

WH

WORKPLACE HEALTH

Spring 2020 Edition



Impact the New Decade with
People, Process, Power, and

SUCCESS

**Regional Calendar
of Events**
See page 3

NeuLifeTM Rehab



One of Florida's Largest
Post-Acute Rehabilitation Facilities
Brain Injury, Spinal Cord, Stroke &
Challenging Neurological Diagnoses

CALL US TODAY

Fast, Easy Admission Process

800.626.3876 www.NeuLifeRehab.com



2725 Robie Avenue, Mount Dora, FL 32757 • TL70090977 | AL12406

The Future of Pain Relief



Alliance Spine and Pain Centers is leading the way to the future of pain relief with groundbreaking quality standards that go beyond pain reduction to restoring functionality, independence, and quality of life. As the largest interventional pain management practice in the southeast, we set groundbreaking quality standards in our field, carefully track our clinical outcomes, develop evidence-based best practices, and share what we learn with our colleagues around the country.

Our practice offers board certified, fellowship trained physicians practicing cutting edge interventional pain management between 19 locations and 16 state of the art ASCs in Georgia. 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.

This is the future of pain relief. Alliance Spine and Pain Centers is leading the way.

CONDITIONS TREATED

- Neck & Back Pain
- Facet Pain
- Joint Pain
- Radiculopathy / Sciatica
- Degenerative Disc Disease
- Disc Herniations
- Nerve Root Impingements
- Spondylosis
- SI Joint Dysfunction
- Diabetic Neuropathy
- Occipital Headaches
- Vertebral Compression Fractures
- Complex Regional Pain Syndrome [CRPS]/
Reflex Sympathetic Dystrophy [RSD]
- Pelvic Pain
- And more...

INTERVENTIONAL TREATMENTS

- Epidural Steroid Injections
- Selective Nerve Root Blocks
- Diagnostic Nerve Blocks
- Facet Injections
- Lumbar Sympathetic Blocks
- Stellate Ganglion Blocks
- Radiofrequency Ablation
- Spinal Cord Stimulation Trial, Implant and Revision
- Peripheral Nerve Stimulation
- Trigger Point Injections
- Joint Injections
- SI Joint Injections
- Celiac Plexus Blocks
- Occipital Nerve Blocks
- Vertiflex [Superion] for Spinal Stenosis
- Vertebroplasty and Kyphoplasty
- Discograms
- Regenerative Medicine

WC BUSINESS DEVELOPMENT MANAGER: ALICIA TRAMMELL | 404-920-4952 | ATRammell@SpinePains.com
WC COORDINATOR: MAYRA MOLINA | 770-929-9033 | MMolina@SpinePains.com

Augusta | Austell | Brookhaven | Camp Creek | Canton | Carrollton | Cartersville | Conyers | Covington | Dallas | Dawsonville
Douglasville | Jasper | Johns Creek | Lawrenceville | Marietta | Piedmont/ Buckhead | Roswell | Woodstock

Pain Specialists Reduce the Risk of Chronic Pain

Shalin Shah, D.O.

The initial response to a workers' compensation claim of acute back or neck pain is for the patient to rest, ice the area, use anti-inflammatories, or maybe take a muscle relaxant. If there are no other symptoms outside of pain (such as severe extremity weakness), the injured claimant often receives conservative care including therapy and rehabilitation for several months prior to any interventional treatments. Often, conservative care is required for twelve (12) weeks prior to the consideration of more invasive therapies.

But, do we have this backwards?

Research has proven chronic pain—defined as pain lasting greater than twelve (12) weeks—develops as a response to what is known as the “wind-up phenomenon.” In layman's terms, a herniated disc may cause continuous pressure on a spinal nerve causing it to send a signal to the brain to understand this as pain. The continuous firing of the spinal nerve leads to sensitization which leads to a normal, non-painful stimulus interpreted as pain. In other terms, a mild compression of the spinal nerve, which, normally, would not cause any pain, would cause severe discomfort. This contributes to the patient developing chronic pain after the first twelve (12) weeks of injury and can be difficult to treat.

Medications, such as narcotics and anti-inflammatories, can decrease the continuous firing of the spinal nerve. Unfortunately, these carry their own risks including addiction, dependence, constipation, gastrointestinal bleeding, kidney insufficiency, and hormonal imbalance. Addiction may occur as high in one out of five patients receiving a first-time narcotic prescription. Physical therapy delays care of the patient and often does not yield any benefit.

Initial referral to an interventional spine specialist allows for a quicker response to severe acute pain that is non-responsive to conservative care, in an effort to reduce the risk of chronic pain developing.

The arsenal of an interventional pain specialist includes:

- Medications
- Ordering the correct imaging
- A variety of epidural steroid injections for acute disc herniation and spinal joint steroid injections/nerve ablations (a source of pain for acute disc herniation and whiplash/stretch injuries)

These interventional treatments immediately stop the firing of spinal nerves. A local anesthetic, Lidocaine, is typically used in combination with steroid, which may lead to more improved long-term outcomes for patients by reducing the risk of the wind-up phenomenon and the development of chronic pain. Chronic pain may result in unnecessary and costly spine surgery with mixed short-term outcomes and could lead to accelerated degenerative changes of the spine which may worsen long-term outcomes and disability.



Shalin Shah, D.O., is a licensed Doctor of Osteopathic medicine, and is an advocate for holistic and preventative medicine. He attended the Ohio College of Osteopathic Medicine and did his residency at the Medical College of Georgia Medical Center. Dr. Shah received Fellowships at Medical College of Georgia Medical Center and Ohio University College of Osteopathic Medicine. He enjoys tennis, personal training, and studying sports nutrition in his free time.

WH **WORKPLACE HEALTH**

Published by:

Select**ONE**™

Preferred Providers for Workers' Compensation

Owner/Managing Editor
Garlana H. Mathews
President

Director of Sales
Michelle C. Wilds

Please contact the Workplace Health team to advertise in our next issue.

Call Workplace Health Magazine: 912-667-0441 or e-mail: garlanamathews@selectonenetwork.com
or visit us online at:

www.workplacehealthmag.com

WH **CONTENTS**

1 – Pain Specialists Reduce the Risk of Chronic Pain

3 – 2020 Upcoming Educational Events

5 – Business Unusual COVID-19

7 – Establishing the Perfect Physicians Panel

9 – Sciatica in the Injured Employee

11 – Supporting an Environment to Thrive

12 – A Word from the Chairman

15 – Spine Conditions in the WC Patient

17 – Proposed Legislation for PTSD

19 – Improving Workers' Comp Communication Flow

20 – Florida Legislative Update

22 – Hazard and Risk Mitigation

23 – The New PMTb in Georgia

25 – Substance Abuse & Acquired Brain Injuries

27 – Calcaneus Fractures and Worker's Compensation

29 – Back to the Basics: Compensability and Expenses

30 – Treating Knee Pain without Surgery

31 – The Work Comp Playbook 3.0

34 – The Important Role of Case Managers

37 – The Importance of Underwriting

38 – Orthopedic Sports Medicine for Workers' Comp

43 – Workplace Cyber Hygiene: "Flattening the Curve"

45 – Resurgens Orthopaedics Holds WorkLink Summit

50 – Medical Stabilization at Clinch Memorial Hospital

52 – Chiropractors Care: First Line of Treatment

54 – Planning for Pandemics: Business "Coronituity" Plans

56 – De Quervain's Tenosynovitis



2020 Upcoming Educational Events *Workplace Health Magazine* gets around!

Disclosure: Event dates could be postponed or cancelled. Please use as a guide.

May

7: Physio/Emory Symposium - New Date will be forthcoming
Atlanta, GA

19: SHRM Workforce Strategy Conference
Statesboro, GA

June

1: Atlanta Claims Annual Golf Outing
Country Club of Roswell
Roswell, GA

3-5: Georgia Workers' Compensation Association Spring Conference
Jekyll Island, GA

4: 12th Annual GWCA Golf Classic Benefiting Kid's Chance
Jekyll Island, GA

4: SHRM Jacksonville
Jacksonville, Florida

9: Shepherd and Friends Conference
Atlanta, GA

11-14: Georgia Association of Manufacturers Workforce Plant Management Annual Seminar
Hilton Head, SC

14-17: PRIMA 2020 Conference
Nashville, Tennessee

18: Alabama Department of Labor Workers' Compensation Seminar
Birmingham, AL

25: Moore Ingram Johnson and Steele Claims Adjuster CEU Seminar
Atlanta, GA

27-July 1: Neuro Trauma Conference
Atlanta, GA

July

2: SHRM Jacksonville
Jacksonville, FL

12-16: Southern Association of Workers' Compensation Administrators
Hot Springs, VA

19-22: Florida Association of Self-Insureds
Naples, FL

27- Aug 1: Florida RIMS
Naples, Florida

27-31: Southern Association of Workers' Compensation Administrators
Amelia Island, FL

August

2-4: Alabama Self-Insureds Association
Sandestin, FL

6: SHRM Jacksonville
Jacksonville, FL

16-19: Workers' Compensation Institute's 75th Annual Educational Conference
Orlando, Florida

24-26: State Board of Workers' Compensation Regional Conference
Atlanta, GA

25: 2nd Annual Kid's Chance Extravaganza
Alpharetta, GA

30-Sept 2: HR Florida Annual Conference
Kissimmee, FL

September

3: SHRM Jacksonville
Jacksonville, FL

9-11: Georgia Safety, Health and Environmental Conference
Savannah, GA

15: Georgia Manufacturing Summit
Atlanta, GA

24: Builders' Insurance Group Charity Golf Outing Golf Club of Georgia
Alpharetta, GA

28-30: Insurance Rehabilitation Synergy Group Baltimore 2020 Annual Conference
Baltimore, MD

30-1: National Workers' Compensation Defense Network Seminar
Philadelphia, PA

30-2: SHRM Georgia - State Conference
Stone Mountain, Georgia

October

1-3: Paradigm Summit
Orlando, FL
2: HR Tampa Annual Conference
Tampa, FL

11-13: Self-Insurance Institute of America National Education Expo and Conference
Phoenix, AZ

15: Georgia Workers' Compensation Association Fall Conference
Atlanta, GA

21-23: National Workers' Compensation and Disability Conference
Chicago, IL

22: Institute of Continuing Legal Education - Dinner/Auction
St. Simons Island, GA

28-30: HR Jacksonville Annual Conference
Jacksonville, FL

29: Alabama Department of Labor Workers' Compensation Conference
Birmingham, AL

November

1-4: Florida PRIMA
Orlando, FL

5: Half-Day Seminar
Macon, GA

5: SHRM Jacksonville
Jacksonville, FL

11-15: Southern Association of Workers' Compensation Administrators All Committee Conference
White Sulphur Springs, WV

19-21: SHRM Volunteer Leadership
Washington, DC

16-20: Southern Association of Workers' Compensation Administrators All Committee Conference
San Antonio, Texas

December

3: SHRM Jacksonville
Jacksonville, FL

Actively Improving Function



Pain Institute of Georgia is a multi-disciplinary comprehensive Pain Management medical practice. It is our goal to make the treatment process as smooth as possible. **We are devoted to providing the safest and most appropriate care for the injured worker.** We understand the Georgia Workers' Compensation system, and our treatment plans focus on achieving maximum medical improvement (MMI) as quickly as possible.



CARLOS J. GIRON, M.D.



PRESTON C. DELAPERRIERE, M.D.



JULIAN M. EARLS, JR., M.D.

The goals of our Workers' Compensation program:

- Return employee to previous levels of activity and functionality
 - Focus on Improvement of physical and emotional wellness
 - Return employees to work quickly and effectively
 - Reduce pain through quality services resulting in the best outcome for each claim
-
- On-site Physical Therapy department with Aquatic Therapy pool
 - On-site Interventional Pain Management Ambulatory Surgery Center



3356 Vineville Avenue Macon, Georgia 31204-2328
Office: 478-476-9642 • Direct Line: 478-476-9247

New Patient Referrals: Lori Carr
Email: wcreferrals@paininstituteofga.com
Fax: 478-476-9976

www.paininstituteofgeorgia.com

Business Unusual – COVID-19

James W. Satterfield

It's here.

It's in your community.

It's in your workforce.



Coronavirus, *like any influenza*, is **very** contagious. Unfortunately, there is no vaccine, yet, to prevent it. According to health experts, we are at least more than twelve months away from widespread distribution of a vaccine.

COVID-19 is **NOT** business as usual; it is business unusual. You, your family, organization, employees, clients, and practically everyone will see significant disruptions from this pandemic. Your business continuity and crisis management plans should identify priorities, issues, and solutions. Your supply chain and demand will be disrupted. Staffing will be a concern.

Outbreaks of new viruses, to which humans have no immunity, can have up to three waves over an eighteen-month period. This is a marathon, not a sprint. Even if COVID-19 already swept through your area, it doesn't mean it won't come back. Sometimes, when viruses return, they mutate to a more severe form. The timing of the next wave hinges on many factors that are not yet understood with this virus, including the impact of climate, temperature, and long-term immunity of those already infected.

If there is any good news with the Coronavirus, it appears to be sparing the younger age groups. It does seem to be more targeted toward those over sixty years of age or those whose immune systems are compromised. While knowledge about this virus continues to develop, we know the best offense to combatting it falls in the categories of good hygiene, cleaning, and minimizing close contact through social distancing.

Here are some tips to help you, your family, employees, and others with good day-to-day prevention:

- Wash your hands regularly (multiple times a day) with soap and water for at least twenty seconds. If soap and water is not available, use hand sanitizer with at least sixty percent (60%) alcohol.
- Do not to touch your face as that is how you transfer the virus from your hands and bring it into your body.
- In buildings with elevators, avoid touching the elevator buttons directly with your fingers. This is a significant way viruses are transmitted (it's how SARS spread). Use your elbow or put something between your finger and the button.
- Sneeze/cough into a tissue or the crook of your elbow. This minimizes the spread of germs and infection if someone is already sick. Make sure tissues are thrown away in trash cans with a plastic liner and lid.
- If you are sick or exposed, please stay home.
- Keep some cash on hand at home. Banks and ATMs may be closed, unavailable, or out.
- Consider a doctor's clearance letter for return-to-work.

With these tips, we can all work together to minimize this pandemic to the best of our ability.



James W. Satterfield is the President and Founder of CrisisRisk. Jim, a nationally-recognized expert in crisis management, has extensive expertise in the identification and quantification of risks. He is also the co-author of Disaster Ready People for a Disaster Ready America.



Specialty Orthopaedics

WHAT HURTS? WE CAN HELP.

General Orthopaedic Surgery
Worker's Comp
Sports Medicine
Fracture Care
Hand and Upper Extremity Surgery
Shoulder, Hip and Knee Surgery
Foot and Ankle Surgery
Arthritis and Joint Replacement Surgery
Orthopaedic Trauma



David Weiss, MD, FAAOS
Ben Puckett, MD
John Vachtsevanos, MD
Kris Wheeler, MD
Gary Davis, MD
Cullen Scott, MD
Filippo Chillemi, MD

1240 Jesse Jewell Parkway SE • Suite 300 • Gainesville, GA 30501

1241 Friendship Road • Suite 110 • Braselton, GA 30517

www.SpecialtyOrthoGa.com | 770-532-7202

Establishing the Perfect Physicians Panel

Thea A. Nanton-Persaud

The panel of physicians is an essential tool in a workers' compensation claim. The right panel physicians can be the difference between a routine claim and one with uncontrollable medical expenses. Employers and insurers should take extra care when developing their panels to ensure optimal claim outcomes.

