

# FIRST SOURCE

News from First Rehabilitation Resources, Inc.



## INSIDE THIS ISSUE

- CAUSAL RELATIONSHIP
- PAIN MANAGEMENT & NARCOTIC REVIEW
- JOB LOSSES FOR LOW SKILLED WORKERS
- SHOULD I SEE A DOCTOR FOR THIS RASH?

## CASE STUDY

### Determining Causal Relationship - The Importance of Mechanism of Injury

**Ralph T. Salvagno, M.D., Center for Joint Surgery and Sports Medicine**

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*(The following case report emphasizes how important it is to obtain an accurate and complete history in order to optimize care for our injured workers and minimize unnecessary costs and inappropriate assumption of unrelated or pre-existing conditions. Details and identifiers in the following case report have been changed to protect patient confidentiality)*

A 42-year-old male was removing a large log when another employee lost his grip and the log fell on the claimant's extended left knee. Immediate pain and swelling occurred, with difficulty with weight-bearing. After an evaluation in the emergency room with negative x-rays, the claimant was referred to an orthopedic office. The following history was obtained:

"This 42-year-old gentleman injured his left knee while working at a saw mill." The examination showed tenderness along the lateral aspect of the knee with slight swelling, no effusion and no ligamentous instability. X-rays were noted to be negative and a diagnosis of "knee sprain rule out meniscus tear" was provided. Physical therapy was initiated, and knee squats were found to be increasing pain. Eventually, an MRI scan was obtained, and interpreted

as showing degenerative changes of the lateral facet of the patella and intra-substance tearing with myxoid degeneration of the lateral meniscus. With failure of conservative care, the claimant was referred to an Orthopedic Surgeon for consideration of lateral meniscectomy. At the request of the Insurer, an Independent Medical Examination was performed.

With attention to the exact mechanism of injury, the IME physician obtained the complete history of the log falling on an extended knee. The examination demonstrated tenderness along the lateral facet of the patella, no ligamentous instability, negative McMurray's and no significant joint line tenderness. There was no effusion. The MRI scan (not just the report!) was reviewed and showed degeneration of the meniscus and fissuring and edema along the lateral facet of the patella. It was the opinion of the IME physician that the patellar findings were consistent with the direct contusion to the patella and that meniscus findings were age-related, degenerative and

Dear Reader,

Enjoy this Newsletter developed with you specifically in mind. Our goal is to always provide industry cutting edge information, as well as personal daily living tips; and of course, a hint of what's current and on the horizon at FRR.

Speaking of something rather new ... please let us know how you like making referrals via our Request for Service "Short Form" at [www.1strehab.com](http://www.1strehab.com) and attaching your medicals!?

On the FRR horizon is our Thursday, June 13, 2013 Happy Hour at Jasper's in Largo, joint with CAM Physical Therapy and Med-Eval. Be sure to RSVP when you receive your emailed Invitation. Also, stay tuned for upcoming details regarding FRR's much-anticipated Wine Tasting Event, to be held late Summer/early Fall, amidst the rolling hills of the beautiful, award-winning Black Ankle Vineyards.

On the further distant horizon, this year at our Annual Ladies Holiday Night in late November-early December, you will have a choice of a charming wreath or amazing centerpiece ... decisions, decisions, decisions!

In the meantime, we bring you this edition of First Source. Happy Reading!

-The FRR Team

Continued on Page 2



FIRST REHABILITATION RESOURCES, INC.  
SINCE 1990

## Determining Causal Relationship - CONTINUED

not traumatic. Arthroscopic partial medial meniscectomy was not felt to be medically necessary nor related to the work injury. The patellar findings were felt to be related to the injury and did require further physical therapy. The IME physician noted that squatting exercises would be contraindicated with this type of injury.

In all accidental injuries, mechanism of injury is crucial for understanding the pathology. Treatment must be directed at the pathology caused by the accident, NOT at findings incidental to the patient. In this particular case, failure to obtain an adequate history resulted in inappropriate physical therapy and an appropriate recommendation for surgery. The delay in correct diagnosis increased direct cost to the employer and insurer and delayed appropriate treatment for the claimant. This case demonstrates the importance of a complete and accurate history in order to obtain appropriate and cost effective care.

