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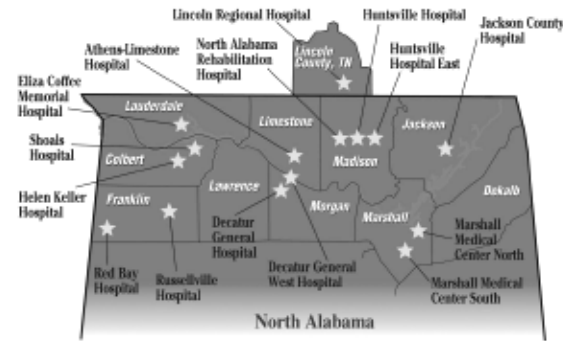
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Teamwork

A Periodical for Providers and Clients of Comp1One®

Distinguishing Between Work Related and Pre-existing Medical Conditions

Distinguishing between work-related and personal medical conditions can be a source of frustration. Causation is not always as clear cut as a laceration caused by a chainsaw. Sometimes there is a gray area in which a determination is difficult. An understanding of the following concepts can assist in distinguishing between work-related and pre-existing medical conditions.

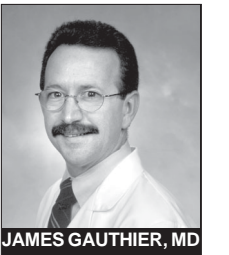
The eggshell skull theory states you must accept the worker (or egg) as he comes to you (thin shell and all). In other words, even though an employee has a number of pre-existing medical problems, if a work injury makes them worse, the employer is responsible. Thus, we must distinguish between normal deterioration according to that condition's natural history and an injury that worsens that condition.

Understanding the concept of burden of proof can be useful as well. Many have the mistaken belief that when work is raised as an issue it must be exonerated 'Beyond a Reasonable Doubt.' In point of fact, the burden

of proof in the majority of Workers' Comp cases is actually a 'Preponderance of Evidence' also known as the evidence of substantial weight. In other words, it is the determination whether one outcome is more likely than another. If it is more likely that the evidence points to a degenerative condition, then work should be exonerated. If on the other hand, evidence points to work as playing the major role then that is the call that should be made.

The natural history of a degenerative condition is that the symptoms wax, wane and generally get worse as one ages, whether employed not. An increase in symptoms from an increase in activity does not mean the disease process has been caused, aggravated or accelerated.

The principle of Occam's Razor means keeping things simple! Meaning the explanation requiring the fewest assumptions is most



JAMES GAUTHIER, MD

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Comp1One®

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.

Comp1One is certified by the state of Alabama Department of Industrial Relations, is licensed and insured, and has been recognized for Best Practices in Injury Management in the state of Alabama.

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Alabama Employer Benefits

A survey on employer benefits to Alabama workers reveals what percentage of Alabama employers offer benefits to both full and part-time employees. In summary, 81% of all companies offer full-time employees medical insurance; 43% of employers jointly pay medical insurance premiums; 23% pay the entire premium; and 34% require the employee to pay the full premium. Other benefits offered by Alabama employers are listed below:

Paid Vacation Leave:	86%
Paid Sick Leave:	50%
Retirement Plan for FT Employees:	50%
Child Care Benefits:	7%
Tuition Assistance / Reimbursement:	25%
Hiring Bonus:	10%
Flexible Spending Account for FT Employees:	25%

The full publication may be viewed online on the DIR Web site at: <http://dir.alabama.gov/>.

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Legal Brief

Employers should always get a written statement from the employee's treating physician, indicating whether the employee is able to return to full duty or restricted duty. If the doctor imposes any work restrictions, the doctor should be asked to communicate these in writing. The doctor and employee should be informed that any changes in the restriction should be communicated to the company in writing.

Make sure that the employee's job is within the restrictions or that accommodations can be made to fit the restrictions. It may also be helpful to send the doctor a copy of the employee's job description. Ideally, job descriptions should identify essential job functions and required physical abilities. If the job is difficult to describe, one option might include videotaping the job in order to assist a doctor to understand the tasks involved. It may also be helpful in some circumstances to ask the doctor to order a functional capacity exam (FCE), which is used to determine the employee's physical abilities.

Jennifer L. Howard

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Work Related vs. Pre-existing Conditions (cont.)

likely to be correct. Put another way, when you have two competing theories which make exactly the same predictions, the one that is simpler is better.

Knowledge of the workers compensation statutes can be quite helpful. The

following case illustrates this. *JL reports that he has had right-sided groin pain that has been coming and going for about three months and is now unbearable. He cannot recall any specific event that preceded his difficulty. Physical exam confirms a right-sided inguinal hernia. JL is advised to follow-up with his personal physician since this scenario does not meet the statutory criteria.*

In Alabama for a hernia to be considered work-related, it must be "definitely proven to the satisfaction of the Court all of the following:

- That there was an injury resulting in hernia;
- That the hernia appeared suddenly;
- Was accompanied by pain;
- That the hernia immediately followed an accident;
- That the hernia did not exist prior to the accident for which compensation is claimed".

A plausible Mechanism of injury must exist that must be consistent with the particular injury alleged.

Was the injury preventable? If an individual with arthritis of the knee states their knee 'just gave way' while walking down the hall, yet no workplace hazards can be identified (e.g., water on the floor),

chances are it was due to an inherent or pre-existing medical condition like degenerative joint disease. It appears that nothing could

have been done to the work environment to prevent this from occurring.

The review of medical records often documents the

pre-existing nature of a condition as the following example illustrates.

