

FIRST SOURCE

News from First Rehabilitation Resources, Inc.



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RETURNING TO THE WORKFORCE

Use Disability Guidelines to Estimate Return to Work Timeframes

Disability guidelines can assist in planning return to work by estimating average timeframes for Employee absence and ultimately recovery.

While disability guidelines do not offer exact return-to-work dates, they do predict ranges of time based on a compilation of extensive data to include diagnosis, prognosis, treatment/rehabilitation options, co-morbidities, job requirements, and back-to-work accommodations. Guidelines often have a minimum recovery time, a maximum recovery time, and an optimum/average recovery time.

The two primary National Protocols utilized in Workers' Compensation are The Medical Disability Advisor (MDA): Workplace Guidelines for Disability Duration, The Reed Group, AND The Official Disability Guidelines (ODG), Work Loss Data Group. Both may be purchased as Manuals or subscribed to on-line for precisely current updates.

The guidelines are evidence-based disability durations. They are multidisciplinary in scope, with their findings continuously updated to reflect improvement in medical care and medical practice. They are best used to answer the question "how long will the injured employee be off work." ■



FIRST REHABILITATION RESOURCES, INC.
SINCE 1990

Dear Reader,

FRR's new website release is planned for early October ... be on the lookout, particularly for our "Request for Service Short Form."

The 28th Annual MWCEA Conference is upon us ... October 14 - 17, 2012. We look forward to seeing our customers at our annual Monday Client Appreciation Dinner in Ocean City, MD.

FRR's seminar, "Workers' Compensation on the Eastern Shore," will be held on September 28, 2012 in Salisbury. Please contact us for details.

We hope you find this edition interesting and informative.

-The FRR Team



Seven Reasons Med-Only Claims Become Lost Time Claims

Employers are often surprised to learn what they thought was a medical-only claim has become a lost-time claim. This unpleasant surprise can often be avoided by basic due diligence.

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1 Inappropriate Initial Medical Care

Ensure availability to guide the care process. Involve a Nurse Case Manager to assist in identifying, coordinating and monitoring appropriate care.

2 Allowing the Injured Worker to "Tough It Out"

Simple communication demonstrates that the Employer is concerned about the Employee's welfare, and will keep the "tough it out" from becoming the indemnity claim. Don't allow minor injuries to worsen without them receiving prompt and necessary attention.

3 No Triage

Have a post-injury process in place. A Triage Nurse Case Manager can conduct an initial telephonic assessment, discuss return to work options with the Employer and relay to the Physician, follow up with the Medical Provider to obtain work abilities/restrictions, future medical appointment details, and release to work information.

4 Inattention

Realize significance. The fastest way for both the Employer and the Claims Office to turn a medical-only claim into a lost time claim is to ignore the medical-only claim, thinking it is insignificant.

5 Questionable to Begin With

Ask questions and investigate; this may save immense time and dollars in the long run.

6 Something For Nothing

Communication regarding clear expectations and procedures set the standard and avoid miscommunications. Employers should have an employee brochure in the workplace, advising of obligations when an injury occurs and outlining their Transitional Duty Program.

7 Medical Severity

There are times when the medical severity of an injury is greater than originally suspected. Conservative medical care may not be enough. Establish your Team of Medical Providers and Nurse Case Managers to ensure prompt, quality medical care. ■

Reward!

Be a lucky winner of a \$25 Gas Gift Card! First Rehabilitation Resources, Inc. (FRR) will give away a First Referral Reward (FRR) to the first 5 individuals to make a new case referral after receiving this issue of First Source. You must make mention of this contest and reference your favorite First Source article.



EMPLOYEE SPOTLIGHT

Laura Magsamen BSN, RN Nurse Case Manager

Laura began her journey in the workers' compensation arena in 2004. Previously, she worked in hospital settings for over 14 years, in both ambulatory surgery and medical-surgical units.

Joining the FRR team in December 2011, her focus was quickly observed ... rapid response and return-to-work awareness.

Laura does it all at FRR to include Field Case Management, Telephonic/Triage Case Management, and FMLA consultation.

