

QUARTERLY NEWSLETTER • WINTER 2007

President's Message

Support Funding for OM Residency Training



James Seward, MD, MPP

The supply of residency-trained occupational medicine physicians is shrinking. WOEMA members have a historic opportunity

to support legislation in Congress that would help reverse one significant reason for the decline—funding. Please take action now to contact your representative to the House and both of your Senators to ask for their support of the Preventive Medicine and Public Health Training Act (Senate Bill S-1120 or House Bill HR-3404). I have provided a link on page 6 that helps you to send an e-message.

The decline in OEM training is a serious concern. In 1994 there were 42 Occupational Medicine training programs. Today there are 31. While the combined output in 1994 was 168 physicians, this year there were only 101 occupational medicine residency graduates nationwide. The demand for qualified individuals significantly exceeds the supply. There are many factors contributing to this issue, including limited medical student awareness of OM, few medical

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WOEMA Utilization Review Guide: Instructive Cases

BY PETER SWANN, MD, NEWSLETTER EDITOR



What follows are two cases meant to illustrate the real world of utilization review; the application of evidence-based medicine. They will hopefully guide you toward better use of medical techniques and technologies while pointing out office procedures that are critical if your requests are to be approved in a utilization review environment.

The cases that follow use the following format:

1. Physician request is stated
2. Clinical history pertinent to the request, as obtained from the submitted records, is summarized
3. Recommendation of the reviewer is given
4. Rationale of the reviewer is noted
5. Guidelines used by the reviewer in reaching a decision are cited
6. WOEMA Newsletter Editor UR commentary is given

CASE #1:

Physician Request: Physical Therapy for the Left Hand and Wrist Three Times Per Week for Four Weeks

Clinical History:

The patient apparently has a history of carpal tunnel syndrome dating back to 6/21/2004. She has had carpal tunnel release surgery for this although the timing is not clear from the records received. Continuation of physical therapy is requested though no physician medical records were received. It is therefore not clear what the patient's current signs and symptoms are, what prior treatment the patient has received including the amount of prior physical therapy and her response to same, and the rationale for the currently requested physical therapy.

Reviewer Recommendation:

Recommend this request for physical therapy for the left hand and wrist three times per week for four weeks be denied.

Rationale:

Without further information, it is not possible to certify this request as consistent with the guidelines as described below. Should further information be forthcoming, this request could be resubmitted for consideration.

Guidelines Utilized:

ACOEM Guidelines, 2nd Ed., 2004, Electronic Version, Chapter(s) 11.

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WOHC 2007 at Loews Coronado Bay Resort, San Diego

If you missed WOHC 2007, October 4-6, you missed a fun and valuable learning experience. You can access slides of the presentations by visiting www.woema.org. Here is a listing of what is available for download:

DOT Examiner Certification

Natalie Hartenbaum, MD

EMGs and Upper Extremity Neuropathies

Jonathan Rutchik, MD

Global Warming and What Companies Can Do in Response

David Pierce, UCSD

Healthcare Worker Immunizations: New Vaccines and New Recommendations on Old Vaccines

Jon Rosenberg, MD

Injuries and Rehabilitation in Deployed Military

Kristin Hodapp, MS, PT, CSCS

NFPA Guidelines

Sandy Bogucki, MD, PhD

Pain Management

Steve Feinberg, MD, John Massey, MD

The Latest on the ACOEM Guidelines Update

Kurt Hegmann, MD

Reproductive Toxicology

Fred Fung, MD

Sleep Apnea and Commercial Drivers

Natalie Hartenbaum, MD

Treating Spider and Venomous Insect Bites

Richard Clark, MD

TB Quantiferon

Helene Calvet, MD

The Future of Occupational Medicine

Bob McLellan, MD

(Bob Orford, MD presented)

The New Asbestos? Bronchiolitis Obliterans and Food Flavorings

Panel

Why Never Change a Job Because of Occupational Dermatitis

Howard Maibach, MD

Power Orthopedics: The Spine



WOHC Conference Chair, Ellyn McIntosh, MD, enjoying a fun moment at the opening welcome reception as the conference got underway overlooking the beautiful San Diego Bay.



WOHC attendees enjoyed two wonderful evening events: Sailing on the San Diego Bay and an evening at the San Diego Zoo.

WOHC 2007 Highlights



At the Annual Business Meeting in San Diego, WOEMA President James Seward, MD, presented Chair of the Board Craig Conlon, MD with a gift from the WOEMA Board of Directors and thanked him for his outstanding leadership of WOEMA.



