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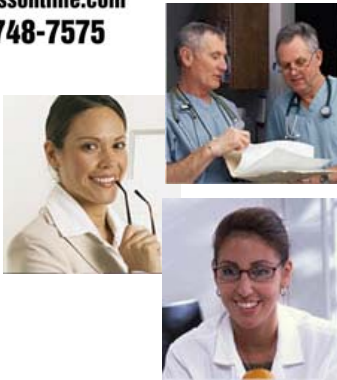


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Teamwork

A Periodical for Providers and Clients of **Comp1One®**

Claims Management 101: Part II

Compensation/Monetary

How much weekly compensation is owed?

- Compensation Benefits are based upon the employee's average weekly wage (AWW). Wages subject to taxation and reportable on the Federal W-2 tax form.
- The compensation rate is two-thirds of the average weekly wage, subject to certain maximum and minimum amounts. The Alabama Legislature publishes new maximum and minimums every July 1. Ala. Code § 25-5-68. If the average weekly wage is less than the minimum, the temporary total rate is the actual wage earning. Ala. Code § 25-5-57 (a) (1).
- The current maximum weekly benefit is \$706.00 and the minimum weekly benefit is \$194.00 (unless the actual AWW is less than \$194.00).
- A 52-week wage history is used to calculate an average. If that information is unavailable, compare the wages of a "similarly situated" employee. Ala. Code § 25-5-57 (b).
- Average weekly wage should include the employer-paid portion of health, life and disability insurance premiums unless the same continue to be made

available to the employee during compensable lost time. Ala. Code § 25-5-1 (6).

How long is an employee entitled to compensation benefits?

- TTD lasts until the employee reaches Maximum Medical Improvement (MMI) or returns to full duty work and wages.
- TPD has a maximum payout of 300 weeks.
- PPD depends on the type of injury and is either limited to 300 weeks or the specific number of weeks under the scheduled body part.
- PTD is paid until the employee dies or is no longer permanently totally disabled.



JEREMY N. TROUSDALE

Why is there a difference in compensation for permanent partial disabilities?

- Scheduled injuries are specifically listed in the Act and designed to compensate an employee for loss of that member or use of that member.
- Non-scheduled members include anything not specifically listed in the Act.

What are the benefits for injuries outside the schedule?

- Up to 300 weeks are available for permanent partial disability (less than 100% disability).
- Temporary total disability weeks paid are deducted from this 300 week calculation.



Comp1One is a comprehensive case management company located in Huntsville, Alabama with clients across the Southeast. Comp1One and sister company, North Alabama Managed Care, Inc. (NAMCI), are divisions of Premier Health Networks of Alabama, LLC featuring PPO network access for direct medical cost savings in group health and workers' compensation.

Comp1One features 24 hour case management services with Certified Nurse Case Managers and the backing of Board Certified Occupational Health Physicians. Our nurses and physicians are available for pre-certification, utilization management, file reviews, case referrals, peer reviews, and catastrophic injury management.

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P.O. Box 305
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Volume 9, Issue 2

Huntsville, AL 35804
888-772-6671
2nd Quarter 2008

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74 Alabama
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Thanks for visiting our booth at the ASIA Conference!

Legal Update

SECOND INJURY CONSIDERED CONTINUATION OF OLD INJURY
Hokes Bluff Welding and Fabrication v. Cox — So.2d —, 2008 WL 4757149 (Ala.Civ.App. 2008): On October 31, 2008, the Alabama Court of Civil Appeals released this opinion in which it considered the affect of the statute of limitations on two accidents. The employee initially hurt his lower back in 2000 and then again in 2004. Since the plaintiff filed his lawsuit in 2005, the key issue was whether or not the applicable two year statute of limitations began to run in 2000 or in 2004. The employee argued that the 2004 accident amounted to an “aggravation” or “exacerbation” of a previous injury which would mean that it should be treated as a “new” injury under the Act. The employer argued that the alleged second injury was merely a “continuation” or a “recurrence” of the initial injury which would mean that there was no second injury and the statute of limitations would have expired in 2002. The evidence revealed that the employee suffered severe and unrelenting back pain from 2000 to 2004. The employee did not demonstrate new and different symptoms after the alleged second accident. Accordingly, the Court concluded that the statute of limitations began to run from the date of the first injury. Therefore, the judgment of the trial court was reversed and judgment in favor of the employer was entered.

Courtesy of Mike Fish, attorney
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Claims Management (continued)

- The calculation is based upon the difference in earnings at the time of injury and the employee’s ability to earn at the time of trial. Ala.Code § 25-5-57 (a) (3) (g).

What are the Return to Work Provisions/Vocational Disability?

- The Act has a return to work provision that only applies to non-scheduled member injuries.
- For non-scheduled injuries, §25-5-57(a)(3)i provides that an employee who returns to work earning the same or more than his pre-injury wages is presumed to have suffered no loss of earning capacity (vocational impairment). This presumption is reputable.
- If the employee can not return to work earning the same or more wages, or at all, then the benefits owed would be determined on the basis of loss of earning capacity (vocational disability).
- Factors that are considered when determining the loss of earning or vocational impairment include the following:

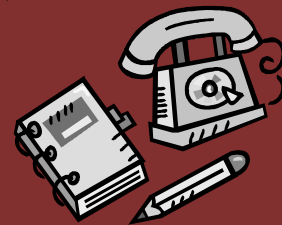
Age	Functional
Abilities	Work
Experience	Education
Levels of Skill	Wages

Transferable Skills,
Loss of Access to Job Market

What are the Death Benefit provisions?