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Dr. Salvagno is a Board Certified Orthopaedic Surgeon with 26 years of experience in the treatment of all Orthopaedic conditions including work injuries, fractures and degenerative arthritis . He is a member of the American Academy of Orthopaedic Surgeons, the American Association of Hip and Knee Surgeons and a member of the Editorial Board of the Journal of Arthroplasty. Dr. Salvagno serves as Medical Director of the Meritus Medical Center Center for Joint Replacement in Hagerstown, Md. ■



## FRR SPECIALTIES

### Pain Management and Narcotic Review Program

This program has been designed specifically for cases with extensive narcotic use and prolonged duration by the Injured Worker (IW). *Especially critical in cases where one or more narcotics are prescribed for more than six months at a time, the introduction of this Program can substantially change the tide of a narcotic dependency case.*

Narcotic spending can account for more than one-third of workers' compensation medication expenses. These medications go by various generic names such as Fentanyl, Hydromorphone, Methadone, Oxycodone, and Oxymorphone to name just a few.

While the use of opioids to treat acute pain in IWs can be safe and effective, misuse and abuse raises three areas of concern:

- Potential for serious health risks
- Higher percentage of medical expenses as claims age
- Risk of litigation

Developing a strategy is key - a Nurse Case Manager (NCM) can assist by ensuring prompt evaluation, follow-up and communication. Our FRR NCM's goal is to provide you and the IW with a comprehensive Treatment Protocol to include:

- Enhancing the timeliness and quality of appropriate medical care
- Early identification of obstacles
- Realizing cost savings due to facilitation of recovery and early return to work

Please contact our Account Representatives, Dora Morris (dmorris@1strehab.com) or Jan Norwood (jnorwood@1strehab.com), for further information regarding FRR's Narcotic Review Program. ■

## INDUSTRY NEWS

### Where It Really Hurts - Job Losses for Low-Skilled Workers

*The Urban Institute - Unemployment and Recovery Project, 2013*

Labor market deterioration during our recent recession has been both substantial and unevenly distributed across regions and types of workers. Specifically, low-skilled workers (including those without high school levels of education) have lost more jobs than other workers and have experienced difficulty in securing new jobs due to diminished markets for low-skilled positions

Top performing states, such as Delaware, have experienced relative employment gains. In contrast, Maryland and Virginia have experienced substantial employment losses for low-skilled workers. The District of Columbia, while ranking high on overall job growth, has exhibited extremely weak job growth for low-skilled positions.

For low-skilled workers in our geographic area, these findings raise important questions about the impact of work injury on job loss, and the potential difficulty in identifying new and appropriate employment. With fewer low-skilled jobs and more applicants seeking this type of work, the expertise of a knowledgeable Vocational Counselor is critical to realizing a successful case resolution. Some of the hardest hit labor markets are beginning to rebound. Let the Vocational Counselors of First Rehabilitation Resources, Inc. assist in helping YOUR clients get back to work! ■

## FRR EVENTS

### FRR's Healthy Living Expo

On April 17<sup>th</sup>, FRR welcomed guests to an Open House at our Offices for an afternoon of healthy living delights! Blood pressure screenings, chair massage and stretching by Rehab at Work, health coaching, relaxation training, skin care tips, weight management education, humorous photo sessions and a delicious 'makeover menu' rounded out a fun, informative and well-received event. We've since been asked to take our Healthy Living Expo 'on-the-road,' so will continue to be spreading good cheer AND health to more customers in the very near future. Please let us know if you are interested in learning more!



Participating FRR Staff and Healthy Living Expo Vendors, Rehab at Work, Stepping Stone Health, and Patrick's Hair Design.

## EMPLOYEE SPOTLIGHT

### Katie Hulsey, M.S., CRC

#### Vocational Case Manager

A 2009 Master's-Degree Rehabilitation Counseling graduate from Georgia State University, Katie has been a tremendous asset to our Vocational Team since transitioning from public sector rehabilitation (for the District of Columbia - Department on Disability Services) to FRR in 2010. Katie specializes in thorough forensic vocational assessments, employment planning/career counseling, job development, labor market surveys, earning capacity determinations and job analysis. Katie is nationally recognized as Certified Rehabilitation Counselor (CRC) and is nearing conclusion of the rigorous training requirements for Life Care Planner

Certification (CLCP) from The University of Florida.

