Spring 2016 Edition

WH Workplace Health

"Who were the WC physicians voted BEST OF THE BEST 2016?"

WHO MADE THE CUT?

See page 28

Alliance Spine
AND PAIN CENTERS

Alliance Spine and Pain Centers is one of the premier interventional spine and pain practices in the U.S., and has been recognized locally and nationally for the achievements of our practice and our individual physicians. Our practice offers board certified, fellowship trained anesthesiologists practicing cutting edge interventional pain management between 15 locations including 11 state of the art ASC's in GA. The practice further boasts of former academic leaders who held positions of Director of Pain Management and Pain Fellowship at Emory, Associate Professor of Anesthesiology at Emory and faculty at Medical College of GA. in Augusta. Many of our physicians have been published and/or won awards. Alliance's highly skilled Anesthesiologist focus on non-surgical, image-guided procedures that help return patients to work and improve quality of life. In many cases, these patients can return to normal activities or avoid more invasive treatments. Spine treatment procedures are clinically proven and follow the guidelines of American Society of Interventional Pain Physicians. Our state-of-the art outpatient centers are Joint Commission accredited.

CONDITIONS TREATED

- Hip Pain – Degenerative Disc Disease
- Neck Pain – Spondylosis
- Back Pain – Disc Herniations
- Occipital Headaches
- Nerve Root Impingements
- Vertebral Compression FX
- Spinal Cord Injury nerve pain
- Radiculopathy/Sciatic – Cancer
- Reflex Sympathetic Dytrophy RSD/CRPS
- Diabetic Neuropathy
- Facet Pain – SI Joint Dysfunction
- Trigger Point Injections

NON-SURGICAL TREATMENTS

- Epidural Steriod Injections/Discograms
- Selective Nerve Root Blocks/Facet Blocks
- Diagnostic Nerve/Lumbar sympathetic blocks
- Radiofrequency Ablation
- Major Joint Injections/Stellate Ganglion Block
- SI Joint Injections/Medial Branch Blocks
- Peripheral Nerve Blocks
- Celiac Plexus Blocks/Spinal Cord Stimulator
- Occipital Nerve Blocks
- Hypogastric Plexus Blocks
- Vertebroplasty/Kyphoplasty

W/C Coordinator: Alicia Trammell 404-920-4952 atrammell@spinepains.com

Pre-Cert Coordinator: Erin Lyle 404-920-4956 elyle@spinepains.com

Business Development Manager: Kim Ledet 678-327-1331 kledet@spinepains.com

Managing Director: Michelle Byrd 404-862-9582 mbyrd@spinepains.com

Conyers, Covington, Augusta, Buckhead, Dallas, Canton, Dawsonville, Roswell, Lithonia, Carrollton, Lawrenceville, Douglasville, Camp Creek, Decatur and Austell

Taking the Pain out of Spinal Injections: An Overview of Interventional Pain Medicine

V.K. Puppala, M.D. – Alliance Spine and Pain Centers

Pain specialists begin by carefully reviewing a patient's subjective complaints, physical exam, imaging and nerve studies to deduce which nerves are responsible for a patient's pain. Diagnostic injections are then performed to determine and confirm if these nerves are in fact the responsible "pain generators," based on the principle that if a patient responds temporarily to a diagnostic block of local anesthetic and the pain returns, then the blocked structure must be responsible for the patient's pain. Once a "pain generator" is confirmed with such blocks, it can be treated with either steroids to reduce inflammation, radiofrequency ablation to thermally coagulate and desensitize the nerve or electrical stimulation to neuromodulate the nerve and prevent the transmission of painful nerve impulses. Examples of pain generators include a spinal nerve pinched by a herniated disc, a nerve root entrapped by scar tissue following surgery in post-laminectomy syndrome, facet mediated pain with extension and rotational range of motion and sacroiliac dysfunction.

If a patient has axial pain that worsens with extension and rotation of the spine, it is likely that the facet joints are responsible. These joints are innervated by the two adjacent medial branch nerves. Diagnostic facet blocks are performed to determine and confirm if a patient's pain responds temporarily for the duration of the expected nerve block. If a patient describes meaningful relief from a diagnostic and confirmatory block, the patient is a candidate for radiofrequency ablation to provide long-term desensitization of the nerves innervating the joint. A similar algorithm is used to treat sacroiliac pain by blocking and ablating the posterior divisions of the lateral branch nerves of the SI joint.

If a patient has radicular symptoms down the arm, past the elbow to the hand or down the leg past the knee to the ankle or foot, in the presence of a herniated disc or degenerative disc disease, then that patient is a candidate for diagnostic epidural injections. These injections are performed to determine and confirm if a patient's pain will in fact respond to injection into the epidural space. Epidurals can be performed using either an interlaminar, caudal or transforaminal approach with varying degrees of specificity and efficacy. If the initial diagnostic injection is not successful, then it is reasonable to perform a second diagnostic injection using a different approach, targeted spinal level or steroid. If a patient experiences short-term relief with diagnostic injections, then additional therapeutic injections can be performed with longer acting steroids, generally up to 4-6 times annually for most patients. Patients who do not experience sustained relief with therapeutic epidural injections are instead candidates for surgical management or neuromodulation with spinal cord stimulation, if they have already failed surgery.

Alliance Spine
AND PAIN CENTERS

V.K. Puppala, M.D. – Double Board - Certified in Anesthesiology & Pain Medicine, American Board of Anesthesiology, Clinical Assistant Professor of Anesthesiology, Medical College of Georgia Editorial Board of Pain Physician, Journal of American Society of Interventional Pain Physicians, Lecturer, Atlanta Spine Society & Georgia Society of Interventional Pain Physicians Research Committee, International Neuromodulation Society Board of Directors, Medical Association of Georgia

WH Workplace Health

Published by:

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A Preferred Network of Physicians for Workers' Compensation

Owner:
Garlana H. Mathews
President

Managing Editor:
Jeri Gale
Project Manager

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www.workplacehealth.mag

WH CONTENTS

Be sure to detach the provider and physician list from the cover for future reference!

Connect with your industry and your peers

through your Georgia Workers' Compensation Association

GWCA is Georgia's resource for workers' compensation professionals. Our activities and services include:

- Working closely with the State Board of Workers' Compensation on regulatory issues.
- Daily presence at the State Capitol during Legislative sessions.
- Monitoring case law and advising members of workers' compensation issues, legislative changes and court cases.
- Spring and Fall Conferences provide members with networking opportunities, educational seminars, as well as opportunities for open discussions with state and business leaders.

Save the Date — SPRING CONFERENCE

Lake Lanier Legacy Lodge and Conference Center on April 27, 28 & 29

GWCA has always been an advocate and voice for employers but previously represented only self-insured and high-deductible companies. It is our belief that all employers should have a supporter and a way to be heard, so we have expanded our membership to all employers that do business in Georgia. It is our goal to be part of an ongoing dialogue between the members and those at the state level to facilitate change and improve our workers' compensation system.

EMPLOYERS' ADVOCATE GWCA
A GEORGIA EMPLOYERS' WORKERS' COMPENSATION ASSOCIATION

For more information about joining GWCA, please contact:
SHARON DUNN • PHONE: 770-720-4087 CELL: 770-617-4676 MAIL: PO Box 5148, Canton, GA 30114 www.gwca.info

Work Injuries of the Hand, Wrist and Elbow

Bryce T. Gillespie, M.D. – The Hand and Upper Extremity Center of Georgia

Employees often place significant demands on their hands, wrists, and elbows. Often that can lead to injuries: fractures and lacerations that occur in an instant or other painful conditions resulting from repetitive movements.

Accidents: Falling off equipment or being crushed in a machine can cause broken bones (fractures), dislocated joints, or cut tendons, nerves and blood vessels. These injuries typically require surgery – sometimes even emergency surgery.

Overuse Injuries: These conditions can impact elbow, wrist and hand function. Many can be effectively treated without surgery, but may require bracing, medications/injections and therapy. Having an expertly trained hand surgeon and hand therapist can make all of the difference in your recovery.

Tennis Elbow: Inflammation of the tendons – or tendinitis – is often involved in overuse injuries. Muscles move joints, but it is the tendons that attach the muscles to bone, so that the joint moves when a muscle contracts. Overuse can cause changes in a tendon at the outside of the elbow joint. This painful condition is commonly called "tennis elbow" or lateral epicondylitis.

Extensor Tendinitis and DeQuervain's Tenosynovitis: Repetitive motion can cause pain and swelling at the top of the wrist, called extensor tendinitis, or at the thumb side of your wrist, known as DeQuervain's tenosynovitis. Conservative treatment can often resolve these elbow and wrist symptoms, although surgery may be necessary.

Carpal Tunnel Syndrome: Compression of a nerve in the wrist most commonly causes numbness and discomfort in the thumb, index finger and middle finger. Carpal tunnel syndrome can sometimes be related to inflammation of the tendons that help you make a fist.

Trigger Finger: If these same tendons become inflamed in the palm of the hand, they can cause a "trigger finger," where the finger catches or locks into a flexed position and can be painful. Treatment for these hand problems usually begins with rest, bracing, injections and therapy and possibly eventual surgery.

The hand surgeons of The Hand and Upper Extremity Center of Georgia are all board-certified, orthopaedic surgeons who have each completed additional specialty training with a fellowship in hand and upper extremity surgery at the top programs in the country, including Harvard, The Philadelphia Hand Center and The Indiana Hand Center. At each visit, our patients are seen by a physician – not a nurse practitioner or physician's assistant. Therefore, all aspects of your care, including surgery, therapy and return to work, will be directly overseen by your physician. Whether helping you recover from a minor condition or a major injury, let our expertise work on your behalf to help you regain the ability to function in life and at work.

