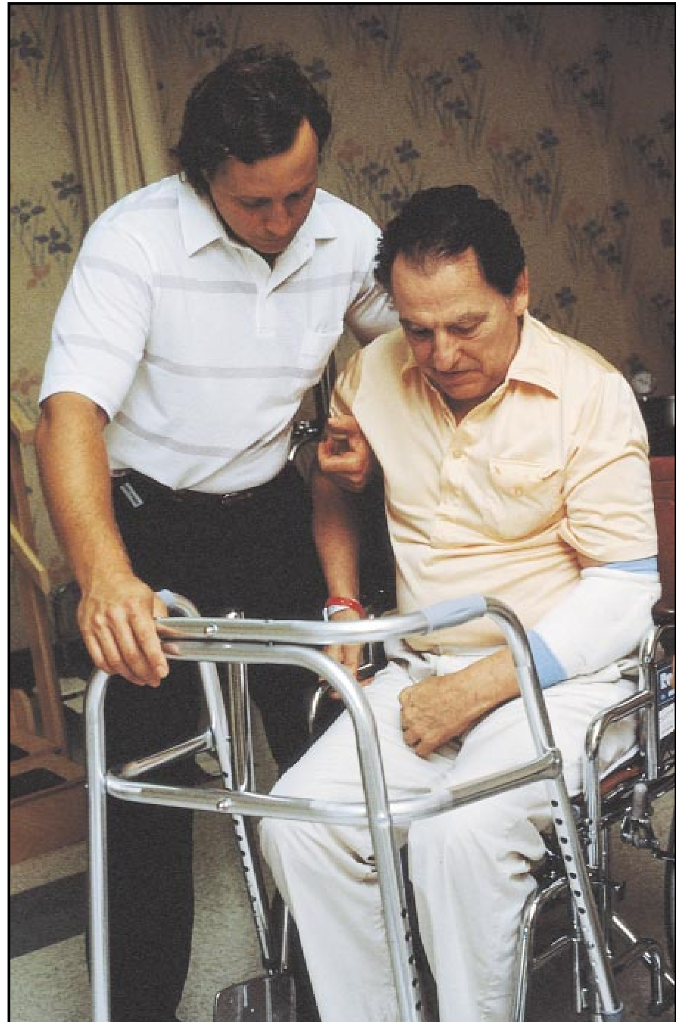
Medical Management of Occupational Disease

Changes in occupational medicine will levy new demands on your workers' compensation and disability costs. Are you up to the challenge?

by Howard M. Sandler, M.D.



Certain medical conditions may require accommodations that are beyond the employer's ability to provide.

As high-level exposure-related health hazards diminish in most traditional workplaces, we face new challenges. These include low-level exposures to a variety of chemical, biological, physical and biomechanical agents. Researchers are starting to address previously unexplored disease potential, such as immunotoxicity and endocrine disruptors. OSHA's recently released draft proposed ergonomic program standard provides new challenges to ensure that medical management follows a written program with appropriate medical restrictions and medical treatment protocols. Medical specialty organizations are publishing practice parameters based on both consensus and scientific literature.

The question for health and safety professionals is how to anticipate and handle employees' medical challenges, given developments in health care protocols, demands for accommodation under the Americans With Disabilities Act (ADA), changes in health care delivery systems, and the need to effectively deploy resources.

Health care continues to change significantly, especially the quality of care, evidence-based practice requirements and cost containment. Occupational injuries and illnesses have been the target of cost-shifting. Nonoccupational care has been claimed under workers' compensation, in some instances, as the result of higher provider reimbursement and the absence of patient deductibles or copayments. Computerized medicine also is affecting the delivery of all care, including occupational health services. Providers, payers and others are being linked through Intra- and Internet applications, allowing immediate scheduling, restriction designation, use of protocols, forms and decision-making criteria, access to important references and electronic billing, and immediate red-flagging of specific diagnoses, costs, disabilities or potential problem providers for targeted, cost-effective case management.

Major Issues

These changes produce both concerns and opportunities, one of which is to identify approaches by disorder or body part for the following:

- diagnosis;
- treatment;
- rehabilitation;
- medical/work restrictions;
- worker placement; and
- work-relatedness (causation) determination.

Sandler: "Progressive disorders, such as multiple sclerosis, usually test the full resources of an organization."

Higher-quality, more-efficient occupational health care should be delivered with enhanced knowledge and standardization of appropriate practice approaches. The American College of Occupational and Environmental Medicine (ACOEM) took a giant step forward in developing and publishing practice guidelines in 1997. These parameters provided a first step toward understanding the basic approach to be taken when medically managing workers' health problems; however, these guidelines, as well as others developed by other medical specialties, frequently do not provide necessary specifics, such as the evaluation criteria for nerve conduction testing when diagnosing carpal tunnel syndrome. But the ACOEM guidelines include excellent summary charts and algorithms, which go a long way towards achieving those goals. The practice guidelines also provide basic understanding of many important concepts, such as causation determination, as part of work-relatedness assessments. The references are comprehensive and the source and strength of the evidence provides a basis for recommendations, as well.

