientific Evidence pyramid shows various types of study design from the weakest at the base of the pyramid to the strongest study design at the top of the pyramid. Evidence-based guidelines are created by a multi-disciplinary editorial advisory board which will review the research data and evidence to translate this information into best practice guidelines.



**Hierarchy of Scientific Evidence**

## Primary Resources in Workers' Compensation Duration & Clinical Guidelines:

Workers compensation primarily uses two available guidelines: *Official Disability Guidelines (ODG)*, and *MDGuidelines*. Some states have developed their own guidelines. *You need to be aware if there is a mandated state guideline for your state.*

## Injury Duration Guidelines: "How long will my employee be off work?"

Injury duration guidelines serve three primary purposes for the employer:

- 1 Give a sense if the time injured employees are out of work is reasonable.
- 2 Indicate when additional claims handling intervention is appropriate.
- 3 Provide benchmark to calculate savings for successful return to work.

The recommended injury duration is the expected amount of time for the employee to reach full recovery. 90%+ of employees should be brought back to work on light duty within 0-4 days of injury.

## Point #2: Examples of using EBM on specific claims

**Example:** *Partial Rotator Cuff Tear – Employer/Adjuster Perspective*

**Employee Name:** John Smith

**Job Description:** Warehouse worker loading & unloading boxes

**Injury:** ICD-10 M75.11 Partial Rotator Cuff Tear

**Sample Injury Duration Table for 'Partial Rotator Cuff Tear' (per MDGuidelines)**

| Type of Work | Minimum | Optimum | Maximum |
|--------------|---------|---------|---------|
| Sedentary    | 0       | 3       | 4       |
| Light        | 0       | 3       | 4       |
| Medium       | 8       | 21      | 42      |
| Heavy        | 21      | 42      | 85      |
| Very Heavy   | 21      | 42      | 85      |

The optimum recovery time for John is 42 days, but based on many different factors, could be as soon as 21 days, or as long as 85 days. Claim activity outside of the clinically researched recommendations for recovery should be evaluated for proactive claim management tools.

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**Example: Spine Treatment – Clinical Guideline Perspective (per ODG)**

| Treatment              | Recommendations   |
|------------------------|---|
| <b>Fusion (spinal)</b> | <ul style="list-style-type: none"> <li>• <i>Not recommended in workers' compensation patients for degenerative disc disease (DDD), disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or nonspecific low back pain, due to lack of evidence or risk exceeding benefit.</i></li> <li>• <i>Recommended as an option for spondylolisthesis, unstable fracture, dislocation, acute spinal cord injury with post-traumatic instability, spinal infections with resultant instability, scoliosis, Scheuermann's kyphosis, or tumors, as indicated in the Blue Patient Selection Criteria below.</i></li> </ul> |

There is no area of the body more prone to over utilization than the spine. Spinal fusion, which is notoriously over utilized and should be a focus by every employer and manage care company, is only recommended for a small number of indications. It is not recommended for a typical degenerative disc disease or disk herniation, which is approximately 90% of the pathology that we see in the spine in our patients. It is very important for those reviewing care to scrutinize requests for spinal fusion and apply these best practice guidelines.

## Point #3: How to implement Evidence-Based Medicine in your program

### Implementation Starts Early

A successful workers' comp management program will consider evidence-based medicine the moment an employee is injured at work. The dominate reason for the wide variance in duration guidelines is the psychosocial elements of the individual employee and their interaction with YOUR claims handling team.

### Communication Sets Tone for Claim Outcome

A strong communication strategy is key to a successful workers' compensation management program. Plan a communication strategy before work-related injuries occur.

*The message you want to reinforce to your employees is:*

- You are a valuable asset and we want you back to work.
- We expect employees to comply with company policies.
- We commit to returning every employee to work within medical restrictions as soon as possible.

### Provide Immediate Access to Medical Care with Injury Triage

Employers can provide injured workers with immediate access to medical care by leveraging the services of a third party telephonic injury triage provider. The nurse will take time to understand what happened in the injury and apply the best practices of evidence-based medicine to give treatment recommendations and on-demand decision support.

### Proactively Build Physician Relationships

It is the job of the employer to ensure your employee is treated by a highly qualified physician versed in the best

practices of evidence-based medicine. Even if state law dictates the employee directs care, it is beneficial to develop company physician relationships.

### Assembly Line System – Weekly Claims Meetings

A predictable and consistent system of claims handling and injury management using evidence-based medicine includes the following:

#### Define Expectation

The employer sets the tone for a best in class injury management expectation. "This is how we do it here at Acme. We follow evidence-based guidelines and have a system and a process to consistently apply it each claim."

#### Two Types of Weekly Meetings

The most impactful system of proactive claims management comes in the form of two types of weekly meetings:

- **Weekly Claims Roundtable**  
A weekly claims roundtable is an opportunity to discuss individual claims with your claims handling team. The input, perspectives, and knowledge of resources from your claims handling team working together will provide the greatest chance for the optimal claim outcome.
- **Weekly Employee Meetings**

Use a weekly employee meeting to add structure to the employee's recovery. Ask open-ended questions designed to encourage the employee to do most of the talking so you can assess progress, medical condition, and attitude. This is an opportunity to have a cordial discussion with the employee about progress and any problems experienced related to the injury.



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