Dr. Gillespie graduated from the University of Rochester (New York) School of Medicine, where he received his Doctor of Medicine degree with Distinction in Research. He completed his orthopaedic surgery training in the Harvard Combined Orthopaedic Residency Program in Boston, Massachusetts and served as chief resident at Massachusetts General Hospital. Dr. Gillespie subspecialized by completing the Harvard Hand and Upper Extremity Surgery Fellowship at Harvard Medical School/Brigham & Women's Hospital, Boston Children's Hospital and Massachusetts General Hospital. He is affiliated with Northside Hospital, Children's Healthcare of Atlanta, and Shepherd Center.

The Hand & Upper Extremity
CENTER OF GEORGIA, P.C.
SURGERY OF THE HAND, ELBOW AND SHOULDER

404-255-0226

Visit ***www.handcenterga.com*** for an online Workers' Compensation referral form.
Contact our Workers' Compensation coordinator, Roxanna Fredrick, at:
404-255-0226 extension 130 or r.fredrick@handcenterga.com

Our Locations

980 Johnson Ferry Road NE
Suite 1020
Atlanta, GA 30342

3400A Old Milton Parkway
Suite 350
Alpharetta, GA 30005

410 Peachtree Parkway
Suite 300
Cumming, GA 30041

Diabetes and Your Feet

Paul V. Spiegl, M.D. – Perimeter Orthopaedics, P.C.

According to the American Diabetes Association, about 15.7 million people (5.9 % of the United States population) have diabetes. Nervous system damage (also called neuropathy) affects about 60 to 70 percent of people with diabetes and is a major complication that may cause diabetics to lose feeling in their feet or hands.
Foot problems are a big risk in diabetics. Diabetics must constantly monitor their feet or face severe consequences, including amputation.

With a diabetic foot, a wound as small as a blister from wearing a shoe that's too tight, can cause a lot of damage. Diabetes decreases blood flow, so injuries are slow to heal. When your wound is not healing, it's at risk for infection. As a diabetic, your infections spread quickly. If you have diabetes, you should inspect your feet every day. Look for puncture wounds, bruises, pressure areas, redness, warmth, blisters, ulcers, scratches, cuts and nail problems. Get someone to help you, or use a mirror.

Here's some basic advice for taking care of your feet:

- Always keep your feet warm.
- Don't get your feet wet in snow or rain.
- Don't put your feet on radiators or in front of the fireplace.
- Don't smoke or sit cross-legged. Both decrease blood supply to your feet.
- Don't soak your feet.
- Don't use antiseptic solutions, drugstore medications, heating pads or sharp instruments on your feet.
- Trim your toenails straight across. Avoid cutting the corners. Use a nail file or emery board. If you find an ingrown toenail, contact our office.
- Use quality lotion to keep the skin of your feet soft and moist, but don't put any lotion between your toes.
- Wash your feet every day with mild soap and warm water.
- Wear loose socks to bed.
- Wear warm socks and shoes in winter.
- When drying your feet, pat each foot with a towel and be careful between your toes.
- Buy shoes that are comfortable without a "breaking in" period. Check how your shoe fits in width, length, back, bottom of heel and sole. Avoid pointed-toe styles and high heels. Try to get shoes made with leather upper material and deep toe boxes. Wear new shoes for only two hours or less at a time. Don't wear the same pair every day. Inspect the inside of each shoe before putting it on. Don't lace your shoes too tightly or loosely.
- Choose socks and stockings carefully. Wear clean, dry socks every day. Avoid socks with holes or wrinkles. Thin cotton socks are more absorbent for summer wear. Square-toed socks will not squeeze your toes. Avoid stockings with elastic tops.

Ulcers on the feet can lead to serious conditions and even become life threatening. If you experience ulcers on your feet, please contact us at Perimeter Orthopaedics, P.C. today.

PERIMETER ORTHOPAEDICS
Perimeter Orthopaedics, P.C.
5673 Peachtree Dunwoody Road, Suite 825
Atlanta, GA 30342
(404) 255-5595
www.perimeterortho.com

Texting While Driving: Not Only Against the Law, But a Bar to Workers' Compensation Benefits As Well

Lissa F. Klein, Esq. – Hall Booth Smith, P.C.

Imagine that while your employee is using the company vehicle, he is injured in a motor vehicle accident and files a workers' compensation claim for his injuries. Before accepting the claim, it may be beneficial to investigate whether the employee was texting at the time of the accident. Specifically, it is important to remember that Georgia prohibits drivers from writing, sending or reading any text-based communication while driving. As a result, if your employee was texting while driving, his workers' compensation claim may not be compensable pursuant to O.C.G.A. §34-9-17(a).

O.C.G.A. §34-9-17(a) provides that compensation is not allowed for an injury due to the employee's "willful misconduct," which includes the willful failure or refusal to perform a duty required by statute. While there is no formal definition of "willful misconduct," the Supreme Court of Georgia has described it as quasi-criminal conduct either with the knowledge that it is likely to result in serious injury, or with wanton and reckless disregard of its probable consequences. Thus, texting while driving could be found "quasi-criminal," as it is proscribed by Georgia law. Furthermore, if an employee voluntarily distracts himself from driving by sending a text message, you can argue that he knew that it was likely to cause injuries or at the very least, recklessly disregarded the risk of injury. Accordingly, evidence that an employee was texting while driving could be used to build a strong defense against workers' compensation benefits pursuant to O.C.G.A. §34-9-17(a).

While the facts of each case may vary, determining whether your employee was using his mobile phone at the time of an accident may help build a persuasive defense against a claim for workers' compensation benefits. Given the potential exposure, it may very well be worth it.

SHRM GEORGIA IS PROUD TO ANNOUNCE

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SEPTEMBER 18 – 20, 2016

Augusta Marriott at the Convention Center, Augusta, GA

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Vice President of Government Affairs SHRM

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	Until April 1, 2016	Until August 30	After Sept 1
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Student	$150	$150	$150

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Congratulations to SelectONE Network

on a super job of creating the winning booth at the August 2015 Annual Educational Conference!

The theme was ***SUPERHEROES*** and it was the best conference yet! Garlana Mathews and her team of ***SUPER*** helpers had a great time creating the booth!

This year the State Board of Workers' Compensation has another fun theme in mind and you won't want to miss the 2016 Annual Educational Conference on August 27-29, 2016 at the Atlanta Hyatt Regency Hotel!

SelectONE NETWORK™

A Preferred Network of Physicians for Workers' Compensation

2016 Upcoming Educational Events
Workplace Health Magazine gets around! See us at:

APRIL
GWCA (GA Workers' Compensation Association) Spring Conference
Lake Lanier Legacy Lodge and Conference Center
Lake Lanier, GA
April 27, 28, 29

Georgia PRIMA (Public Risk Management Association) Educational Series
Savannah Civic Center
Savannah, GA
April 18, 19, 20

JUNE
Moore Ingram Johnson Steele Annual Workers' Compensation Adjuster Seminar
Georgia Law Center
Marietta, GA
June 16

DEADLINE for Fall 2016 Issue of Workplace Health Magazine-June 30

AUGUST
Florida WCI Workers Compensation Educational Conference
Orlando World Center Marriott
Orlando, FL
August 21, 22, 23, 24

State Board of Workers' Compensation Annual Educational Conference
Atlanta Hyatt Regency Hotel
Atlanta, GA
August 29, 30, 31

Taste of Kids' Chance Luncheon/ Fundraiser for Kids' Chance of GA
Marriott Marquis
Atlanta, GA
August 29, Noon

SEPTEMBER
Georgia Safety Health and Environmental Conference
Marriott Macon Center
Macon, GA
September 20, 21, 22

SHRM (Society of Human Resource Management) Georgia State Conference
Augusta Marriott at the Convention Center
Augusta, GA
September 18, 19, 20

Helpful Links for More Information

www.georgiaconference.org
www.gwca.info/index.html
kidschancega.org
www.gaprima.org
sbwc.georgia.gov
shrmga.shrm.org
www.wci360.com/conference
www.workplacehealthmag.com

We are pleased to offer our 2016 full-color magazine,

Workplace Health.

This is a specialty publication with the sole focus being health and safety in the workplace and injury prevention. We will distribute the magazine to those professionals in the Workers' Compensation industry.

These include adjusters, risk managers, referring physicians in Georgia and Florida, employers, nurse case managers, TPA's and safety engineers.

The deadline for submitting advertisements and articles is June 30, 2016. The Fall issue will be published in late August 2016.

Visit www.workplacehealthmag.com today!