If the panel of physicians is invalid or the employer/insurer fail to follow the notice provisions of O.C.G.A. § 34-9-201, the employee can freely select a physician. Having an employee-friendly physician on a claim often leads to excessive, expensive medical treatment that is almost impossible to control, absent an order from the Board.

Panel Makeup

To be considered valid, the panel must include:

- At least six (6) physicians reasonably accessible to the employee;
- at least one (1) physician who is an orthopedic surgeon;
- no more than two (2) industrial clinics; and
- one (1) minority physician.

It is best to have more than six (6) doctors on your panel of physicians to provide employees with more treatment options. Previously, the panel would be invalidated if a doctor moved or refused treatment. According to the current Board rule, you can remedy this by increasing the panel by one (1) additional physician.

Carefully select the doctors on your panel to ensure they are relatively conservative in their treatment recommendations and understand the unique nature of workers' compensation claims. Panel physicians who provide timely medical reports and work status notes are extremely beneficial. Doctors willing to communicate freely with the employer/insurer and/or their attorneys are also important. An open line of communication allows for a better understanding of light duty work possibly available and provides the opportunity to raise concerns early on about treatment recommendations that may not be causally related to the claim.

Notice Requirements

Employers/insurers must comply with notice requirements set by O.C.G.A. § 34-9-201:

- The panel must be posted in prominent places upon the business premises.
- The employer must take reasonable measures to:
 - ✓ ensure employees understand the panel's function and the right to select a physician; and
 - ✓ provide appropriate assistance in contacting panel members when necessary.

It is a good practice to explain the panel of physicians to new employees at the time of hire and have them sign documentation acknowledging they understand the process. Even if this is not done at the time of hire, once an injury is reported, employees should be provided with a copy of the panel and sign a form acknowledging their choice of doctors. A special form is not required. Simply having the employee circle their choice on a copy of the panel and initialing next to it will provide the necessary evidence.

If you need assistance making a perfect panel or have questions about compliance, feel free to contact our office.



Thea Nanton-Persaud is a senior workers' compensation defense attorney for Swift, Currie, McGhee & Hiers, LLP. She represents employers and insurers throughout Georgia in all aspects of workers' compensation claims. She can be reached at thea.persaud@swiftcurrie.com.



RESURGENS SPINE CENTER

MORE **PHYSICIANS**, MORE **LOCATIONS**, MORE **CARE**

The most trusted Physical Medicine & Rehabilitation physicians
and Orthopaedic spine surgeons in Georgia.

PHYSICAL MEDICINE & REHABILITATION PHYSICIANS



KRYSTAL
CHAMBERS, MD



L. ANITA
CONE-SULLIVAN, MD



RODERICA
COTTRELL, MD



ROBIN
DENNIS, MD



MARLY
DOWS-MARTINEZ, MD



ELI
FINKELSTEIN, MD



SCOTT
KELLY, MD



JULIE
LEVINE, DO



MICHELE T.
PEREZ, MD



REUBEN
SLOAN, MD



JACOB
STRONG, MD



KRISTEN
WILLETT, MD

ORTHOPAEDIC SPINE SURGEONS



HERSCHEL I.
BEKER, MD



CHRISTOPHER
BLANCHARD, DO



TAPAN K.
DAFTAR, MD



THOMAS
DOPSON, MD



MAURICE
GOINS, MD



ROBERT
GREENFIELD, MD



BENNETT
GRIMM, MD



PETER
HARVEY, MD



PAUL R.
JEFFORDS, MD



VAMSI
KANCHERLA, MD



E. SCOTT
MIDDLEBROOKS, MD



ALI
MORTAZAVI, DO



JASON
VELEZ, DO

RETURN EMPLOYEES BACK TO WORK QUICKLY & SAFELY

Have questions about the WORKLINK program?

Contact Julie Reagin

reaginja@resurgens.com

Phone: 404-531-8457

See a Resurgens Spine Physician within 24-48 Hours

404.531.8484

workerscompschedulers@resurgens.com

- 24 CONVENIENT ATLANTA LOCATIONS
- SPECIALIZED SPINE REHABILITATION
- **RESURGENSSPINE.COM**
- NON-SURGICAL & SURGICAL SPINE CARE
- MINIMALLY INVASIVE SURGERY
- **RESURGENS.COM/WORKLINK**

Sciatica in the Injured Employee

Kristen L. Willett, D.O.

Sciatica refers to the symptoms associated with compression or irritation of the sciatic nerve, the longest nerve in the body. It is a collection of fibers from the lower lumbar and upper sacral areas that exits the spine and travels down into the muscles of the buttocks through the back of the thigh and into the knee. Around the knee, it splits into the nerves continuing down into the calf and foot.

Facts about Sciatica

- Sciatica may feel sharp, achy, or burning and may radiate from the back or buttock into the outside or back of one of the legs
- It may intensify when standing from a seated position or when coughing or sneezing
- In more severe cases, it may be accompanied by weakness or numbness in the affected leg that could extend as far as the foot

What Causes Sciatica?

Several things can precipitate sciatica in an injured employee, but the most common ones are:

- A herniated disc – the most common cause
- Spinal Stenosis – a narrowing of the nerves passageway that may be due to arthritis and degeneration of the discs
- Spondylolisthesis – slippage of one vertebrae on another which causes the nerve to be pinched as it exits the spine
- Other – very rarely, things such as infection, tumors, and other disorders can disturb or compress the sciatic nerve

How is Sciatica Diagnosed?

When an injured employee exhibits signs of sciatica, they should see a physician. The physician will discuss their symptoms and history of the injury, as well as perform a physical exam to determine the diagnosis. The physician may take x-rays to assist with the evaluation. If necessary, advanced imaging studies such as CT or MRI may be ordered.

How is Sciatica Treated?

Most cases of sciatica will resolve itself with a few treatment options:

- Anti-inflammatories, such as ibuprofen, when appropriate
- A physical therapy program may be beneficial to customize a core strengthening and stretching program, as well as teaching the employee other modalities to use at home to decrease pain and increase function and range of motion
- Alternative treatments such as acupuncture and chiropractic care may be appropriate in some cases

Cases of sciatica that do not rectify with conservative measures, such as those listed above, may benefit from epidural steroid injections to directly reduce the inflammation around the nerve itself. For those individuals who do not respond well to these treatments or for those who have intractable pain or unresolved neurologic symptoms, surgery may be recommended.

How Can Sciatica Be Prevented?

The best way to avoid spine issues, when possible, is to develop a strong core exercise program and maintain flexibility with a stretching routine. If your company endorses health and wellness education for employees, it is beneficial to encourage employees to maintain a healthy weight and to focus on low impact exercise.



Kristen L. Willett, D.O., specializes in Physical Medicine and Rehabilitation, Non-Operative Spine Care, Spinal Injections, and Electrodiagnostics.

Call: 404-531-8484 www.resurgens.com/worklink

JUNE 3-5
2020 GWCA SPRING
CONFERENCE
Jekyll Island, GA



Surfing The Workers' Compensation Waves Of Change

WORKERS' COMPENSATION TRACK

- 2020 Workers' Comp Update / Chairman Frank McKay
- Leading the Next Workers' Compensation Generation of Change
- Data Analytics and How to Use Data to Drive Claim Decisions
- Crisis Management / Disaster Preparedness
- Indoor Allergy and Respiratory "Environmental Claims"
- Innovative, Tried and True Employer Risk Management and Safety Approaches
- Substance Abuse in the Modern Workplace
- Ways to Work Effectively with Your Attorney to Achieve Better Outcomes

HUMAN RESOURCE PROFESSIONAL TRACK

- 2020 Employment Law
- Healthcare Trends
- Cyber Security
- Mental Health



Supporting an Environment to Thrive

Michelle Zellner

In the midst of a busy workday, it can be difficult for people to make choices that enable a healthy lifestyle. However, neglecting the body's needs for too long can lead to undesirable consequences down the road. Since most people spend too much of their lives doing their jobs, it makes sense that a supportive work environment is necessary to thrive.

Unfortunately, the set-up at most workplaces is anything but supportive. Employee well-being is often a stated priority, yet sedentary jobs, low nutrient foods, and constant demands are the exact opposite of what a human needs to thrive. Too often, the workplace presents one temptation after another from the morning meeting donuts to the candy bowl on the desk and the left-over party treats in the breakroom to the vending machine full of soda. With many people operating in a state of chronic stress, resisting these comfort foods can seem next to impossible.

In addition to a lack of movement and infinite opportunities to indulge, the energy and attitude of leadership and co-workers can have a tremendous impact on one's well-being. Negativity, judgment, and gossip are energy-zappers creating nothing but stress and anxiety. Unrealistic or unclear expectations are often the root cause while an inability to communicate thoughtfully adds to the chaos and confusion.

Consider these ideas to promote a healthy workplace:

- Create a visually-pleasing and positive space using color, plants, and art.
- Adopt a healthy-food-or-nothing policy for meetings. If someone needs donuts to get through a meeting, they can bring their own. There is no need to promote and pay for unhealthy habits.
- Encourage staff to take every opportunity to move their bodies: Walk-n-talk meetings, standing conference calls, and take-a-stretch-and-move breaks frequently throughout the day.
- Buffer the emotional energy by outlining the expectation—if it is not kind, helpful, or necessary, it probably doesn't need to be said.
- Provide spaces for peace and quiet. An adult timeout can be just the prescription to clear the mind.

The benefits of a healthy work environment cannot be denied from increased morale and productivity to lower absenteeism and turnover, not to mention reduced healthcare costs. Ultimately, the responsibility lies with each individual who must choose to be healthy and set themselves up for success. Establishing an environment to thrive in can make all the difference between a team of healthy, happy, high-functioning humans and ones who are stressed, depressed, and less than their best. Whether you are the CEO responsible for establishing the tone and expectation or a department leader, if you choose to foster an environment to thrive all will enjoy far-reaching and long-lasting benefits.



Michelle Zellner is the founder of Better Beings, a Denver-based wellness company committed to improving lives and creating healthier humans, aka better beings. She is the author of The You Revolution: The Journey of a Better Being, based on her ten-week lifestyle change program and sharing her own wellness journey. She can be reached at michelle@betterbeings.net

A Word from the Chairman

Frank R. McKay, Chairman, State Board of Workers' Compensation

Happy Centennial Anniversary to the Georgia Workers' Compensation System!

One hundred years ago, in 1920, the Georgia Legislature enacted the first workers' compensation laws. In a state that was becoming more industrialized, business owners and their employees found themselves embroiled in lengthy and costly litigation in the courts regarding the issue of fault in a work accident which often resulted in either huge monetary damages awarded against businesses or destitute injured workers with no income and no way to receive the medical treatment necessary to recover from their injuries.

In what was known as *the grand bargain*, the enactment of workers' compensation laws provided a limited schedule of benefits to injured workers for wage replacement and medical treatment following an on-the-job injury without regard to fault. In exchange, the employer received immunity from tort and general damages even when the employer was at fault or negligent in causing the accident. Thus, the *exclusive remedy* for an on-the-job accident became a workers' compensation claim. This was a great compromise between labor and business for workplace accidents.

Although the primary state industry has grown over the years from its origins in textile manufacturing to a wide and diverse economy, our mission has remained the same: to ensure appropriate medical care and wage replacement benefits are provided for personal injuries or death sustained by employees in the course of employment while insulating businesses from the devastating effects of tort litigation.

The current Act contains many of the same elements as the original 1920 legislation. However, there have been some notable changes throughout the years, including:

- Repeal of the opt-out provision
- Increasing benefits for specific members' injuries
- Enactment of the direct payment system permitting unilateral commencement
- Suspension (under certain circumstances) of disability payment benefits without permission of the State Board
- Enactment of the modern-day "catastrophic injury" system
- Expanding the definition of "injury" to include aggravation of a pre-existing condition
- Broadening the manner and amount of wage replacement and medical benefits

These reforms, along with changing technology, have shaped the Act into the wonderful system we have today.

For the past twenty-six years, the State Board's Advisory Council has played a critically important and beneficial role to both the Board and the Georgia General Assembly in providing well-vetted and detailed thought and analysis regarding potential legislation and rules in the workers' compensation system. Much appreciation is given to those experts in the industry who serve on the Advisory Council. By the time of publication of this article, we will likely know the result of HB 474 from the Georgia Legislature and its impact on the Board's statutory rule-making authority.

Over the last one hundred years, those involved in the Georgia workers' compensation system have toiled hard to maintain a fair and balanced process by providing necessary life-sustaining benefits to injured employees in a cost-efficient manner for employers. As a result of their efforts, Georgia continues to be recognized as one of the most favorable locations for business. Georgia was recently recognized for the seventh year in a row as the number one state in the nation in which to do business by *Site Selection Magazine*.

In recognition and celebration of one hundred years of workers' compensation in this state, the Board's educational Regional Seminars and Annual Conference will look back through the decades at events, experiences, and occurrences that made the last centennial so remarkable.

Since the original article was written, the COVID-19 pandemic has changed everything for all of us. Businesses, schools, government, healthcare, and our personal lives are all impacted as is our workers' compensation system. We have not yet gotten out on the other side of the pandemic, but we know it is temporary and that we will emerge soon and the economy will rebound quickly. The advances and utilization in technology and individual ingenuity experienced during this crisis will, I'm sure, change the way we all transact business in the future. This centennial year is turning out to be a genuine milestone and truly remarkable!

I look forward to seeing what role our community of workers' compensation stakeholders will play in making the next one hundred years even better for the workers' compensation system in our great state.



Judge McKay was appointed Chairman of the State Board of Workers' Compensation on March 1, 2013. 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.

STATE BOARD OF WORKERS' COMPENSATION

(404) 656-3875

270 Peachtree Street, NW
Atlanta, GA 30303-1299

www.sbwc.georgia.gov

The Georgia State Board of Workers' Compensation is excited
to celebrate its 100th Anniversary!

100
YEARS
ANNIVERSARY

August 24th-26th
2020



The Hotel At Avalon
9000 Avalon Boulevard
Alpharetta, GA 30009

Visit our website at: WWW.SBWCEVENTS.COM for more info



ORTHOGEORGIA

Orthopaedic Specialists

Your Choice for Orthopaedic Excellence since 1961

SPINE SPECIALISTS



WILLIAM W.
BROOKS, MD



WILLIAM B.
DASHER III, MD



WAYNE KELLEY,
JR., MD



CHARLES H.
RICHARDSON III, MD



RYAN E.
SCHNETZER, MD

GENERAL ORTHOPAEDISTS

Sports Medicine/Total Joints



GARY L.
HATTAWAY, MD



DUSTIN
HOFFMAN, MD



C. THOMAS
HOPKINS, JR., MD



DENNIS K.
JORGENSEN, MD



TODD E.
KINNEBREW, MD



GREG P.
LEE, MD



BRIAN J.
LUDWIG, MD



WOOD D.
POPE, MD



JOSEPH E.
SLAPHEY JR., MD



TIMOTHY R.
STAPLETON, MD



RICHARD J.
THOMAS, MD



ROBERT M.
THORNSBERRY, MD

HAND SPECIALISTS



ROBERT E.
BLACKWELL, MD



WALDO E.
FLOYD III, MD



GUY D.
FOULKES, MD



ELLIOT P.
ROBINSON, MD



JOHN W.
SAPP, MD

FOOT & ANKLE SPECIALISTS



JOHN Z.
CHRABUSZCZ, MD



OLUWATOSIN
J. OJO, MD

MACON
3708 Northside Dr
478.745.4206

WARNER ROBINS
301 Margie Dr
478.971.1153

MILLEDGEVILLE
2803 North Columbia St
478.414.5820

GRIFFIN
717 South 8th St
770.227.4600

DUBLIN
109 Fairview Park Dr | Ste B
478.745.4206

Spine Conditions in the Workers' Compensation Patient

Wayne Kelley, Jr., M.D.