An annual favorite at WOHC conferences, the WOHC Brothers performed and were accompanied by the WOHC-ettes. Shown here from left at bottom: Leslie Israel, DO, Ellyn McIntosh, MD, Pam Hymel, MD, (top row left) Peter Swann, MD, Walt Newman, MD, Paul Papanek, MD, and Constantine Gean, MD.



Following their lectures at WOHC are: John Howard, MD, Director of NIOSH and Fred Fung, MD (center). At left is: Pam Hymel, MD and Jim Seward, MD. On the right are: Gregg Sorensen, MD, Ellyn McIntosh, MD, and Warner Hudson, MD.



The Planning Committee for WOHC 2008 wasted no time getting ready to host the conference in Napa taking place September 18-20. Pictured here at their planning meeting are several of the committee members: Warner Hudson, MD, Linda Gourley, PhD, Rupali Das, MD, Bryce Breitenstein, Jr., MD, Dennis Pocekay, MD (WOHC Chair), Bill Hopper, MD, Steve Schumann, MD, Kon Zaharoff, MD, Paul Papanek, MD, Jim Seward, MD, Jim Lessenger, MD.

Awards Presented at WOEMA's Annual Business Meeting on October 5, 2007



Dr. Donna Baytop, MD, FACOEM, Medical Director of Solar Turbines, a San Diego-based company, is this year's recipient of WOEMA's Rutherford T. Johnstone Award for outstanding service in occupational medicine. She is the 38th recipient of this award which is presented annually

to a WOEMA member who has contributed significantly to the furthering of occupational and environmental medicine. Dr. Baytop presented a lecture at WOHC and following the lecture, she donated her honorarium to WOEMA's Resident Scholarship Program to assist occupational medicine residents participate in future educational conferences.

Donna Baytop, MD of Solar Turbines received the Rutherford T. Johnstone Award



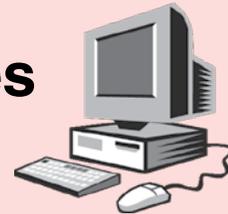
The Jean Spencer Felton Award for Excellence in Scientific Writing is presented annually to a current or past member of WOEMA who has contributed significantly to the body of knowledge in the field of occupational and environmental medicine.

The 2007 award was presented to Dr. Kurt Hegmann, MD, MPH, FACOEM, Associate Professor, Rocky Mountain Center for Occupational and Environmental Health, at the University of Utah, for his recent work as one of the primary authors of the ACOEM Practice Guidelines. Dr. Hegmann has published extensively in the field.

Kurt Hegmann, MD received the Jean Spencer Felton Award for Excellence in Scientific Writing

Interesting and Useful Web Sites

CONTRIBUTED BY CONSTANTINE J. GEAN, MD, MS, MBA, FACOEM



Trip Database (<http://www.tripdatabase.com/index.html>)

When you get results from Medline, it seems they include "everything including the kitchen sink" - wouldn't it be great if there was some kind of "kitchen sink" filter? Well, such a thing actually exists and it's called an "Impact factor." The Trip Database (<http://www.tripdatabase.com/index.html>) uses these factors to weight articles for relevance (see "http://en.wikipedia.org/wiki/Impact_factor" for details on impact factors) and, in a spookily accurate way, takes you directly to what you are looking for; all without the usual massive list of irrelevant Medline articles. Using this approach, the Trip Database allows you to VERY quickly zero in on immediately useful clinical information from its own and other evidence-based medicine summaries.

Additionally, the site features "Patient Information Leaflets" on your

chosen topic from a variety of sites including the Mayo Clinic. If you are looking for the good stuff, but don't have much time, the Trip Database is for you.

Web Search (<http://www.cdc.gov/search.htm>) and CDC WONDER interfaces (<http://wonder.cdc.gov/WelcomeT.html>)

The CDC has revamped the front end of its enormously useful web site with two redone interfaces. For one stop shopping, the "CDC Search" is surprisingly useful. Even more interesting is "CDC WONDER" which provides a single point of access to a wide variety of public health reports and data systems, both local and external, categorized here by topic. Amazingly well organized ("Topic" tab is best place to start). With CDC WONDER, you can

access statistical research data published by CDC, as well as reference materials, reports and guidelines on health-related topics; you can also query numeric data sets on CDC's computers, via "fill-in-the blank" web pages. Public-use data sets about mortality (deaths), cancer incidence, HIV and AIDS, tuberculosis, vaccinations, births, census data and many other topics are available for query, and the requested data are readily summarized and analyzed, with dynamically calculated statistics, charts and maps.

