

# Workers' Compensation Report

## Determining Work Relatedness And Causality: The View From The Exam Table

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There have been many improvements in the delivery of healthcare to injured workers within the State of Florida, in recent years. Nevertheless, there still remain vast differences, inaccuracies, and inefficiencies within the current system as it relates to the determination of work relatedness. This problem has led to a dramatic financial and health impact on the Workers' Compensation system for both the carrier and the injured worker. Frequently, when a new patient arrives for initial evaluation with a treating physician, there is a misunderstanding between the carrier and the physician as to what the physician's role is when it comes to the determination of work relatedness. Even when the patient has already been labeled by the carrier as having a work related condition, the carrier looks to the physician to guide and potentially alter that "label" based on the expertise and unique knowledge and experience of the treating physician. The physician, sometimes, either chooses to disregard this role or does not understand that this is an important part of the evaluation of the injured worker.

There are a number of issues that contribute to the physician seemingly falling short of the expectations of the carrier to play a central role in the determination of work relatedness of a particular incident or exposure in the development of a disease or injury in the workplace. As physicians, we are taught and trained, at the earliest levels, to compassionately treat the patient, the human being, who suffers from the disease or injury. Determining and assessing "blame" can sometimes be contrary to that training, particularly when the physician believes that this will lead to a delay or denial of care. In this same light, physicians often feel that this type of decision process should be handled by administrators elsewhere and is not conducive to our lofty ideals and goals of healing. Furthermore, there is significant financial interest for the physician to maintain whatever status led to the initial referral of the patient to the physician. So, for example, if a patient is referred to the treating physician already labeled as having a Workers' Compensation injury, if that treating physician indicates that the injury lacks sufficient evidence for work relatedness, then the treating physician may be penalized by losing the opportunity to care for that particular patient. This process is further complicated by the fact that the patient may have been provided with the label of a Workers' Compensation injury by a primary care doctor that may not be truly an expert in the particular diagnosis or the mechanism of the injury. For example, a patient with a suspected diagnosis of carpal tunnel syndrome may be diagnosed by their personal primary care physician as having carpal tunnel syndrome and under the false or

incorrect mechanism of the mere fact that they happen to have a job that utilizes some amount of keyboard activity. Once labeled inappropriately in this manner, it can often be difficult or unrewarding for the next physician in line to alter this momentum and change the course that has now been set, inaccurately, for this particular patient. This problem is even further perpetuated by the fact that many physicians simply do not "know the rules" for the determination of work relatedness and often tailor their opinions to what they think would benefit the patient, and themselves, with little regard to the integrity of the Workers' Compensation system.

In order to correct this problem one must start with a motivated physician. A motivated physician, in this case, would be one that truly wants to excel in his or her role as serving the patient while also serving the integrity of the Workers' Compensation system. Naturally, physicians that do not respect or appreciate the importance of their role in determining work relatedness would likely be unwilling partners for improvement. Those physicians that fit the ideals and understand their responsibilities within the Workers' Compensation system might be included in a very small network such that a relationship can be developed between that small group of physicians and the particular carrier. Through this relationship a team approach of mutual respect, education and dialogue between the carrier and the physician to judge each patient critically as to the appropriateness of the label of work related, or not. Tremendous restraint and integrity is expected of that small network of physicians who are expected to set aside their own personal and financial desires in deference to preserving the delivery of care within the Workers' Compensation system. In return, that small network of physicians should be more highly reimbursed as they are not only diagnosing and treating diseases and injuries but have a higher level of function and decision making process in making a determination as to whether such conditions are truly work related, which can have tremendous financial implications for the involved carrier.


Once the select group of motivated and highly ethical physicians are selected then the process of honing their education on this matter should be continued. They should not be fearful in advising their patients that the primary care physician, while qualified in diagnosing and treating a wide variety of conditions, may not be the optimal clinician to make the sometimes difficult and subtle decision of work relatedness and that decision might be most accurately made by a clinician that is highly specialized in that one particular area of medicine. In addition, the treating physician should be educated and encouraged that the decision

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of work relatedness is not "beneath them" and is not in any way "unimportant". The partnership between the physician and the carrier for the benefit of the injured worker should be encouraged and the treating physician shall have a strong desire in educating themselves on the difference between what might be work related in general for a particular job versus an injury or exposure to a specific event or date or occurrence. The physician should be educated to be aware of the pitfalls of failing to separate the physician's own desires from that which is of benefit to the patient and the "system". The physician must be encouraged to specifically learn the rules of work relatedness determination in his or her particular state. For example, in Florida, there is a big difference between an event that may simply be a contributing cause to a condition and an event which meets or exceeds the 51% state mandated threshold for work relatedness determination.

In conclusion, under most circumstances, the current system for the determination of work relatedness by the physician is inaccurate and inefficient. This has led to a large number of claims being maintained within the Workers' Compensation system when they should otherwise be treated outside of this system. This has thereby led to a tremendous and inappropriate financial strain on the Workers' Compensation system. Through the techniques of the carrier associating with and developing motivated physicians, and educating that select group of physicians on the principles of the determination of work relatedness, a more reproducible and efficient system for the determination of work relatedness can be implemented. 

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