Back and neck pain are a common problem affecting eighty percent (80 %) of people at some point in their lives. Not everyone's discomfort is the same—ranging from dull aches to sharp shooting pains—and some signs and symptoms are more troubling than others.

Garden variety back and neck pain will often subside on its own or with the help of over-the-counter pain (OTC) relievers like acetaminophen (Tylenol), ibuprofen (Advil) or naproxen (Aleve). In addition to work injuries, there are conditions that need immediate attention including tumors, infections, bowel or bladder changes, and/or progressive neurological changes.

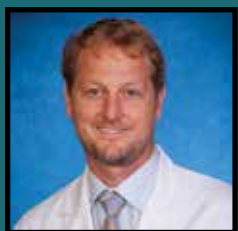
Back and neck pain can progress to discomfort radiating through the back of the legs or down the arms. These may be dull or severe and can be accompanied by numbness, tingling, and weakness. Herniated disc pain is typically unilateral and travels down the leg or arm in a specific pattern. Lumbar spinal stenosis pain is usually bilateral, can involve the entire leg, and becomes worse with standing/walking and better with sitting/bending forward.

With conservative care, spine pain tends to improve by six to eight (6–8) weeks. A referral to a spine surgeon is recommended if the arm or leg pain becomes consistent, severe, or develops neurological changes. The cause of pain can be diagnosed with a physical exam and may require imaging studies to include x-rays or MRI.

The first goal in treatment is to decrease symptoms by reducing inflammation with ice or heat, OTC medications, and one to two (1–2) days of rest. After those resting days and light activity, we try to start motion as soon as possible with exercises, stretching, and physical therapy. Often, this will alleviate the pain or help the patient manage expectations. Studies have shown that no more than a couple of days of rest are needed and starting motion early improves function and return-to-work.

Physical therapy can continue until the patient can transition to a home exercise program. Most patients begin to show signs of improvement with these treatment regimens. If the pain continues to be bothersome or develops an increase in neurological symptoms, then an MRI can verify the location of the pain generator. The next step may involve a nerve block to decrease irritation around the nerve root. If the pain continues and the MRI findings match the patient's symptoms, then surgery may be required.

Our last goal of treatment is to prevent recurrence. This involves a regular exercise program, maintaining a healthy body weight, and learning proper spine biomechanics. Spine care is most efficient with a dedicated spine team who understands the entire spine and the intricate details involved in treating a working patient.



Dr. Wayne Kelley, Jr., is a board certified, fellowship-trained orthopedic spine surgeon who specializes in the conservative and surgical treatment of all spinal conditions. He received his Medical Degree from the Medical University of South Carolina and did his residency with Duke University Medical Center. Dr. Kelley is an eight-year United States Navy veteran.

WE KEEP GEORGIA ON THE JOB!

OnSite Services, Post-Offer Employment Testing,
Functional Capacity Evaluations,
Work Conditioning and more.

EXCLUSIVELY PROVIDED BY

WORKSTRATEGIES
Keeping America on the Job!

Physio

470.201.9644
PhysioGAScheduling@myphysio.com

PHYSICAL THERAPY HAND THERAPY SPORTS MEDICINE WORK HEALTH

TROY LANCE GREENE ATTORNEY AT LAW

Mr. Greene is a Magna Cum Laude graduate of Mercer University and the Walter F. George School of Law. He is a former member of the Board of Directors of the Georgia Defense Lawyers Association and a member of the Defense Research Institute. He is involved in several committees and organizations involving workers' compensation matters. He is a member of the National Eagle Scouts Association and the Toombs County Bar Association.

Mr. Greene was a law clerk for the judges of the Middle Judicial Circuit. He also served as juvenile court associate judge in the Middle Judicial Circuit. He was formerly employed with Allen, Brown, and Edenfield in Statesboro. He has been a member and partner of the firm of McNatt, Greene and Peterson for over 26 years.

Mr. Greene represents several insurance companies and self-insurers in Georgia and has been in practice for over 26 years in the field of insurance and workers' compensation defense. Mr. Greene is well versed in property and casualty matters, premise liability and electrical contact cases. In this regard, he has represented utilities in the state for several years. He has tried a great number of workers' compensation hearings before administrative law judges in the state. He has significant trial experience and has tried many jury trials to verdict. He has been involved in four jury trials in the last eighteen months. He continues to represent insurers and self-insurers in his new practice.

TGL

TROY LANCE GREENE
ATTORNEY AT LAW

P.O. DRAWER 1168
602 CHURCH STREET
VIDALIA, GEORGIA 30475-1168

LGREENE@LANCEGREENELAW.COM

OFFICE: (912) 537-9343

HOME: (912) 537-4561

CELL: (912) 293-2365

FAX: (912) 537-2658

Proposed Legislation for PTSD in First Responders

Shawn Junkins Cole, Attorney

Alabama has introduced legislation to expand coverage under workers' compensation law for mental diseases/disorders, including, but not limited to, Post Traumatic Stress Disorder (PTSD), without the necessity of a physical injury for emergency responders. This may include law enforcement, firefighters, paramedics, dispatchers, EMTs, and others classified as an "emergency responder."

While PTSD exposure is possible in many jobs, it is high with first responders. The industry must find a way for preventative and post-injury support for this population one, delivering services without simply attempting to expand the workers' compensation law. PTSD costs yield some of the most expensive medical claims and it would be imprudent to add that benefit onto the workers' compensation system without proper research to ascertain cost impact and treatment outcome projections.

Provider selection, proof of causation, and cost factors do not make the current proposed bill ideal because they can cause significant delays to a resolution. This could leave the first responder without immediate treatment that leads to favorable outcomes. Medical healthcare insurance requires no proof of causation and care is immediate. Furthermore, under workers' compensation, medical care selection is determined by the employer or insurance provider. Selection of one's own psychological medical professional may be a key component to better outcomes.

In other states, where similar PTSD consideration statutes have been passed, costs into the tens of millions have been added to the workers' compensation system. Under the current Alabama bill, there is no way to accurately estimate the true cost of such claims because all psychological injuries would be covered, which could include any of the 297 DSM codes. Current studies reported include only PTSD.

We must find a way to support these injuries, but in such a way that doesn't break the backs of the public entity employers. Otherwise, a detrimental financial outcome could occur in the first year with the Alabama "PTSD bill" since it does not take into consideration the cost or the rates for this benefit. It is loading that cost on the front end without any funding considerations. It is critical there is a standard set of guidelines/criteria to provide a framework for standard clinical application to determine PTSD.

Also, reimbursement rate changes have caused physicians to alter practice types or move out-of-state. This causes a shortage of qualified providers throughout the state who could provide mental health diagnosis and treatment for PTSD.

An alternative product, much like the recently passed firefighter's cancer product, would afford an opportunity for immediate care at the facility of the first responder's choice in their geographic region with no burden of proving causation or sharing the details of the issues at hand to anyone other than their medical care providers. This would be a win-win for the individual and to the industry as a whole.



Shawn Junkins Cole specializes in workers' compensation matters representing insurance companies, corporations, and other businesses throughout Alabama. She is a frequent lecturer on worker's comp legal issues, as well as ethics, ethical billing practices, and cost-saving measures for adjusters and employers. She's a graduate of The University of Alabama and holds a J.D. from Cumberland Law School.



POLARIS

Spine & Neurosurgery Center

ATLANTA'S SPINE SPECIALISTS

From physical therapy and pain management to neurosurgery—
we've got your back. Literally.

SAME DAY APPOINTMENTS

SANDY SPRINGS | SMYRNA

18 WORKPLACE HEALTH 404.255.2633 · polarisspine.com

Tell Me Somethin' Good: Improving Workers' Comp Communication Flow

Shane Mangrum, M.D.

Physicians play an important role in the process of caring for injured workers and facilitating their eventual successful return to work. As part of this role, medical providers ideally do the following:

1. Assess impairment
2. Provide treatment and care
3. Communicate with third parties

Physicians are used to the “providing treatment and care” part of things. They can be neglectful, however, when it comes to the issues related to impairment and recognizing the importance of clear, timely communication with third parties. Medical providers often do not see themselves or their work as part of the return-to-work process. They might consider it to be someone else’s job, or so it can seem.

The truth is physicians are a critical part of the workers’ compensation process of facilitating a successful return-to-work for an injured employee. A study by the U.S. Department of Labor (DOL) has shown “employees treated by physicians who more frequently used the recommended best practices experienced quicker return-to-work” than those not employing best practices.

Communication is critical to successful outcomes. Poor communication from medical providers is cited as the number one issue causing delays in return to work according to *WorkCompWire*. However, all communication does not have to be poor. Studies have shown that when communication is good, timely, and in-line with best practices, the result is fewer disability days and lower disability costs per employee – all according to the DOL.

Here is a list of things physicians can do to improve communication and be better facilitators of successful return-to-work for injured employees:

- 1. Clarify use of terms and definitions shaping the process of RTW.** Terms like restriction, limitation, and tolerance have very specific meanings to adjusters and employers. Physicians, though, may have a more loose sense of definitions for these terms. Restriction, for example, is defined by the American Medical Association’s (AMA) *A Physician’s Guide to Return-to-Work* as “what the patient should NOT do on the basis of risk of harm.” Limitation is defined as “something the patient cannot physically do.” Tolerance, on the other hand, relates more to how comfortable a person is doing a given task. These differences have real meaning in the workplace and in the area of workers’ compensation, and to do our jobs well, physicians need to use them deliberately.
- 2. Provide streamlined, clear forms to communicate restrictions, limitations, expectations.**
A return-to-work/work status form should be supplied for every office visit. Remember, it’s not your job as a clinician to decide IF they return to work, only to help safely navigate the necessary restrictions to avoid additional injury or exacerbation of the existing injury.
- 3. Be available to communicate in order to navigate potential hurdles to positive outcomes.**
Communication is the key. As much as we may try, everyone looks at these situations through their own lens. Sometimes, a single phone call is all it takes to clarify matters and smooth the path back to optimal function.



Shane Mangrum, M.D., is a board-certified physiatrist at Polaris Spine & Neurosurgery Center in the Atlanta metropolitan area. He is double-boarded in physical medicine and rehabilitation, as well as sports medicine. He takes a holistic approach to spine treatment and other musculoskeletal disorders, specializing in non-operative interventions.

Florida Legislative Update

David Langham, Deputy Chief Judge

In early 2020, U-Haul announced that Florida was the top drop-off destination for its trucks in 2019. The population growth appears to be throughout the state, but news reports listed top destination cities as Ocala, West Palm Beach, and Bradenton-Sarasota.

Florida is growing.

Workers' compensation insurance rates decreased for the third consecutive year in 2020. Rates had been declining since 2014, but trepidation over attorney fee court decisions interrupted with an over fourteen percent (14.5%) increase in 2017. There are many who believe the entire system is moving toward some correction, either legislatively or judicially. A variety of constitutional challenges are discussed periodically and some may be pending before the courts.

Some see issues of benefit sufficiency, medical inflation, attorney fees, due process, and more. Advocates for systemic changes, such as treatment guidelines, pharmacy formulary, and Independent Medical Review, have not voiced predictions of such innovation coming to fruition in the near term.

The Legislative session convened January 14, 2020. Florida has a "part-time" legislature; it meets for up to sixty (60) days each year. However, both the elected officials and their staff work throughout the fall to prepare for the session. Of the three most populous states, Florida has the shortest legislative term.

There is a 2020 proposal to allow a choice to those who seek medical record copies. House Bill (HB) 1147 would amend various statutes in recognition of technology and digital records. Some who possess digital records still produce copies on paper (charging for postage, materials, etc.). This bill would give the requesting party the option to receive the records digitally. Some see this as a major cost savings.

Medical providers bristle at any perception that copy services are a profit center. Some claim \$1.00 per page is insufficient reimbursement. They note significant labor is involved in researching records, preventing inadvertent production, and the proverbial "postage and handling." They contend even with the absence of "hard costs" for electronic production, the process of producing medical records is a significant cost of doing business. Thus, they advocate that labor and storage expenditures should be compensated for any statutory change.

Elsewhere, there is a proposal to extend PTSD benefits to correctional officers (HB415/SB816), a broadening of opportunities for state employees to volunteer for disaster relief (HB1181/SB1050), and a budget appropriation to afford raises for Florida's workers' compensation judges (HB1049/SB1298). While these are not substantive changes to benefits or processes, there are potential impacts on medicine and workers' compensation possible in the coming days. By March 13, 2020, the session will conclude and by then there be certainty as to changes.



David W. Langham has been the Florida Deputy Chief Judge of Compensation Claims since 2006. His legal experience includes workers' compensation, employment litigation, and medical malpractice. He has delivered hundreds of professional lectures, published over forty articles in professional publications, and has published over 950 blog posts regarding the law, technology, and professionalism. David is a student, a teacher, a critic, a coach, and a leader. He lives in Pensacola, Florida, with his wife, Pamela Langham, Esq.

SAVE THE DATE! 2020



September 9-11

Savannah Marriot Riverfront



27th Annual



Georgia

Safety, Health and Environmental Conference

Georgia Safety, Health and Environmental Conference

*We would like
to Thank our
Title Sponsor
Mohawk!*



*Join in the HR Workshop for
trending HR compliance,
talent, leadership and business
strategies in HR development.
HRCI and SHRM recertification
credits provided.*



Savannah Marriot Riverfront
100 General McIntosh Blvd, Savannah, GA 31401

- 7 FULL
TRACTS OF
SPEAKERS

- 80+
VENDORS

**LEARN.
NETWORK.
CONNECT.**

FOR MORE INFO PLEASE VISIT:
WWW.GEORGIACONFERENCE.ORG

Hazard and Risk Mitigation: HR “Other Duties as Assigned”

Rushe Hudzinski and Edwin H. Myrick

Despite the division of roles and responsibilities, Human Resource departments are a link to risk and hazard mitigation especially when all organizational employees are affected. We hear yearly about city, county, and state shut downs in the wake of hurricanes or floods. We began the first quarter of 2020 with a pandemic as labeled by the World Health Organization. Was your organization ready with policies and procedures in regard to hazard and risk or were you scrambling to supply answers to employees, clients, and stakeholders? If you answered positively to that question, it is well past time to implement hazard and risk mitigation plans.

According to the Federal Emergency Management Agency (FEMA), “hazard mitigation works to reduce loss of life and property by reducing the impact of disasters. State, tribal, and local governments undertake hazard mitigation planning to identify risks and vulnerabilities related to natural disasters.” Mitigation plans are designed to reduce damage, help rebuild, and stop repeating issues. The key is to parallel the steps that FEMA provides for your organization and create “long-term strategies for protecting people and property from future events” for inclusion in organizational policies.