- Death Benefits (§25-5-60) are payable during the period of dependency, not to exceed 500 weeks. Dependents include wives (including common law) and dependent children as defined by §25-5-1(3). The maximum/minimum compensation rates apply to death benefits.
- No Dependents- employer owes the estate of the deceased a one-time lump sum payment of \$7,500.00. In addition, the employer shall pay the expenses of burial, not to exceed \$3,000.00.
- One Dependent - dependent is entitled to 50% of the average weekly wage of the deceased for the duration of his or her dependency, not to exceed 500 weeks.
- Two or more Dependents - dependents are entitled to 2/3 (.6667) of the average weekly wage of the deceased.

This is the second part in a series of a general overview of Ala. Code § 25-5-1. For more information, please contact Jeremy Trousdale, Carr Allison Attorneys at Law, at (205) 822-2006.



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Clinical Comments

Rotator Cuff Injuries



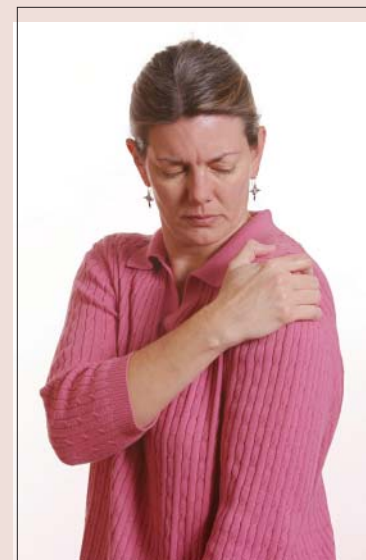
Rotator cuff injuries are a common occurrence in the work place. They can cause a considerable loss of productivity at work. It is important to obtain an accurate diagnosis and prompt treatment for these injuries to limit the lost time from work and prevent long-term disability.

What is the rotator cuff and bursa?

The rotator cuff is a group of four muscles that surround the humeral head (the ball of the shoulder joint). The muscles function to provide rotation, elevate the arm, and give stability to the shoulder joint. There is a bursa (sac) between the rotator cuff and acromion (the bone on top of the shoulder) that allows the muscles to glide freely when moving. When rotator cuff tendons become injured or damaged, the bursa often becomes inflamed and painful, which is called bursitis.

What causes injury to the rotator cuff?

The rotator cuff can be injured from a single traumatic injury or as a result of overuse over a period of years.



Workers who engage in repetitive overhead motions are especially at risk. Rotator cuff tears are most common in people who are over the age of 40, while younger patients tend to have tears following acute trauma or repetitive overhead work or sports activity. One of the underlying reasons for the frequent occurrence is due to the fact that the blood supply to the rotator cuff is tenuous and diminishes with age and transiently with certain motions and activities. Thus, the diminished blood supply may contribute to tendon degeneration and complete tearing. Another factor that can cause damage to the rotator cuff is the presence of bone spurs underneath the acromion. The spurs rub on the tendon when the arm is elevated and this is known as shoulder impingement. The rubbing of the tendon can lead to weakening and combined with a diminished blood supply, the tendons have a limited ability to heal themselves. These factors are at least partly responsible for the age-related increase in rotator cuff disease and the higher frequency in the dominant arm.

What does it feel like?

Common symptoms of a rotator cuff injury are pain and difficulty raising the arm. Many patients have difficulty resting at night, especially if they roll onto the painful shoulder. Often it is painful to reach overhead or behind your back. Popping and catching may occur when moving the shoulder in certain positions.

How is the diagnosis made?

The diagnosis of rotator cuff injury is based on the symptoms and a complete physical exam. The exam will include assessing the shoulder for areas of tenderness, measuring the range of motion, testing strength, and checking for instability. The neck will also be examined to make sure that the pain is

not due to a “pinched nerve”. Routine x-rays of the shoulder are obtained and are often normal but may show signs of a spur or arthritis. Additional studies may be obtained, including an MRI, which can better visualize soft tissue structures such as the rotator cuff tendon.



R. Stacy Tapscott, MD

Treatment Options

In many instances, nonsurgical treatment can provide pain relief and improve the function of the shoulder. The treatment regimen includes rest, limited overhead activity, anti-inflammatory medication, steroid injection, and physical therapy with modalities. Surgical indications include: failure of nonsurgical treatment, rotator cuff tears, abnormal bone morphology, and pathologic instability. Surgery will often include arthroscopy, removing any bone spurs, and rotator cuff repair or debridement if the tear is not amenable to repair. Rehabilitation is used after surgery to regain motion and strength. Recovery time varies depending on the pathology. For example, subacromial decompression (removing bone spurs) may take six to eight weeks, whereas rotator cuff repairs can take from three to six months. In either case, light duty activities may be resumed as early as two weeks post operatively.

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