Hard Choices

A growing area of importance and concern is setting work restrictions. Frequently, objective criteria for setting restrictions are lacking in a given individual. In such instances, pain may be the only factor many clinicians use. Because pain is subjective, objective measures of functional performance must be used so that restrictions and placement decisions rely on more than complaints. Sophisticated testing equipment for musculoskeletal function assessment is readily available, but such testing is expensive and has rarely been validated against specific jobs. Time off work is frequently determined by guesswork on the part of the practitioner or results from asking the worker how long he thinks he needs. Restrictions must be functionally based, consistent with the medical requirements of the work, and validated against the specific job. This approach can also be used in work hardening through progressive modified duty positions.

Probably one of the more difficult challenges is that of causal determination. The ACOEM guidelines provide a framework for general causation analysis – *i.e.*; does exposure to chemical X cause disease Y? – as well as criteria similar to those set forth in NIOSH's1977 publication of the recognition of occupational disease for assessing cause in individual cases. The problem is that few practitioners understand the steps, necessary data, problems in gathering accurate data and weighing-of-evidence structure which must be employed to objectively make an evaluation of cause.

Adding to this problem is the issue of aggravation. Both OSHA and workers' compensation use the concept of aggravation in establishing whether an illness is recordable or compensable. Little information is provided in scientific and medical literature with which to evaluate this aspect of causal assessment. This is especially difficult when attempting to separate symptomatic aggravation *versus* aggravation of the underlying pathology of the disease. For example, asthma can indeed be a chronic condition. Many nonspecific triggers may produce the symptoms, including irritants, odors, cold air and exercise. Unless these triggers occur on a consistent basis, the only influence should be symptomatic aggravation; however, since no clear criteria have been established, the practitioner, case manager and occupational health nurse are frequently left with no clear method for assessing when an aggravation has resulted from the job.

Challenges to Chronic Care

Occupational health and safety professionals also face challenges when attempting to deal with workers with chronic diseases, the nature of which may be work- or nonwork-related. Your first step is to determine your company's role in addressing these issues:

- initial placement;
- setting medical restrictions;
- determining reasonable accommodations;
- assessing substantial risk, especially in safety-sensitive positions;
- providing 24-hour care; and
- in-house health care maintenance and monitoring.

Two difficult management disorders are allergic rhinitis and reactive airway disease (*e.g.*, asthma). Allergic rhinitis (AR) and asthma affect millions of workers across a broad spectrum of industry. AR has been associated with workplace exposures, but it often is the result of allergic sensitization by common, ubiquitous allergens, such as dust, dust mites and molds. Irritants, such as tobacco smoke and formaldehyde, can exacerbate the symptoms.

One of the more difficult problems faced in AR, asthma, mental illness and other alleged disorders is that of reasonable accommodation as required by ADA. Frequently, personal physicians without adequate experience or training in occupational medicine simply restrict a worker to a chemical-free environment. This requires educating both the provider and the patient and detailing appropriate administrative actions to be taken when requests without scientific foundation are made.

Other restrictions that pose difficulty for the occupational safety and health and facility management staffs include "activity as tolerated." Traditionally, this restriction is another easy way for the personal physician to pass along decision-making to the patient. While some patients can objectively work with health and management staffs, they often cannot find a tolerable work environment or they find one which bears no scientific resemblance to the issue, but is based on psychosocial require-

ments (*e.g.*, privacy, adjacent window, proximity to friends). Objective functional testing, including potential hazards, challenges or appropriate exposure monitoring and comparison, often shows the inappropriateness of the request or the perception of exposure where none exists.

Medical conditions, particularly chronic ones, rarely remain stable. Some progress, some wax and wane, and some may significantly resolve with changes in medication, lifestyle or other factors. Some larger employers provide onsite medical management programs to help monitor their problem and ensure appropriate diet, abstinence program participation and the like. The cost-effectiveness of such programs have been documented in studies, although using Internent-based health services management capabilities limit both programmatic costs and ensure that return on investment can be accurately derived at any point.

Progressive disorders, such as multiple sclerosis, usually test the full resources of an organization. Frequently, employers simply don't have the resources necessary to assist in such accommodations. Again, the safety and health of the worker, fellow employees and the general public must be maintained. Significant risk should be considered at each accommodation step. All parties in such circumstances should know that, at some point, job maintenance may not be possible.

One of the more difficult problems to manage in workers with chronic diseases is the emotional stress which such disorders place on the worker, coworkers and management. Reactive depression frequently occurs in patients who have serious diseases. It can also occur in individuals with relatively minor disorders, but who lack the coping skills or support structure to handle even modest disability. Psychological support services should be considered and monitored closely for new problems, especially from the frequent side-effects produced by anti-depressive or anti-anxiety medication.

Efforts to limit hazardous exposure, to provide cost-effective and regulatory-compliant care, and to effectively schedule, communicate and make appropriate clinical and administrative decisions, require careful planning and use of evidence-based medical protocols and smart technology. As workers age and competition grows for skilled workers, companies and health care delivery systems will have to provide the expertise and support necessary to ensure that workers, particularly those suffering from chronic diseases, can continue to contribute effectively and safely at the workplace. **OH**

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