Consider adding the following items:

- Increase employee education, training and development about potential risks and vulnerabilities
- Build partnerships for risk reduction within and across organizational departments
- Identify organizational strategies focused on risk reduction
- Align risk reduction efforts with the organizational mission, budget and culture
- Identify priorities and direct implementation to focus resources
- Increase or add budgetary line items for mitigation purposes

Risk mitigation goes hand in hand with hazard mitigation although the focus is on business continuity. The process has four steps: identifying, tracking, evaluating and limiting risks that can impact financial loss, organizational damage, and current/projected revenue. Human Resource operational areas that require mitigation accompanied with succinct organizational policies include:

- Talent acquisition and reduction in force procedures
- Pay and compensation procedures for unplanned catastrophic events
- Integrity and ethical leadership required in executive roles
- Legal compliance
- Organizational employee education and training

In times of the unknown, employees need a sound structure. Maintaining employee motivation and productivity, directly maintains organizational response and can reduce revenue loss. Hazards and risk are a “when” not an “if.” Time is well spent preparing mitigation plans before they are needed for successful organizational response and recovery.



Rushe Hudzinski is a professor of Management and Human Resources at Savannah Technical College and serves as the Business Strategy Educational partner for Workplace Health/ SelectOne Network. She is a graduate of Elmira College and Syracuse University. She holds the Global Professional in Human Resources (GPHR) and the SHRM Senior Certified Professional (SHRM-SCP) certifications and presents on strategic human resources and risk management trends and practices. She was awarded the 2020 Savannah Technical College

Instructor of the Year.

Edwin H. Myrick graduated from Georgia Police Academy in 1996 and has completed over 2100 additional training hours through the Peace Officers Standards and Training. In 2012, Officer Myrick became the Director of Emergency Management for Effingham County. He directed the first Level 5 training in the Low Country for Active Shooter with the coordination of five public agencies and corporate organizational participants. Currently, Officer Myrick serves in the Traffic Investigation Unit at the Savannah Metropolitan Police Department. Along with several law enforcement certifications to include crisis intervention, risk management and instructor, Officer Myrick earned a bachelor's degree in Criminal Justice, Management concentration from the University of Phoenix.

The New PMTb in Georgia

Kenny Bishop

The establishment of the Petition for Medical Treatment (hereinafter PMTb) took effect on July 1, 2017 as a tool workers' compensation Claimants could use to expedite medical treatment or testing requested by an authorized medical provider. If a PMT is filed, a telephonic conference will be scheduled no more than five (5) business days from the date of the petition. The Employer/Insurer then has a few options:

- Respond to the PMT prior to the teleconference to indicate treatment is authorized,
- respond that it is not authorized,
- or, appear at the judicial teleconference.

Typically, if the Authorized Treating Physician, or an authorized doctor, recommends treatment or testing, the Judge will approve the Claimant's petition. However, be aware of your defenses and reasons for denial, including:

- Treatment or testing is not related to the on-the-job injury,
- it is not reasonably required to effect a cure, give relief, or restore the Claimant to suitable employment,
- it is not being offered by an authorized panel or referral medical provider;
- or, additional, specified information is needed prior to approval.

Then, on September 1, 2019, the State Board gave the Employer/Insurer the option to compel the Claimant to treat with the newly revised PMTb process. The PMTb expands the PMT process to permit the Employer/Insurer to petition the Board for a judicial teleconference with the Judge to require the Claimant or their attorney to show cause why an Order should not be issued directing the Claimant to attend an appointment with an authorized treating physician.

Therefore, when an appointment has been scheduled for the Claimant with an authorized treating physician and the Claimant has been provided with at least five (5) business days advanced notice, but failed to attend, the Employer/Insurer may file a petition for the Claimant to show cause as to why an Order should not be issued directing the Claimant to attend the appointment. In response to this, the Claimant must respond that he/she will attend or participate in a conference and explain why he/she does not agree to attend.

If the Claimant failed to attend the rescheduled medical appointment as agreed or as directed by a previous Order from the Board, the Employer/Insurer can file a second petition, called the PMTb – Failure to Attend Medical Appointment/Suspend Benefits Petition. This petition will be filed with the Board to issue a notice of telephonic conference within five (5) days during which the Claimant and/or the Claimant's attorney shall be directed to show cause why the employee's disability benefits should not be suspended.

Our office is here to assist with any questions regarding these policies and procedures.

Kenny Bishop, Attorney-at-Law, focuses his practice in Workers' Compensation defense, representing Employers and Insurers in all aspects of workers' compensation claims and disputes throughout Georgia. He can be reached at kbishop@eraclides.com or at <http://www.eraclides.com>.



Kenny Bishop, Attorney, focuses his practice in Workers' Compensation defense, representing employers and insurers in all aspects of workers' compensation claims and disputes throughout Georgia. More information can be found at <http://www.eraclides.com/>.

SUSTAINED SUCCESSFUL OUTCOMES



- Outcome-Focused Neurobehavioral Program
- Spinal Cord Injury & Dual Diagnosis Program
- Brain Injury (ABI & TBI) & Stroke
- Complex Orthopedic Injury
- Outpatient Rehabilitation Services
- Supported Living

NeuLife™ Rehab



800.626.3876 | wcreferrals@neuliferehab.com | NeuLifeRehab.com
Streamlined easy admissions process.

2725 Robie Avenue | Mount Dora, FL 32757

Non-Compliance with Pain Management or Substance Abuse Treatment/Programs: Could it be (ABI) Acquired Brain Injury?

Michael Samogala, RN, CRRN, CBIS

As we know from multiple sources published over the decades, many addictive substances act in the brain to produce their euphoric effects; however, some can also cause significant brain damage due to seizures, stroke, and direct toxic effects on the brain cells themselves. Repeated use leads to changes in the function of multiple brain circuits that control pleasures/reward, stress, decision-making, impulse control, learning and memory, and other functions. As time and study progresses, we are beginning to understand the mechanisms of this cellular damage or injury to the brain itself as being commonly related to the brain's reaction to prolonged exposure to these substances and/or the related hypoxia (deficiency in oxygen) that may occur on a cellular level. Researchers say certain "club" drugs trigger a chemical chain reaction in the brain similar to what occurs during traumatic brain injury, leading to cell death, memory loss, and potentially irreversible brain damage.

In further discussion, definitive identification and diagnoses can be established utilizing modern imaging techniques. The central nervous system effects of these drugs include: neurovascular complications, encephalopathy, atrophy, infection, changes in the corpus callosum, and other miscellaneous changes. Imaging abnormalities indicative of these complications can be appreciated at both magnetic resonance (MR) imaging and computed tomography (CT).

Although many of us are not experts in these types of injuries or able to effectively analyze the latest research, we, as healthcare or compensation/benefit providers, must acknowledge these individuals. Considering what we are now aware of as being a result of true impaired function (cognitive, decision making, impulsivity, behavioral, or physical deficits), or injury that causes, at least in part, a non-intentional pattern of behavior leading to ineffective treatment or unsuccessful productive outcomes, including the ability to return to gainful employment.

Even though determining the possibility of this type of brain injury is a multistep process, patients should begin with the identification and confirmation of the injury followed by a referral to an accredited neurorehabilitation/neurobehavioral program able to focus on individual barriers to success and independence.

In summary, the success and final outcome of the individual with an acquired brain injury from a non-traumatic source will depend on many factors; one of the most influential being the identification of the substance-induced ABI, as well as the type and quality of the post-acute neurorehabilitation/neurobehavioral program the individual is referred to for care and treatment. The CARF accredited Brain Injury Specialty Program at NeuLife Post-Acute Rehabilitation (residential or outpatient) offers services providing this level of care.



1-National Institute on Drug Abuse
2-University of Florida ScienceDaily
3-Neurological/Head and Neck Injury, Benita Tamrazi Jeevak Almast



Michael Samogala, RN, CRRN, CBIS, has provided professional nursing and education services to the healthcare community for over forty years. He received board certification in rehabilitation nursing, as a brain injury specialist, and serves as the Director of Corporate Education, NeuLife Neurological Services.



RESURGENS^{PC}

FOOT & ANKLE CENTER

MORE **PHYSICIANS**, MORE **LOCATIONS**, MORE **CARE**

The most trusted Foot and Ankle Specialists in Georgia.



ERROLL A. BAILEY, MD



RAJ BHOLE, MD



MICHAEL J. CLARK, MD



JOHN R. GLEASON, MD



DEBORAH KOWALCHUK, MD



SOURENDRA RAUT, MD



DAVID G. SCOTT, MD



GARY W. STEWART, MD



PHILLIP WALTON, JR., MD



M. SHAY WOMACK, MD

RETURN EMPLOYEES BACK TO WORK QUICKLY & SAFELY

See a Resurgens Foot & Ankle Physician within 24-48 Hours

404.531.8484

workerscompschedulers@resurgens.com

Have questions about the WORKLINK program? Contact Julie Reagin
reaginja@resurgens.com Phone: 404-531-8457



RESURGENS^{PC}
ORTHOPAEDICS
worklink

- 24 CONVENIENT ATLANTA LOCATIONS
- NON-SURGICAL & SURGICAL FOOT & ANKLE CARE
- SPECIALIZED FOOT & ANKLE REHAB
- MINIMALLY INVASIVE SURGERY
- [RESURGENS.COM/FOOT-ANKLE](https://www.resurgens.com/foot-ankle)
- [RESURGENS.COM/WORKLINK](https://www.resurgens.com/worklink)

Calcaneus Fractures and Workers' Compensation

Gary W. Stewart, M.D.,

The calcaneus, also known as the heel bone, is the most commonly fractured bone of the foot. It is frequently caused by a fall from a height, a motor vehicle accident, or a crush injury while at work. Fractures to the calcaneus are debilitating. If treated poorly, they result in significant morbidity. These fractures are best treated promptly by an Orthopaedic Surgeon, specifically a fellowship-trained foot and ankle specialist or an Orthopaedic Traumatologist. Some minimally or non-displaced fractures can be treated without surgery. But commonly, if there are no operative contraindications, displaced calcaneal fractures require operative treatment.

Calcaneus fractures are fraught with complications even in the best circumstance. The resultant widening of the bone, joint injury, and soft tissue damage frequently result in chronic heel pain. This chronic heel pain can be manifested as:

- Hind foot/ankle stiffness
- Loss of normal gait
- Shoe wear problems
- Chronic nerve pain/neuropathy



Calcaneus fractures can be extra articular, which means they do not involve the joint. Also, they can be intra articular, which means they involve the joint.

Operative fixation of displaced calcaneal fractures can result in restoration of normal anatomy with improved post-operative function and decreased osteoarthritis. However, wound complications can be more common than other foot fractures. Wound complications are increased in uncontrolled diabetics, patients with vascular insufficiency, and those who are smokers.



Extra articular



Intra articular

Multiple incisions are made to provide fixation for calcaneal fractures. Traditionally, a lateral extensile approach that lifts a flap of skin off the heel to provide visualization to the calcaneus has been used. More recently, a sinus tarsi approach addresses the fracture with an incision directly over the sinus tarsi. In the hands of an experienced surgeon, this has been shown to result in a decrease in wound complications.

Even calcaneal fractures that have been treated appropriately can develop post traumatic arthritis to the surrounding joints.

Joint injury(s) can require a procedure called a subtalar joint fusion/arthrodesis. This procedure takes a stiff, painful arthritic joint and creates a stiff, painless joint.



Whether the fracture is treated with surgery or not, shoe wear modifications such as a rocker bottom and/or a stiff sole shoe can help with ambulation. Additions, such as custom orthotics or bracing, can help with pain and walking after a calcaneal injury.

Remember, calcaneal fractures in the workers' compensation patient are a serious injury and require prompt state-of-the-art care by a Board Certified Orthopaedic Surgeon for the best outcome.



Gary W. Stewart, M.D., FAAOS Director, Resurgens Foot & Ankle Center, specializes in Adult reconstruction of the foot and ankle, Total Ankle Replacement, Foot and Ankle Arthritis, Bunion Surgery, Sports Medicine, and General Orthopaedics.

Call: 404-531-8484 www.resurgens.com/worklink

ROSS, HANDELMAN, NESTALE & GOFF, LLC

ATTORNEYS AT LAW

ALBANY ATLANTA AUGUSTA COLUMBUS SAVANNAH

OVER
75 YEARS OF EXPERIENCE
DEFENDING EMPLOYERS

Ross, Handelman, Nestale & Goff provides general liability and workers' compensation legal defense throughout Georgia for insurers, TPA's and employers. Through constant communication with its clients, the firm strives to provide the best legal advice and court room defense representation available.

229-299-9911
WWW.GACOMPLAWYERS.COM



C. TODD
ROSS



TODD S.
HANDELMAN



ERIC M.
NESTALE



AMANDA K.
GOFF

ALBANY
632 Pointe North Blvd.
Albany, GA 31721

ATLANTA
3500 Lenox Rd.
Suite 1500
Atlanta, GA 30326

AUGUSTA
2918 Professional Pkwy.
Augusta, GA 30907

COLUMBUS
233 12th St.
Suite 911E
Columbus, GA 31901

SAVANNAH
100 Bull St.
Suite 200
Savannah, GA 31401

Back to the Basics: Compensability and Expenses

C. Todd Ross, Esq.

I have responded to many enquiries regarding the compensability of various conditions, items, and expenses related to Workers' Compensation. I have reminded clients to return to the basics. As such, this article will review the five (5) benefits provided to an injured worker under Georgia's Workers' Compensation Act. Individual circumstances will dictate the results. However, please consider the following overview of the benefits available.

1. **MEDICAL:** An employee who suffers a compensable injury is entitled to medical benefits. Specifically, they are entitled to benefits which "shall be reasonably required and appear likely to affect a cure, give relief, or restore the Employee to suitable employment." O.C.G.A. § 34-9-200(a)(1).
2. **LOST WAGES:** An injured worker is entitled to a portion of lost wages. Moreover, an injured worker who is able to return to work, but is earning less than they were earning prior to injury is entitled to a portion of the lost wages. These benefits are statutorily defined as temporary total disability benefits for a complete inability to work; and temporary partial disability benefits for an injured worker who is able to return to work, but is earning less.
3. **IMPAIRMENT:** The impairment of an injured worker is statutorily defined as permanent partial disability. The Act requires a mathematical calculation to convert the compensable impairment to a dollar figure in compensation.
4. **CATASTROPHIC:** The Act recognizes that certain injuries are so significant the employee is entitled to dramatically different benefits. Catastrophic benefits include: lifetime income benefits, lifetime medical care, housing modifications, powered wheelchairs, accessible vehicles, housing modifications, and many other options for adjusting to life after a significant injury. For example, the workers' compensation provider may have to provide someone to care for the lawn of an employee as well as provide basic house cleaning and attendant care.
5. **DEATH:** The Act provides for benefits in the event of death from a workplace injury. These include payment of medical care provided prior to death as well as funeral expenses. Death benefits also include payment

for lost wage benefits to a surviving spouse, children of the deceased employee, and other beneficiaries. For a surviving spouse, lost wages are paid for 400 weeks or until the spouse reaches age 65, whichever is greater. For dependent children, the benefits are payable until age 18 or age 22, so as long as they are enrolled, full-time, in post-secondary education. Of note, in the event there is a child who is impaired such that they cannot earn a living, benefits are payable for the lifetime of such child.

Should you have questions regarding a specific fact pattern, please contact our law firm for guidance.



C. Todd Ross serves on the Legal Committee for the Georgia State Board of Workers' Compensation's Steering Committee. He has presented on workers' compensation topics to numerous claims associations, TPA's, employers, insurers, self-insured, and at State Bar of Georgia seminars. He is also very active with the Georgia Association of Manufacturers.

Innovative Option for Treating Knee Pain without Surgery

Michael Schurdell, M.D.

Millions of Americans suffer from chronic debilitating knee pain. Not every patient is amenable to surgery for a variety of reasons. Luckily, *genicular nerve radiofrequency ablation* has emerged as an effective, nonsurgical option for patients suffering from moderate to severe knee pain of more than six months.