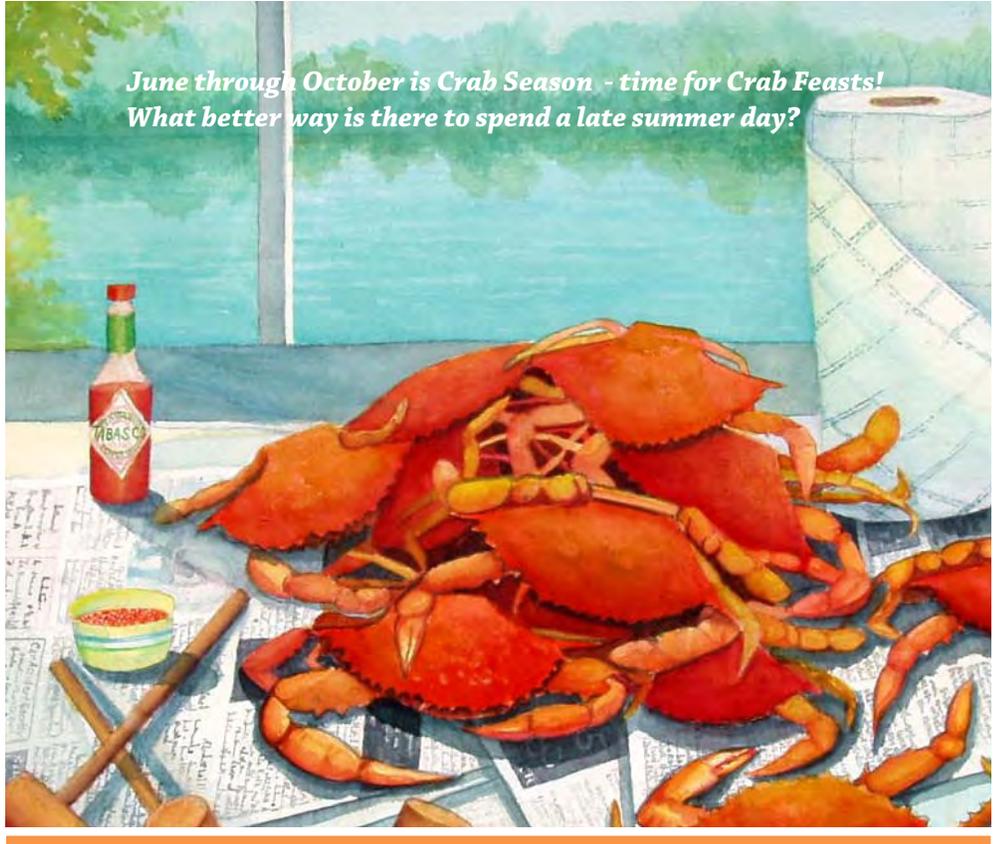
Outside of her professional career, Laura is happily married and has an 18 year old daughter. She and her family became very involved with the MD Chapter of the Cystic Fibrosis (CF) Foundation following her daughter's CF diagnosis 16 years ago. It is her passion to help raise awareness and funds to support research and science, which will hopefully assist in finding a cure for CF. She and her husband are the chairpersons for a successful walk in Bel Air, MD to support CF.

In other spare time, Laura can be found boating, reading, gardening or traveling.

Laura's Field Case Management Territories are:

- Maryland
Anne Arundel County
Baltimore
Cecil County
Harford County
Montgomery County
- Delaware
Northern
- Pennsylvania
Southeastern
- Washington, DC

June through October is Crab Season - time for Crab Feasts!
What better way is there to spend a late summer day?



RETURNING TO THE WORKFORCE

Transitional Duty: Working Together to Implement A Successful Program

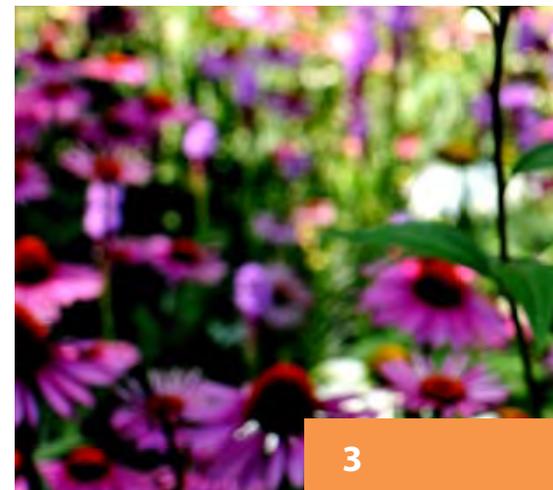
Transitional duty is a process for returning injured Employees to work appropriately, expeditiously, and effectively. It provides a bridge back to full duty by offering work that is within the abilities and restrictions established by the Medical Providers.

