

# PROVIDER Update

2<sup>nd</sup> Edition 2012  
KEEPING YOU IN THE LOOP

---

*MetraComp, Inc. • New York Workers' Compensation PPO Network*

## METRACOMP CLIENTS IN NEW YORK

ACE USA INSURANCE COMPANY  
BRIDGESTONE-FIRESTONE  
CHARTIS  
DELPHI  
GUARD  
NESTLE  
NEW YORK STATE INSURANCE FUND  
PMA INSURANCE COMPANY  
PUBLIC SERVICE MUTUAL  
SENTRY INSURANCE  
ZURICH

BERKLEY SPECIALTY UNDERWRITING  
CNA  
CHRYSLER  
GENERAL MOTORS  
LIBERTY MUTUAL/ WAUSAU  
NEW VENTURE GEAR  
OLD REPUBLIC  
PRIMESOURCE  
SAFECO  
THE HARTFORD

This listing is representative of MetraComp's insurance carrier clients and self-insured employer groups. We make every effort to ensure this listing is complete and reflects a comprehensive list of clients contractually entitled to access our New York network of PPO providers. In addition to our listing, our insurance carrier clients have hundreds of employer groups who are directed or recommended into the MetraComp PPO Network. **Any question regarding a MetraComp/client relationship can be addressed by contacting MetraComp's Provider and Customer Relations Department at (800) 360-1275.**

## SAMPLE LIST OF PARTICIPATING EMPLOYERS

AMERICAN RED CROSS  
CARESTREAM HEALTH  
COCA COLA  
ELMHURST DAIRY, INC.  
JC PENNEY  
KOHL'S  
M&T BANK CORPORATION  
PEPSI COLA  
RALLYE MOTORS  
RENSSELAER POLYTECHNIC INSTITUTE  
ROSINA FOOD PRODUCTS, INC.  
SEARS  
ST. VINCENT'S HOSPITAL  
THE DOE FUND  
VOLUNTEERS OF AMERICA  
WINGATE HEALTHCARE

BEST BUY  
CENTRAL PARK CONSERVANCY  
COMMUNITY CARE PHYSICIANS, P.C.  
FOOT LOCKER  
JET BLUE AIRWAYS  
MULTISORB TECHNOLOGIES, INC  
OPPENHEIMER  
PETLAND DISCOUNTS, INC.  
RAYMOURS FURNITURE COMPANY  
RIVERHEAD BUILDING SUPPLY CORP  
SAMS CLUB  
SOUTH SHORE HOME HEALTH SERVICES  
SUNRISE SR. LIVING  
THE HOME DEPOT  
WALMART STORES  
YMCA OF GREATER NY

## MEDICAL DIRECTOR FORUM

### *SPIRIT IN MOTION*

The Olympic Games are in progress as I write this. Many world records have been broken. It is amazing to watch what the human body and spirit can do. What is even more amazing for me to think about is the Paralympic Games to be held in London starting August 29<sup>th</sup>. While these games won't have the same television coverage as the Olympics, they are none-the-less a testament to what the human spirit can do despite bodily impairments.

Most of the workers we treat are not at an Olympic or Paralympic level physically. Yet, many workers, injured or non-injured, carry on and perform everyday feats that should make us all proud.

As physicians caring for injured workers, we need to ask ourselves - are we encouraging the same spirit which helps to motivate and enable our Olympian and Paralympian's "ability" or are we contributing to the epidemic of "dis-ability" that is unfortunately all too rampant in our country? In a position paper put out by the American College of Occupational and Environmental Medicine ([http://www.acoem.org/PhysiciansRole\\_ReturntoWork.aspx](http://www.acoem.org/PhysiciansRole_ReturntoWork.aspx)), the authors point out the vital role of the keeping the injured worker in a mindset of ability rather than disability. They suggest that there is far too much iatrogenic disability, especially in the workers' compensation system. When it is medically appropriate and there is a cooperative employer willing to make accommodations, injured workers generally do better physically, emotionally and financially if they stay in the workplace.