Life Expectancy Calculator (<http://www.peterrussell.com/Odds/RealAge.php>)

Find out your real age with this brief and easy to use life expectancy calculator. You can even calculate the exact number of days you have left - should you be so inclined! A fun journey. ♦

Meet Residents Participating in WOEMA

Each year, WOEMA offers residents the opportunity to attend the Western Occupational Health Conference (WOHC) through its Resident Scholarship Program. Here are the eight residents who recently attended WOHC 2007 in San Diego:



SHELLEY ARREDONDO, MD, MPH

Dr. Arredondo attended Claremont McKenna College, where she majored in Chemistry and Sociology. She then attended the University of California, San Francisco Medical School and completed her MPH in Epidemiology at the University of California, Berkeley. She completed her internship in General Surgery, and found her way back to Public Health and Preventive Medicine by starting her OEM residency at UCSF in 2006.



CARMEN ARRIOLA, MD

Prior to her residency in Occupational Medicine, Dr. Arriola began practicing medicine as a family physician for nearly twenty years working in college student health centers, and as a locum for a wide range of practices in Southern California. Her experience with patient populations is varied, ranging from the affluent, the middle income, the working poor, farm workers and the homeless. She received her undergraduate degree from UC Irvine and her medical school and internship from UC Davis.



GURINDER DHINDSA, MBBS

Dr. Dhindsa is a graduate of Guru Gobind Singh Medical College, Faridkot (India). Dr. Dhindsa completed his internship in Family Medicine from Carilion Health System, Virginia. His past experiences with industrial workers led him to choose Occupational Medicine. Currently, he is a third year resident of Occupational and Environmental Medicine at Loma Linda University Medical Center, California.



JULIE M. FULLER, MD, MCP

Dr. Fuller is a second year resident in UCI's Occupational and Environmental Medicine Program. After completing her master's degree and two years of coursework towards a PhD in City and Regional Planning, she decided to pursue a career in medicine. She received her MD from the University of Rochester School of Medicine and completed a residency in Internal Medicine at UC Irvine. She is currently writing her master's thesis in toxicology on the effects of the pesticide heptachlor on female reproductive function.



MIKE GALLAGHER, MD, MBA, MPH

Dr. Gallagher is chief resident at the UCSF residency program in Occupational and Environmental Medicine. He was a professional engineer before medical school and hopes to use his training to improve health and safety of workers and consumer products. He has an interest in health and productivity and return-to-work issues. He lectures on the risks and benefits of nanotechnology and nanoproducts.



SANDEEP GUNTUR, MD

Dr. Guntur completed medical school at Chengalpattu Medical College. His dream to pursue higher education to better his skills has brought him to the US. He developed an interest in occupational medicine during his internal medicine training at Kaiser Hospital in San Francisco. His ambition is to start a program that improves the safety and health of workers in all major occupational settings, and to have good surveillance and biomonitoring methods for workers exposed to toxic chemicals.



ROGER HINKSON, MD

With a masters in business, Dr. Hinkson originally worked in international marketing prior to changing careers. He went on to graduate from Albany Medical College in New York and then did his internship in Spokane, Washington. This year he finished a residency in preventive medicine at Loma Linda University, and he is now doing a fellowship in occupational and environmental medicine at UC Irvine.



THIEUHA "SUE" HOANG, MD

Dr. Hoang is a second year, post graduate at UCI Occupational Medicine residency program. She recently separated from the Navy this past June after serving 12 years. She is a 1999 graduate of the only US military medical school, USUHS (Maryland), and finished a FP internship at Naval Hospital Camp Pendleton in 2000. Wanting to explore the world, she opted not to go straight into residency and chose to provide primary and urgent care to the Marines and sailors for the next seven years. She has lived in Japan, been deployed to Australia, and stationed at Pendleton, CA and Yuma, AZ. While in Yuma she was introduced to the field of occupational medicine and was the Occupational Health Officer for the Marine Corps Air Station.



Mark Your Calendar!

Western Occupational Health Conference

WOHC 08

Making It Work: Tools for Success in Occupational Medicine

September 18-20, 2008

**Napa Valley Marriott Hotel & Spa
Napa, CA**

We hope you will make plans now to attend WOHC 08 in Napa.