Please see our website for spec's and pricing for the FALL 2016 edition of Workplace Health Magazine at ***www.workplacehealthmag.com***

WH WORKPLACE HEALTH

P.O. Box 16267 • Savannah, GA 31416 • 912-667-0441 • www.selectonenetwork.com

Garlana Mathews, President

GEORGIA WORKERS' COMPENSATION AT A GLANCE

BOARD FORMS

WC-1	**First Report of Injury.** Must be filed with Board within 21 days of knowledge of alleged injury. Use to initially accept or controvert claim. (34-9-221 and Board Rule 61).
WC-2	**Notice of Payment or Suspension of Benefits.** File to commence, suspend, or amend benefit payments. If suspending based upon a normal duty release by authorized treating physician, MUST attach the release and MUST copy the employee and attorney with form and provide 10 - day notice before suspension. (Board Rule 61).
WC-3	**Notice of controvert.** Use to controvert one aspect or all aspects of claim after the WC-1 has been filed. (Board Rule 61).
WC-4	**Case Progress Report.** Must file form within 90 days of first disability on any case; within 30 days from last payment for closure; or to reopen a case. (34-9-221 and Board Rule 61).
WC-6	**Wage Statement.** Used to calculate employee's average weekly wage. File this or the identical section of the WC-1 when the weekly benefits are less than the maximum. (Board Rule 61.)
WC-14	**Notice of Claim/Request for Hearing.** File to open a claim or request a hearing. (Board Rule 61).
WC-26	**Yearly Report of Medical Only Cases.** Used to report non-lost time claims. (Board Rule 61).
WC-102	**Request for Documents from Parties.** Prior or subsequent to a hearing being requested, the parties shall be entitled to request copies of documents listed in this form from the opposing parties, and the named documents shall be provided to the requesting party within 30 days. (Board Rule 61).
WC-104	**Notice to Employee of Medical Release to Return to Work with Restrictions or Limitations.** Used to reduce TTD benefits to TPD benefits. (34-9-104 and Board rule 61).
WC-200a	**Change of Physician/Additional Treatment by Consent.** Used when the parties agree to a change of physician or to additional treatment. (34-9-200, Board Rule 61).
WC-207	**Authorization and Consent to Release Information.** Medical authorization that employee must sign. (34-9-207 and Board Rule 61).
WC-240	**Notice to Employee of Offer of Suitable Employment.** Used to notify employee of approved light duty job and date and time to report back to same. (34-9-240, Board Rule 240 and Board Rule 61). Effective 7/01/2013, the employee must attempt the job for 8 cumulative hours or one scheduled work day.

DEFENSES

- **Willful Misconduct**
- **Willful Failure to use Safety Equipment**
- **Willful Failure to Perform a Duty Required by Statute**
- **Employee Deviation from Approved Work/Travel Route**
- **Intentionally Self-Inflicted injury**
- **Attempt to Injure Another**
- **Horseplay**
- **Employee at Lunch or on Break**
- **Intoxication** (.08 grams or greater of alcohol in blood) *Presumption that accident was caused by intoxication if employee is properly tested by qualified facility within three hours of accident. Refusal by employee to submit to testing creates same presumption.*
- **Drug Use** (Any amount of marijuana or controlled substance in blood). *Presumption that accident was caused by drug use if employee is properly tested by qualified facility within eight hours of accident. Refusal by employee to submit to testing creates same presumption.*
- **Employee Traveling To or From Work**

BENEFITS UNDER WORKERS' COMPENSATION

INCOME (DISABILITY) BENEFITS

Temporary Total Disability	If disability exceeds 7 days, will be 2/3 of average weekly wage (up to a statutory cap), and rate remains constant for life of claim, limit of 400 weeks unless catastrophic case (34-9-261).
Temporary Partial Disability	2/3 of the difference between the employee's average weekly wage on date of accident and wages earned upon return to work (34-9-262).
Permanent Partial Disability	Paid pursuant to rating, but not ever payable until employee is no longer receiving TTD or TPD benefits. Calculated by multiplying impairment rating times the appropriate number of weeks (see chart below left), which equals number of weeks PPD owed. PPD payment rate is the same as TTD rate (34-9-263).
Cost of Living Adjustment	None
Death/Dependency	Benefits of 2/3 of AWW to qualifying dependents, not to exceed the TTD cap. Benefits to spouse continue for 400 weeks or to age 65, whichever is greater, unless the spouse remarries or co-habitates in a meretricious relationship. The only exception to this rule is that the sole surviving spouse without children cannot receive more than $230,000 effective July 1, 2016*. Benefits to a child cease at age 18, or age 22 if the child is in a post-secondary school. Burial expense not to exceed $7,500. (34-9-13 and 34-9-265).

MEDICAL BENEFITS

Medical Care	The employer shall furnish medical, surgical, psychological and hospital care and other treatment, items, and services that are prescribed by a licensed physician, including medical and surgical supplies, artificial members and prosthetic devices or aids damaged in the accident, all of which must be reasonably required and appear likely to effect a cure, give relief, or restore the employee to suitable employment (34-9-200). Effective 7/01/2013, there is a 400 week cap on medical benefits in non-catastrophic cases.
Travel Expenses	Mileage at 40 cents per mile, meals (not to exceed $30 per day) when total travel time for outpatient treatment is over 4 hours, actual cost of lodging when required (subject to a reasonableness test); reasonable cost of attendant care during travel if ordered by the treating physician (Board Rule 203). Mileage must be payed within 15 days of receipt, unless controverted.
Rehabilitation	Rehabilitation services by a Board-registered rehabilitation supplier may be utilized in non-catastrophic claims, but only by written agreement of all parties. Such services are mandatory in catastrophic claims (and in non-catastrophic claims with dates of injury prior to July 1, 1992).

PPD BENEFITS (34-9-263)

Arm	225 Weeks	**Index Finger**	40 Weeks	**Any Other Toe**	20 Weeks
Leg	225 Weeks	**Middle Finger**	35 Weeks	**Loss of Hearing—One Ear**	75 Weeks
Hand	160 Weeks	**Ring Finger**	30 Weeks	**Loss of Hearing—Both Ears**	150 Weeks
Foot	135 Weeks	**Little Finger**	25 Weeks	**Loss of Vision of One Eye**	150 Weeks
Thumb	60 Weeks	**Great Toe**	30 Weeks	**Disability to the Body as a Whole**	300 Weeks

TIME PERIODS

Employer's First Report Of Injury (WC-1)	Employers must immediately complete Section A of the WC-1 upon notice of an alleged injury and submit the form to their Insurer. Insurers (or self-insured employers) must then complete Sections B or C of the WC-1 and file it with the Board, with a copy to the employee, within 21 days of the Employer's knowledge of the disability. (34-9-221 and Board Rule 61).
Employer Case Progress Report (WC-4)	Employers/Insurers must file WC-4 within 90 days of first disability on any case, within 30 days from last payment for closure, or to reopen a case. (34-9-221 and Board Rule 61).
Employee's Notice of Injury	30 Days (34-9-80) and Board Rule 61).
Payment with Prejudice	81 Days (can controvert during this time period without having to allege a change in condition or newly discovered evidence). (34-9-221 and Board Rule 61).
Waiting Period for Disability Benefits	7 days (34-9-221 and Board Rule 61).
Payment of Income Benefits	21 days after Employer has knowledge of injury, on which day all benefits due shall be paid (34-9-221 and Board Rule 61).
Payment of Settlement Agreement	Check must be mailed within 20 days of approval by the Board (17 days if the check is coming form outside of Georgia). A 20% penalty is applied if checks are not timely. (34-9-15 and 34-9-221).
Payment of Medical Expenses	30 days from receipt by Employer or Insurer of charges and reports required by the Board. 10% penalty for fees paid after 30 days . 20% penalty for fees paid after 60 days; and 20% penalty plus 12% interest on the combined sum if paid after 90 days. (Board Rule 203).
Payment of PPD Benefits	21 Days after knowledge of the PPD rating, and Employers/Insurers are presumed to have knowledge not later than 10 days after the date of the PPD rating (Board Rule 263).
Response to Medical Treatment Requested on WC-205	When a medical provider submits a WC-205 requesting authorization for a medical procedure the Employer/Insurer must respond within 5 business days or the procedure is deemed approved. If timely rejected on the WC-205 the Employer/Insurer must then file a WC-3 controverting the same within 21 days of the request. (Board Rule 205.).

STATUTES OF LIMITATIONS

File Initial Claim	1 year from date of accident or from date of last medical treatment provided by Employer (34-9-82).
Occupational Disease Case	1 year after employee knew, or in the exercise of reasonable diligence should have known, of the disablement and its relationship to the employment, but in no event shall a claim be filed in excess of 7 years after the last injurious exposure to the hazard. However, an employee with asbestosis or mesothelioma shall have one year from the date of first disablement after diagnosis (34-9-281).
Change of Condition Claim	2 years from last payment of TTD or TPD benefits (34-9-82 and 34-9-104).
PPD Benefits	4 years from date of last payment of TTD or TPD benefits (34-9-104).
Appeal to Appellate Division	20 days from Award of Administrative Law Judge (34-9-103).
Appeal to Superior Court	20 days from Award of Appellate Division (34-0-105).
Appeal to Court of Appeals	30 Days from Award of Superior Court (34-9-105).

MAXIMUM AND MINIMUM COMPENSATION RATES (34-9-261 [TTD] AND 34-9-262 [TPD])

	Maximum TTD	Minimum TTD	Maximum TPD
July 1, 2016*	**$ 575.00**	**$ 50.00**	**$ 383.00**
July 1, 2015	**$ 550.00**	**$ 50.00**	**$ 367.00**
July 1, 2013	**$ 525.00**	**$ 50 00**	**$ 350.00**
July 1, 2007	**$ 500.00**	**$ 50.00**	**$ 334.00**
July 1, 2005	**$ 450.00**	**$ 45.00**	**$ 300.00**
July 1, 2003	**$ 425.00**	**$ 42.50**	**$ 284.00**
July 1, 2001	**$ 400.00**	**$ 40.00**	**$ 268.00**
July 1, 2000	**$ 375.00**	**$ 37.50**	**$ 250.00**
July 1, 1999	**$ 350.00**	**$ 35.00**	**$ 233.33**
July 1, 1997	**$ 325.00**	**$ 32.50**	**$ 216.67**
July 1, 1996	**$ 300.00**	**$ 25.00**	**$ 192.50**
July 1, 1994	**$ 275.00**	**$ 25.00**	**$ 175.00**

*When the average weekly wage is less than the statutory minimum, however, use the average weekly wage as the TTD rate.

