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When Return to Work Needs Work

By Sebastian Grasso

The best way to reduce medical and indemnity costs on workers' compensation claims is to get people back to work. Everyone knows that—the whole medical management sector revolves around it. Yet despite all our best practices, a lot of injured workers who should return to work, don't.

Most injured workers with lost-time claims go back to work without intervention; approximately 70 percent go back to work within 60 days. However, after deducting the claims with surgeries, complications, and catastrophic injuries, there are still roughly 15-20 percent of workers who should have returned to work within 60 days, but didn't.

These are the failed return to works. A failed return to work is defined as a lost-time claim where a disability guideline indicates that an injured worker should have some level of a work capacity, yet the treating physician won't provide one. Or, a lost-time claim where the claims representative successfully secures a limited physical ability from the treating physician, and the employer refuses to accept anything less than a full-work capacity.

Claims professionals know these claims all too well. They usually involve musculoskeletal injuries, polypharmacy (opioids plus antidepressants, sleep aids, muscle relaxants, and an assortment of other drugs to address pain), and the claimants have been out of work for four to 24 months or longer. They drag on month after month for no apparent medical reason—no failed surgeries, no infections. Frustrated claims professionals increase reserves and often order ongoing medical management services to try to improve functionality and keep the file moving.

These claims collect invoices for nurse case management, physical therapy, pharmacy benefit management, utilization review, and independent medical exams, with an occasional functional capacity exam thrown in. The industry works hard to restore an injured employee's work capacity, but physical ability is only half of the equation. Adjusting the worksite's physical demands down to the injured worker's capacity is the other half.

Typically, the reason physicians don't release employees is because they lack clear, objective information about what goes on in the work environment on a day-to-day basis. Many employers refuse to accept injured workers back at anything less than 100 percent capacity, assuming that any restriction means the employee cannot do the job at all. Nearly always, however, improved communication and job-site accommodations deliver return-to-work success.

Here's how to decrease physical demands at the worksite:

- Send a worksite specialist to the injured worker's job location to identify risk factors that caused the injury or would hinder the recovery of affected body part(s)
- Identify ergonomic modifications to make tasks fit the injured worker's reduced capabilities

- Review solutions with the treating physician, employer, and injured worker
- Put the modifications in place and show the employee how to use them
- Sign off on return-to-work agreements.

In short, decrease the job's physical demands to meet the injured worker's capabilities. Ergonomic solutions aren't expensive; in fact many are free, created with materials already on site or by rearranging delivery locations. Others may cost $200 to $500, a small price to pay for having a skilled worker back on the job. Additionally, low-cost, often no-cost, changes can benefit other workers by reducing strain, preventing injuries, improving safety, and helping companies comply with ADA regulations.

Here's how it worked for a mechanic's assistant with an injured shoulder out of work for five months: The job required reaching overhead to fill engine fluids from the ground level and hefting large fluid containers, each weighing more than 10 pounds. His physician limited his physical capabilities to lifting no more than two pounds and not lifting anything over shoulder height, and his employer refused to take him back to work at anything less than full duty.

Some claims drag on month after month for no apparent medical reason—no failed surgeries, no infections. Frustrated adjusters increase reserves and often order ongoing medical management services to try to improve functionality and keep the file moving.

A worksite specialist examined the area and isolated the tasks, taking into consideration the mechanic's height of 5' 5" and how performing the tasks could affect his injured shoulder. The specialist devised a three-part worksite accommodation starting with a $145 mobile tire step platform to eliminate overhead lifting while filling engine fluids. A $20 step stool kept him from reaching overhead to open the truck hood, and reducing the fluid in the containers to less than two pounds brought them within his physical ability. This was accomplished by using smaller containers already available onsite along with three funnels ($5.66 each) to enable the use of his non-dominant shoulder. The employer readily agreed to spend $181.98 to have a skilled mechanic back on the job.

Studies show that 50 percent of injured workers who are out of work for five months never return to work in any capacity. However, worksite accommodations have helped workers with lost-time claims of 36 months and longer return to work at their original jobs.

It's time to take a new look at legacy claims. Instead of continuing to strive for incremental improvements in physical capabilities, we should decrease the physical demands of the job through creative ergonomic accommodations. ■

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