A Life Care Plan is a dynamic document based upon published standards of practice providing an organized and concise plan for current and future needs with associated costs, for individuals who have experienced a catastrophic injury or have a chronic health care need. The methodology used in Life Care Planning is designed to be a comprehensive evaluation and analysis strategy that integrates evaluation, analysis, conclusions and recommendations, and a comprehensive report. This consistent methodology relates to an analysis of the needs made necessary by the onset of a disability or chronic health condition through the life expectancy of the patient.

Katie's *always* pleasant demeanor, helpful nature and hardworking personality results in repeated requests for her assistance. ■

#### Katie's Territories are:

- **Virginia**  
Northern  
Northeastern  
Richmond
- **Washington, DC**
- **Maryland**  
Prince George's County  
Southern Maryland  
Anne Arundel County  
Montgomery County

#### Katie's Specialties are:

- **Vocational Assessment**
- **Job Placement**
- **Labor Market Survey**
- **Long Term Medical Care Projections (MSA/MCP/LCP)**
- **Matrimonial/Divorce**



## Should I See a Doctor for This Rash?

Excerpted from Johns Hopkins Health, Spring 2012

It's finally the season for getting back into gardening or simply enjoying more time outdoors. Unfortunately, it's also the season for poison ivy, oak, sumac and many other causes of contact dermatitis. Though over-the-counter products are within reach at the local drugstore, be cautious when self-medicating.

"Using topical anesthetics [these usually end in -caine] and antihistamines can cause an allergic reaction," says William H. Convey M.D., a Family Medicine Physician. "Witch hazel and calamine are okay [for most skin reactions], but for severe, uncomfortable rashes or those that persist for more than a week, see your doctor.

### Be on the lookout!!



**Poison Ivy**

Solid green, pointed leaves that hang from stem in groups of three.



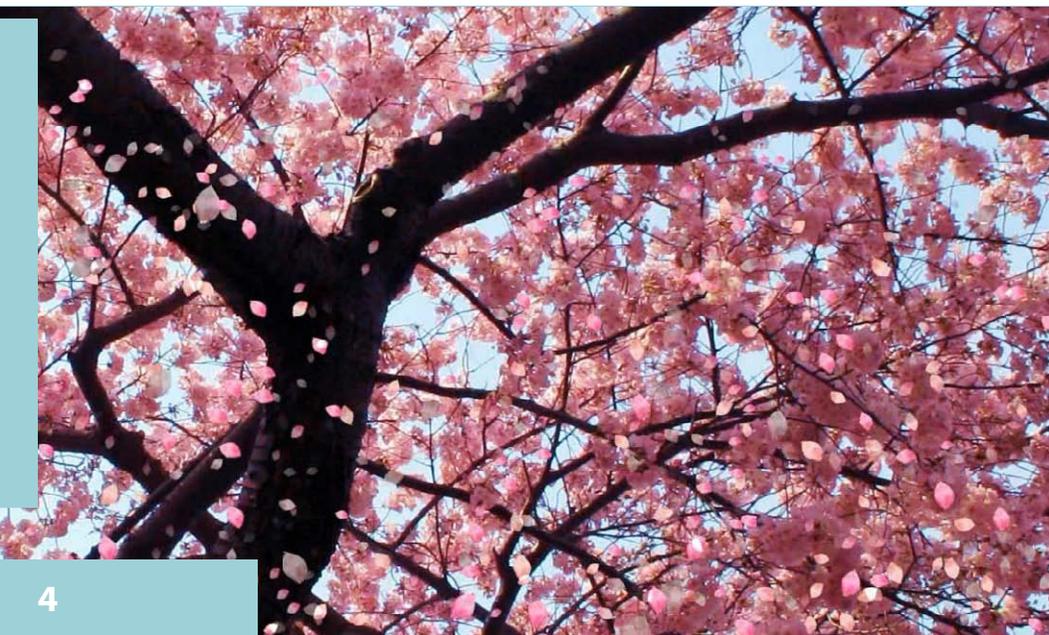
**Poison Oak**

Edges of the solid green leaves, while reminiscent of an oak tree, are less dramatic and mostly seen in shrub form.



**Poison Sumac**

Thrives in the water and usually found in swampy/boggy areas. Leaves have brownish-blackish spots and contain seven to thirteen leaflets.



For easy Short Form Referrals and Online Medical Records Submissions, visit us at:

[www.1stRehab.com/Request.asp](http://www.1stRehab.com/Request.asp)



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