

One of the reasons that physicians do not see patients as independent is that the training is focused only on Early return to work.

Here is conference that the International Association of Industrial Accidents Boards of Commissions. Note the information that is being taught focused on early return to work rather than trying to support workers or solving problems/or attitudes of management that the worker face as they return to work. One of my colleagues and myself did a study on a plant on why people did not return to work and found that the 60% of those patients had wrong diagnosis.

Note that there is no worker on the panel lawyers and Mds to share their experiences or even have an opportunity to respond to the dialogue.

Lisa Doupe MD DIH DOHS

## **Working with Physicians to Speed Work Status Recovery** **April 21, 2010 in Nashville, TN**

Treating doctors play a critical role in improving outcomes from a work injury. Providers not only treat medical issues but can also radically impact restoration of life prior to work injury. Claims adjusters and workers' compensation case managers know this through experience. Claims professionals also know frustration in understanding physician reports and securing meaningful return-to-work plans.

During the ***Disability Management Colloquium: Working with Physicians to Speed Work Status Recovery***, the IAIABC will present an invaluable training opportunity for claims handlers and case managers to "get into the mind" of treating doctors and learn how to communicate with them on the principles of return to work. Administrative law judges and state regulators will also benefit from understanding the basis of disputes over return to work and the best practices that should be used to resolve disputed claims.

**Primary Audience:** Claims adjusters, case managers, disability management practitioners, return-to-work coordinators, and claims adjudicators.

**Secondary Audience:** Workers' compensation professionals who want to improve communication and increase their knowledge about medical issues and barriers in the return-to-work process.

**Registration:**

IAIABC Members:	\$200
Nonmembers:	\$250

**Accommodations:** Loews Vanderbilt Hotel  
2100 West End Ave  
Nashville, Tennessee 37203  
Reservations: 1+ 800-336-3335  
Web: [www.loewshotels.com](http://www.loewshotels.com)

*Enjoy a special conference rate of \$139 per night (plus tax). To get this special rate, book your room before March 29, 2010 and mention the "IAIABC ACC" when you contact the reservations department.*

**Questions?** Please contact the Christina Klein, Events and Education Coordinator, at 608-663-6355 or [cklein@iaiaabc.org](mailto:cklein@iaiaabc.org).

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### **April 21, 2010 in Nashville, TN**

#### **Agenda *(draft as of February 22, 2010)***

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|---------------------|---|
| 8:00 – 8:30 am      | Registration  |
| 8:30 – 9:00 am      | <p><b>Why Staying at Work or Returning to Work is in the Patient's Best Interest</b></p> <p><b><i>Dr. Maja Jurisic, Regional Medical Director, Concentra</i></b></p> <p>A straightforward review of why medical experts believe work and restoration of normal lifestyle is key to injury recovery. This information can be used to persuade providers, claimants, and administrative law judges that open ended absence from work without medical justification is harmful to an injured worker.</p> |
| 9:00 – 9:45 am      | <p><b>How to Think About Work Ability and Work Restrictions: Risk, Capacity, and Tolerance</b></p> <p><b><i>Dr. Maja Jurisic</i></b></p> <p>This session will provide an in-depth review of the “classic” factors that physicians should use to determine work restrictions. It distinguishes between medical and functional capacity to work issues.</p>   |
| 9:45 – 10:45 am     | <p><b>Negotiating Return to Work</b></p> <p><b><i>Dr. Maja Jurisic</i></b></p> <p>This session will address:</p> <ul style="list-style-type: none"><li>▪ Who are RTW decision-makers?</li><li>▪ What does negotiating RTW entail and what are good negotiation strategies;</li><li>▪ Five Steps From Injury to Resolution;</li><li>▪ Hallmarks of good RTW guides;</li><li>▪ Three common attacks by employers and unions and how to respond.</li></ul>   |
| 10:45 – 11:00 pm    | Break   |
| 11:00 am – 12:00 pm | <p><b>Perceptions of Common Barriers to RTW</b></p> <p>In this session experienced adjusters will put the above principles to the test by identifying common deviations (real and misperceptions) from best practices. Adjusters will also offer techniques and methods they have used to work around what they perceive as poor physician practice. The panel will also address how employer resistance to RTY compares with and complicates physician resistance.</p>                               |
| 12:00 – 1:00 pm     | Lunch <i>(on your own)</i>  |

1:00 – 2:30	<p><b>Working With Common Psychiatric Problems, Functional Syndromes, and Substance Abuse</b></p> <p>This session will address some difficult co-morbidities and complicating factors that hamper return-to-work. Specific topics include:</p> <ul style="list-style-type: none"> <li>▪ Assessing and overcoming seemingly inappropriate medical advice from treating physicians;</li> <li>▪ Offering constructive alternatives to unreasonable work restrictions.</li> </ul>
2:30 – 2:45	Break
2:45 – 3:30	<p><b>Legal and Regulatory Constraints of Return to Work Decision Making</b></p> <p><i>William P. Emrick, Esq., Ferreri &amp; Fogle, PLLC</i>  <i>Brent Hatch, Texas Department of Insurance, Division of Workers' Compensation</i></p> <p>This session will review how treating physician discretion is reinforced or limited by law and administrative rulings from regulators or administrative judges. Specific topics include:</p> <ul style="list-style-type: none"> <li>▪ Limits on adjuster/case manager ability to reject treating physician reports and orders;</li> <li>▪ How to effectively conserve on the use of alternative medical opinions;</li> <li>▪ Formal adjudication of disputed treatment and RTW restrictions: what evidence should an ALJ evaluate?</li> </ul>
3:30 – 4:45	<p><b>Case Studies</b></p> <p>Several real-world case studies will be presented and analyzed by a panel of experienced adjusters and case managers. Cases will include:</p> <ul style="list-style-type: none"> <li>▪ Overuse of narcotics;</li> <li>▪ Giving physician's a real sense of the patient's workplace/job;</li> <li>▪ Overlap of RTW accommodations with the ADA.</li> </ul>
4:45 – 5:00 pm	<b>Wrap-Up and Final Q&amp;A</b>