Patients who are not candidates for surgery or whose pain continues after surgery may benefit from diagnostic blocks of three (3) of the genicular nerves involved in transmitting knee pain signals to the brain. After successful diagnostic blocks, radiofrequency ablation can be performed and has been shown to provide sixty to ninety percent (60-90%) pain in a majority of patients with relief lasting three to six months—sometimes longer.

One randomized controlled trial even demonstrated a subset of patients after genicular nerve radiofrequency ablation experienced improved function and greater than fifty percent (50%) pain relief through twenty-four months. A growing body of literature shows genicular nerve radiofrequency ablation to be cost-effective in decreasing pain and improving activity when compared to traditional treatment.

The following case is an example of this achievement:

Gilbert*, a forty-eight-year-old (48) man, suffered from chronic knee pain for over a decade. He had slipped on a bottom step while working delivering a package. His life changed at that moment. He underwent two knee surgeries, but continued to suffer from daily pain which limited his ability to continue his career. His treating physician, a surgical specialist, prescribed pain medications to him for years. Yet, Gilbert was disappointed with the lack of results.

One day, sensing Gilbert's frustration, the physician mentioned a new procedure called *genicular nerve radiofrequency ablation*. Although having experienced disappointment with other treatments, Gilbert remained optimistic. His case manager and adjuster understood his struggles and were supportive of his referral to a conservative, board-certified, pain management physician.

In 2018, I saw Gilbert for a diagnostic genicular nerve block. As a former military man, he fondly recounted tales of scaling walls, jumping out of helicopters, and jogging regularly... before his injury. Within minutes of the block completion, Gilbert remarkably and unexpectedly stood, squatted up and down three times, and then jumped a few inches off the ground. While look on his face and the tears in his eyes said it all, he added, "I haven't been able to do that for over ten years."

After successful completion of genicular nerve radiofrequency ablation, Gilbert began to take his life back.
(*Name changed for privacy.)

The 2020 CPT codes for genicular nerve blocks and radiofrequency ablation are indications of the growing popularity of this approach to knee pain. Genicular nerve radiofrequency ablations is a viable treatment option to help decrease case cost, improve work status, and decrease pain in patients suffering from chronic knee pain.

It helped change Gilbert's life for the better and could do the same for countless other patient's currently suffering knee pain.



Michael Schurdell, M.D., is a board-certified anesthesiologist with subspecialty certification in Pain Management. He received his Bachelor's Degree in Microbiology from Brigham Young University and his medical degree at University of Texas Medical School at Houston. To learn more or to schedule an appointment, please visit ThePhysicians.com.

Calhoun
1060 Red Bud Road NE
Calhoun, Georgia 30701

Rome
18 Riverbend Drive, Suite 100
Rome, Georgia 30161

The Work Comp Playbook 3.0

Steve Heinen, AAI, CWCP

I am excited to announce the release of *The Work Comp Playbook for Employers 3.0*. The heart of the Playbook is our comP4® process, the industry's leading risk management strategy and one that takes a holistic approach to workplace safety and risk. comP4® is a compilation of twenty-one (21) plays (Pre-hire, Post-offer, Prevention, and Post-claim). The proven process reduces workers' compensation costs by at least twenty-five (25%).

The focus of *The Work Comp Playbook for Employers 3.0* is actionable advice to jumpstart your safety and risk program. We understand the challenges employers have implementing a best-in-class workplace safety program. The Playbook was written to help employers fast track results.

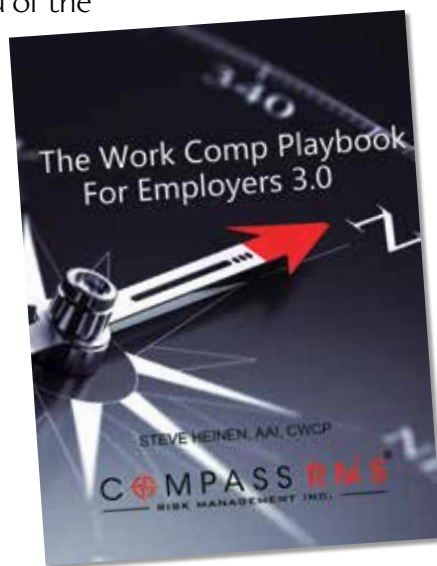
Consider **Play 7 -Safety Training**. Organizations often cut back on safety training because of the poor return on investment (ROI.) In the chapter on training, I lay out six (6) steps to develop a training plan that will guide employers toward a more accountable and effective safety training program. Here's a peek at one such concept:

To reduce training time and improve comprehension, we use QR codes to post training on the employee bulletin board. Employees hold up their camera to the posted code and the training is launched and tracked for reporting purposes.

To see how it works, point your smartphone camera at the QR code to launch a six-minute training program on *The Six Steps to Develop a Safety Training Program*. When you see a link appear on the top of your screen, click and enter code 27747. Normally, we add a quiz at the end of the training to test compliance. However, in this example, we added a link on the last slide to push out a survey. If you complete the survey, you will be entered into a drawing. In conjunction with Workplace Health Magazine, we will be giving away five (5) free copies of *The Work Comp Playbook for Employers 3.0*. The winner will be notified via email.

The above activity ties in another important concept we talk about in The Playbook. **Play 10** is Safety Motivation and it introduces the concept of gamification in safety. So, you see... in the above activity, we offered an incentive (free books) to readers to complete the training. Incentives, if used the right way, can promote safety behavior. We offer several options for gamification through our Compass Risk Management Platform.

If you don't want to wait for the drawing you can purchase *The Work Comp Playbook for Employers 3.0* from my website www.managedcomp.net or on Amazon. If you would like multiple copies for your business or organization, please contact me directly.



Book Giveaway! Please complete the quick five-minute training. Hover your phone over the QR code and input the following number: 27747. When you complete the survey at the end, you will be entered into a drawing for a chance to win one of five signed copies of Steve Heinen's book.



Steve Heinen, a partner at Pritchard and Jerden. He developed the P4 process (now comP4®) in 2000 and it has been utilized by hundreds of organizations to reduce cost. His Work Comp Playbook for Employers has sold over 2,000 copies and his Compass Risk Management System is designed to help organizations implement a proven risk management process.



**Supporting Georgia's Business Leaders & HR Professionals
with strategic support, professional development,
expert insight and value-added resources for navigating the
ever-evolving business landscape**

LEGAL AND CONSULTING SERVICES

- Employment Law and Compliance Services
- Access to Constangy, Brooks, Smith & Prophete, LLP
- "Arm Chair" Legal Advice
- Management Consulting
- Corporate Planning

PROFESSIONAL NETWORKING AND EXECUTIVE/MANAGEMENT RECRUITING

- Networking Opportunities with Industry Professionals
- Spring and Fall Conferences
- Recruiting Resources
- GEA Job Board

HR SERVICES AND RESOURCES

- HR Hotline for Rapid Answers
- HR Answers Now (\$1,600 Value)
- Engagement Survey
- Wage Survey
- Employer and Employee Benefits Programs
- HR Compliance Audit
- Weekly Newsletter

EDUCATIONAL AND LEADERSHIP TRAINING

- Spring and Fall Conferences
- Management and Leadership Training Series and Workshops
- PHR/SPHR Certification Training
- On-Site Executive Coaching

**For membership:
director@georgiaemployers.org
(478) 722-8282**

georgiaemployers.org



Vision 2020: HR On Top



SHRM Georgia STATE CONFERENCE

Vision 2020: HR On Top

SEPTEMBER 30– OCTOBER 2, 2020
The Evergreen Resort at
Stone Mountain State Park

REGISTER TODAY
SHRMGA.SHRM.ORG



5 Speaker Tracks:

Benefits
Engagement
Leadership
Legal/Legislative
HR Expert Series



The Important Role of Case Managers

Ana Rao-McCann, MS, CRC, CCM

A workers' compensation claim involves many individuals considered a party to the claim and involves: the worker, their attorney (if applicable), the employer, and adjuster. Case managers are not a party to the actual claims filing, but they do serve an integral role as patient advocate. They are also referred to as a rehab supplier, nurse case manager, external case manager, and/or rehab counselor, but are not to be confused with a telephonic case manager from an insurance company or third-party.

When a workers' compensation case—catastrophic or non-catastrophic injury—presents itself to a carrier or self-insured employer, they contact a case management company and request field assistance. They, in turn, talk to the injured worker, adjuster, employer, attorney, etc., to address case dynamics and commence services.

In a catastrophic injury (quadriplegia or paraplegia, traumatic brain injury, complete amputation of an extremity, blindness in both eyes, and/or burns over a certain percentage), the role of a rehabilitation supplier or case manager is mandatory and the parties will agree to a specific supplier registered with the Board.

The case manager meets with the medical team and injured worker to coordinate care and address treatment. The authorized treating physician (ATP) makes projections for recovery (maximum medical improvement) and the employee's ability to return to their pre-injury vocation. The doctor and/or physical therapist can do a Functional Capacities Evaluation (FCE) to determine the worker's return-to-work potential.

If the employer can provide reasonable accommodations to the pre-injury job or identify another job meeting the FCE criteria, an onsite job description/analysis is completed and presented to the ATP. Once the employee is released and no further treatment is deemed necessary, a return-to-work plan is identified.

There are occasions when the employee is not able to return to any form of work following an injury. In such cases, the parties reach a settlement. At that point, the injured worker has to resign from their position in the company.

Employers and insurers can request case management services for a limited time if cost is an issue. That ensures the injured worker receives the appropriate care and assistance required. Once they're an established patient, the case manager closes the file.

Employers and insurers should address case management services with an injured worker so they are aware of their options. The worker signs, as per law, a medical release and voluntary rehabilitation agreement form allowing the case manager to take over and help with a smoother flow throughout the process. Attorneys can refuse case management under Board Rule 200.2; there's no contact with the injured worker, but case managers can meet physician, physical therapist, and employer to provide updates to all parties.

Case managers are registered/certified with their state's Board of Workers' Compensation and governed by a peer Ethics Committee. They diligently work assisting and facilitating rehabilitation services and a successful return to pre-injury lifestyle for the injured worker. Even if a worker cannot return to duties due to medical or vocational reasons, they can deal with their injury better without added stress and confusion thanks to their case manager.



Aruna Rao-McCann, MS, CRC, CCM, holds a Bachelor of Science with Honours in Psychology from Delhi University in India. She received her Master's in Rehab Counseling from Georgia State University in Atlanta.

Please visit the managed care and rehabilitation site on the sbwc.org website.





G E O R G I A

Public Risk
Management Association

ABOUT THE PUBLIC RISK MANAGEMENT ASSOCIATION

The **Public Risk Management Association (PRIMA)** is North America's largest risk management association dedicated solely to the practice of public entity risk management. For three decades, PRIMA has been dedicated to providing hard-hitting, practical education and training for public entity risk management practitioners like you.

There are more than 2,200 PRIMA member entities, of which 1,800 are local governments. These entities realize that membership provides the necessary tools and solutions needed in today's complex and changing risk management environment.

The Georgia Chapter of the **Public Risk Management Association (PRIMA)** was established in 2004 to provide education, training and professional development opportunities for public sector risk management professionals in the State of Georgia.

Our mission is to enhance the professional skills of our members through:

- quarterly meetings with topics and speakers directly related to the profession
- our annual Educational Series is generally held in spring, an education-intensive multi-day seminar where members learn, network, and meet with private sector representatives from businesses offering services to the membership.
- Networking opportunities throughout the year, allowing members to effectively share and exchange ideas and solutions with their colleagues.

We work to further the best interests of governments, governmental agencies, intergovernmental risk pools, school districts and other special districts in their risk management activities.

LEARN MORE ABOUT GEORGIA PRIMA

We invite you to join us at an upcoming meeting to discover how Georgia PRIMA can contribute to the success of your risk management programs, and benefit your career through our many professional development opportunities.

Workplace Health is excited to be a partner with Georgia PRIMA.



Complex Medical Malpractice Claim Solution

The Case

A regional hospital referred a challenging medical malpractice claim involving a child diagnosed with cerebral palsy, epilepsy and significant developmental delays to Independent Life. Due to the nature of the claim the life expectancy, medical cost projections and valuation ranges were each hotly contested items.

The Challenge

The continuing low interest rate environment reduced the benefit of tax free payments using a structured settlement. Combine that with existing insurers' reluctance to recognize the degree of impairment in complex cases and structured settlements are less attractive than cash. Consequently, prior to Independent Life, the hospital's legal and risk management team had elected to not present a structured settlement as part of the negotiation process on this case.

The Independent Life Difference

Complex, high-value cases like this one demand a thorough medical life expectancy evaluation. Only Independent Life is willing to invest the resources needed to accurately evaluate the risk and set a realistic life expectancy. Independent Life is willing to back that up by offering a higher paying life annuity. The lesser offerings of competitors lead to no settlement. Independent Life's offer leads to a discussion on realistic life expectancy and spurs a settlement.

The chart below shows a complete market survey for a \$5,000 monthly benefit guaranteed for 30 years and life thereafter for the injured child:

	RATED AGE	MONTHLY BENEFIT	PREMIUM COST	PREMIUM INCREASE	% INCREASE
Independent Life	60	\$5,000	\$1,292,992	-	-
Berkshire Hathaway	27	\$5,000	\$1,468,429	\$175,437	14%
American General	37	\$5,000	\$1,512,164	\$219,172	17%
Metropolitan Life	29	\$5,000	\$1,516,530	\$223,538	17%
Prudential	16	\$5,000	\$1,598,465	\$305,473	24%
Pacific Life	15	\$5,000	\$1,639,344	\$346,352	27%
Mutual of Omaha	NA	\$5,000	\$1,644,196	\$351,204	27%
New York Life	9	\$5,000	\$1,721,763	\$428,771	33%

After Including Independent Life, the plaintiff and defendant reached a settlement using a structure for this complex claim.



“Since the economic crisis of 2008, the claims and legal communities have seen the value proposition of a structured settlement erode. Independent Life has taken a substantial step forward to restore the economic benefit of a structured settlement. Ideally, the improved economics of the structured settlement will help create win-win scenarios on the most complex claims.”

- BRYAN ROTELLA, ESQ.
GenCo Legal, gencolegal.com



The Importance of Underwriting

Christopher M. Bua, J.D.

If you have been settling workers' compensation claims for a long time and it seems that annuity writers are not recognizing reduced life expectancies for severely injured people like they used to, you are not wrong.

At its peak, twenty-six name-brand insurers vied for this business. With that many chasing a small market, some used overly-aggressive underwriting as a means of justifying a lower price and winning cases. Only when people continued living and collecting benefits more than what the insurer could afford did companies face the fact that being overly-aggressive was not a viable business strategy. Coupled with the 2008 financial crisis, many carriers left the settlement market. Those remaining shifted toward being ultra conservative. They could do that because they could still get all the business they wanted with a larger share of a shrinking market.

Consider this 2008 case of a five-year old with severe cerebral palsy from a birth injury. The life expectancy for people with cerebral palsy varies greatly depending on the degree of incapacity. As shown in the table below, six competitors offered rated ages ranging from 24-64. The table below shows the cost for \$11,000 per month, starting immediately where the only difference is the rated age. Note the wide range of costs to provide these benefits, so underwriting really matters to the person footing the bill.