KEY TERMS

INJURY:	Injury by accident arising out of and in the course of employment. Includes the aggravation of a pre-existing condition. "Injury" shall not include those caused by willful act of third person; heart disease/attacks or stroke (or like conditions); or drug addiction. However, the foregoing exceptions are compensable if they can be shown to be related to the employment or subsequent treatment for a compensable injury. Alcoholism is not an "injury." (34-9-1).
OCCUPATIONAL DISEASE:	Diseases or conditions that arise out of and in the course of the particular employment in which the employee is exposed and the employee proves (1) a direct causal connection between the conditions under which the work is performed and the disease; (2) that the disease followed as a natural incident of exposure by reason of the employment; (3) that the disease is not of a character to which the employee may have had substantial exposure outside of the employment; (4) that the disease is not an ordinary disease of life to which the general public is exposed; and (5) that the disease appears to have had its origin in a risk connected with the employment and to have flowed from that source as a natural consequence (34-9-280). Hearing loss is not an occupational disease under the statute and is defined under its own statute (34-9-264).
HERNIA:	Employee must prove that: (1) there was an injury resulting in a hernia; (2) the hernia appeared suddenly; (3) the hernia was accompanied by pain; (4) the hernia immediately followed an accident; and (5) the hernia did not exist prior to the alleged accident (34-9-266).
JURISDICTION:	Georgia has jurisdiction in the following situations: (1) accident occurred in Georgia; or (2) the contract of employment was made in Georgia and the Employer's place of business or the residence of the employee is in Georgia, unless the contract of employment was expressly for service exclusively outside the state (34-9-242).
AVERAGE WEEKLY WAGE (AWW):	Add the employee's gross weekly wages for the previous 13 weeks and then divide by 13. If not employed for substantially the whole of 13 weeks prior to the date of accident, use this method by using the wages of a similarly situated employee. If no similarly situated employee, use the full-time weekly wage of the injured employee. (34-9-260).
COMPENSATION RATE:	TTD: 2/3's of average weekly wage, subject to a statutory cap (see chart above right), and rate remains constant for life of claim. 400 week cap on benefits if claim is not catastrophic. (34-9-261).
PANEL OF PHYSICIANS:	Employers must maintain a list of at least 6 physicians or professional associations or corporations of physicians who are reasonably accessible to their employees. At least one of the 6 must practice orthopedic surgery. Not more than 2 industrial clinics shall be on the Panel. The employee may select any physician off the Panel, who becomes the authorized treating physician. The authorized treating physician may refer the employee to any other provider; however, the second provider may not then make a referral. The employee can make one free change on the Panel from one authorized treating physician to another. Any future changes require the agreement of the parties or a Board order. Failure to have a properly posted Panel allows the employee to treat with any physician he desires at the expense of the Employer/Insurer. (34-9-201).
EMPLOYEE REFUSAL OF TREATMENT:	The refusal of an employee without cause to accept either medical, surgical, hospital care or other treatment, when ordered by the Board, shall entitle the Board to suspend benefits until the Claimant complies (34-9-200).
IME'S:	As long as an employee claims compensation, he/she must submit to an examination at a reasonable time and place by a duly qualified physician. The employee has a right to request an IME at the Employer/Insurer's expense but it must be requested within 120 days of the last payment of any income benefits. (34-9-202). Such examinations may include physical, psychiatric, and psychological examinations.
SETTLEMENTS:	Allows parties to completely close a case upon payment of lump sum. Are either "liability" (one in which Employer/Insurer have paid income benefits) or can be "no liability" (one in which Employer/Insurer have paid nothing, or only medical benefits). Either type must be approved by the Board.
SUBROGATION:	Employer/Insurer entitled to intervene anytime after employee files tort action against third party or may file their own action if employee fails to the tort claim within one year of date of accident. Employer/Insurer not entitled to collect any reimbursement unless employee is found to be "fully and completely compensated." (34-9-11.1).

*At the time of printing, these changes were pending approval by the Georgia Senate, subsequently Govenor, but approval was expected.

Did You Know?

Good posture is the basis of good workstation ergonomics. Good posture is the best way to avoid a computer-related injury. To ensure good user posture:

Watch the user's posture!

- Make sure that the user can reach the keyboard keys with their wrists as flat as possible (not bent up or down) and straight (not bent left or right).
- Make sure that the user's elbow angle (the angle between the inner surface of the upper arm and the forearm) is at or greater than 90 degrees to avoid nerve compression at the elbow.
- Make sure that the upper arm and elbow are as close to the body and as relaxed as possible for mouse use - avoid overreaching. Also make sure that the wrist is as straight as possible when the mouse is being used.
- Make sure the user sits back in the chair and has good back support. Also check that the feet can be placed flat on the floor or on a footrest.
- Make sure the head and neck are as straight as possible.
- Make sure the posture feels relaxed for the user.

Floor Amendment To Make "Diseases Of Life" Compensable Withdrawn

Legislative report submitted by GWCA

The Senate and House agreed last night to pass HB 216, making firefighters eligible for workers' compensation benefits for cancer shown to be job-related by a preponderance of evidence. An amendment that would have – with the higher standard of "clear and convincing" evidence – made all employees eligible for workers' compensation benefits for any "disease of life" was withdrawn on the Senate floor.

The "All employee disease of life amendment" was brought by Senator Charlie Bethel, chairman of the Senate Insurance and Labor Committee which had approved the "firefighter only" bill, but with the higher "clear and convincing" standard of evidence. Senator Bethel withdrew his amendment when the Senate adopted another amendment changing the evidence standard from "clear and convincing" to a "preponderance." He clearly did not want to broaden the bill if the lower standard of evidence would apply.

When introduced last year, HB 216 called for a presumption that, for firefighters, high blood pressure, heart disease, respiratory disease and cancer are work-related and therefore compensable under workers' compensation. GWCA opposed the presumption, holding that a job nexus should always be shown before injury or disease is compensable.

Over the last year, firefighters presented data showing a higher than normal incidence of certain cancers in their profession. They also stressed the cumulative nature of their exposure to potential carcinogens and the wildly "out-of-control" work environments they encounter. This led the bill sponsor, Rep. Mica Gravely of Douglasville, to eliminate the presumption language, and make cancer alone compensable for fire fighters with a "preponderance of credible evidence" that it is work-related.

GWCA did not oppose this revised version of HB 216 and urged Senators to pass it without amendments. Although it was amended to lower the required standard of evidence, GWCA members were kept out of the bill upon the withdrawal of the amendment to make all diseases of life potentially compensable for all employees.

There is some concern that passage of HB 216 will encourage other groups to seek similar exceptions. However, it will be difficult for other groups to match the firefighters' level of supporting data, their unpredictable, uncontrolled work environment or the natural sympathy they command. It is also unlikely that other groups will be able to match their political clout, as all 236 legislators were hearing from firefighters in their districts.

The debate in both chambers also demonstrated that most legislators believe workers compensation is meant to cover only those maladies that are clearly work-related.

Join Us For The 23rd Annual Conference!

September 21-23, 2016

Georgia
Safety, Health and Environmental Conference

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This year's 23rd Annual Georgia Safety, Health & Environmental Conference will have 3 top Keynote speakers and over 50 quality presentations! Mr. Shawn M. Galloway, President and COO of ProAct Safety and coauthor of two books will kick off the conference with an outstanding presentation. Shawn is one of the top speakers for ASSE and the National Safety Council calls him a "Global safety excellence expert".

Every conference needs excitement and this year has 2 nights of great fun, a Casino Night and 80's Night. Register early to receive the registration discounts!

For more information, visit us at www.georgiaconference.org.

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(WITH DOOR PRIZES!)

DATE: Monday, August 29th 2016

TIME: Noon to 1 p.m.

PLACE: International Ballroom, Hyatt Downtown Atlanta Hotel.

COST FOR A TABLE OF 10: $500

PROCEEDS BENEFIT:
The scholarship program of Kids' Chance of Georgia, Inc.

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Please contact Garlana Mathews for more details on how you can be a part of this event.
Garlanamathews@selectonenetwork.com or 912-667-0441

A Word From the Chairman

The Honorable Frank R. McKay – Chairman – State Board of Workers' Compensation

The Board has had a very busy and productive start to 2016.

After going through more than two years of planning and development, I am pleased to report that ICMS II became available for use on February 16, 2016. ICMS II is the new release of the Board's web-based electronic management system for its workers' compensation claims. ICMS was originally implemented in 2005, and has revolutionized the practice of law before the Georgia State Board of Workers' Compensation. The system is utilized by registered users to file claims, forms, hearing requests, motions and other documents necessary to process claims. The improvements in claims administration brought about by ICMS include better overall efficiency in the handling of claims and a dramatic decrease in the resolution time for disputed claims. ICMS II is a much enhanced and more robust system that will allow better and more stable access for current users and will eventually allow additional stakeholder utilization of the system. The roll out of ICMS II is the culmination of a huge amount of time and effort by our staff, led by Executive Director, Delece Brooks, with input from internal and external users of the system. We are expecting that all participants in the workers' compensation system will enjoy the benefits of the upgraded system for many years to come.

