

CHAPTER 6

TREATMENT OF ILLNESSES AND INJURIES IN THE OCCUPATIONAL HEALTH CLINIC

References

American Medical Association. *Guides to the Evaluation of Permanent Impairment*. 4th ed. Chicago, IL: American Medical Association; 1993.

ASD(HA) memo dated 25 May 1995. *TRICARE Health Services Plan-Federal Civilian Employees*.

BUMED ltr 12000 Ser 3B421/0143 of 21 Jun 91. *Occupational Health Participation in Federal Employee Compensation Act (FECA) Cost Containment*.

BUMED ltr 6260 Ser 24B/5U240237 of 20 Dec 95. *TRICARE Health Services Plan-Federal Civilian Employees*.

5 Code of Federal Regulations (CFR) Part 339. *Medical Qualification Determinations*.

20 CFR Part 10. *Federal Employees' Compensation Act*.

Injury Compensation for Federal Employees: a handbook for employing agency personnel. U.S. Department of Labor Publication CA-810; Rev. Feb. 1994.

NAVMEDCOMINST 6320.3B. *Medical and Dental Care for Eligible Persons at Navy Medical Department Facilities*.

NAVMED P-117. *Manual of the Medical Department*, Chapter 22, Preventive Medicine and Occupational Health.

OPNAVINST 5100.23 series. *Navy Occupational Safety and Health Program Manual*.

OPNAVINST 12810.1. *Federal Employees' Compensation Act (FECA) Program*.

Questions and Answers About the Federal Employees' Compensation Act, U.S. Department of Labor Pamphlet CA-550 Rev. Sept. 1988.

Smith GM. The Role of the Occupational Medicine Physician in the Management of Industrial Injury. In: Mayer TG. *Contemporary Conservative Care for Painful Spinal Disorders*. Lea & Febiger;1991:191-201.

Appendices

The following are found in Appendix G:

Definition of Terms

Sample Protocol for Injured Workers

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (Form CA-1)

Notice of Occupational Disease and Claim for Compensation (Form CA-2)

Employer's First Report of Injury or Occupational Illness (Form LS-202, [LHWCA])

Notice of Employee's Injury or Death (Form LS-201, LHWCA)

Introduction

Occupational Health (OH) professionals working in Naval medical treatment facilities (MTFs) have a longstanding, multidimensional role in the prevention, treatment, and administrative disposition of occupational injuries and illnesses which occur in uniformed and civil service employees of the Navy and Marine Corps. Both the Chief of Naval Operations and the Chief, Bureau of Medicine and Surgery, strongly support the essential role of the MTF in a coordinated, multidisciplinary team approach to workers' compensation case management at the activity level.

Per OPNAVINST 5100.23 series, OH services, including periodic medical examinations, treatment of acute and chronic occupational medical conditions, and medical review/management of workers' compensation cases are integral elements of the Navy Occupational Safety and Health (NAVOSH) Program. Per NAVMEDCOMINST 6320.3B and NAVMED P-117, MTFs are authorized to provide emergency and nonemergency care to civilian employees for work-related injuries and illnesses. These authorized services include medical treatment under Federal Employee Compensation Act (FECA); programs for appropriated fund employees (20 CFR 10 and Department of Labor pamphlet CA-550) and nonappropriated fund employees (NAVMEDCOMINST 6320.3B).

Background - MTF Support

Traditionally, Navy OH professionals have had a central role in the prevention and treatment of work-related injuries and illnesses. Primary prevention of adverse effects of employment through identification and elimination/control of workplace hazards is a cornerstone of the NAVOSH program. An aggressive, ongoing program of periodic medical surveillance examinations based on current industrial hygiene assessment of the employees' work centers is an important part of secondary prevention of

occupational illness, cannot be overstated. Sections of this manual, as well as Chapter 8 of OPNAVINST 5100.23 series, provide a more definitive discussion of the operation of a Navy OH clinic including hazard-based medical surveillance examinations.

