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# Teamwork

A Periodical for Providers and Clients of Comp1One®

## 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.

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## Community Acquired-Methicillin Resistant Staphylococcus aureus

MRSA is a type of *Staphylococcus aureus*, simply referred to as "Staph". It is resistant to antibiotics called beta-lactams including Methicillin that are frequently used in its treatment. *Staphylococcus aureus* lives harmlessly on the skin and in the nose of about 20-30% of normal healthy people (0.8-2% with MRSA), but can cause infections when it gets the opportunity to enter the body, for example through wounds in the skin. Carrying MRSA on the skin or nose without signs of infection is called colonization.

MRSA is spread by direct physical contact with infected people and not through the air. Spread may also occur through indirect contact by touching objects (e.g. towels, wound dressings, cloths and sports equipment) contaminated by this bacteria. Other factors that enhance infections include openings in the skin such as cuts or abrasions, crowded living conditions and poor hygiene.

MRSA has been recognized as a problem in the healthcare setting for over 30 years and is usually associated with wound, blood, bone and joint infections. Recently, MRSA infections have become more prevalent in the community in healthy individuals with no history of hospitalization. This form of MRSA is called "Community Acquired" or CA-MRSA. Data from prospective studies suggests that 8-20% of MRSA infections are community acquired, but this varies by geographic region and population. Colonization and infection with CA-MRSA are more common in children than adults.

In recently recognized outbreaks of CA-MRSA, it's clear that these strains have some unique properties compared to the traditional hospital-based MRSA. These characteristics may allow it to spread more or cause more disease.



Ali A.M. Hassoun, MD

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## 2003 Alabama Lost-Worktime Injuries and Illnesses

A total of 1.3 million injuries and illnesses in private industry required recuperation away from work beyond the day of the incident in 2003, according to the Bureau of Labor Statistics, U.S. Department of Labor. The three occupations with the greatest number of such injuries and illnesses - laborers and material movers; heavy and tractor-trailer truck drivers; and nursing aides, orderlies, and attendants (see Table 1 on page 2). Injured workers predominantly suffered sprains and strains to their trunk (typically their back), due to overexertion related to lifting or moving equipment or patients.

- Transportation and material moving occupa-

tions experienced more injuries and illnesses with days away from work than any other major occupational group.

- Sprains and strains, most often involving the back, accounted for 43 percent of injuries and illnesses resulting in days away from work.
- Men accounted for 65 percent of the total cases with days away from work, which is higher than their share of hours worked.
- Injuries and illnesses to workers aged 25 to 54 accounted for almost three quarters of all injured workers, about the same as their share of hours worked in 2003.
- Employees with one to five years of service

Cont. on page 2

## Legal Brief

An understanding of where the Family and Medical Leave Act, the Americans with Disabilities Act and state regulations intersect is required when determining whether an employee is "entitled" to be intermittently absent from work because of a medical condition. Individualized assessment is necessary to determine if intermittent leave is required as a "reasonable accommodation" under the ADA, in part because repeated absences from work most likely mean the person is unable to perform "essential job functions." ADA evaluations must be job-related and consistent with business necessity. The FMLA, on the other hand, entitles employees to intermittent leave when "medically necessary," a determination made through completion of the certification form DOL WH 380. An FMLA-qualified medical condition may or may not be work-related. Under the FMLA, employees must provide advance notice of their need for intermittent leave, but only as much as is practical under the circumstances. Practicality remains open to legal interpretation. An evaluating occupational medicine physician may consult with an employee's personal physician about an employee's medical condition - such as depression or migraine headaches that may cause intermittent absences - but only after first getting the employee's permission. (Tip provided by Francis P. Alvarez, J.D., Jackson Lewis LLP, White Plains, NY)

## 2003 Work Injuries (continued)

with their employer accounted for 37 percent of all injuries and illnesses sustained, higher than their 31 percent share of employment.

- Overexertion and contact with objects and equipment accounted for more than half of all events or exposures.
- The four hours from 8:00 a.m. to noon accounted for 30 percent of all injuries and illnesses with days away from work.

SOURCE: Bureau of Labor Statistics, U.S. Department of Labor

## CA-MRSA (continued)

**Presentation:** CA-MRSA often causes recurrent skin and soft tissue infections (72-91%) presenting as a painful pimple or boil with associated redness and swelling that may drain pus. More serious infections have been reported including lung, bone and joint infections.

**CA-MRSA infection is an emerging health problem worldwide.**

**Diagnosis:** Suggestive symptoms and signs as well as culture result confirming MRSA.

**Prevention:** Good hygiene is the gold standard along with the following:

1. Keep your hands clean by washing thoroughly with soap & water or using alcohol based hand sanitizer.
2. Keep cuts and scrapes clean and covered with a bandage until healed.
3. Avoid contact with other people's wounds.
4. Avoid sharing personal items such as towels or razors.