Each year the Board's Public Education Committee develops an educational series that is conducted in select cities throughout the state of Georgia. The members of the Public Education Committee, chaired by Sy Jenkins, along with the Directors and other Board Staff travel to several cities and join with local attorneys and judges to provide training and information beneficial to anyone involved in the workers' compensation process. This year's topics, presented in an informative and entertaining format, will include a discussion of the complexities of the posted panel of physicians and return to work issues. The cities and dates for this year's Regional Seminars are as follows:

Columbus, Georgia—March 17, 2016
Oakwood, Georgia—March 23, 2016
Tifton, Georgia—April 20, 2016
Savannah, Georgia—April 21, 2016
Kennesaw, Georgia—May 12, 2016

We think anyone connected with the workers' compensation system will gain some insight and information from these seminars that will be helpful in his or her role in the workers' compensation process. We encourage you to attend one of these seminars whenever it comes to a city near you.

The Board will host its Annual Workers' Compensation Educational Conference at the Atlanta Hyatt Regency Hotel from August 29, 2016 through August 31, 2016. The Annual Conference Steering Committee is in the process of putting together an outstanding program that will include legal, medical, insurance and rehabilitation sessions and will conclude with an ethics program on the final day of the conference. We are pleased to announce that the keynote speaker for the ethics program this year will be former University of Georgia football player and Heisman Trophy winner Herschel Walker. The program and registration information will be posted on the Board's website in the near future. The Annual Conference is an exciting opportunity for education, networking and fellowship with participants from all sectors of the workers' compensation arena.

The Legislative, Rules, Medical, Licensure and Rehabilitation Committees work diligently throughout the year and provide invaluable guidance to the Board on legislative and policy issues.

The Board's proposed legislation for 2016 is House Bill 818, currently under consideration by the Georgia General Assembly. The proposed legislative amendments include an increase in the amount of the weekly temporary total disability benefit from $550.00 to $575.00 per week and an increase in the weekly temporary partial disability benefit

amount from $367.00 to $383.00 per week. Other legislation proposed by the Board includes changes related to self-insurance and the Georgia Self-Insurers Guaranty Trust Fund.

Each year the Board promulgates new Board rules that assist with interpreting the workers' compensation statute. New rules that have recently gone into effect include a revised and reorganized rehabilitation rule (Rule 200.1) and a new case management rule (Rule 200.2) that permits case management services by case managers, who are not direct employees of the employer/insurer, within certain parameters. Another new rule changes the requirement that physicians on the panel of physicians be non-associated. The main reason for this change is the reality of the current market with mergers of so many medical practices causing increasing difficulty maintaining panels of physicians with unassociated physicians.

Rules that have gone into effect for consistency with ICMS II include an amendment to Rule 102(b)(4) removing the requirement that a party requesting a hearing furnish the name and current address of the third party administrator. Hearing notices will no longer be sent to claims offices until the Board is notified by the employer/insurer of the proper claims office on the claim.

The Board staff continues to work diligently to provide efficient and effective service in the processing and handling of all aspects of workers' compensation claims.

The Trial Division resolves disputed claims in litigation. In 2015, the Trial Division received approximately 14,000 hearing requests. When there is a hearing in a case, our administrative law judges are issuing decisions in 60 days or less in 98 % of the cases. The Appellate Division receives appeals from the decisions of the administrative law judges and issues awards in 90 days or less in 95% of the cases.

The purpose of the Board's Alternative Dispute Resolution (ADR) Division is to provide parties in a workers' compensation claim an alternative to litigation for the resolution of disputes. The ADR unit conducted 2,200 mediations in 2015 with 84% resulting in settlements.

Last, but certainly not least, in 2015, the Settlements Division processed almost 15,000 stipulated settlements, 87% of which were processed in 10 days or less.

I am very proud of all our Divisions for their consistent effort to provide quality customer service in the administration of the workers' compensation system throughout the state of Georgia.

STATE BOARD OF WORKERS' COMPENSATION

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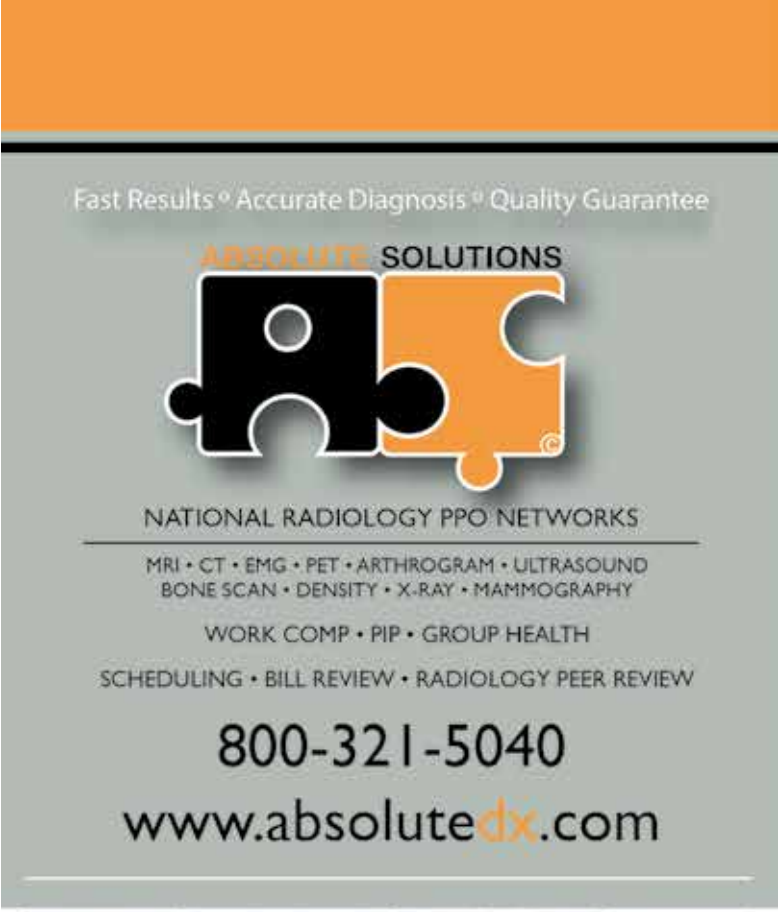
Frank R. McKay, Chairman

Judge McKay was appointed Chairman of the State Board of Workers' Compensation on March 1, 2013 by Governor Nathan Deal. Prior to becoming Chairman and the Presiding Judge of the Appellate Division, Judge McKay was a partner in the Gainesville firm of Stewart, Melvin & Frost, where he concentrated his practice primarily in workers' compensation.



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Absolute Solutions understands the importance of prompt and thorough work. The prompt scheduling, reporting and follow up helps the claims professional get the information they need in an expedient way. We know that the only good file is a closed file!

Our scheduling services include MRI, CT, EMG and PET (among other tests, based on network availability) and offer savings of up to 60% below state fee schedules or usual and customary charges. Our national average savings is $650 per referral. We bring these savings to our clients without any administrative fees. Just pure savings.

We strive to be part of the solution. Whether we are helping an injured worker, a group health member or an uninsured patient looking to reduce cost, we handle every referral with sensitivity and understanding.

Absolute Solutions dedicated philosophy is simple. If we manage our network effectively, treat patients with respect in all ways, exceed our payor partner's expectations, take advantage of technological advances, and be a true partner to all clients, we can help all our partners succeed.

Normal Foot Function & Orthotics

Dr. William Faddock, DPM, C.Ped Director of the Academy of Pedorthic Science – Foot Solutions

To understand the function and need for a foot orthotic, one must first understand the "normal" foot function.

Let's assume we have a perfect person with a perfect gait. This person would have a foot and leg that functions biomechanically correctly.

When this person is in "swing" phase, they would have a leg that is externally rotated. This will cause the subtalar joint to be in what I like to call a "locked" position. This locked position occurs due to the talus position between the tibial and fibular malleoli. The external leg rotation captures the talus and holds it externally rotated, thus causing the locking action.

The heel then strikes the ground on its lateral posterior side. As the body moves forward in the gait cycle, the leg starts internal rotation. This "unlocks" the subtalar joint allowing the foot to become a mobile adapter. This mobility is necessary to allow the foot to adapt to variances in the supporting terrain. The foot is then totally on the supporting surface and the body continues its forward progress. As this function takes place, the leg starts an external rotation motion and the subtalar joint "locks" giving the foot a rigid lever to propel the body forward.

To address this, it is necessary to support the medial longitudinal arch and equally important to support the first ray with a post on the medial side that extends under the first metatarsal head. This has the effect of allowing the first metatarsal to become stabilized and the foot in order, to toe off, in a more normal manner.

The objective of the orthotic device will be to approximate the "normal" foot function as much as possible. The cycle starts as a lateral heel strike with the weight traveling up the lateral side of the foot, approximately at the middle of the fifth metatarsal, then travels medially to the head of the first metatarsal, then to the toes and then off the hallux.