Company	Rated Age in 2008	Price*	Rated Age in 2018	Price
Co. A	64	1,970,714	Left the market	-
Co. B	31	2,543,923	Left the market	-
Co. C	51	2,256,377	Left the market	-
Co. D	24	2,754,876	21	3,255,829
Co. E	39	2,634,872	13	3,436,776
Co. F	53	2,467,876	44	2,698,968
Independent Life	Not Available	Not Available	60	2,257,177

By 2018, three of these had left the market. Of those remaining, when presented with exactly the same medical records, it was clear they have gotten much stingier in their offering. Arguably, two of these set a price merely to be polite. They clearly don't want to win this case.

Independent Life was formed partially in response to lack of competition and this deterioration in underwriting. We do an in-depth medical evaluation, produce a thoughtful analysis, and make an attractive, if somewhat conservative, offer.

This shows how much good underwriting can save you. Applying some of the savings to increase the benefits can lead to a resolution of the case. A win-win scenario.



James D. Atkins is the Chief Executive Officer of the Independent Life Insurance Company. James is the former CEO of Legal & General America. Under Atkins' leadership, LGA grew sales more than fifty percent over its previous high-water mark and became the carrier of choice for high-valued term life insurance and top ten provider of protection-focused life insurance sold through the independent distribution channel.

Orthopedic Sports Medicine for Workers' Comp

David N. Palmer, M.D.

Treating knee and shoulder injuries in workers' comp situations is similar to treating athletes who have the same injuries. The goal is the same: get them back to a functional return as soon as possible.

Knee and shoulder injuries seen in our work force are the same injuries we see in athletes; most are self-limiting and can be treated non-operatively. These include contusions and sprains. It is crucial to identify these and differentiate them early on from the injuries that do not improve with conservative management. Knee injuries include meniscal tears and ligament injuries.

A skilled orthopedic sports medicine surgeon, who is proficient in diagnosing these injuries, can get the injured worker back sooner by knowing when to obtain diagnostic imaging, such as an MRI. Alternatively, simple sprains and contusions typically don't need more images. In a similar fashion, rotator cuff injuries and labral tears can be diagnosed early so potential surgical treatment can be offered for earlier return-to-work.

In my practice, meniscal tears do better with operative treatment which includes meniscal debridement or repair. The pattern of the tear determines how the injury needs to be treated with meniscal debridement or removal of only the torn fragment or if it can undergo meniscal repair. Meniscal repair can require more technical expertise sequelae, such as arthritis. Again, the pattern of the tear normally determines the treatment intraoperatively and most meniscal tears are not repairable because of the lack of viable blood supply in the torn region.

Shoulder injuries that most often do better with surgery include tearing one of the four rotator cuff tendons with the supraspinatus tendon being the most common. This is followed by the tear of the subscapularis and infraspinatus tendons. Lastly, the teres minor tendon is rarely torn. The rupture or avulsion of the supraspinatus tendon occurs at an area of low blood flow—watershed area on the bone—that it inserts on. This makes it difficult or impossible to heal with non-operative treatment. Non-operative treatment may be chosen by the patient and treatment team if medical conditions are non-conducive for surgery. Prognosis often seems to correlate with the size of the tear. I recommend repair of the full thickness tear in an otherwise healthy person.

Labral tears are also fairly recalcitrant to non-operative treatment. The labrum is the cartilaginous tissue around the socket or glenoid cavity of the shoulder it deepens the glenoid cavity and provides stability to the shoulder. In addition to deepening the glenoid, the labrum has attachments to ligaments and can be associated with concomitant dislocations of the shoulder or the feeling that the shoulder is “slipping out”. This can cause recurrent pain and functional limitations without surgical repair.

Both rotator cuff repair and labral repair can be done with less invasive arthroscopic techniques. They typically require more post-operative recovery time and limitations than the knee injuries do but excellent recovery can be seen with both types of injuries.

At Optim Orthopedics, we have surgeons specifically trained to handle these injuries to request and appointment call out office at 912-644-5300.



David N. Palmer, M.D., is a skilled orthopedic sports medicine surgeon with Optim Orthopedics specializing in injuries, diseases, and conditions affecting the knee and shoulder. Dr. Palmer utilizes his vast experience to resolve pain by employing the most advanced treatments and technologies, including arthroscopic surgery, joint replacement, non-surgical treatments, and more while providing a personalized plan of care for each patient. Dr. Palmer's clinic practice locations are in Pooler, Richmond Hill, Rincon, and Savannah, Georgia.



Optim Orthopedics Has You Covered



**Optim Health System is a collaboration with Optim Orthopedics and the physician-owned Optim Medical Center Tattall*

KNEE AND SHOULDER INJURIES

Knee and shoulder injuries are common Workers' Comp injuries. At Optim Orthopedics, we have surgeons specifically trained to diagnose and treat these injuries, and others, quickly and competently getting your injured employees healthy and back on the job as quickly as possible.

For more information, contact:

p: 912.644.5384 **f:** 912.644.6190

e: workcomp@optimorthopedics.com



BenchMark
PHYSICAL THERAPY

Part of the Upstream Rehabilitation
Family of Clinical Care

Where Outcomes Matter

- PT & OT
- Work Conditioning
- FCEs
- Impairment Rating Calculation
- Employee Testing
- Ergonomic Analysis
- Jobsite Analysis
- Return to Work Programs
- Wellness Programs
- Safe Lifting Programs



WORK COMP CENTRAL SCHEDULING
P (800) 578-1104 • F (423) 362-5069
CentralSchedulingWorkComp@urpt.com

Workplace Health Magazine gets around!



Workplace Health Symposium: February 21st



Networking During a Nail Night Event



Dr. Wayne Kelley with OrthoGeorgia visits Georgia Power in Macon and provides important back injury prevention tips for their employees.

ACCIDENTS HAPPEN: WE CAN HELP.



We know the **BUSINESS** of **WORK COMP**

Since 1953, **Peachtree Orthopedics'** physicians have treated work-related injuries with a full understanding of the unique medical-legal nature of workers' compensation cases. We work closely with employers, insurance carriers, adjusters, nurse case managers and rehabilitation consultants to ensure the patient gets back to work safely and efficiently. We offer **immediate response, frequent communication, timely appointments and precise documentation.** Our workers' compensation services include:

Evaluation and
Treatment of
Work-Related Injuries

Rehabilitation and
Return to Work
Services

Independent Medical
Exams (IME)

Second
Opinions



PEACHTREE ORTHOPEDICS

To learn more, call **404.350.4799** or email workerscomp@pocatlanta.com

8 Locations | 60+ Years Experience | 34 Physicians



"Improving the Quality of Life for Every Client through... a Spirit of Caring"

Catastrophic Homecare Experts Individualized Clinical Supervision

- SCI • TBI • Amputations • Wound/Burn Care
- Orthopedic Injuries • Strokes & Neurological Disorders
- Attendant Care & Skilled Nursing
- In-House Pharmacy for Home Infusion Therapy

800-542-8889 www.CareMasterMedical.com

"I have been working with Caremaster for 20 + years. They have been dedicated to the service of their clients and patients throughout all of those years and always work to build upon their core mission. I rely upon being able to work directly with staff that shares the same values that I do for my patients and can immediately address issues that arise in an ever changing patient care landscape."

– Suzanne Tambasco, RN, BSN, MEd, CCM, CRRN, COHNS/CM, NCLCP, LNCC, MSCC



Workplace Cyber Hygiene: “Flattening the Curve”

Scott C. Scheidt

“In today’s unprecedented context, a cyberattack that deprives organizations access to their devices, data, or the internet could be devastating and even deadly,” explained the World Economic Forum, adding, “In a worst-case scenario, broad-based cyberattacks could cause widespread infrastructure failures that take entire communities or cities offline, obstructing healthcare providers, public systems and networks.”

Dire straits does not have to be the future. Concerns are mitigated by focusing awareness when it comes to workplace health. Good cyber “hygiene” is critical during disaster response. Government entities give instructions and guidance for workplace settings. In the contemporary technology-rich surroundings, days of sending workers home and losing all output are gone. Schools are implementing online course delivery with apps like Class Dojo. Service providers are offering free internet access for students and family members at home. Businesses that can maintain a level of organizational progression have instituted teleworking.

What are workplace cybersecurity concerns?

The longer individuals spend online, the more susceptible they become to risky internet behavior. Risky behavior may stem from the focused worker following telework expectations. Threat actors are savvy in “Social Engineering” and can use uncontrolled open source information to find vulnerabilities in any network. Organizational security teams must be proactive in detecting threats and anomalies. Workers must maintain awareness that teleworking puts them in a heightened position for compromise. Recommended “Cyber Hygiene” practices include:

1. Passwords, VPN, Encryption

Passwords should be long, complex, and different on every site with network firewalls active. Select a reputable password manager to generate strong passwords. If the organization has a VPN, have a policy that requires its use. If the organization does not have a VPN, teleworkers can find one for use. Encrypt devices containing sensitive data – laptops, tablets, smartphones, removable drives, and cloud storage.

2. Verification Vigilance

Be careful when installing software, giving out organizational/personal information, and slow down when reading emails to make sure everything looks and feels right. Digital viruses spread much like physical ones; a teleworkers oversight could contaminate others in the organization.

3. Antivirus and Updates

Antivirus software programs scan computers for viruses, malicious software, and remove the threats. It’s a vital component of cyber hygiene that confirms and maintains the “health” of devices. Provide instructions for how teleworkers can check for updates to ensure software and operating systems have the strongest security posture. Automatic scheduling will help ensure the latest protections are being used.

4. Multi-factor authentication

Two-factor authentication requires a worker to submit a password, username and a unique code sent to cell phones over an authenticator application. Multi-factor authentication adds additional layers of security to make access difficult to devices and information.

Remember: focus and vigilance will carry the workforce successfully through “Flattening the Curve.”



Scott Scheidt is the Department Head of Cyber Programs for Savannah Technical College. He holds a Bachelor of Arts Degree in Economics from Georgia Southern University, a Master's in Business Administration from Touro University, and Master of Science Coursework in Cybersecurity Technology through University of Maryland. Scott holds industry cyber certifications that include Certified Vulnerability Assessor, Certified Disaster recovery Engineer, and Certified Incident Handling Engineer. He has also taught courses at the university level that include Cyber Warfare and Criminal Justice Graduate Special Topics in Cyber Crime.



more physicians

100+ Physicians trained in workers' compensation
Board Certified and Fellowship trained experts
with reserved appointments within 24-48 Hours
of request

more locations

24 Convenient Locations
19 Rehabilitation Clinics
8 Surgery Centers
11 Imaging & MRI Locations
- Including Open MRI and 3D CT Scan

more care

A dedicated work comp team available to assist
you and help ensure physician communication
is easy and fast
Offering FCE'S and IME's
Same day follow-up with work status reports

RETURN EMPLOYEES BACK TO WORK QUICKLY & SAFELY



RESURGENS^{PC}
ORTHOPAEDICS

YOUR
partner
IN WORKERS' COMPENSATION

worklink

See a Resurgens Physician within 24 to 48 hours

404.531.8484

workerscompschedulers@resurgens.com

Have questions about the
WORKLINK program?

Contact Julie Reagin
reaginja@resurgens.com
Phone: 404-531-8457

Resurgens Orthopaedics Holds Inaugural WorkLink Summit

Resurgens Orthopaedics held a Workers' Compensation Summit on February 5, 2020. The goal of the WorkLink Summit was to highlight the orthopaedic challenges faced by Georgia's injured workers and treatment opportunities available to promote return-to-work and improve the outcomes for patients, doctors, and other stakeholders.

The Workers' Compensation Summit, the first of its kind in Georgia, was led by Dr. Douglas Lundy, Resurgens Orthopaedics co-president, and included an Update on Workers' Compensation in Georgia by the Honorable Frank R. McKay, Chairman of the State Board of Workers' Compensation. Attendees included employers, insurance adjusters, medical case managers, occupational health nurses, human resource professionals, attorneys, and more.

"Thousands of Georgians file Workers' Compensation claims each year," said Dr. Douglas Lundy. "The system can be daunting to navigate for those who need medical care the most. We hope with this Summit, which is now an annual event, we can help the different arms of the system understand each other and provide education that will lead to patients, doctors, and everyone involved having the best possible orthopaedic outcomes."

Resurgens Orthopaedics' doctors led discussions about some of the most common workers' compensation injuries. Doctors Michele Perez and Maurice Goins, along with Robert Medcalf, Director of Spine Rehabilitation, led a discussion on low back injuries. Doctors Lattisha Bilbrew and Brooks Ficke, along with Harold Goodrum, Certified Hand Therapist, discussed carpal tunnel syndrome; and doctors Douglas Lundy and Michael Quackenbush discussed trauma injuries.

Dr. Lundy presented a case study with a patient whose leg was seriously injured at work by a fireworks accident. The doctor was the patient's orthopaedic trauma surgeon and guided him through surgery and a long recovery. He reunited the patient and his wife with the EMTs who stabilized and transported him to the hospital and with the nurse case manager who was instrumental in coordinating his care. The live patient case study highlighted how the workers' compensation system can work with all the team members communicating together to see the patient through his months-long recovery. The live patient case study highlighted how the workers' compensation system can work with all the team members communicating together to see the patient through his months-long recovery.

Later in the day, an interactive session, led by several Resurgens physicians, allowed attendees to get a first-hand feel for the challenges patients face by simulating how an employee with an orthopaedic injury manages at work using wheelchairs, knee scooters, walkers, canes, fracture boots, wrist splints, and many other appliances. The interactive session was rounded out with attendees participating in live Nerve Conduction Studies, functional capacity evaluations and a demonstration of an ergonomically correct work station.

The WorkLink Summit committee worked with a Broadway Choreographer to create three dance routines to showcase the human body in motion. The dances highlighted the three areas of orthopaedic workplace injuries that were featured during the Summit.

Dr. John Gleason concluded the day's activities with this message to the attendees. "Resurgens Orthopaedics is here to partner with all stakeholders in the workers' compensation system in Georgia. We hope this WorkLink Summit, with its focus on orthopaedic education, will prove useful as we all take care of Georgia's injured workers."





TEAM REHABILITATION PHYSICAL THERAPY

IT'S OUR JOB TO RECREATE THEIR JOB AND
GET EMPLOYEES BACK TO WORK QUICKLY!



Buckhead | Decatur | East Cobb/Marietta | Midtown Atlanta
Sandy Springs | Stockbridge | Woodstock
Evaluations within 48hrs of initial contact

FCEs
Work Conditioning
Concussion Therapy



Central Scheduling
wc@team-rehab.com
Ph: (888) OUR-TEAM (687-8326)
www.team-rehab.com



Manual Therapy
Vestibular Therapy
Spinal Mobilization

The Future of HR is *here*.

SHRM Jacksonville
12th Annual Conference

the **2020**
Experience
#SHRMJax20

HR Professionals · Business Leaders ·
Small Business Owners

Opening Keynote:

Elizabeth McCormick

Former U.S. Army Blackhawk
Helicopter Pilot



Closing Keynote:

Annie Meehan

Keynote Speaker and Award-
winning Author

www.shrmjacksonvilleconference.org



OCT 28-30
2020

Hyatt Regency Jacksonville Riverfront
225 E. Coastline Drive
Jacksonville, Florida 32202
For more information:
www.shrmjacksonvilleconference.org
Questions:
hrconference@shrmjax.org



Garlana Mathews, President



We are pleased to announce that ***Workplace Health Magazine*** expands into a regionally distributed magazine with a broadened editorial focus. *Workplace Health Magazine* will build on its position as a leader in providing up-to-date medical, legal, and safety-driven articles pertaining to the workplace.