Despite our best preventive efforts, occupationally-related injuries and illnesses still occur. In these situations, OH professionals play vital roles in optimally managing work-related illness at their supported activities.

An often-overlooked role is that of providing clinical care to the injured/ill employee within the capabilities of the examining MTF. Per NAVMEDCOMINST 6320.3B, emergency and non-emergency OH services for appropriated and nonappropriated fund employees with work-related illness or injury are authorized through the OH clinic, emergency room, or other clinics, as appropriate. At many MTFs, this on-site treatment involves providing needed follow-up visits as well as acute evaluation/treatment of occupationally-related conditions. Many MTFs have successfully utilized on-site ancillary services (e.g. physical therapy departments) and referrals to military medical specialists (e.g. orthopedic surgeons, dermatologists) in the evaluation and treatment of work-related illnesses/injuries. The benefits for this "in-house" treatment have been clearly demonstrated in terms of convenient access to medical care for civil service employees, reduced medical costs to the Navy, and more rapid return-to-work for injured/ill employees. In addition, per the Assistant Secretary of Defense (Health Affairs) memorandum of 25 May 1995 and Bureau of Medicine and Surgery letter of 20 Dec 1995, medical services beyond basic OH care may be reimbursable.

Besides providing direct clinical care, the occupational medicine physician can be called upon to use his/her clinical skills in the medical evaluation of employees with occupationally related illness. Specifically, the physician may serve as a medical examiner, generally for employees on long-term compensation.

OH physicians and nurses play a vital role in the oversight and review of work-related injuries and illnesses. They can support their serviced activities in a variety of ways:

1. Ongoing review of work-related injuries/illnesses for trends suggesting a particular work activity or workcenter requires further evaluation.
2. Providing periodic, first-hand evaluation of at-risk employees' work centers through site visits.
3. Serving as medical liaison with private health care providers in the case management of acute and chronic occupationally-related illnesses and injuries.
4. Providing review of medical documentation submitted to support an employee's request for workers' compensation.

5. Interfacing with occupational safety specialists, injury compensation program administrators (ICPAs) and other Human Resources Office employees, and workcenter supervisors in the activity's review and management of workers' compensation cases.

Summary of Federal Workers' Compensation Programs

Federal employees are covered by a centrally administered, essentially "no-fault" insurance (i.e. workers' compensation) system designed to address occupationally-related medical conditions.

Appropriated fund employees are covered by the Federal Employees' Compensation Act (FECA). FECA provides compensation benefits for disability due to personal injury (including occupational disease) sustained while in the performance of duty. Nonappropriated fund employees (i.e. certain employees of Navy exchanges, child care centers, and food service units) are authorized workers' compensation benefits by the Nonappropriated Fund Instrumentalities Act (section 8171 of Title 33 of the U.S. Code) under chapter 18 of the Longshoremen's and Harbor Workers' Act (LHWCA).

The administrative aspects of FECA and LHWCA differ in terms of program administration, nature of Office of Workers' Compensation (OWCP) oversight, and specific type of financial underwriting. Both programs provide similar benefits, e.g. provisions for the payment of medical expenses, recovery of lost wages, and schedule awards (lump sum payments) for permanent impairment related to occupational diseases and illnesses. FECA and LHWCA operate under a claimant (employee) burden of proof to establish both the presence of a medical condition (as defined by generally accepted medical principles and practices) and a causal relationship between that condition and the claimant's performance of duties. In other words, the claimant must present evidence establishing the medical condition was caused, aggravated, accelerated or precipitated by his/her work duties. Per Department of Labor Publication CA-810, this factor is based entirely on medical evidence provided by physicians who have examined and treated the employee. The opinions of the employee, supervisor or witness are not considered, nor is general information contained in published articles. Appendices I-1 through I-5 provide definitions of relevant FECA and LHWCA terms as well as a sampling of the standard reporting forms used in these programs. In both programs, the OWCP is the final authority in terms of acceptance of claims, review of medical documentation, and determinations of employees' ability to return to work in either a full- or transitional (light)-duty capacity.

