

# Teaming Up Against Workplace Injuries

by Alan Colledge and Hugh Johnson



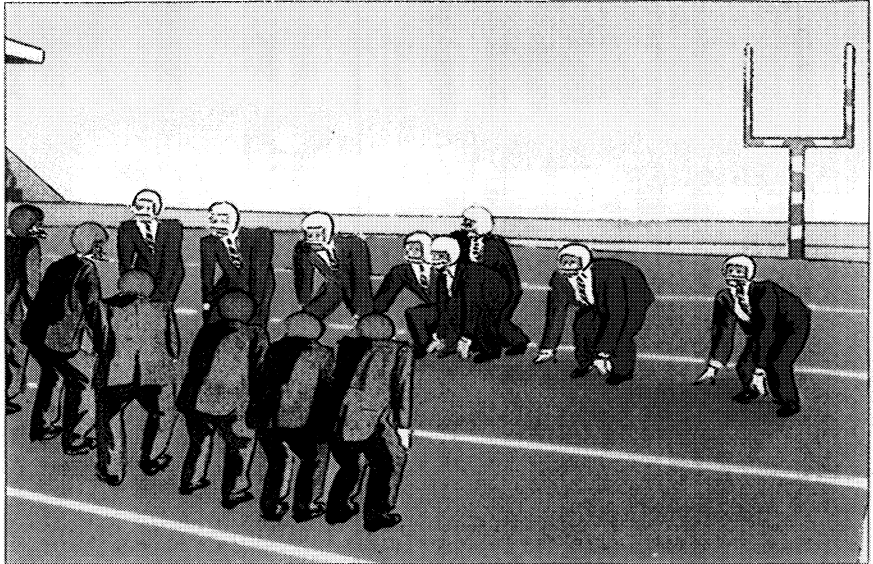
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**E**mployers, risk managers and insurers have long regarded delayed recovery from industrial injuries as an important medical and economic

problem. Although many industrial injuries are minor and leave little residual disability, a significant number of injured workers recover more slowly than expected and have injuries that result in greater impairment. In fact, the average period of recovery for the industrial injury

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patient is significantly longer than that for the population as a whole. For example, a recent review of carpal tunnel syndrome cases demonstrated that industrial patients undergoing surgical correction required an average 8.4-month recuperation period before returning to work; the study also demonstrated that non-compensated patients who underwent the same surgical procedure were able to return to work after only 1.7 months.

Although these injured workers comprise only a small percentage of total claims, the costs of treating them are high. For example, one state reported that 10 percent to 20 percent of claims – the majority being non-verifiable soft tissue injuries – accounted for nearly 60 percent of total workers' compensation expenses. Because of these exorbitant costs, risk managers have a strong financial incentive to help their companies actively manage the recovery of injured workers, and identify and remove any barriers that prevent their smooth return to work. To accomplish this, risk managers may wish to consider using the so-called athletic model as a treatment method. This method, which entails employing a

team approach to help athletes recover from their injuries, can also be very effective in returning injured workers to their jobs.

**THE ATHLETIC MODEL**

The athletic model consists of three components: the injured athlete, team members and medical providers. For treatment to be successful, all parties must share a common goal – the safe return of the injured player to full activity as quickly as possible. If any element is missing, or the goal is not shared by all of the involved parties, recovery can be delayed. Overall, this treatment strategy is very effective; it is well documented that athletes recover from injuries quickly.

In the worker version of the model, the worker becomes the athlete and the employer takes on the role of coach and the team. As in the case of the athletic model, success depends on three factors: motivation of the injured worker (the athlete), appropriate medical care, and the desire of the employer (the team) to have the injured worker return to work; this latter component is manifested by the employer's willingness to support and accommodate the worker throughout the healing process.

To optimize recovery outcomes, the risk manager should ensure that the team coordinates its goals with the treatment methods used by the medical provider. The team and the

medical provider can also work in conjunction to devise ways to control compensation costs. Methods used to reduce these costs include increasing employee/employer communication, reducing lost time and associated indirect costs, utilizing disability management, finding alternatives to litigation, and decreasing unnecessary medical expenses.