This incredible increase in circulation will allow us to expand into new markets to research and report on the challenges and needs of both employers and their workers. These changes will allow *Workplace Health Magazine* to broaden our reach and build upon our relationships within the Workers' Compensation industry throughout Georgia, Florida, and Alabama.

What does this mean for you? Well, best of all, your advertising dollars will now go even further and reach a wider audience. If you want to target the self-insured employer, TPAs, nurse case managers, human resources and safety professionals, or claims adjusters, then call our *Workplace Health Magazine* team for more information on how we can work together.

For more information, contact Garlana Mathews at:
912-667-0441 or garlanamathews@gmail.com

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

Please see our website for specs and pricing for Workplace Health Magazine at:
www.workplacehealthmag.com





Georgia
Association of
Manufacturers

Workforce / Plant Management Annual Seminar

June 11 - June 14, 2020

***Sonesta Resort Hilton Head Island
130 Shipyard Drive
Hilton Head Island, South Carolina***

GAM is THE advocate for manufacturers, representing over half of Georgia's manufacturing workforce and helping member companies compete more effectively.

Join our network, share and learn with your peers across Georgia. The Seminar is one of the best conferences with game changing speakers, dynamic content and great opportunities to network with leaders in the industry.

This program has been submitted for HRCI and SHRM Credits.

**GAM Membership Required for all Attendees*

For more information contact:

404-688-0555

info@gamfg.org



**Georgia Association of Manufacturers
The Advocate for Manufacturers
www.gamfg.org**

NO ONE EXPECTS THE UNEXPECTED. BUT WE DO.

Life doesn't always go as planned. But it's comforting to know that if you sustain a brain or spinal cord injury, have a stroke or live with multiple sclerosis, or spine or chronic pain, you have access to one of the nation's top 10 rehabilitation hospitals. Based in Atlanta, it's a place where you get the most advanced technology and highest levels of specialized care, as well as something really amazing - hope. So when the unexpected happens, turn to the leader - Shepherd Center. To learn more, visit shepherd.org.



Shepherd Center

NEUROREHABILITATION EXPERTS



2020 Peachtree Rd. NW, Atlanta, GA 30309 | 404-352-2020

GeorgiaAdministrativeTM S e r v i c e s

Georgia Administrative Services, Inc (G.A.S., Inc.) is the leader in providing full service third party administration services to Georgia Workers' Compensation Insurance Programs. G.A.S., Inc. has grown to become the trusted name for servicing individual and group self-funded programs and captives.

Georgia Administrative Services, Inc.
1775 Spectrum Drive, Suite 100
Lawrenceville, Georgia 30043
770-963-7732
1-800-421-0710
www.georgiaadministrativeservices.com

Georgia Administrative Services, Inc. offers a full range of services to our clients including:

- Claims Management
- Safety/Loss Control
- Underwriting
- Premium billing and collections
- Payroll audit coordination
- In-house Nurse Case Management
- On-site Medical Bill Review and Fee Scheduling
- Risk Information System
- Marketing
- Excess Insurance placement



Medical Stabilization at Clinch Memorial Hospital

Angela Ammons

Medical stabilization is for adults who are currently experiencing acute withdrawal symptoms from drugs and/or alcohol. Medical stabilization safely manages the acute physical symptoms of withdrawal and paves the way to long-term success. Due to the drug and alcohol crisis being at an all-time high, Clinch Memorial Hospital has made it a priority to offer a safe and healthy place for those experiencing withdrawal symptoms.

Addiction trends vary from all ages, income levels, and geographical places. Chances are, you or someone you know have been affected by the disease that is addiction. The goal of this program is to help our patients overcome this affliction while guaranteeing complete discretion. With this real-world epidemic in today's workforce, we offer safe solutions in a medically-controlled environment while maintaining the patient's privacy which is an important factor to those who seek voluntary help.

Medical stabilization is independent of outpatient treatment programs. The withdrawal process begins with addictive toxins being eliminated from the body to create the emotional clarity needed for successful rehabilitation. The withdrawal process can be a difficult and painful experience. Some withdrawal symptoms include seizures, hallucinations, depression, anxiety, and many more effects that require medical attention. Quitting without medical assistance can pose significant health risks.

Our patients are cared for by a compassionate, multidisciplinary team consisting of our medical director and nursing personnel. By utilizing their training and extensive experience, the staff ensures that each patient receives the attention necessary for safe medical stabilization in the hospital while receiving the dignity, respect, and empathy that we believe everyone deserves. Each patient is unique, which is why our medical professionals will provide a treatment plan that addresses each patient's unique medical needs.

The inpatient stay includes:

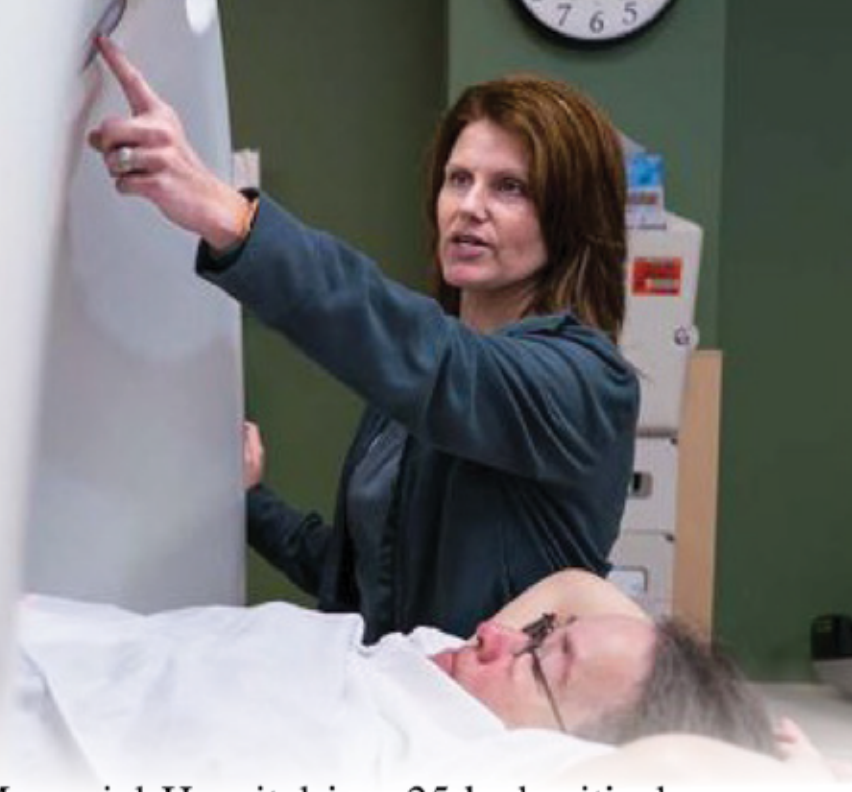
- Pre-screening and assessment
- Patient admission
- Medical Stabilization: medically supervised 24-hour care for approximately four days.
- Appropriate discharge planning: clients who wish to receive further treatment may be referred to a residential or outpatient treatment program.

The road to recovery begins at Clinch Memorial Hospital. A physician's diagnosis of Substance Abuse Disorder is required upon admission to our Medical Stabilization Program. From there, we will work together to take the first steps to a brighter future. For more information about our Medical Stabilization Program, please call us at (912) 520-2013.



Angela Ammons, RN, BSN, was appointed CEO of Clinch Memorial Hospital in September 2017. She is originally from Macon, Georgia, and currently lives in Waycross with her husband and six children. She obtained her Associates Degree in Nursing from Coastal College of Georgia in Brunswick, and her BSN through Western Governors University. Ms. Ammons was recognized as HomeTown Health's Hospital Leader of the Year for 2018. Under her leadership, Clinch Memorial has implemented a variety of new services including Swing Bed, Ventilator, Medical Stabilization programs, as well as the launch of Clinch Family Practice.

Not just any hospital, this is **YOUR** hospital!



Located in Southeast Georgia, Clinch Memorial Hospital is a 25-bed critical access hospital serving Homerville, Clinch County, and surrounding counties.

We offer a Swing Bed Program with Ventilation Services...

Our Swing Bed Services help patients transition from hospital to home with Physical Therapy and other skilled nursing services in a caring and comfortable environment. With the addition of Ventilation Services to the program, the hospital is able to care for an under served population while allowing them to be close to home.

... Medical Stabilization Services

Our Medical Stabilization is for adults who are currently experiencing acute withdrawal symptoms from drugs and alcohol. Medical Stabilization safely manages the acute physical symptoms of withdrawal and paves the way to long-term success. The stabilization process is usually complete within a week. Upon discharge, additional resources are recommended to prevent relapse.

And so much more!

Clinch Memorial Hospital offers a wide variety of services ranging from Emergency Services, Radiology Services, Endoscopy, Sleep Study, Mammography, MRI & CT Imaging Services, Diagnostic Laboratory, Respiratory Services, Podiatry Services, Physical Therapy, Spine Clinic and our newly added Clinch Care Clinic.

Clinch Memorial Hospital
(912) 487-5211
1050 Valdosta Highway
Homerville, GA 31634
www.clinchmh.org



Clinch Memorial
HOSPITAL

Chiropractors Care: First Line of Treatment for Work-Related Back Injuries

Davis L. Kinney, D.C.

Six months ago, James, a manufacturing plant hourly employee, reported back pain to his supervisor about an hour after arriving at work. James was treated by the only “back doctor” on the company’s posted Panel of Physicians. Unfortunately, James failed to respond to medication and the initial prescription of three days rest. The continued pain led to an MRI examination showing a bulging disc, but no distinct disc herniation. Epidural injections didn’t help and physical therapy aggravated the pain. As a last resort, James asked to try a chiropractor. At his physician’s request, the workers’ compensation insurance adjustor approved a limited referral to my office.

Based on my examination, I determined James experienced pain from a lumbar facet joint sprain which had become a chronic facet joint dysfunction. This dysfunction caused localized mechanical back pain and referred pain to the right thigh. I reassured James he did not have the signs of a serious back injury that would require surgery, such as the loss of deep tendon reflexes and muscle weakness. James reacted well to chiropractic care and we were able to begin stabilizing exercises. By the end of a four-week trial of care, we got James back to work after six months of lost time disability.

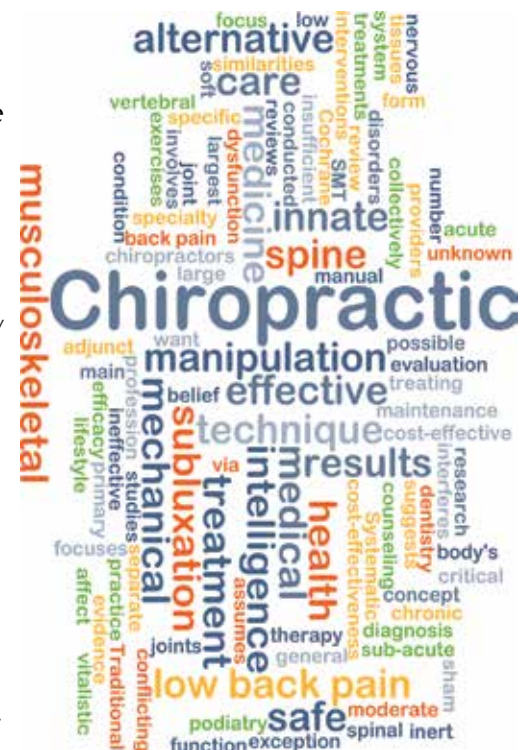
James's only question: "Why did it take me so long to go to a chiropractor?"

Although millions of Americans successfully utilize chiropractors every year, we remain underutilized in the workers' compensation system. While chiropractors are included in the list of approved physicians under Workers' Compensation law, it is no secret that many in the workers' compensation system have avoided the inclusion of chiropractors in the treatment of work-related injuries.

Considering the current opioid epidemic—which emphasizes the need for non-drug treatments—and recent medical research in both the *Journal of the American Medical Association* and the *Annals of Internal Medicine* supporting the use of spinal manipulative therapy as a first line treatment for acute low back pain, it's a great time to take a second look at including evidence-based chiropractors in the care of injured workers.

In a sample of 1,885 workers, there was a strong association between surgery and the first provider seen for the injury. Even after adjustment for other important variables, over forty percent (42.7%) of workers who first saw a surgeon had surgery in contrast to one and a half percent (1.5%) of those who first saw a chiropractor, *Spine*, 2013;38(11):953-964. This study is a great reminder that first provider selection is an important variable in a successful case outcome.

The Academy of Georgia Chiropractors (www.academydoctors.com) is a valuable resource for anyone seeking a knowledgeable, evidence-based chiropractor who can work effectively as part of a medical team to provide cost-effective care which limits lost time and promotes early return-to-work.



Davis L. Kinney, D.C., FICC, is Chairman of the Academy of Georgia Chiropractors and is Managing Partner at OneSource Healthcare. His honors include "Physician of the Year" by the Georgia Board of Worker's Compensation.

TRUST YOUR PROVIDER

Every employer needs a physician panel they can trust, and that should include a trusted chiropractor. The Academy is an invitation only consortium of elite, evidence based chiropractors who have pledged to conform to the highest clinical and ethical standards of practice. The right chiropractor allows you to offer a non-surgical, non-opioid, lower cost treatment option.

- RATIONAL EVIDENCE BASED CARE
- NON-SURGICAL SPINE CARE
- NON-OPIOID TREATMENT
- STATEWIDE NETWORK
- PROVIDERS YOU CAN TRUST

www.academydoctors.com



THE
ACADEMY
THE ACADEMY OF GEORGIA CHIROPRACTORS



Planning for Pandemics: Business “Coronituity” Plans

Hannah Jenkins

The United States has been aware and focused on COVID-19 since December of 2019. The disease grew and impacted daily lives from school closures to cancelled sporting events, family gatherings, vacation plans, and, finally, reached the label of pandemic: a disease epidemic that has spread across multiple continents. However, one of the biggest impacts is on businesses. Managers trying to work around schedules as families struggle with childcare, panic buying, or direction to avoid or close public spaces. And, none of this touches the implications of a business-wide sickout for an employer in the public or private sector.

Just as the community at large needs to address public protection, so too must businesses; for the protection of the customer, employee, and employer. First and foremost for safety and risk management in a pandemic is hygiene! Clean and disinfect frequently touched surfaces in a consistent and repetitive manner (tables, doorknobs, light switches, handles, keyboards, faucets, etc.) Common household disinfectants will work, but read labels for contact times that eliminate germicidal activity.

Second, have a Business Continuity plan. Public sector entities encourage businesses to develop and implement Business Continuity plans for natural disasters which includes biological outbreaks and pandemics. The approach involves creating a system of prevention and recovery from potential threats to a company or organization. For the public sector, the realm of the plan gets bigger to encompass threats to a city, county, state, and country. The plan must ensure personnel and assets are protected and able to function quickly in the event of a disaster including:

- Plan for a reduced workforce: whether handling family care needs or personal illness, be able to maintain functionality with limited personnel
- Plan for temporary closings: due to supply, distribution, personnel shortages, or required by law
- Alternate scheduling: allow flexible shifts for employees to address personal needs and have access to paid work hours
- Critical access/entry: establish what public services and staff must be available to address community needs throughout at crisis
- Record keeping: remain vigilant to requirements for receipt emergency funding for payroll, employee benefits, workers' compensation and business infrastructure support

Lastly, do not show panic. This is easier said than done, but being calm at the helm will foster a calm crew, no matter the waters. Part of this process is having a Business Continuity plan in place before it is ever needed. If everyone knows the plan and steps, the result is less questions, no second guessing, and no alarm with operational changes.