DM was referred by his employer to determine whether his latest episode of low back pain, with no inciting event, was related to an injury which occurred nine months previously. There is pain in the left side of the low back radiating down the left leg. DM brought an MRI report that revealed desiccation of the discs at the L4-5, L5-S1 levels and a left paracentral herniated disc at L5-S1.

A review of DM's medical records showed the existence of a previous MRI obtained three years earlier that showed degenerative disc disease at the L4-5, L5-S1 with left paracentral disc protrusion at L5-S1 and mild central protrusion at L4-5. Clearly there was no evidence of work-related causation or aggravation.

An understanding of the medical literature is helpful. For example, contrary to popular belief, even among physicians, the medical literature does not support repetitive work as a risk factor for the development of carpal tunnel syndrome. For assistance in determining whether your employee's injury is work related, please contact one of our three clinics or visit us online at www.ohgonline.org.

James F. Gauthier, M.D., MPH
Occupational Health Group

"A plausible Mechanism of injury must exist that must be consistent with the particular injury alleged."

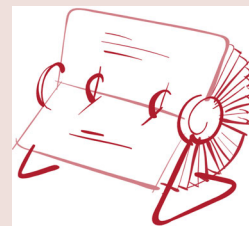
Company News

We are pleased to announce that Amanda Allison has accepted the position of Marketing Specialist for Comp1One. Contact Amanda at (256) 532-2770 for "Teamwork" article and sponsorship assistance.



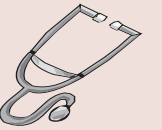
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Clinical Comments

Knee Injuries in Workers' Compensation



The knee is one of the more commonly injured joints of the body in all age groups. Soft tissue injuries of the knee typically occur in sports but also result from activities at work, resulting in significant limitations and loss of time. Knee injuries can occur from overuse as the result of repetitive small loads or from an acute traumatic overload to the knee. Prompt diagnosis and treatment of these injuries are important to reduce down time and prevent long term disability.

What is the meniscus?

The knee is a mobile joint. It bends much like a hinge but also rotates slightly. Bending the knee enables us to perform many activities of daily living such as climbing, sitting, kneeling and walking efficiently. The knee is composed of three bones: the femur (thigh bone) rests on the tibia (shin bone) and the patella (kneecap) glides in a groove on the front of the femur. The numerous soft tissue structures that help form the knee include the ligaments, which limit excessive motion and provide stability to the joint, and the cartilage. There are two types of cartilage in the knee: (1) the articular cartilage that covers the bone surfaces like a pearly, resilient cap and allows the knee to move smoothly, and (2) the medial and lateral meniscal cartilages, which are leathery cushions between the femur and the tibia that act as shock absorbers to distribute load evenly during weight bearing. The meniscus is the structure usually referred to as "the cartilage". Their primary function is to distribute pressure evenly and prevent excessive wear of the articular cartilage in the knee. If a meniscus is torn and unable to perform its protective role, then arthritis will occur.

Who is at risk?

The meniscus can tear by twisting the knee, pivoting, cutting or decelerating

activities. In athletes or physical laborers the meniscal tear may occur in combination with other injuries such as a torn anterior cruciate ligament (ACL). In the older working population, a meniscal tear can occur with minor trauma such as with squatting or kneeling as the cartilage weakens over time.

What does it feel like?

A popping sensation may or may not be experienced when the meniscus is torn. The injury is usually followed by swelling and stiffness. There may be a recurrent popping, giving way or locking of the knee. Some people have to manually manipulate the knee to get it unstuck. Most people can still walk on the injured knee and may keep working for a time. When inflammation sets in, the knee is painful and tight with associated swelling. Tenderness

"Prompt diagnosis and treatment...reduce down time and prevent long term disability."

along the joint line is common and twisting on the knee can reproduce the symptoms.

How do you treat a meniscal tear?

The history and physical examination, along with the use of magnetic resonance imaging (MRI), remain the primary methods of diagnosing a meniscal tear. Initial treatment for a torn meniscus is usually to reduce pain and swelling. The RICE formula (rest, ice, compression and elevation) combined with anti-inflammatory medications can be helpful. The natural history of a meniscal tear is that it does not heal well on its own. Because of its location in the knee with bloodflow only on the outer edges where it attaches to the capsule, the meniscus has poor healing potential.

Meniscal tears can result in marked physical impairment and lost work time. The presence of symptoms such as pain, swelling, locking, catching, and loss of motion often require surgical intervention.

Arthroscopic treatment of meniscal tears has become one of the most common orthopaedic surgical procedures in the U.S., constituting 10-20% of all surgeries in many centers. The options for treatment include a partial or total meniscectomy to remove the involved portion of the meniscus or a meniscal repair. Repair ability of the meniscus is based on the tear pattern, vascularity and the quality of the meniscal tissue.

Meniscal repairs are more successful in younger people with a stable tear on the outer edge or those who have a simultaneous ACL reconstruction. ACL reconstruction enhances the environment of the knee for healing the meniscus after stabilizing it by introducing marrow and stem cells into the joint. An alternative method involves injection of platelet-rich plasma (PRP) into the knee after a repair. This technique uses the patient's own blood drawn at the time of surgery and separated by centrifuge. The platelet-rich plasma layer is concentrated with growth factors, up to eight times the growth factors found in normal blood. This PRP is then injected back into the knee to improve the healing potential of the meniscus.

A course of rehabilitation exercises must be completed after surgery for a faster recovery to improve range of motion, pain levels and muscle strength. Usually walking is allowed immediately after surgery. Crutches may be necessary for three to five days.



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