



# First Source

Your Source for Industry Information and Education



2018 Edition 2 Editor: Sarah Grimes

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## FRR Adds Additional Nurse Case Manager in North Carolina

FRR's North Carolina Team is growing! We are pleased to welcome Nurse Case Manager, Jodie Nolf, RN, CRRN, CCM, CLCP in the Raleigh area. She joins Krista Forrest, our Southern Region Account Manager, and Layne Fauler, BSN, RN, Nurse Case Manager in the Charlotte area. Jodie has been working as a Nurse for 35 + years and a Case Manager for the last 25 years. Her background includes orthopedics, inpatient rehabilitation and catastrophic injuries.

She is a facilitator for a local Triangle IARP group and an active member of the Carolinas Chapter of IARP. Please contact Krista Forrest, 919-753-8316, kforrest@1strehab.com to learn more about our NC services. We look forward to hearing from you! To submit a referral, visit us online for our Referral Short Form, with capabilities to upload medical records: <https://www.1strehab.com/Request.asp>, or call us: 888.252.0368, press 1.



Krista Forrest and Jodie Nolf

## Come visit us at the Shore!



FRR & IMX will be exhibiting at the Annual Maryland Workers' Compensation Educational Association Conference next week, September 23<sup>rd</sup> -26<sup>th</sup>.

Visit us in the lower level lobby, exhibit areas #61 & 62. Meet our Owner and MD Sales Team: David Dugery, Janet Dayhoff, Dora Morris, Jan Norwood & Marc Shelgren.

# The Power of the Portal

IMX and FRR understand your need for ease, timeliness and preciseness when making a referral. Portal use for your referral process, with medical record browsing and uploading ability, is available and encouraged with both Companies.

## IMX

The screenshot displays the IMX Medical Management Services Portal interface. At the top, there is a navigation bar with the IMX logo and a 'Send Referral' button. The main content area is titled 'Welcome' and features two search bars for 'Claimant's Name' and 'Claim Number'. Below the search bars are four dashboard cards: 'Cases' (19), 'Referrals' (0), 'Records Due' (0), and 'Pending Reports' (0). Each card has a 'View' button. Below the cards are four expandable sections: 'Cases' (All cases ever sent to IMX including all documents), 'Referrals' (All referrals that have been received by IMX but have not yet been scheduled with a Provider), 'Records Due' (All upcoming appointments that require medical records or may have new medical records available to be submitted), and 'Pending Reports' (All completed examinations where the report has not yet been released). A 'Send Referral' button is located in the bottom left corner.

You may request access to the *IMX Portal* by emailing [HELP@imxmed.com](mailto:HELP@imxmed.com). The uniqueness of this extensive Portal is simplicity of referral and live-time access to the status of your case along the IME continuum. Additionally, the IMX Portal allows your selection of Physicians or selection by IMX, submittal of your specific cover letter or request for IMX cover letter development, and access to IMX Physician schedules and your indexed medical records. Upon completion of the Portal Referral process, confirmation is immediately received.

## FRR

The screenshot shows the FRR Request for Service Short Form. At the top left is the FRR logo with the text 'FIRST REHABILITATION RESOURCES, INC. SINCE 1990'. To the right is a navigation menu: Home, About, Services, Territory, Request Service, Rehab Participants, News & Events, Contact. The main heading is 'Request for Service' and 'Short Form'. Below this is a note: 'You may attach the "First Report of Injury" at the bottom of this Form; any information already on the "First Report of Injury" may be left blank on this Form.' Underneath is a section for 'Required Field' with the following labels and input boxes: 'YOU', '\* Name:', 'Company:', 'Telephone #:', and '\* Email Address:'.

The *FRR Portal* may be accessed via our website, [www.1strehab.com/request.asp](http://www.1strehab.com/request.asp). Our 'Short Form' is quick, and requires minimal information input, if a current or previous Referral Source and/or attaching medical records containing this information. Communication is always made prior to the initiation of activities by the assigned Medical or Vocational Case Manager. Upon completion of the Website Referral process, confirmation is immediately received.

# Sedentary Jobs: Reducing the Risk of Injury

Information by Select Medical Outpatient Division, April 2018

Did you know that poor posture is the greatest injury risk for workers performing sedentary jobs? Poor posture includes not just your back or sitting posture, but how you hold your arms, where your legs/feet are placed and how your work station relates to you.

The study of ergonomics means fitting the work place to the person. We know, however, that no two people are the same. Too often, our workstations do not entirely accommodate our individual needs. Here are some quick tips to make your workstation fit you.

**Chair:** Sit with your back supported against the back rest. Place your feet flat on the floor, and check that your knees and hips are all aligned to the same height. Your knees should be even or slightly lower than your hips. This makes sure you are getting proper circulation to your legs. Sit with your elbows at your sides, bent to 90 degrees. Your keyboard should line up with your hands, without resting your arms on the arm rests.

**Keyboard:** The ideal keyboard should be angled down and away from you, at a negative tilt. Make sure you put down the tabs that are often at the back of the keyboard. This makes sure your wrists are at a neutral position, limiting the risks of carpal tunnel. Your mouse should be close to you, so that you do not have to reach your arm away from your side to use it.

Keyboard trays under the desk are an easy solution to desks which are too high for the worker. Alternatively, you can raise your chair, so long as you have a foot rest, to keep your legs in the correct position mentioned above.

**Monitor:** For normal vision, the monitor should be adjusted so the top is at eye level and the distance is about an arm's length away. Those wearing bifocal lenses may need to lower the monitor, and/or adjust the distance, so as not to extend your neck. If using more than one monitor, center the keyboard in front of them, and rotate the outside edges toward you to decrease head turning.