Dr. William Faddock, DPM, C. Ped – Dr. Faddock, Program Director, developed the curriculum of the Pedorthic Certification Program establishing the Academy of Pedorthic Science as a respected training venue for Pedorthists internationally. We have trained more than one thousand pedorthists in over 16 countries. Dr. Faddock is the primary instructor for anatomy, physiology and pathologies. Dr. Faddock earned his medical degree from the prestigious Ohio College of Podiatric Medicine. Making Georgia his home, Dr. Faddock has practiced successfully for many years and, serving as a past Chairman of the Atlanta Hospital, Department of Podiatric Medicine and Surgery, a member of the Georgia and American Podiatric Medical Association and on the 2000 Olympic Podiatry medical team. Dr. Faddock holds two pedorthic certifications with The American Board of Certification and the Board of Certification, International.

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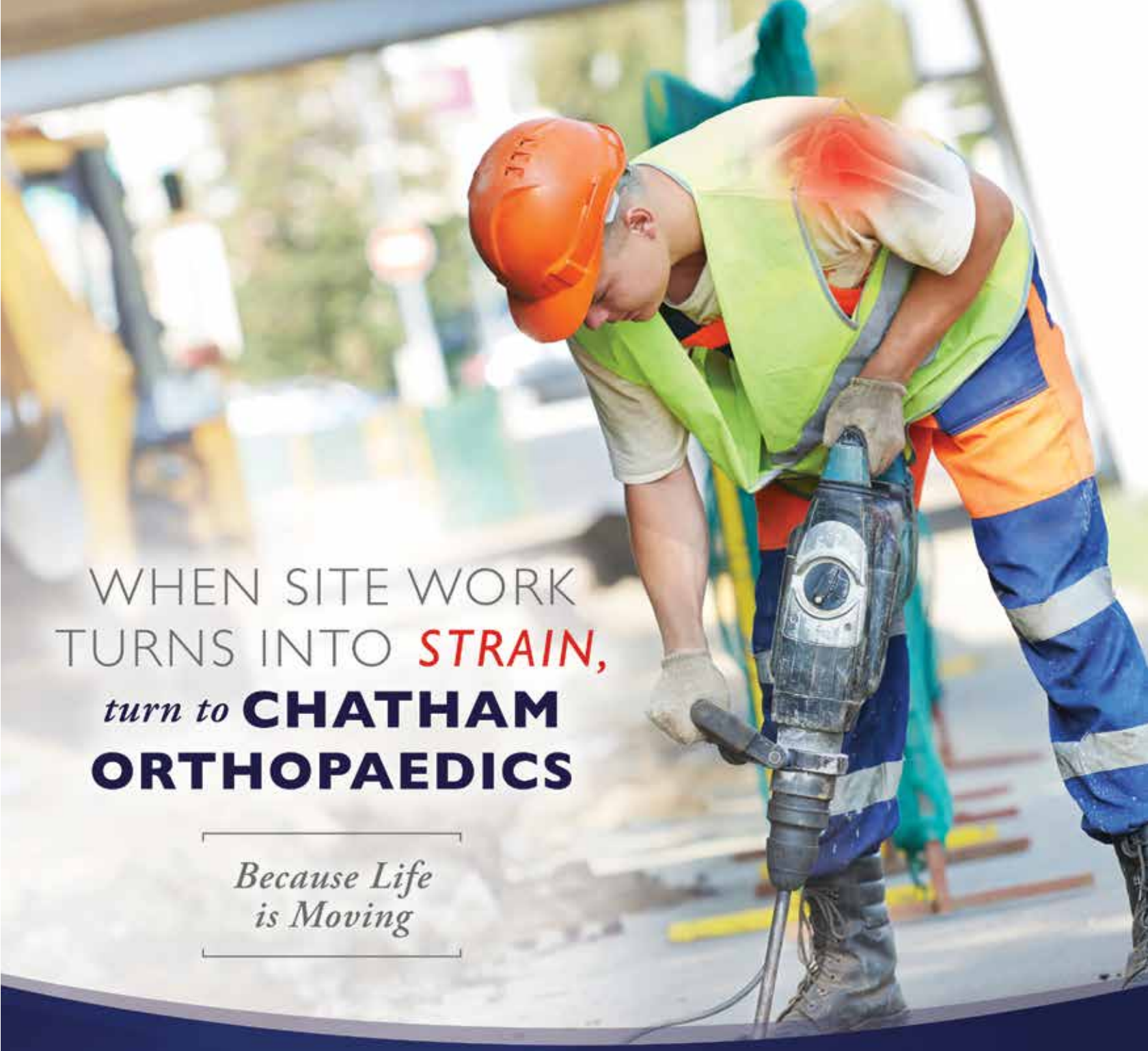

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Injuries To The Shoulder: When Should You Worry?

R. Dow Hoffman, M.D.

Injuries to the shoulder are common. Virtually everyone will suffer an injury to the shoulder at some point in his or her lifetime. Most of these injuries are minor and heal with simple or no treatment. Some injuries are more complex and require medical attention. Differentiating minor and serious injuries can occasionally be difficult and can require the help of your doctor.

The shoulder consists of three bones: the humerus (upper arm bone), the scapula (shoulder blade) and the clavicle (collarbone). The top of the humerus is rounded to form a ball shape and the side of the scapula forms a shallow socket called the glenoid. This ball and socket form the major joint of the shoulder. The other main joint of the shoulder is called the acromioclavicular joint (A-C joint), where the clavicle meets the part of the scapula called the acromion. This joint can easily be felt directly on top of the shoulder at the end of the collarbone. The main ball and socket joint is more difficult to feel as it is covered by a joint capsule lining, four rotator cuff muscles and the deltoid muscle.

Like all bones, the bones around the shoulder can be broken (fractured) and these injuries are often very painful. They can occur after a simple fall, a direct blow or after a car, bicycle or motorcycle accident. The breaks most often occur around the ball of the humerus and the clavicle. Patients complain of significant pain, swelling, bruising and often cannot move the arm. Patients with collarbone fractures often note a bump on top of the shoulder that is very tender to touch. Fractures of the scapula are less common and usually occur after motor vehicle accidents. Most fractures about the shoulder heal well without any type of surgery, but they all do require medical attention to ensure proper healing.

Occasionally when the shoulder is injured, the bones don't break but instead separate from each other, or dislocate. Dislocation of the main ball-and-socket part of the shoulder joint is fairly common and often occurs after a fall or during contact sports. When this happens, patients experience pain, cannot move the arm, and often note that the shoulder "does not look right." This requires immediate medical attention so that the ball of the shoulder can be placed back in the socket (reduced), usually with the help of some intravenous medication. Some patients do well after the shoulder is reduced, while others suffer from recurrent episodes of dislocation. These patients are often the younger ones (under 25 years of age) and sometimes require surgery to correct the problem. Dislocation of the smaller (A-C) joint on top of the shoulder is also common and is often referred to as a shoulder separation. The term "shoulder separation" is a bit of a misnomer, as the main ball-and-socket joint of the shoulder is not involved in this injury. These also occur after falls and contact sports. They are also painful and can also result in a deformity on top of the shoulder. Most of these injuries are treated with rest, but sometimes require a surgery to repair.

Injuries to the muscles of the shoulder are also common and often result in pain and loss of function of the shoulder. The ball-and-socket joint of the shoulder is covered by group of four muscles collectively known as the rotator cuff. This rotator cuff is, in turn, covered by a large muscle called the deltoid. While serious deltoid injuries are unusual, rotator cuff injuries are not. They can occur suddenly after a fall or accident, or can occur over time from repetitive use of the shoulder. Patients with rotator cuff tears often complain of pain and weakness with overhead activities and heavy lifting as well as pain that interrupts sleeping. Rotator cuff injuries vary from mild inflammation known as tendonitis to complete tears of the rotator cuff. Most rotator cuff problems respond to simple treatment such as rest, pain medication, stretching and strengthening exercises and sometimes an injection of medicine to reduce inflammation. Some rotator cuff injuries are more serious and require surgery.

Specific questions about your shoulder injury can be answered by an orthopaedic surgeon. Important information you can expect to gain includes the nature and severity of the injury as well as the treatment options and plan. You can also get an estimate of the amount of time it will take before you are fully improved, which can be prolonged in certain cases. Finally, you can get an idea of the final outcome that is expected and any potential complications or problems that can occur in the future.

R. Dow Hoffman, M.D., specializes in the treatment of shoulder and knee problems, including shoulder and knee arthroscopy, knee ligament reconstruction and shoulder and knee replacement surgery. He is a graduate of Duke University School of Medicine and completed his residency at the University of Iowa Hospitals. He then served four years as an orthopædic surgeon in the United States Navy, achieving the rank of Lieutenant Commander, before joining Chatham Orthopaedic Associates in 2003. He is Board Certified in orthopaedic surgery and has a Certificate of Added Qualification in sports medicine awarded by the American Board of Orthopaedic Surgery.

Dr. Hoffman provides medical care for the athletic teams of the Savannah College of Art and Design and Calvary Day School. He is Medical Director for the Merit Independent Physician Association, former chairman of the Department of Orthopaedic Surgery at Memorial Health University Medical Center, a member of Memorial's joint replacement center of excellence and is past president of the Medical Staff at Memorial. He also is an active member of the orthopædic surgery departments at Memorial Health University Medical Center, St. Joseph's Hospital and Candler Hospital.