**Treatment:** CA-MRSA infections are treatable with antibiotics. It is more sensitive to a wide variety of antibiotics, in comparison to hospital acquired MRSA, including Clindamycin, Bactrim, Rifampin, Doxycycline, Zyvox and Vancomycin. Antibiotics should always be chosen

according to sensitivity results, if available. Some infections, however, may be treated by draining the abscess or boil without adjunctive antibiotic therapy. For patients with positive MRSA nasal

cultures, treatment with Mupirocin nasal cream twice daily for 5 days reduces nasal carriage. Also, the

use of Chlorhexidine body wash has been helpful in reducing skin colonization with MRSA.

**Conclusion:** CA-MRSA infection is an emerging health problem worldwide. To avoid clinical complications from CA-MRSA, good hygiene should be practiced and if infection occurs, patients should seek immediate medical care. Clinicians should now consider MRSA as a potential pathogen in patients with suspected staphylococcus infections in the community setting. For more information regarding CA-MRSA, contact Alabama Infectious Disease Center at (256) 265-7955.

*Hassoun, Ali A. M., MD*

**Note:** Due to the prevalence of CA-MRSA in the community, it is not a compensable worker's compensation illness unless a specific injury or event can be proven to be directly attributable.

# Clinical Comments



## Worker's Compensation Injuries and Preexisting Conditions



Steven L. Buckley, MD

Most worker's compensation injuries are straightforward in regards to causation. If a worker gets injured at work and has a loss of income and employment, the injury will usually

be determined to be work related and compensation will be provided based upon appropriate worker's compensation laws. However, what happens if the worker has a preexisting condition and becomes injured? When are preexisting conditions taken into account and to what degree are they responsible for impairment and lost time from work?

First, an understanding of accidental and non-accidental injuries and the evidence necessary to substantiate them needs to be discussed. Accidental injuries are those caused by an unforeseen event, happening suddenly and violently, with or without human fault, and producing injury to the body. Non-accidental injuries or cumulative stress injuries are caused by exposure to danger or risk materially in excess of that which others are exposed in their daily lives. The "preponderance of evidence" standard applies to accidental work related injuries. The more demanding "clear and convincing evidence" standard requires a greater burden of proof for cumulative stress injuries.

In general, if a worker has been capable of performing his job in a normal manner without restriction or modification and becomes impaired due to a work related injury, a preexisting condition or illness does not affect a compensation award. For example, a laborer injures his back in a fall at a construction site and is unable to work. His examination after the injury includes X-rays demonstrating extensive arthritis in his lumbar spine but no other abnormalities. Although it may be possible that the worker would not have injured his back had he not had arthritis,

the fact that he was able to perform his job without restriction or modification before the injury makes the injury compensable. Even if the worker had been experiencing back pain and knew he had spinal arthritis, if he was capable of performing his job without restriction or modification prior to the injury he would be entitled to compensation. If a work related injury aggravates or exacerbates a pre-existing condition it is still compensable.

Non-accidental injuries are a little different. Chronic conditions may be the result of a work activity or may develop coincidentally. One has to determine if the work activity in question exposes the worker to more risk and danger than that which others are exposed in normal daily activities. Also, there must be clear and convincing evidence that the work activity caused the injury. Suppose a laborer has been responsible for carrying concrete blocks 8 hours a day for the past 20 years develops gradual onset of back pain that ultimately prevents him from working. He is diagnosed with severe degenerative arthritis of the lumbar spine. It would be reasonable to conclude that his arthritis was the result of his work and he would be entitled to worker's compensation. In contrast, a secretary has had a sedentary occupation for 20 years develops the gradual onset of back pain and is diagnosed with severe degenerative arthritis of the lumbar spine. She files a claim for worker's compensation for her back stating that prolonged sitting aggravated her lumbar degenerative arthritis. Such a claim would not be compensable as the activity she claims aggravated her back condition did not expose her to more risk and danger than that experienced in normal daily activities and there is no clear and convincing evidence that the work activity of sitting would result in a significant back injury.

Congenital defects of the extremities are unique pre-existing conditions and

may predispose a worker to cumulative stress disorders such as tendonitis and degenerative arthritis. There must be substantial evidence for a complication of a congenital defect to be work related and compensable under the Alabama Worker's Compensation Act. One has to assume that the complication of the congenital defect would not have occurred had the worker not been exposed to a specific work activity to be compensable.

Sometimes an employee will sustain an injury at work as a result of a pre-existing condition and not directly related to the requirements of their employment. An example would be an employee with a seizure disorder who has a seizure at work and falls sustaining a shoulder fracture. The employee loses function of his shoulder as a result of the fracture and applies for worker's compensation. Such a case would not be compensable under the Idiopathic Condition Defense. The injury was the direct result of a medical condition that the employee had and not due to a job related accident. The Alabama Court system does not consider an employer to be the absolute insurer of the employee's health and should bear the cost of work related injuries only when they arise out of and occur within the scope of employment.

Occasionally, a worker will be employed with a pre-existing condition for which he has received an impairment rating or work restriction. A second injury may occur resulting in an increased impairment rating or greater work restrictions when the two injuries are combined. In such cases the current employer is liable only for the disability that would have resulted from the second injury had the first not existed.

For more information relating to Worker's Compensation Injuries and Preexisting Conditions, contact SportsMed Orthopedic Surgery & Spine Center at 256-881-5151.

*Steven L. Buckley, M.D.*