CONFERENCE HIGHLIGHTS:

Department of Transportation (DOT) Update

ACOEM Updates • Utilization Review & Case Management

Farm Worker Health • Power Ortho

Communication Skills • Fleet Tour/Refinery Visit

Ortho Spine Surgery • Health Effects of Wine

Bad Bugs/MRSA • Neuro Psych – Fitness for Duty

Health & Productivity • The Use of Narcotic Drugs

Plenty of special activities are planned for attendees and guests and of course, no visit to the Wine County is complete without a wine tasting dinner nestled in the heart of the Napa Valley vineyards.

To make your hotel reservations now, contact the Napa Valley Marriott Hotel & Spa at 866.492.6665 or 800.266.9432 or The Meritage Resort at Napa 866.370.6272. Be sure to identify yourself with the Western Occupational Health Conference to receive the group rate of \$249 (Marriott) and \$279 (Meritage).

President's Message

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undergraduate training opportunities, and the lack of adequate training/certification pathways for mid-career docs. However, insufficient residency funding is a substantial issue.

The proposed legislation would broaden the federal support for Preventive Medicine Training, including Occupational Medicine. The major federal funding source of Occupational Medicine has been NIOSH Educational Resource Center grants. These funds have been flat for years, and they are limited to 17 centers across the country. These bills would provide an additional approximately \$43 million to support both general preventive medicine and occupational medicine residency stipends.

The American College of Preventive Medicine, with the support of ACOEM, has worked with Senator Harkin of Iowa to introduce the Senate version, which has co-sponsors from both sides of the aisle. Rep. Green of Texas sponsors the House of Representatives version. In your messages to your elected officials, please ask them to consider becoming a co-sponsor as well as to vote for the Act.

Here is a weblink that will provide more information on the legislation and help you to send an email on this issue directly to your members of Congress (<http://capwiz.com/acpm/home>). ♦

WOEMA Newsletter Available On-Line

Current and past issues of the WOEMA newsletter can be found on the WOEMA website. If you would prefer to receive this newsletter electronically, visit www.woema.org and provide us with your name and email address.

Group Health Reforms Could Touch Occupational Medicine Practice

BY WOEMA LOBBYIST DON SCHINSKE



At press time, California's Governor and Legislative leaders seemed to be coalescing around a single healthcare

reform bill, ABX 11 (Nuñez), the result of more than a year of negotiations about how to best extend basic health-care coverage to the state's 7 million uninsured.

At first blush, this sprawling proposal to impose both employer-mandate and individual-mandate coverage, combined with expansion of the public health programs, seem to leave the state's newly reformed Workers' Compensation system untouched. However, there is much in ABX 11 that would affect the general look and feel of how medicine is practiced in California, and even physicians and clinics wholly engaged in occupational medicine would feel its impact.

Here are some of the provisions that WOEMA members might find of interest:

- Nurse practitioners, physician assistants, and nurse midwives would have the same authority as physicians to supervise medical assistants. Also, medical assistants could perform tasks or services under written instructions from a physician, NP, nurse midwife, PA or licensed podiatrist even if the supervisor is not present.
- Physicians could supervise six (rather than the current four) NPs, and six (rather than the current two) PAs.
- By 2010, every prescriber and pharmacy must be able to transmit and receive prescriptions electronically.

• Through the insurance market, employers will be encouraged to adopt employee wellness programs. Under the reforms, insurers will be asked to offer more individual policies, as well as policies for individual purchase through a state purchasing pool (funded through fees from employers who choose not to offer their employees coverage). Starting in 2009, carriers offering individual or group coverage would be required to offer at least one "Healthy Action Incentives and Reward Program." Incentives in the form of reduced premiums, gym membership, or some other expanded benefits, may be offered to employees for quitting smoking, increasing physical activity, or improving their diets. This provision has been part of the Governor Schwarzenegger's own proposals for reform, and owes to his own famous involvement in personal fitness, as well as his admiration for Safeway's employee Health and Wellness centers.

Missing, so far, from the latest package is one of the Governor's early proposals: a pilot project in which state employees would receive "24/7" combined Workers' Comp/group health coverage. Fortunately, the Governor has not resurrected his odious early idea to finance a boost in Medi-Cal payments through a 2 percent tax on all patient-care receipts.

If ABX 11 emerges from the Capitol in coming weeks with both the Legislature's approval and the Governor's signature, it will likely face a huge and somewhat distant hurdle. The state's voters, through the initiative process, would have to approve the main financing mechanisms – a 4-percent tax on hospital receipts, an

employer payroll tax (likely between 4 and 6.5 percent; the exact percentage is still a sticking point); and a \$2 per pack tax on cigarette. That election would be a full year away, at a time when the presidential candidates will have aired their own thoughts about broader reform.