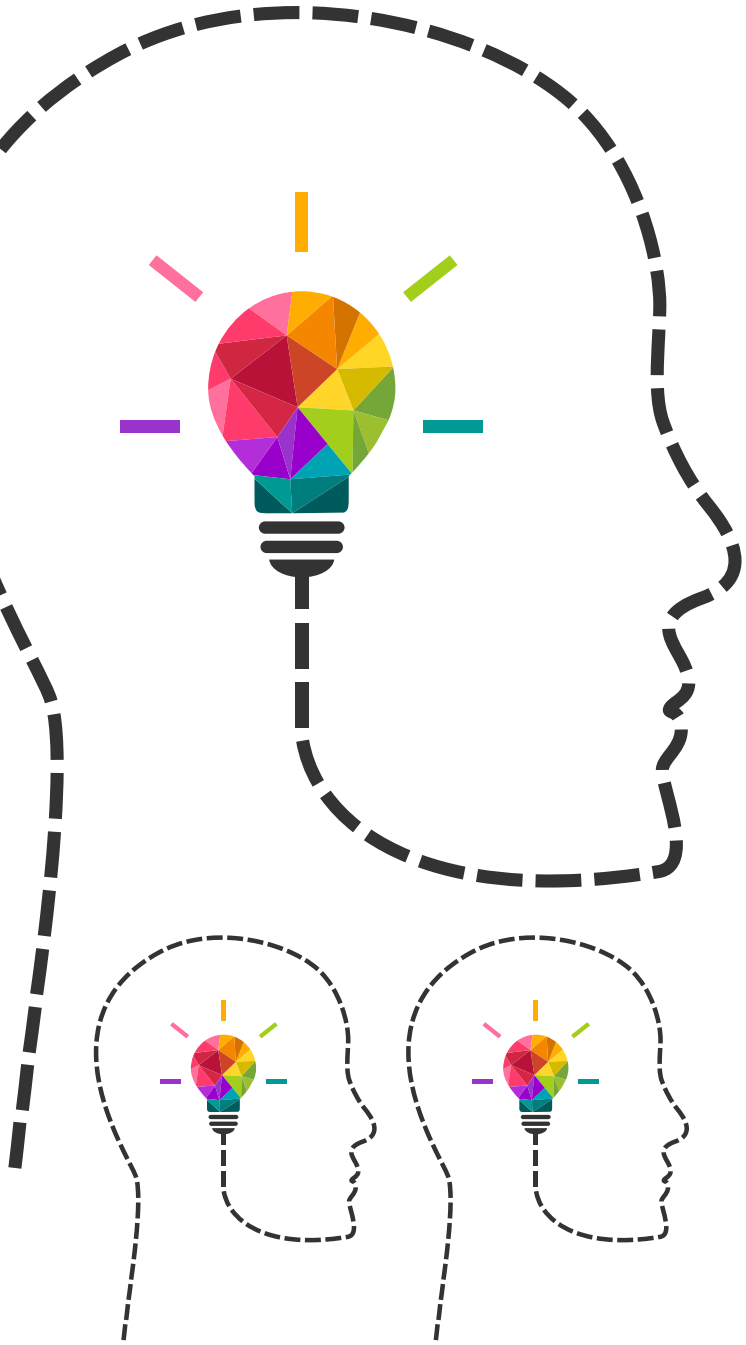
Did You Know?

Drugs are classified as single or multi-source. This refers to the number of manufacturers of the drug. Single-source drugs become multi-source when new drug patent expires. For example, a new drug released to marketplace is considered single-source for the length of the patent.

Only one manufacturer can produce it, so there is a "single source." The day the patent expires and multiple manufacturers are allowed to produce a therapeutical equivalent, the drug becomes multi-source as it is produced by more than one source. This applies to both brand and generic drugs. When generics are released to marketplace, the first generic is considered to "hold original patent" and therefore, is allowed to price as a brand.

All other generics thereafter for that drug are called "non-innovators" and price as true generics. An innovator multiple-source drug is a multiple-source drug that was originally marketed under an original new drug application approved by the FDA as a brand-name drug.

Sources: http://www.rxaction.org/ and http://www.answers.com/



Helpful Guidelines For Improving The Work Environment For Your Employees

Keith Solinsky–Regional Development Director for The Longstreet Clinic

- **Create a workplace that provides meaning and purpose for our employees.** A place where they feel they are making a difference in the lives of the patients they serve.
- **Show and tell your staff they are appreciated.** Go out of your way to say "thank you" and show your appreciation when staff members go above and beyond. Encourage your staff to "pay it forward".
- **Encourage your staff to find and utilize their talents.** This includes talking to your employees, especially those who are not performing to your expectations. Sometimes moving them to a different position in the organization that is of more interest to them or that utilizes their skills and personality better will be just what the doctor ordered.
- **Money spent on the work environment is a wise investment.** Little things can go a long way in improving the work environment: easy listening music playing softly, providing lunch on an unusually stressful day and allowing office staff to choose their desk chair (within set parameters) are all relatively inexpensive ways to assist in the creation of a positive and professional work environment.
- **It is important to remember that our employees are our greatest asset.**

Keith Solinsky has over 25 years of experience as a manager/executive in both small and large healthcare organizations. His experience has also taken him all over the country from the southwest (Arizona and Southern California), to the northwest (Washington), and ultimately, settling in the southeast (Metropolitan Atlanta).

WH Workplace Health

Congratulations to the winners of the Best of the Best 2016 Medical Providers!

We reached out to Nurse Case Managers, Adjusters, Employers, Human Resource Professionals and Attorneys across the state for their recommendations. We asked them to base their opinions on the following:

• Surgical Outcomes • Effective Communications • Timely Appointments
• An Excellent Understanding of Return to Work Issues

And the winners are...

Best of the Best Physician:

Robert Dow Hoffman, MD,
Chatham Orthopaedic Associates, PA, Savannah, GA

Best of the Best Physician Group:

Chatham Orthopaedic Associates, PA, Savannah, GA

COA Chatham Orthopaedic Associates, P.A.

Best of the Best Urgent Care:

Macon Occupational Medicine, Macon, GA

Macon Occupational Medicine

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Georgia Hand, Shoulder & Elbow's Return to Work Philosophy

Our goal is to help the employee obtain the highest possible level of functional recovery and to return to meaningful work safely and expeditiously.

A Center of Excellence:

For more than 50 years, the upper extremity specialists at GHSE have provided expert diagnostic, clinical, surgical and rehabilitation services to orthopaedic patients throughout the metro-Atlanta area.

We offer skilled, compassionate care in a welcoming, friendly environment. Our fellowship-trained orthopaedic surgeons use the most advanced therapies and minimally invasive surgical techniques to promote healing and restore function.

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AHCS®' powerful, next generation software, ezDispense®, helps physicians manage in-office medication dispensing while at the same time removing many of the traditional barriers associated with physician dispensing. By strategically partnering with and educating payors on the benefits of physician dispensing, AHCS® helps to bring more physicians in network to provide optimal care and recovery. With timely guaranteed payments to physicians, our system virtually eliminates out-of-pocket risk and frees up the physicians to do what they were trained to do... practice medicine.

The AHCS® Triad of Success consists of Convenience, Compliance and Outcomes.

Convenience

The AHCS® program ensures that patients receive their medications while in the physician's office. With minimal workflow disruption, dispensing through AHCS® can be performed by existing staff in less than 60 seconds per patient visit.

Compliance

AHCS® provides the tools necessary for our physician partners to remain in compliance with all state and federal regulations. ezDispense® electronically tracks all lot numbers, expiration dates and reports all required dispenses (including controlled substances) to the state prescription drug monitoring program.

Outcomes

Immediate adherence to a medication treatment regimen is critical to better patient outcomes. However, studies show that 20-30% of prescriptions go unfilled at the pharmacy. Physician dispensing ensures that patients receive their medication without unnecessary delay. This not only promotes compliance with the prescribed treatment plan but also can lead to a more prompt patient recovery and overall better outcomes.

The AHCS® software, ezDispense®, has recently been Surescript® Certified for new prescriptions and prescription refills. E-prescribing can be sent by using an electronic medical record (EMR) or e-prescribing software certified to connect to the Surescripts network.

Get to know ezVERIFY®

Know the co-pays, co-insurance, deductibles, and more with as little as a scan of a patient's driver's license

ezVerify® helps increase your point of service collections with a variety of flexible payment options, estimate your patient's financial responsibilities before services are rendered and verify and validate your patients insurance information in real time.

Reduce data entry errors with more ways to verify! Driver's License Swipe, Driver's License Scan or manual entry with autocorrect.

ezVerify® provides an eligibility solution that is HIPAA compliant and Phase 1 CORE certified by Council of Affordable Quality Healthcare (CAQH).

For more information regarding ezDispense®, please visit us at www.AHCS.com or call 1.888.788.4771

For more information on ezVerify®, please visit www.ezVerify.me or call 1.888.788.4771

ATHENS ORTHOPEDIC CLINIC

Work Conditioning Program & Functional Capacity Evaluation

Julie Akin
OTR/L, Program Director, Occupational Health Therapy

A functional capacity evaluation is a comprehensive test used to determine an individual's ability to safely perform the physical demands of their work-related duties. This test is used to evaluate a person's ability to participate in work after a work-related injury. The FCE is performed with supervision from a trained therapist to monitor the safety and well-being of the client. The test provides an objective measure of an individual's physical capacity to work. The FCE process compares the individual's health status and body functions to the demands of the job and the work environment.

AOC has a well-designed FCE that consists of a battery of standardized assessments. These assessments offer results in performance-based measures and demonstrate predictive value about the individual's ability to perform the essential physical tasks of a job. The FCE recommendations are valuable in the return to work feasibility, determining the appropriate ergonomic intervention, job modifications or job placement, and disability considerations with case management/closure.