Both FECA and LHWCA give the injured/ill employee the responsibility and privilege of choosing his/her treating physician. A Naval activity may establish administrative procedures requiring all employees with nonemergency medical conditions to report these conditions through the activity's MTF, but employees are not required to be examined or accept treatment

by the MTF's health care providers. However, even within the latter constraints, Naval activities and MTFs can have a tremendous impact on the optimal management of occupational illnesses and injuries which occur at their commands.

Medical Care for Work-related Conditions in the Navy MTF

NAVMEDCOMINST 6320.3B authorizes the following medical care for new and recurrent work-related conditions through the MTF:

1. Comprehensive care for active duty personnel
2. Comprehensive care, within the limits of MTF capability and military referral networks, for civil service and nonappropriated fund personnel
3. Emergency care for contract/civilian humanitarian injuries.

Civil service and nonappropriated fund employees have the right to choose to receive care through civilian health care providers. In order to attract successfully these employees' FECA/LHWCA "business", MTFs should strive to provide accessible, timely care of the highest caliber. For those patients who require adjunct treatment (e.g. physical therapy) or specialist evaluation beyond the capabilities of the MTF or its referral network, local civilian health care professionals can be utilized under FECA/LHWCA, with the Navy OM physician remaining as the employee's primary physician. Referral of these latter cases should be handled administratively in conjunction with the activity's ICPA.

When an employee elects to be treated at the MTF, clinic personnel should supply appropriate medical documentation in support of the employee's worker compensation claim. Such documentation can include copies of medical treatment records (SF 600 entries or 558s), physician annotation on the Request for Examination and/or Treatment forms (LHWCA Form LS-1), Duty Status Report (FECA Form CA-17), Authorization for Examination and/or Treatment (FECA Form CA-16), or Attending Physician's Report (FECA Form CA-20), or narrative report signed by the physician. Procedures should be developed locally in conjunction with the ICPA to establish the specific reports to be filed and the routing of the medical information.

Many Navy and Marine Corps activities have established procedures whereby all employees with nonemergent injuries must report to the activity MTF for administrative purposes. These may include completion of a locally developed mishap (safety) report, even for those individuals who elect to receive their care from a nonmilitary source. In these situations, procedures should be established locally (i.e. through a local FECA instruction) for the appropriate and timely medical evaluation of acutely injured employees, as well as the timely routing of required administrative reports. A sample protocol for MTF evaluation of an injured employee is provided as Appendix I-6.

Participation in Workers' Compensation Case Management

Per OPNAVINST 12810.1, all Naval activities with an annual FECA bill of one million dollars or more are required to establish an Injury Compensation Cost Reduction Committee. This is made up of the commanding officer, civilian personnel director, ICPA, OSH manager, OM physician (if available), OH nurse and other appropriate managers tasked with oversight of the activity's efforts in reducing compensation costs and establishing effective transitional duty and return-to-work programs. The physician and/or nurse serve as essential members of the committee, providing analysis of trends in reported injuries and illnesses, results of worksite evaluations conducted in response to employee medical conditions and complaints, and the review of medical documentation submitted in support of employee FECA claims.

In addition, many OM physicians, utilizing criteria in 5 CFR 339 and appropriate professional guidance, provide written workers' compensation case reviews to the ICPA or other appropriate human resource office personnel, or serve as a liaison between the activity and the employee's treating physician as part of individual case management. OWCP has final authority over the disposition of employees with accepted claims for both FECA and LHWCA. However, physicians' medical input has been successfully submitted to OWCP as part of ongoing active participation in case management by Naval activities.