Otherwise, the California Legislative year – the longest running of any of the WOEMA states – concluded with the Legislature and Governor acting on a modest range of Workers' Comp-related bills.

SB 557 (Wiggins) – Throughout the year WOEMA had vigorously opposed this effort to allow audiologists to serve as Qualified Medical Evaluators (QMEs). We and our allied opponents moved to Neutral in the closing days of the session, only when the author removed all authority of audiologists to work on the diagnostic portion of the QME report. The Governor ultimately vetoed the bill.

AB 1073 (Nava) – The Governor signed this bill, which lifts the 24-visit cap on PT, OT and chiropractic visits for post-surgical visits. Proponents contended that the Medical Treatment Utilization schedule promotes more use of alternatives to surgery, so that patients sometimes "use up" their 24-visit allotment before surgery is performed.

AB 1269 (Hernandez) – WOEMA opposed this bill, as well as a similar bill last year, that proposes to set reimbursement for burn centers at 120 percent of facility costs rather than the current 120 percent of Medicare. WOEMA's sole point of opposition was that the bill represents a piecemeal adjustment to the Official Medical Fee Schedule, and so runs counter to our

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News You Can Use from the Literature

COMPILED BY CONSTANTINE J. GEAN, MD, MS, MBA, FACOEM
MEDICAL DIRECTOR, LIBERTY MUTUAL



At 24 months, artificial disc implantation using the ProDisc®-L was demonstrated to have 0% major complica-

tions and improvement reported in 91.8% of lumbar total disc replacement patients (investigational) and 84.5% of circumferential spinal fusion (controls) per a prospective, randomized, multi-center, FDA clinical trial of 286 patients treated on protocol. Patients were evaluated before and after surgery, via Oswestry Disability Index [ODI], at 6 weeks, 3, 6, 12, 18, and 24 months as 77.2% of investigational and 64.8% of control patients met the $\geq 15\%$ ODI improvement criteria with overall neurologic success in the investigational group (91.2%) was superior to controls (81.4%). *Spine, 2007; 32(11):1155-1162.*

■ **Psychologic distress has an independent effect on medically certified sickness absence (MCSA)** per a General Health Q'aire (GHQ-12) survey of 6,663 female and 1,323 male public sector employees, 18 to 62 y/o at baseline in 2000-'02. Coworker assessments of job strain were used to control for bias due to response style. 2-year follow-up included long-term (>7 days) medically certified long-term MCSA rates. Cases with psychological distress had 1.3 - 1.4 x higher incidence of MCSA than non-cases. Among cases, high job strain predicted MCSA (hazard ratio (HR) = 1.17, women; 1.41, men). Significant effect of job strain on MCSA was found in high socioeconomic positions (HR = 1.54,

women; 1.58, men) but not among low socioeconomic position employees (HR = 1.06, women; 1.31, men). *Am J Prev Med. 2007 Sep;33(3):182-7*

■ **Domestic physical activity (e.g., heavy housework) was not associated with improvements in CVD risk factors** in a sample of 14,836 adults in 2003 assessed by interviews and nurse-measured blood pressure and took blood samples. With the exception of systolic blood pressure in women, domestic activity was not related to a favorable profile of any other CVD risk factors. Sports participation was related to a favorable profile for all risk factors excluding systolic blood pressure in men and cholesterol and C-reactive protein in women. Authors suggest that physical activity recommendations may need to focus on physical activities other than those performed in and around the household. *Am J Prev Med. 2007 Apr;32(4):320-327*

■ **Screening tests may miss prostate cancer in obese patients** per a study of more than 13,000 men who had undergone prostate cancer surgery found that patients with a BMI of 35 or greater had PSA concentrations that were 11% to 21% lower than normal-weight patients (BMI of < 25 considered normal) *JAMA 2007 Nov 21;298(19):2275-80*

■ **Prevalence of lifetime and 12-month alcohol abuse in the United States was 17.8% and 4.7%; prevalence of lifetime and 12-month alcohol dependence was 12.5% and 3.8%** based on face-to-face interviews with 43,093 US adults. Alcohol dependence was significantly more prevalent among men, whites, Native Americans,

younger and unmarried adults, and those with lower incomes. Only 24.1% of those with alcohol dependence were ever treated. Significant disability was associated with alcohol dependence. *Arch Gen Psychiatry. 2007 Jul; 64(7):830-42*