AOC therapists are able to analyze an activity to determine the necessary components to perform a specific task or job. FCE's assist in determining the worker's capability to perform work-related tasks and whether there is a match to the job demands.

The individuals that can benefit from an FCE include:

- A client with a work injury to determine their ability to resume former employment
- A client applying for disability benefits
- A client with a work injury that needs to determine performance skills and abilities to seek a new job
- A client seeking vocational rehabilitation services

In 2015, AOC initiated a **Work Conditioning Program** for workers compensation clients who had plateaued in their level of strength and AROM following a work injury or surgery. The benefits of work conditioning include increased safety of work functions, enhanced productivity through increased physical confidence, and an appropriate job match that reduces re-injury. Our work-oriented program has an outcome which is measured by the client's improved productivity.

Athens Orthopedic Clinic is proud to announce the addition of FCE's and Work Conditioning to our rehabilitation services. Please call Julie Akin, OTR/L, Program Director of Occupational Health Therapy, with any questions regarding FCE's or the other rehabilitation services AOC offers, at (706) 549-1663 x3221.

As an added convenience for patients, we offer a dedicated Internal Case Manager who works closely with our Workers' Compensation clients to ensure optimal care and attention. Having our own case manager allows for frequent and effective communication among employers, nurse case manager, adjustors and attorneys, resulting in prompt care and more positive outcomes.

If you would like to discuss the care of your employees, or if you have questions about any of the services we offer, please call Dr. Joseph Sativz, Medical Director of the Occupational Health Center, or Jennifer Herring, Director of Workers' Compensation/Internal Case Manager, at (706) 433-3259.

WORKERS' COMP INJURIES?

Athens Orthopedic Clinic's board-certified physicians are trained to diagnose and treat workers' compensation injuries with a caring, personal approach.

We provide care for all types of orthopedic problems and aim to return each patient to work quickly and safely.

FOR WORKERS' COMP, CONTACT:
JENNIFER HERRING, CWCP at (706) 549-1663 x3259

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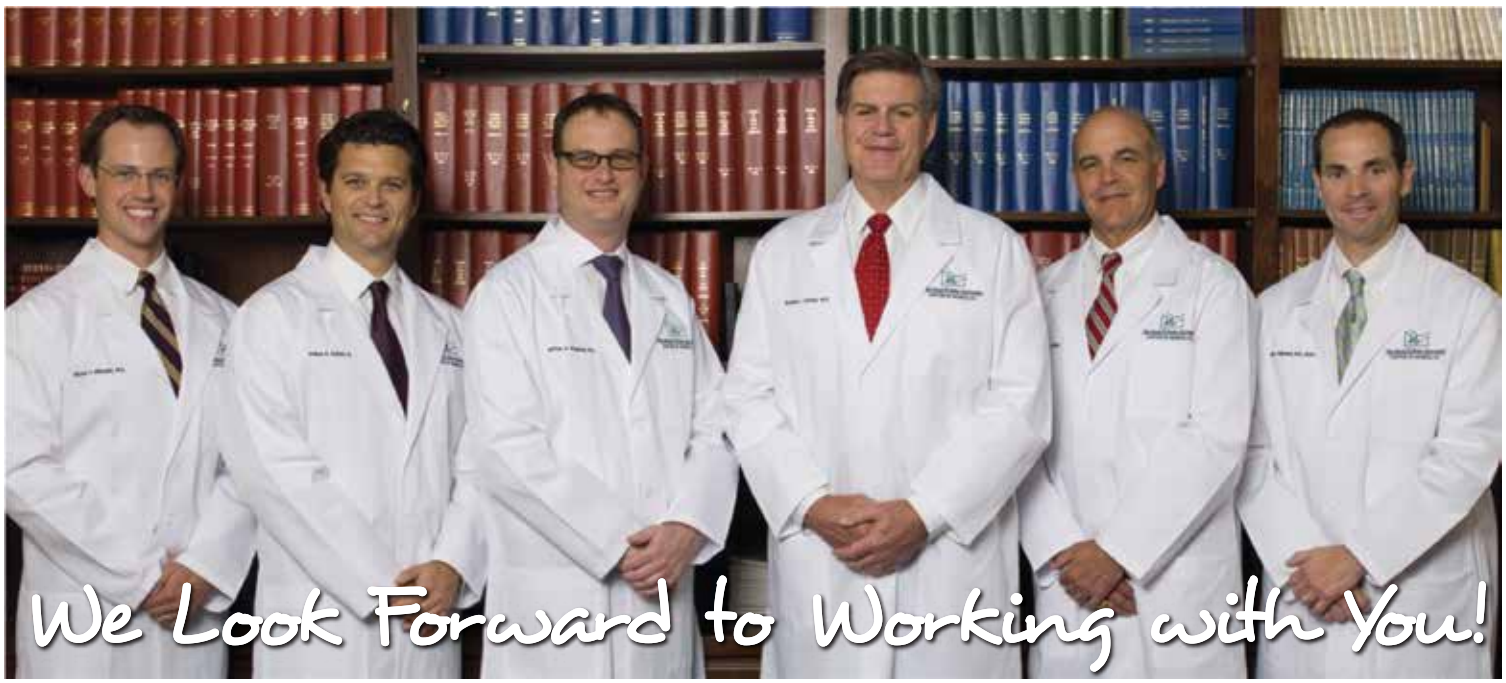

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475 South Main Street
Hinesville, GA 31313

1912 Memorial Drive, Suite D
Waycross, GA 31501

Worker's Compensation Coordinator

Kim Browning
Direct Line: 912-427-0800 Ext. 1015
Email: workcomp@bjisg.com
Web address: www.bjisg.com
PHONE: 866-806-0800 FAX: 912-427-6029

Physicians

J. Lex Kenerly, III, M.D.
J. Matthew Valosen, M.D.
Amber B. Aragon, M.D.

Chatham Orthopaedic Associates, P.A.

4425 Paulsen Street
Savannah, GA 31405
With locations in Richmond Hill, GA, Pooler , GA and Effingham County, GA

Worker's Compensation Coordinators

Kim Redding
Direct Line: 912-525-1312
Email: kredding@chathamortho.com

Kim Morris
Direct Line: 912-525-1318
Email: kmorris@chathamortho.com

Web address: www.chathamorthopaedics.com
PHONE: 912-355-6615 FAX: 912-351-0645

Physicians

John T. Prather, M.D.
Spencer M. Wheeler, M.D.
James E Holtzclaw, M.D.
Greer E. Noonburg, M.D.
Mark A. Jenkins, D.O.
Robert Dow Hoffman, M.D.
Raphael R. Roybal, M.D.
Ronald H. Levit, M.D.
Gerald Chai, D.O.
D'Mitri Sofianos M.D.

The Hand & Upper Extremity Center of Georgia, P.C.

Northside Hospital Doctors Center
Suite 1020
980 Johnson Ferry Road, NE
Atlanta, GA 30302

Northside/Alpharetta Medical Campus
Suite 350
3400A Old Milton Parkway
Alpharetta, GA 30005

Workers' Compensation Coordinator

Roxanna Fredrick
Email: r.fredrick@handcenterga.com
Direct Line: 404-255-0226 x 130
Web Address: www.handcenterga.com
PHONE: 404-255-0226 FAX: 404-256-8968

Physicians

Bronier L. Costas, M.D.
Gary M. Lourie, M.D.
Allan E. Peljovich, M.D.
Jeffrey A. Klugman, M.D.
Johsua A. Ratner, M.D.
Bryce T. Gillespie, M.D.

Georgia Bone and Joint

The Summit Healthplex
1755 Highway 34 East, Suite 2200
Newnan, Georgia 30265

Worker's Compensation Coordinator

Vickie Calhoun
Direct Line: 770-502-2152
Email: vcalhoun@gbandj.com
Web address: www.gbandj.com
PHONE: 770-502-2175 FAX: 770-502-2131

Physicians

Jack H. Powell III, M.D.
George M. Ballantyne, M.D.
Michael P. Gruber, M.D.
Chad M. Kessler, M.D.
Michael V. Cushing, M.D.
Jayson A. McMath, M.D.

Specialty Clinics of GA Orthopaedics, PC

1240 Jesse Jewell Parkway
Suite 300
Gainesville, GA 30501

Corner of Friendship Road & Hwy 211/Old Winder Hwy, Bldg. #100
Braselton, Georgia 30517

Workers' Compensation Coordinator

Linda Lee
Direct Line: 678-450-3776
Email: linda@specialtyclinicsofga.com
Web address: www.scg-ortho.com
PHONE: 770-532-7202 FAX: 678-707-7156

Physicians

W. David Weiss, M.D.
Robert Marascalco, M.D.
John Vachtsevanos, M.D.
Gary Davis, III, M.D.
Ben Puckett, M.D.
Kris Wheeler, M.D.
C. Cullen Scott, M.D.
Filippo Chillemi, M.D.
John Hemmer, M.D.

Wellbeings Occupational Healthcare

3300 Holcomb Bridge Road, Suite 110
Norcross, GA 30092

Contact: Melissa Platt
Email: mplatt@wellbeingsocc.com
Web Address: wellbeingsocc.com
PHONE: 770-449-5161

Physicians

Jane T. St. Clair, M.D., M.P.H.

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Downey Medical Consultants
1100 Peachtree Street Suite 200
Atlanta, GA 30309

Contact: Karen Greer
Email: downeymedical@aim.com
Direct Line: 404-664-1693
Web Address: www.downeymedicalconsultants.com
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