So how does the practicing physician respond to this issue? The New York State Workers Compensation Board (NYS WCB) C4 forms require that the treating physician indicate the percent of temporary "impairment". It is important to note that the term used is not "disability". The two terms are often interchanged, but they are different and that distinction is important in completing the C4.

According to the American Medical Association (AMA) *Guides to the Evaluation of Permanent*

*Impairment*, impairment is defined as "an alteration of an individual's health status; a deviation from normal in a body part or organ system and its functioning." The World Health Organization (WHO) defines impairment as "any loss or abnormality of psychological, physiological or anatomical structure or function."

On the other hand, according to the AMA Guides, disability is defined as "an alteration of an individual's capacity to meet personal, social, or occupational demands because of impairment." The WHO defines disability as "an activity limitation that creates a difficulty in the performance, accomplishment, or completion of an activity in the manner or within the range considered normal for a human being. Difficulty encompasses all of the ways in which the performance of the activity may be affected."

The NYS WCB 2012 Guidelines on determining permanent impairment points out that "disability" is a legal matter and is determined by the workers' comp adjudication and legal system. Impairment, says the Workers Comp Board, is determined by a physician. Thinking of it in another way, disability payment is a legal remedy of a contract between two parties. In the workers' compensation system, it is between the employee and their employer (with the insurance carrier often acting for the employer). Impairment, on the other hand, is what the person can or cannot do. A person can be severely impaired yet not disabled if the task they have to do is appropriately structured. Or, they can have a minor impairment but not be able to work at their usual job because of the nature of their tasks. Accommodations or a change of job can also be a remedy to the impairment.

Two people with the same physical findings would have the same impairment regardless of the job they do. A construction worker with a hand injury is no more "impaired" than the receptionist with the same hand injury. To be clear, the construction worker may be unable to perform their regular job and hence more "disabled" than the receptionist. But their "impairment" is the same.

All too often, physicians in the workers compensation system forget this distinction. When an injured worker is not working for any number of reasons, the physician may indicate

“100%” for impairment when perhaps they are making an attempt to define the “disability”.

Indeed, the WCB itself tends to use the impairment level as a surrogate for disability in determining payment to be made to the injured worker. While eventually the matter may go before an administrative law judge and be changed, the payment to the injured worker may be reduced if the impairment rated by the physician is less than 100%.

While there is a process for determining the degree of permanent impairment, there is not specific guidance for determining temporary impairment. In the frequently asked questions document put out by the NYS WCB the question was asked “Do the 2012 Guidelines (to determining permanent impairment) apply to temporary disabilities?” The answer given was: “No. Medical providers should continue to determine temporary disability as they have previously.” According to the NYS WCB, temporary medical impairment should be rated according to the scale of mild, moderate, marked and total, and converted into a percentage as follows:

- Mild - 25%
- Mild to Moderate - 33%
- Moderate - 50%
- Moderate to Marked - 67%
- Marked - 75%
- Total - 100%

On the same topic, in regard to the new C4 family of forms, the NYS WCB indicated that the “Board’s Medical Guidelines [in this case referring to the 1996 document] posted on the web site may also be helpful to providers in making this determination. Medical providers may use the following percentages (as above) as an initial guide and then use their professional judgment to make a final determination.”

*Karl Auerbach MD, MS, MBA FACOEM*  
Medical Director

Thus, the 2012 Guidelines may well be of some assistance but they are not the entire answer. And, the process used for the calculations are often not going to be carried out in the early stages of an injury. Further, they are often complex and time consuming.

According to the AMA, because of the difference between impairment and disability, it is best if physicians rate impairment based on the level of impact that the condition has on the performance of activities of daily living (ADL) rather than on the performance of work-related tasks. It may be useful to think of how impaired the person is in terms of day-to-day general functioning and translate that to the impairment percentage.