Independent Medical Evaluation of Injured/Ill Employees

Both FECA and LHWCA contain provisions allowing OWCP to require an injured/ill employee to submit to examination by a U.S. medical officer as frequently and at such times and places as in the opinion of the OWCP may be reasonably necessary. Moreover, OPNAVINST 12810.1 permits agencies to require an employee, who has applied for or is receiving continuation of pay or compensation as a result of an on-the-job injury or disease, to report for an examination to determine medical limitations that may affect placement decisions. Accordingly, an OM physician can be called upon to perform a medical evaluation of an employee whose absence or work restrictions, as recommended by his/her personal physician, seem significantly inappropriate when compared to the reported medical condition or when a permanent job change is under consideration by the activity. Physicians performing such evaluations are strongly encouraged to review thoroughly 5 CFR 339 and appropriate publications such as *The Role of the Occupational Medicine Physician in the Management of Industrial Injury* by G. M. Smith, and the pertinent sections of *AMA Guides to the Evaluation of Permanent Impairment*.

Use of Navy Occupational Medicine Specialists

Residency-trained, board-certified occupational medicine specialists are available on a consultative basis at many larger MTFs and headquarters functions, including NAVENVIRHLTHCEN, to assist personnel with the treatment and administrative disposition

of work-related medical conditions. Because of their extensive training in toxicology, industrial hygiene, and occupational diseases, these physicians can serve as an invaluable resource in the clinical evaluation of complex medical conditions thought to be work-related, as well as in the administrative review of unusual or suspect employee claims for occupational disease or injury.

The Role of the OH Physician

To summarize, the physician assigned to the OH Clinic provides support to the activity's NAVOSH program in a variety of ways, including but not limited to:

1. Actively supporting occupationally related injury/illness prevention through comprehensive workplace evaluation and medical surveillance programs.
2. Providing medical care within MTF capabilities to active duty and civil service personnel for work-related medical conditions.
3. Remaining abreast of changing federal regulations, clinical practice guidelines and emerging ethical issues relevant to occupational medicine.
4. Serving as part of a multidisciplinary team in the ongoing review of workers' compensation cases.
5. Providing case reviews, utilizing occupational medicine specialist consultation when appropriate.
6. Providing liaison with local civilian health care providers in workers' compensation case management.
7. Providing medical examinations.

The Role of the OH Nurse

The role of the nurse in providing support for injured employees may encompass the following:

1. Providing early intervention.
2. Providing immediate initial assessment/documentation, nursing diagnosis, and implementation of treatment plans.
3. Initiating follow-up of medical care, if the employee elects a private provider, including advising employee and provider of light duty availability; or facilitating care by Navy provider if the employee so chooses.
4. Documenting treatment, pre-existing conditions, medical and occupational history.
5. Facilitating team communication by coordinating worksite visits with supervisors, safety professionals, industrial hygienists and

ICPAs to evaluate ergonomic factors and identify safe light duty assignments.

6. Making personal contact with the employee to monitor injury status, provide information about medical treatment, and assist in any problems which may inhibit recovery and return to work.

7. Communicating verbally and in writing with the private provider, as needed, concerning the treatment plan, prognosis and work status. Assisting in obtaining approvals for surgery and special procedures from OWCP.

8. Making home visits, when needed, to assess the injured employee's status, reviewing treatment plans and helping expedite the employee's return to work.

9. Consulting with claims examiners and technical advisors at OWCP.

10. Serving as the communication liaison between the employee, the attending physician and OWCP.

11. Coordinating with all commands in managing employees returning to work on transitional duty status, and assisting in preparing transitional duty job offers.

12. Tracking progress on recovery after the employee returns to work, by making contact with the employee, private provider and supervisor.

13. Assuring that medical treatment and medication charged were actually provided and were appropriate for the condition approved by OWCP.

14. Educating providers and administrators regarding civilian eligibility for treatment and the cost saving benefit if care is provided by Navy facilities.

15. Assisting with referral as needed.

Long Term Case Management involves employees who have been on the workers' compensation rolls for an extended period of time. Although the above areas may apply, additionally the OH nurse:

1. Provides assistance in updating medical information for permanent medical placement and reevaluation of employees in long term transitional duty status.

2. Works with OWCP to manage long term compensation with the goal of returning employees to work.

3. Coordinates with DOL/OWCP locally contracted rehabilitation nurses, nurse case managers and physicians.

4. Follows transitional duty cases until they return to regular duty or are referred for medical placement.