Referred to via a variety of similar terms, "light duty," "modified duty," "alternative duty," and the like, a well-established, well-coordinated and well-operated Transitional Work Program mutually benefits both Employers and Employees. Employees are afforded an opportunity to stay in "work mode" and more seamlessly maintain a positive self-image as they are continuing productive members of the workforce; while Employers participate in the recovery process by perhaps avoiding the need for "coverage" for the Injured Worker's duties.

Transitional work positions may be located in the same or a different Department with the Insured, or even in with another company. Some

Employees perform transitional work duties in the community as a Volunteer or in assignments coordinated by temporary placement firms.

FRR's Medical and Vocational Case Managers are skilled and experienced in navigating the return to work maze of transitional duty. Contact us if we can assist you in identifying on-site or external opportunities, coordinate Physician review of transitional duty assignments and/or coordinate and monitor the success of this multi-beneficial return-to-work program. ■



EMERGING THERAPIES:

Treatment with Platelet Rich Plasma (PRP)

Laura Magsamen, BSN, RN

According to the World Health Organization (WHO), musculoskeletal injuries are the most common cause of severe long-term pain and physical disability. In the U.S., approximately 45% of all musculoskeletal injuries involve soft tissue, including tendons and ligaments.

Treatment of these injuries has evolved slowly over the years. In recent months there has been much media attention on one of the latest emerging therapies - Platelet Rich Plasma (PRP), a treatment option that has been shown to accelerate the healing process of musculoskeletal injuries. Recent and emerging studies suggest that PRP may eventually play a central role in the treatment of common sprain and strain injuries. PRP therapy is a rapidly emerging technique that is showing exciting potential, particularly with injuries to tendons and ligaments.

The body's first response to any soft tissue injury is to deliver platelet cells. Filled with healing and growth factors, platelets jump start the repair process and attract the essential aid of stem cells. PRP therapy's natural healing process magnifies the body's efforts by delivering a higher concentration of platelets through a simple injection.

PRP treatment is a process of using a

patient's own blood products to facilitate healing. A small amount of the patient's whole blood is drawn into a syringe containing an anticoagulant. The blood is then centrifuged and separated to achieve platelet concentrations up to eight times higher than normal, which can then be injected into injured soft tissue.

Depending on the exact problem, some patients will require up to three injections. Many patients, however, experience significant improvement after just one treatment. Following the injection, patients may experience worsening pain for several days. It is important to avoid ice and anti-inflammatory medications at this stage, as these interventions may reverse the desired inflammatory response. Pain may be controlled with acetaminophen or other analgesics. There have been no reported adverse reactions to the treatment in the research literature thus far, and it is widely accepted as a safe procedure.

Benefits of PRP therapy include rapid pain relief and healing, possibly eliminating the need for surgery and a prolonged recovery. PRP therapy may also be an alternative treatment consideration for patients that are not candidates for surgery. ■

STAFF SPOTLIGHT

Charitable Giving

George Washington Carver once said, "How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday in your life, you will have been all of these."

We think those words make a lot of sense.

Beyond nurse case management and vocational rehabilitation, our FRR family has been very busy helping others by becoming involved in charitable causes, near and dear to our hearts:

- **Our Daily Bread & Southwest Emergency Service**
Sandy Mooney
- **The Humane Society**
Terri Ferguson
- **Toys for Tots**
Deirdre Christianson
- **Johns Hopkins Hospital Children's Center/Sadie's Gift**
Sam Kieley
- **Cystic Fibrosis Foundation / Great Strides - Jammin' for Jordan**
Laura Magsamen
- **Arthritis Foundation & "Chicks for Change" to support rural education initiatives**
Paige O'Connor
- **St. Jude Children's Research Hospital**
Sarah Greenwood and April Shifflett
■

Easy Referrals Via:

- www.1stRehab.com/request.asp
- **Phone:**
(301) 369-3401 ext 1
(410) 792-0506 ext 1
(888) 252-0368 ext 1
- **Facsimile:**
(301) 362-9350
- **Contact your Account Manager**



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