## **Positions to avoid:**

- Slouching forward
- Neck extension (looking up) and over rotation (looking side to side)
- Wrist extension (when in position to type, hands are higher than forearms)
- Prolonged positions
- Bending elbows past 90 degrees
- Leaning on elbows
- Crossing legs
- Sitting without good back support

While we can't stay in perfect position all the time, using good postures and positions when able, and taking micro breaks every 30 minutes, can make a big difference in how you feel.

For questions or to schedule an ergonomic assessment of a workstation for an Employer/Insured or specific Injured Worker, contact Samantha Kieley, Vice-President of Operations; [skieley@1strehab.com](mailto:skieley@1strehab.com); 301-980-9392

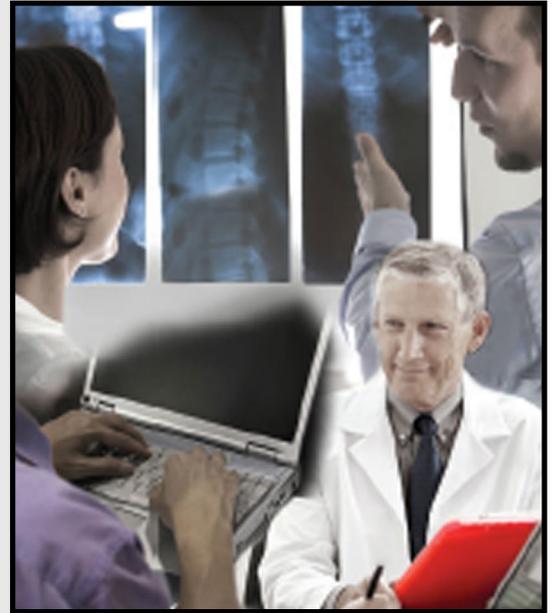


# The IME -- It's Not Just a Second Opinion

*Excerpts from the Chicago Daily Herald's June 15, 2018 Edition (Mary Caban/Illinois Bone & Joint Institute)*

An Independent Medical Examination (IME) is a key resource available to Claims Professionals who must make sensitive determinations regarding the medical condition of an Injured Worker.

In the course of an IME, a qualified Medical Practitioner reviews the available medical records and conducts an objective physical examination, producing an unbiased final report that details comprehensive findings, opinions and overall conclusions. The IME report may address impairment, disability, causation, appropriate treatment, return-to-work restrictions, and whether Maximum Medical Improvement (MMI) has been reached.



An IME may be beneficial when:

- There is a significant lapse of time between the date of injury and treatment
- The causal relationship between the treatment and the injury is in question
- Medical reports lack objective findings linking complaints to the specific injury
- A time frame for return to work or physical capacity information is needed
- Recommended treatment is unusual, unconventional or excessive
- The current treatment plan has failed
- Medical treatment costs are escalating
- Surgery is recommended

The resulting final report carries legal weight. It can clarify and resolve disputed issues, determine whether to take a case to hearing, or to negotiate a settlement. Based on this, choosing a qualified Medical Practitioner to conduct the IME is essential. It is best to choose a board-certified Physician who has advanced medical specialty training related to the area of injury or specific condition.

When best applied, an IME provides the information and documentation necessary to map a course that will safely return the individual to the workforce. Ultimately, the IME has potential to save thousands of dollars in unneeded medical treatment, costly administrative expenses and potential legal fees.

## Sneak Peek into CMS' Liability Medicare Set Aside Review Program

In early August, the National Alliance of Medicare Set Aside Professionals (NAMSAP), through their Liability Medicare Set Aside (LMSA) Committee, issued a special edition bulletin regarding LMSAs. The bulletin, which is subject to change until the Centers for Medicare & Medicaid Services (CMS) provides official guidance, addresses what to expect in an LMSA review program:

- The LMSA review program will not be rolled out sooner than October 2019
- The review program will be voluntary, as with Workers' Compensation Medicare-Set Asides (WCMSA)
- The enforcement of an LMSA (as with WCMSAs) is the denial of services
- Review of an LMSA will occur only if settlement has been reached
- CMS will publish an LMSA Reference Guide
- The voluntary review program will be available for Medicare beneficiaries or injured parties who have a reasonable expectation of Medicare eligibility within 30 months
- A minimum workload threshold of \$250,000 is anticipated
- For settlements between \$250,000 and \$750,000 threshold, CMS will apply 'a formula' to determine the LMSA amount
- Any LMSA above the \$750,000 level is a full commutation, in that a traditional MSA, as with Workers' Compensation claims, would be prepared and, if submitted to CMS, evaluated by CMS for adequacy
- Medicare's interest must be considered in every claim
- CMS also suggested that an LMSA is exclusively the responsibility of the plaintiff and made it clear to the meeting attendees that the defendant(s), and the defendant's insurers, are not a target
- NAMSAP is expected to hold a webinar about this important topic in the near future. Stay tuned for further developments.

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Referrals to FRR:  
[www.1strehab.com/request.asp](http://www.1strehab.com/request.asp)  
**Phone:**  
301.369.3401  
410.792.0506  
888.252.0368  
**Facsimile:**  
301.362.9350  
Contact your Account Manager



# We hope you have enjoyed this issue!

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Case Management  
Expires 01/01/2021

Referrals to IMX:  
[www.imxmed.com](http://www.imxmed.com)  
**Phone:**  
800.707.0575  
484.329.700  
**Facsimile:**  
484.329.7095  
Contact your Account Manager



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