■ **Obese participants surveyed during 1999-2004 (Time 2) were more likely to report functional impairments than obese participants surveyed during 1988-1994 (Time 1)** despite living longer with better-controlled risk factors per two studies from 2 waves of the NHANES III (N = 9928) using adults aged 60+ years. At time 1, the odds of functional impairment 1.78x for obese vs. normal-weight individuals; at Time 2 the odds increased to 2.75x. *JAMA, 2007 Nov 7;298(17):2020-7*

■ **Higher intake of a Western dietary pattern may be associated with a higher risk of recurrence and mortality among patients with treated stage III colon cancer** per a prospective observational study of 1,009 patients with stage III colon cancer that compared a 'Western' diet (high intakes of meat, fat, refined grains, and dessert) to a 'prudent' diet (high fruits and vegetables, poultry, and fish) - median follow-up = 5.3 years. A higher intake of a Western dietary pattern after cancer diagnosis was associated with a significantly worse disease-free survival (colon cancer recurrences or death). For the 'Western' dietary pattern, those in the highest quintile (vs. lowest) had an adjusted hazard ratio (AHR) for disease-free survival of 3.25

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News You Can Use

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with a similar detriment in recurrence-free survival (AHR, 2.85) and overall survival (AHR, 2.32). *JAMA*, 2007 Aug 15;298(7):754-64

■ **Cataract predicted increased mortality in persons 49 years and older, and age-related macular degeneration (ARMD) predicted mortality in persons aged 49 to 74 years** based on a study of 3,654 persons 49 years and older seen 1992 to 1994. Among persons < 75 years, ARMD predicted higher all-cause mortality (hazard ratio (HR) =1.6). Any cataract (HR =1.3) was also associated with higher all-cause mortality. *Arch Ophthalmol*. 2007 Jul;125(7):917-24

■ **Despite the initiation of a national fruit and vegetable campaign in 1991, the findings indicated**

that Americans' fruit and vegetable consumption did not increase in 1999-2002, per analysis of 24-hour dietary recall data from NHANES III, 1988-1994 (n=14,997) and NHANES 1999-2002 (n=8910). Authors indicate greater public health efforts are needed to promote healthy eating in the US. *Am J Prev Med*. 2007 Apr;32(4):257-63

■ **A systematic program to identify depression and promote effective treatment for depressed workers significantly improves clinical and work productivity outcomes** and may yield a positive return on investment from outreach and enhanced treatment (phone screening, outreach, and care management) of depressed workers (vs. usual care) based on a randomized controlled trial with depressed 604 employees. The intervention group

had significantly lower self-report scores (relative odds of recovery=1.4), significantly higher job retention (relative odds=1.7), and significantly more hours worked (equivalent to an annualized effect of 2 weeks of work) than the usual care groups. *JAMA*. 2007 Sep 26;298(12):1451-2

■ **Homocysteine lowering with B vitamins does not improve cognitive performance** per a two-year, double-blind, placebo-controlled, randomized clinical trial involving 276 healthy participants, 65 years of age or older, with plasma homocysteine concentrations of at least 13 mmol/l examined with tests of cognition at baseline and after 1 and 2 years of treatment with daily folate (1000 mcg), B12 (500 mcg) and B6 (10 mg). *N Engl J Med*. 2006 Jun 29;354(26):2764-72 ♦

Group Health Reforms

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reimbursement for burn centers at 120 percent of facility costs rather than the current 120 percent of Medicare. WOEMA's sole point of opposition was that the bill represents a piecemeal adjustment to the Official Medical Fee Schedule, and so runs counter to our own preference for a global OMFS overhaul. The Governor signed the bill when it was amended to 1) require DWC to review and set the burn center rate, and 2) set a cap at 180 percent of Medicare.

On the regulatory front, WOEMA issued a Legislative Alert to its members to urge the Division of Workers' Compensation to delay decision on chronic pain treatment guidelines until publication of ACOEM's updated chronic pain chapter,

which is due by the end of the year. In September, WOEMA Legislative Chair Steve Schumann, MD, Warner Hudson, MD, and Don Schinske met with DWC Administrative Director Carrie Nevans, Medical Director Ann Searcy, MD, and State Undersecretary of Labor Doug Hoffner to emphasize the merits of considering the new ACOEM chapter alongside the chapter currently under review.

Also as part of our Legislative efforts, Dr. Schumann in September presented on the ACOEM Practice Guidelines to Michigan's Evidence-based Medicine Task Force and Workers Compensation Healthcare Advisory Committee.