Most physicians do not get training in the area of impairment rating. Thus it is not unusual that a treating physician may have difficulty appropriately rating the impairment. I cannot substitute my own professional judgment for yours as the treating physician. But remember what it is you are evaluating and be consistent in your evaluation without regard to the job. Gain familiarity with the 2012 Guidelines and use them as a general guide toward evaluation of the temporary impairment. Think of what the person can do rather than what the person cannot do. Encourage “ability” rather than “disability”. This will help fulfill your responsibilities to provide a measure of temporary impairment, as well as benefiting your patient.

While your patient will likely not make it to the Olympics or Paralympics, they should be given every opportunity to do what they can do in their work endeavors. Impairment levels should be consistent and in keeping with the level of physical issues rather than attempting to determine if the person can work. That approach is what has allowed individuals with impairments to shine in the Paralympics and should be our goal as physicians in the work arena.

## PPO ADMINISTRATOR FORUM

### ***IN-NETWORK REFERRALS***

Recent file reviews show a pattern of MetraComp participating providers failing to refer MetraComp PPO participants (injured workers) to other MetraComp in-network providers.

We appreciate your time and attention to making referrals to MetraComp participating providers and ask that you be mindful of this while treating MetraComp participants in the future. Please note you can locate MetraComp participating providers by visiting our website at [www.metracomp.com](http://www.metracomp.com) and clicking on the "Locate a Provider" link at top of the home page. This will direct you to our on-line referral tool.

### ***MEDICAL RECORD REVIEW***

MetraComp performs the Medical Record Review process annually. Please be sure to include all elements of requested documentation in your response. Your continued cooperation and support of this process is greatly appreciated. Thank you.

### ***PROVIDER NETWORK SURVEY***

Enclosed, please find a MetraComp Provider Network Survey. Please take a few minutes to complete the survey. We value your service to MetraComp and care about your opinion. Please return survey to MetraComp, Attn: QI Specialist via FAX: (630)737-2077 or MAIL: 3200 Highland Ave, Downers Grove, IL 60515. You can also complete the survey on-line @ [www.metracomp.com](http://www.metracomp.com).

**Thank you** for your continued support and participation in our PPO network

*Tamara Puccia*  
PPO Administrator

### ***COMPLAINTS/GRIEVANCES***

To report complaints/grievances, please call (1-800-360-1275).

### ***ADDITIONAL RESOURCES***

MetraComp: <http://www.metracomp.com/>  
Occupational Safety and Health Administration (OSHA): <http://www.osha.gov/>  
National Institute for Occupational Safety and Health (NIOSH):  
<http://www.cdc.gov/niosh/homepage.html>  
American College of Occupational and Environmental Medicine (ACOEM):  
<http://www.acoem.org/>  
HIPAA Information:  
<http://www.hipaadvisory.com/> and  
<http://aspe.os.dhhs.gov/admsimp>

### ***REGULATORY/WC BOARD UPDATE***

On June 1, 2012, the Chair adopted amendments to the Board's Medical, Podiatry, Chiropractic and Psychology Fee Schedules. [http://www.wcb.ny.gov/content/main/SubjectNos/sn046\\_484.jsp](http://www.wcb.ny.gov/content/main/SubjectNos/sn046_484.jsp)

The Board adopted amendments to NY rules, which permit carriers and employers to contract with and direct use of a diagnostic testing network. In addition, the Board adopted new rules that provide the procedures for use of diagnostic testing networks. [http://www.wcb.ny.gov/content/main/SubjectNos/sn046\\_480.jsp](http://www.wcb.ny.gov/content/main/SubjectNos/sn046_480.jsp)

Chair Announces Board Intends to Adopt Use of ICD-10 on a Timetable Consistent with Medicare and Medicaid:  
[http://www.wcb.ny.gov/content/main/SubjectNos/sn046\\_485.jsp](http://www.wcb.ny.gov/content/main/SubjectNos/sn046_485.jsp)