Hannah Jenkins has been in fire service for twenty years, starting as a junior volunteer firefighter in high school. Hired as the first full-time female firefighter in 2006, Hannah has moved up through the ranks to Captain as she works to expand the public education and information programs provided by Effingham County Fire Rescue. She was recognized in 2013 as the Public Educator of the Year by the Georgia State Firefighters Association and then Governor Nathan Deal. She has served as the Public Information Officer for Effingham County Emergency Management Agency since 2016.

PERIMETER ORTHOPAEDICS



Helping get your employees back to work

We treat professional athletes, work related injuries, fractures and patients with chronic conditions such as tendonitis, arthritis and diabetes. Our AAAHC accredited surgery center is available for outpatient surgeries. Our doctors specialize in all types of orthopaedic injuries and conditions involving hand, shoulder, elbow, hip knee, foot and ankle.

Our Physicians are available 24 hours/day, seven days/week for emergencies and post-operative questions.

- Immediate appointments available
- On-site digital x-ray
- Board Certified, Fellowship trained physicians
- Certified and AAAHC Accredited facility for same day surgery
- Family-like atmosphere
- Located right off the MARTA in the perimeter



Call us today at: 404-255-5595
5673 Peachtree Dunwoody Road • Suite 825 • Atlanta, GA 30342

www.perimeterortho.com



De Quervain's Tenosynovitis

By: Michael Shuler, MD



De Quervain's Tenosynovitis is a form of tendonitis that occurs due to repetitive thumb extension or pulling the thumb away from the palm. The syndrome can cause varying degrees of pain on the thumb side of the wrist and can be quite painful (Figure 1). De Quervain's can limit thumb and wrist motion, cause swelling and pain extending up the forearm. It is also known as "new mother's disease" due to the repetitive thumb extension involved in picking up new borns and toddlers.

De Quervain's Tenosynovitis is a result of repetitive strain of the Extensor Pollicis Brevis (EPB) and the Abductor Pollicis Longus (APL) as it runs through the first dorsal compartment of the wrist. As a result of repetitive strain or trauma, the tunnel becomes thickened, stiff and tight. The tendons become inflamed and painful as they pass through the tunnel. Tendon gliding becomes restricted and movement through the tunnel causes pain and swelling.

Diagnosis: The diagnosis of De Quervain's is typically a clinical diagnosis. A Finkelstein's test typically elicits pain due to stretching of the tendons through the first dorsal compartment (Figure 2). Other conditions such as base of the thumb (CMC) arthritis and radial sensory nerve irritation can cause pain in a similar area and should be ruled out. An X-ray and even an MRI can be helpful in difficult to diagnose patients.

Conservative Treatment: Conservative treatment typically involves anti-inflammatories called NSAIDs, splinting, and stretching/exercise programs. Formal occupational therapy may also be helpful. If these measures do not resolve the pain, a steroid shot may be helpful. Steroid injections may take a week or two to begin working. Conservative treatment can at least temporarily, resolve pain in 50-75% of cases.

Surgical Treatments: If conservative options do not work or if the pain reoccurs, surgical release can resolve the condition. Patients that typically require surgery have an additional tunnel inside the main tunnel that predisposes them to the need for surgical management. Surgery is designed to release the tight tunnel and prevent further irritation of the tendons (Figure 3). Surgery usually takes 5-10 minutes and a splint for three days afterwards is used to prevent tendon subluxation out of the tunnel. There are limited restrictions after surgery, and return to normal activities is permitted as soon as tolerated. Post-operative therapy is typically not needed. Tingling on the back thumb side of the hand can occur after surgery, lasting a couple of days to a few weeks due to irritation of a nerve at the site of surgery. These symptoms and the pain associated with the use of the thumb typically resolve within a few days or weeks.

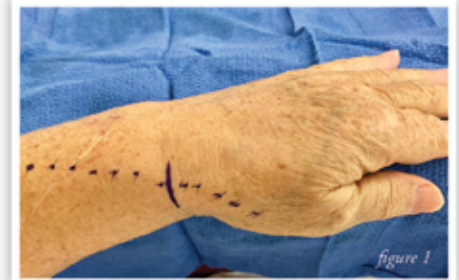


Figure 1: The dotted line is where the irritated tendons run. The solid line is the location and size of the incision used for surgical candidates.

Figure 2: The Finkelstein's test is performed by placing the thumb inside the fist and deviating the wrist towards the small finger side of the wrist.

Figure 3: Intra-operative photo of the tunnel released (held with forceps) and the tendons (yellow tissues) freed after release.

If you have questions about any of the services we offer or would like to schedule an appointment, please contact Alexis Hill, Director of Workers' Compensation, at (706) 286-7666 or ahill@AthensOrthopedicClinic.com.



All Inclusive **Workers' Compensation**



Athens Orthopedic Clinic's Mission

is to help patients safely recover and return to work as soon as possible. From minor strains to catastrophic injuries, our **Sub-Specializing** Orthopedic Physicians provide an individualized approach to the treatment of injured employees with **state-of-the-art** care for employees across Georgia.

Our team of trained and certified professionals have years of experience working with **employers, insurers, nurse case managers, and attorneys** to help resolve Workers' Compensation claims in ways that are both **quick and convenient**, all while providing the patient with the top-quality care they deserve.

Our Workers' Compensation Team Provides:

- ✓ Total Joint Replacement
- ✓ Interventional Pain Management
- ✓ Drug Screenings
- ✓ Urgent Cares with Extended Office Hours
- ✓ Independent Medical Evaluations
- ✓ Permanent Impairment Ratings
- ✓ Physical & Occupational Therapy
- ✓ Work Conditioning & Functional Capacity Evaluations
- ✓ In-house MRI/CT & EMG/NCV Facilities
- ✓ 2 Ambulatory Surgery Centers
- ✓ Same Day Appointments

WorkersComp@AthensOrthopedicClinic.com

Ph: 706-286-7666 | F: 706-548-5963

Alexis Hill: ahill@AthensOrthopedicClinic.com



SelectONE™

Preferred Providers for Workers' Compensation

Independent Life

135 West Bay Street
Jacksonville, Florida 32202

Contact: Chris Bua
Email: cbua@independent.life
Web Address: www.independent.life
PHONE: -214- 613-5148

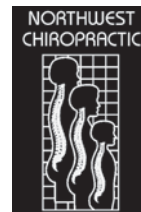


Independent Life
safe. secure. settled.

Northwest Chiropractic

1526 Howell Mill Road
Atlanta, GA 30318

Contact: Dr. Leana Kart
Email: Drleanakart@hotmail.com
Web Address: www.atlantapainrelief.com
PHONE: 404-350-0808



NuPath Medical

Atlanta, GA

Contact: Patrick Lackey
Email: Patrick@nupathmed.com
Direct Line: 770-776-9417
Web Address: www.nupathmed.com
PHONE: 800-700-6986



PBCP Services, LLC

10205 Access Rd Ste B
Covington, GA, 30014

Contact: Cathy Bowden, MHA, CPC, CPMA, CHISP, CH-CBS
Email: cathy.bowden@pbcpservices.com
Direct Line: 678-218-9522
PHONE: 470-242-7584 ext 101
FAX: 470-443-9230



Swiftivity Risk Management Solutions of America, Inc.

309 W. Washington St, Suite 200
Chicago, IL 60606

Contact: Bennie Jones, President
Email: bjones@rmsoa.com
Direct Line: 312-960-6200
Mobile: 312-446-0693
Web Address: www.rmsoa.com
PHONE: 470-242-7584 ext 101
FAX: 312-960-1920



Team Post-Op

14133 NW 8th Street
Sunrise, Florida 33325

Contact: Oscar Salazar
Email: info@teampostop.net
Direct Line: 954-289-8024 ext 104
Web Address: www.teampostop.net
PHONE: 877-252-0968
FAX: 954.541.5561



PREFERRED PARTNERS

Compass RMS, Risk Management Inc.

Steve Heinen
Email: sheinen@pjins.com
Web Address: Managedcomp.net
PHONE: 770-540-3810



Defined Physical Therapy/Specializing in FCE's A National Physical Therapy Network

2001 Duncan Dr., #2629
Kennesaw, GA 30156

Work Capacity Diagnostics

Jessica Tehas
Email: jtehas@definedpt.com
Direct Line: 770-658-7255
Web Address: www.definedpt.com
REFERRAL LINE: 800-401-1289 ext 3
REFERRAL E-MAIL: scheduling@definedpt.com



Delta Settlements

135 West Bay Street, Suite #500
Jacksonville, FL 32202

Contact: Melissa Platt
Email: mplattd@deltasettlements.com
Direct Line: 404-457-2416
Web Address: www.deltasettlements.com
PHONE: 904-598-1110



Harvard MedTech VR Immersion Therapy

6280 South Valley View Blvd Suite 412
Las Vegas, NV 89118

Contact: Craig Segasser, Senior Vice President
Email: csegasser@harvardmedtech.com
Direct Line: 443-250-6899
Web Address: www.harvardmedtech.com
PHONE: 702-259-1810



Select
Experience.
Select
Relationships.

SelectONE™

Preferred Providers for Workers' Compensation

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

ExperCare

318 Mall Blvd, Suite 300B Savannah, GA 31406
60 Exchange St., Suite B7 Richmond Hill, GA 31324

Workers' Compensation Liasons

Christina Anthony and Katie McNamee
Direct Line: 912-358-1515
Email: OccMed@WeAreUrgentCare.com
Web address: OccMed@WeAreUrgentCare.com

Physicians

J. David Carson, MD
Robert Mazur, MD

Physician Assistant

Catherine Grant, PA-C



Georgia Bone and Joint

The Summit Healthplex 4000 Shakerag Hill, Suite 100
1755 Highway 34 East, Suite 2200 Peachtree City, GA 30269
Newnan, GA 30265

Workers' 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. Michael V. Cushing, M.D.
George M. Ballantyne, M.D. Jayson A. McMath, M.D.
Michael P. Gruber, M.D. David J. Hensch, M.D.
Chad M. Kessler, M.D. Trevor W. Turner, M.D.



NeuLife Rehabilitation

2725 Robie Ave.
Mt Dora, FL 32757

Workers' Compensation Referrals

Direct Line: 1-800-626-3876
Email: info@NeuLifeRehab.com
Web address: www.NeuLifeRehab.com
PHONE: 352-720-3260 **FAX:** 407-209-3501



Optim Orthopedics

210 E DeRenne Avenue
Savannah, GA 31405

With other Georgia locations in Alma*, Baxley*, Brunswick*, Claxton*, Darien*, Dublin*, Hinesville*, Jesup, Macon*, Metter, Millen*, Pooler, Reidsville*, Richmond Hill, Rincon, Statesboro, Swainsboro*, Sylvania*, Vidalia*, South Carolina locations: Bluffton, Hilton Head Island.

Workers' Compensation Supervisor

Natalie Stephens
Direct Line: 912-629-7773
Email: workcomp@optimorthopedics.com
Web Address: www.optimhealth.com
PHONE: 912-644-5384 **FAX:** 912-644-6190

Physicians:

Don G. Aaron, MD Thomas Lawhorne, MD
Thomas Alexander, MD John McCormick, II, MD
Johnathan Christy, MD Markus Neiderwanger, MD*
Delan Gaines, MD Christopher Nicholson, MD
John George, MD David Palmer, MD
Jeffrey Goldberg, MD Andrew Pandya, MD*
Patrick Hanson, MD* John Sarzier, MD*
Joseph Hegarty, MD* Gregory O. Spellman, MD*
Bradley Heiges, MD Kevin L. Stevenson, MD*
Juha Jaakkola, MD George Sutherland, MD
Mark Kamaleson, MD James Wilson, Jr, MD
Gregory Kolovich, MD Chad T. Zehms, MD



*Optim Health System works in collaboration with Optim Orthopedics and the physician-owned Optim Medical Center-Tattnall.

OrthoGeorgia – Orthopaedic Specialists

3708 Northside Drive 301 Margie Drive
Macon, GA 31210 Warner Robins, GA 31088
Spine Center
3712 Northside Drive
Macon, GA 31210

With locations in Griffin, Milledgeville, Perry, and Dublin, GA

Workers' Compensation Coordinators

Cindy Stephens – Manager (Northside, Macon)
Email: cstephens@orthoga.org
Direct Line: 478-254-5387 **FAX:** 478-832-6509
Donna Malcom (Northside, Macon)
Email: dmalcom@orthoga.org
Direct Line: 478-254-5388 **FAX:** 478-832-6509
Jan Carroll (Northside, Macon)
Email: jcarroll@orthoga.org
Direct Line: 478-254-5302 **FAX:** 478-832-6509
Amanda Mangham (Spine Center)
Email: amangham@orthoga.org
Direct Line: 478-749-1613 **FAX:** 478-841-3178
Barbara Rodriguez (Warner Robins)
Email: brodriguez@orthoga.org
Direct Line: 478-745-4206 Ext. 701 **FAX:** 478-971-1174
Web Address: www.orthoga.org



Pain Institute of Georgia

3356 Vineville Avenue
Macon, GA 31204

Workers' Compensation Coordinator

Lori Carr
Email: wcreferrals@paininstituteofga.com
Direct Line: 478-476-9247
Web Address: www.paininstituteofga.com
PHONE: 478-476-9642 **FAX:** 478-476-9976

Physicians

Carlos J. Giron, M.D.
Preston C. Delaperriere, M.D.
Julian M. Earls, Jr., M.D.



Polaris Spine & Neurosurgery Center

1150 Hammond Drive, Suite 400, 2675 Paces Ferry Rd SE, Suite 160,
Atlanta, GA 30328 Smyrna, GA 30339

Workers' Compensation Coordinator

Donna Day
Email: dday@polarisspine.com
Direct Line: 404-256-2633 ext. 168
Web Address: www.polarisspine.com
PHONE: 404-256-2633 **FAX:** 404.255.6532



Physicians

Max Steuer, MD
Christopher Tomaras, MD
Raymond Walkup, MD
Shane Mangrum, MD
David Tran, MD

SelectONE™

Preferred Providers for Workers' Compensation

Select Experience. Select Relationships.

DIAGNOSE. TREAT. REHABILITATE.

PROVIDING INNOVATIVE, EFFECTIVE AND COMPREHENSIVE TREATMENT OF PAIN WITH
SPECIAL EMPHASIS ON THE TREATMENT OF SPINAL PAIN AND THE CARE OF THE
INJURED WORKERS SINCE 1995.



Paul Mefferd, D.O.



Ankur B. Patel, D.O.



Darrell Simone, M.D.



Keith Raziano, M.D.



Randy Rizor, M.D.



Michael Schurdell, M.D.

WE OFFER SUPERIOR SERVICE THROUGH THE FOLLOWING:

- Full-time Worker's Compensation Team
- New patient appointments offered within 72 hours
- All physicians board certified with added qualification in pain management
- Utilization reviews
- Specific work status documented and communicated
- Pre-surgical evaluations
- IMEs, second opinions, case and record reviews
- Impairment ratings
- Comprehensive assessment and management program for complex cases
- Routine drug screening
- Pharmacogenetic (PGx) testing



THE PHYSICIANS LOCATIONS

Calhoun

1060 Red Bud Road NE
Calhoun, GA 30701

Marietta

790 Church Street
Suite 550
Marietta, GA 30060

Rome

18 Riverbend Drive
Suite 100
Rome, GA 30161

Sandy Springs

5730 Glenridge Drive
Suite 100
Sandy Springs, GA 30328

Stokbridge

1035 Southcrest Drive
Suite 115
Stockbridge, GA 30281