As 2008 approaches, WOEMA expects to engage in:

- The anticipated revision of Worker's

Comp fee schedule in California. In October, the Lewin Group began an update on its 2002 study noting the disparities in OMFS between payment for cognitive and procedural services. The study, we hope, will buttress DWC's stated desire to adopt a new fee schedule based on RBRVS methodology.

- Continued efforts in both Hawaii and Arizona to overhaul Workers' Compensation in those states.

- Expanding WOEMA's Legislative focus to public and environmental health, with the intent of providing informed medical and scientific comment on the important proposals in all five WOEMA states regarding workplace exposure, toxicology, and related issues. ♦

Utilization Review Guide: Instructive Cases

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As a general principle the *ACOEM Guidelines* support the application of any passive manual approach or physical treatment for injury care as optional if incorporated within the context of a functional restoration program rather than for pain control; so long as the provider or therapist present serial objective evidence of sustainable functional improvement at least every 2-3 weeks. Each aliquot of physical treatment is in this context an anecdotal clinical trial, and when functional progress does not occur over any interval, the treatment should be discontinued. It is also noted in the Best Practice Guidelines set forth in the *Workers' Compensation Treatment Guidelines* of the Work Loss Data Institute that if there is no improvement after 2-3 weeks the protocol should be modified or re-evaluated.

The ODG Section on carpal tunnel notes physical therapy is recommended - Positive (limited evidence). Also after surgery. Need to document benefit after first week. (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) See also more specific physical therapy modalities.

ODG Physical Therapy Guidelines for carpal tunnel note:

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT

Carpal tunnel syndrome:

Medical treatment:

6-8 visits over 5 weeks

Post-surgical treatment (endoscopic):

14 visits over 8 weeks

Post-surgical treatment (open):

20 visits over 10 weeks

WOEMA Newsletter Editor UR Commentary:

A single, critical point is made by this case: **Failure to supply adequate medical information to explain the rationale behind the request will almost always lead to request denial.** Reviewers are physicians, not mind readers. If we don't give them enough information upon which to base an approval, they have to recommend denial. After all, utilization review decisions must be based on case specifics; No case specifics = request denial!

CASE #2:

Test Requested:

Semmes-Weinstein Monofilament Test of the Left Hand

Clinical History:

According to the Qualified Medical Evaluation Report of 10/23/2007, the patient has an injury dating back to 01/24/2005 consisting of gradual onset of intermittent pain of the left thumb radiating into the forearm with numbness and tingling of the left hand and fingers. Over the ensuing time she has been treated with anti-inflammatory medications, multiple wrist steroid injections and physical therapy. Physical exam of the left upper extremity on that date revealed normal elbows, forearms, hands and fingers. Specialized testing of the wrist revealed a negative Phalen's but a positive Tinel's and wrist com-

pression. Finkelstein's test was negative. Examining physician felt that, based on symptoms and physical exam, mild carpal tunnel syndrome was probable and further diagnostic testing, including Semmes-Weinstein monofilament test, was requested.

Of note, the examining physician opines "the patient's bilateral carpal tunnel syndrome is not work-related."

Reviewer Recommendation:

The proposed Semmes-Weinstein monofilament test is medically reasonable/necessary and consistent with the parameters of the *ACOEM Guidelines*. However, it should be noted that, based on the information outlined above, it does not appear that the proposed test is warranted or appropriate as part of the accepted WC claim. Pursuant to the Simmons decision, a determination regarding causation is beyond the purview of the UR determination. This issue is referred to the claims examiner for a decision whether further administrative action on this issue is necessary.

Rationale:

ACOEM Guidelines, page 261, notes that Semmes-Weinstein monofilament testing can be a useful part of the evaluation of carpal tunnel syndrome, as noted below.

Guidelines Utilized:

ACOEM Guidelines, 2nd Ed., 2004, Electronic Version, Chapter(s) 11. Work Loss Data Institute, *Official Disability Guidelines*, 9th Ed., 2004, Electronic Version.

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NOTE TO WOEMA MEMBERS: If you have an interesting case you'd like to submit to be considered for publication in this newsletter, send to: woema@hp-assoc.com Submissions must follow similar format.

Utilization Review Guide: Instructive Cases

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ACOEM forearm, wrist and hand chapter:

Several traditional findings of carpal tunnel syndrome (CTS) have limited specific diagnostic value. The various tests for CTS show a broad range of sensitivity, depending on the patient population. Clinicians should depend on more than one test. The most sensitive screening methods seem to be an abnormal Katz hand diagram, abnormal sensibility by Semmes-Weinstein testing, and night discomfort.