**EMPLOYEE MOTIVATION**

However, no matter how well-structured the team's recovery plan may be, the employee must be motivated towards recovery for it to succeed. In cases of delayed recovery, research has demonstrated that non-physical factors are often present that reduce the injured employee's motivation to return to work. These non-physical factors, often referred to as "secondary gain," can arise from social, emotional, neurotic, economic and sometimes even vindictive motives. Examples of secondary gain factors are numerous and include any family or financial problems that the employee may be having, the fact that in some states disability payments exceed an injured worker's regular wages, a fear – for whatever reason – of returning to work, and adversarial relationships between an injured employee and his or her employer.

Although secondary factors delay an injured employee's return to work, their effects become even more pronounced when the employee retains

an attorney and becomes a legal claimant. Once this happens, the injured worker becomes obligated to demonstrate that he or she still suffers from the effects of the injury or illness, since any evidence of physical improvement jeopardizes the employee's case and reduces his or her credibility. Hence, under these conditions the disability continues throughout the litigation process, even in cases where there is an absence of an objective medical basis for injury and illness.

Therefore, it is vitally important that the risk manager and the employer work with the injured employee to determine if secondary gain factors exist. If it is determined that they do, then the team approach should be used to address the issues or circumstances that caused these factors to arise, so that methods can be developed to mitigate or eliminate them with the goal of speeding the employee's return.

#### **TREATMENT AND LOSS CONTROL**

Besides eliminating or mitigating any existing secondary gain factors, the company must ensure that the injured worker receives proper medical treatment. Injured workers should be treated only by clinicians whose treatment regimens have demonstrated success at returning injured employees to work. These clinicians must be sensitive not only to the injury or disease itself, but also to any psychosocial issues that may affect the employee's motivation to return to work. Additionally, as mentioned earlier, the team and the medical provider should work in tandem to control compensation costs.

A major goal of the treatment plan is to provide the team with a specific return-to-work date, along with an objective estimate of his or her capabilities both during the healing phase and after complete recovery. The company must also create a favorable

work environment for newly recovered employees that necessarily requires ensuring the employee is not at risk for reinjury. In some cases, the company may wish to provide modified work options for recovering employees who are not yet able to return to their regular duties.

Besides developing programs to treat and return injured workers to their jobs, risk managers and their employers must also take steps to prevent work-related injuries from occurring. Generally, this will require the employer to develop prevention and loss control programs that result in a safer working environment. Unfortunately, too many companies regard insurance as the sole solution to workplace injuries and therefore overlook the importance of implementing safety and loss control programs.

#### **REDUCING COSTS**

If American companies are to remain competitive, the current workers'

compensation crisis must be addressed. The U.S. Labor Department reports that 4 percent of all full-time workers suffered from some form of injury or illness in 1988, the highest level since 1980. In fact, despite improvements in medical care, the increase in the use of labor saving devices, better ergonomics and a healthier work force, workers in 1988 missed more time at work because of illness or injury than in any year since 1972, the first year that the Bureau of Labor Statistics began gathering data and presenting it in its current form.

Overall, the approach taken by the athletic model ensures that all of the injured worker's concerns, including sociological and psychological ones, are addressed and obstacles to recovery are removed. In this team approach the barriers between management and workers are eliminated, thereby improving communication and ensuring workers that management is concerned about their well-being and recovery.

Additionally, the organized team approach helps reduce the number

and cost of cases requiring litigation. These costs can be astronomical; statistics show that in California in 1987, 53 cents of every dollar used for rehabilitating injured workers was spent on litigation. Because lawsuits often result from miscommunication between employee and employer, a coordinated team approach to recovery can potentially avert litigation.

By addressing the full spectrum of the injured worker's needs, companies can play a role in reducing delayed recoveries and helping to lower the costs of workers' compensation benefits. Additionally, by including the injured worker in the team approach, the worker is allowed to maintain self-esteem and dignity during the convalescent process. Indeed, the worker's attitude toward recovery is of paramount importance and affects the overall success of any recovery program. As Plato stated, "The cure of the part should not be attempted without treatment of the whole. This is the error of our day, separation of the body from the soul." RM