Carpal Tunnel Syndrome:

CTS does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing.

Clinical testing may include:

Performing the Semmes-Weinstein test: A test involving nylon monofilaments that collapse at specific amounts of force when pushed perpendicularly against the palm or fingers. A positive test results when a filament of greater than normal size is required in order for its application to be perceived by the patient.

ODG CTS chapter:

Semmes-Weinstein monofilament test is recommended as a diagnostic test for CTS. Meta-analysis of combined studies indicates sensitivity of 83% and specificity of 59%. Several traditional findings of carpal tunnel syndrome have limited specific diagnostic value. There is a broad range

of sensitivity in the various tests for carpal tunnel syndrome, depending on the patient population. Clinicians should depend on more than one test. The most sensitive screening methods seem to be 1) an abnormal Katz hand diagram, 2) abnormal sensibility by Semmes-Weinstein testing, 3) a positive Durkan's test, and 4) night pain. Hypalgesia and thumb abduction strength testing have also been found to be helpful in establishing the diagnosis of CTS, as has the "flick sign" (patients report that shaking the symptomatic hand lessens paresthesias when symptoms are at their worst).

WOEMA Newsletter Editor UR Commentary:

This case points out several illustrative points:

1. The requesting physician's office supplied physician progress notes that clearly explained the clinical situation and the rationale for the requested test. This "critical first step" is often missing, leading to an unnecessary utilization review denial.
2. The *Evidence Based Guidelines* cited support the requested test; authorization is appropriately recommended.
3. Based on the medical records supplied, there is a question in the mind of the reviewer concerning whether the medical condition being evaluated is work related. Utilization Review, however, does not concern itself with issues of causation; it addresses only the issue of medical necessity. The reviewer, therefore, appropriately recommends approval while referring the issue of causation back to the claims examiner. ♦

Welcome New Members!

Joseph Chen, MBBS, MPH
 Anne Donohue, MD
 Jeanette Engle-Ramirez, OTR
 Emily Fisher, MSN, NP
 Richard Gasparre, MD
 Jessica Hanford, MD
 Soo-Jeong Lee, ANP, MSN, RN
 Jorge Minor, MD
 Frederic Nicola, MD, MS
 Lawrence Pellegrini, DO
 Ronald Perelman, MD
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 Anthony Tvaryanas, MD
 Nancy Williams, MD
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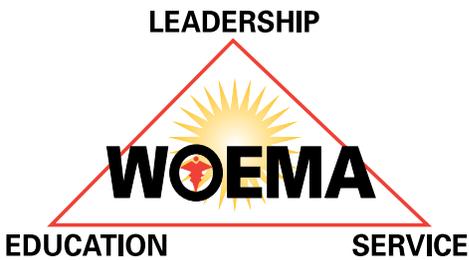
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2008 WOEMA Officers & Directors

The WOEMA Board is pleased to announce and present the newly elected officers and board members for 2008. Ballots were mailed to all members in November, due by mail by December 1st. The following slate is the result of the election:

Chairman of the Board

James Seward, MD, MPP, FACOEM
*Lawrence Livermore National Laboratory
Livermore, CA*

President

Roman Kownacki, MD, MPH
Kaiser Richmond Medical Center, Richmond, CA

President-Elect

Steven C. Schumann, MD
Doctors on Duty/Salinas Urgent Care, Salinas, CA

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Paul Papanek, Jr., MD, MPH
Kaiser Permanente, Los Angeles, CA

Second Vice President *(Newly elected)*

Roger Belcourt, MD, MPH, FACOEM
Concentra, Reno, NV

Secretary/Newsletter Editor

Peter Swann, MD, FAAFP, *Concentra, Walnut Creek, CA*

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Alan Randle, MD, FACOEM, *Stockton, CA*

Board of Directors

Dennis Pocekay, MD, MPH *(Newly elected)*
Kaiser Permanente, Petaluma, CA

Paula Lenny, MD, MPH *(Newly elected)*
Kaiser Permanente, Paia, HI

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ExxonMobil Corp., Torrance, CA

Walter S. Newman, Jr., MD
Monterey Mushrooms, San Jose, CA

Leslie Israel, DO, MPH, *UC Irvine, Irvine, CA*

Sarah Jewell, MD, MPH, *UCSF, San Francisco, CA*

Many thanks from WOEMA! Concluding their service on the WOEMA Board of Directors are:

Patrick Luedtke, MD, Director and Craig Conlon, MD, PhD, Past Chair of the Board