

# **DISABILITY MANAGEMENT FOR NON-OCCUPATIONAL INJURIES/ILLNESSES**

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Transitional Employment is traditionally designed to provide return-to-work opportunities for employees who become injured or ill on the job.

At some point, each employer who implements a transitional employment program will be faced with the decision of whether to offer transitional employment to both occupationally and non-occupationally injured/ill employees.

While the model works for both, there are significant issues that must be considered with any integrated occupational/non-occupational return-to-work process. An employer can make the best decision for its needs and circumstances by comparing and contrasting the elements of occupational (Workers' Compensation) and non-occupational return to work. The following elements are examined in this section:

1. Employee Motivation
2. Medical Confidentiality and Access to Information
3. Employer Benefits
4. Work as Therapy
5. Transitional Employment Assignments

# EMPLOYEE MOTIVATION

WORKERS' COMPENSATION	NON-OCCUPATIONAL
<p>The employee who is injured on the job is often an ideal candidate for a Disability Management Return-to-Work Program.</p> <p>Generally the injury is a result of some trauma that does not allow the employee to return immediately to his or her regular duties. Overall, there are far more work-related injuries than illnesses.</p> <p>The return-to-work process increases the recovery and work morale of the employee. The following elements are factors that increase employee motivation to actively participate:</p> <ul style="list-style-type: none"> <li>• Transitional Employment serves as a bridge in the recovery process for the employee to transition to his or her regular duties.</li> <li>• The employer is involved from day one and the information supplied to the claims representative focuses on what activities the employee can and cannot do.</li> <li>• Employee education is used to help the employee gain an understanding that Transitional Employment helps both the employee and the employer.</li> <li>• The best Disability Management Program operates with the cooperation and support of the injured employee.</li> <li>• Injured employees quickly fall into step with the logic that if there is work available that they could perform, the employer may require their cooperation in a return-to-work effort.</li> </ul> <p>The Workers' Compensation system has built in leverage to enforce cooperation by allowing time loss benefits to be reduced or suspended for non-cooperation.</p>	<p>While the employee who becomes ill or injured off the job generally can benefit from a Disability Management Return-to-work Program, the motivation for the employee to participate in the Program and the leverage the employer has to <i>require</i> him or her to cooperate is not clear-cut. Consider the following issues:</p> <ul style="list-style-type: none"> <li>• The nature of non-occupational problems is that there are far more illnesses than injuries. Arthritis, diabetes, clinical depression, cancer, heart disease and high blood pressure are common non-occupational illnesses. Often, in these cases, the inability to perform regular work duties is of secondary importance to the need for treatment for occasionally life threatening and long-term health considerations. Because of this, any pressure from an employer for the employee to return to work might be seen as invasive and/or insensitive.</li> <li>• You may need to overcome the employee's perspective that "sick days" and "short or long-term disability" are generally seen more as an employee's "right" than time loss payments from Workers' Compensation.</li> <li>• FMLA supports the idea of not requiring an ill or injured employee to accept a modified or Transitional Employment assignment, the employer will need to provide employee training on the availability of Transitional Employment and the benefits of participating in a Disability Management Return-to-Work Program.</li> </ul>

## MEDICAL CONFIDENTIALITY AND ACCESS TO INFORMATION

<b>WORKERS' COMPENSATION</b>	<b>NON-OCCUPATIONAL</b>
<p>One of the realities of medical information in Workers' Compensation is that because of the Workers' Compensation claim, employers with an active Disability Management Return-to-Work Program have a need to know an injured employee's work related condition. This (or related) information is vital to determining if the employee could benefit from a Transitional Employment assignment, and is crucial to Transitional Employment assignment design.</p> <p>Access to medical information is vital to a timely Disability Management Return-to-Work Program, and the Workers' Compensation system is designed to provide the employer with this information as a return-to-work tool. For example:</p> <ul style="list-style-type: none"> <li>• Changes in an employee's medical condition are often updated weekly by the physician, with the Transitional Employment Plan reflecting those changes.</li> <li>• If current information is not available or there is a question about the employee's condition that relates to return to work, an appointment with the physician can be scheduled by the claims representative to obtain a quick answer.</li> <li>• If medical information from a physician is delayed, a call from the disability manager can be arranged to expedite the process; or in some cases, an Independent Medical Examination can be required.</li> </ul>	<p>In the case of non-occupational illnesses and injuries, employers are much more restricted in their access to medical information. The new HIPPA regulations further limit the kinds of medical information an employer might have access to.</p> <p>This restriction makes it more difficult to determine which employees may or may not benefit from return to work. In addition, it can make early identification of return to work candidates problematic. Therefore, consider the following issues:</p> <ul style="list-style-type: none"> <li>• Obtain a medical release form from employees with a non-occupational medical condition who wish to participate in a Disability Management Return-to-Work Program. This will enable the employer to gather the information necessary to determine suitability of the Program, and as appropriate the design of Transitional Employment assignments.</li> <li>• If the physician is slow to respond or is non-cooperative in the Disability Management return-to-work process, the employer has few, if any, options to expedite the process. Therefore it is important that any employee who requests Transitional Employment communicate with their physician that this Program is something that he or she wants to do.</li> </ul>

## EMPLOYER BENEFITS

<b>WORKERS' COMPENSATION</b>	<b>NON-OCCUPATIONAL</b>
<p>Both Workers' Compensation costs and Workers' Compensation savings are easy to identify at the organizational and department level. This is partly due to time loss and medical costs being combined into one total for Workers' Compensation expense.</p> <p>The direct costs of employees being off work/at home are obvious to both management and supervision. For example:</p> <ul style="list-style-type: none"> <li>• The direct saving results of a Disability Management Program for occupationally injured employees can be measured as early as six months into the Program, and sometimes even on a case-by-case basis.</li> <li>• Because a Workers' Compensation Disability Management Program often allows the employee to return within hours or days of an injury, the indirect cost benefits of having the employee back at work doing something productive are obvious and often dramatic.</li> </ul> <p>The overall positive results serve as both a motivation and ongoing reinforcement for management, supervisor and employee participation and support of the Program.</p>	<p>Direct and indirect savings associated with non-occupational return to work will be difficult to identify and measure. Because medical coverage is paid as a group and is generally not broken down on a case-by-case basis, medical cost savings are hard to identify. If there are savings, they may not be passed on to the individual departments at all.</p> <p>“Sick days” are generally considered an entitlement, and short and long-term disability premiums are often unaffected by Disability Management Programs except in the long run.</p> <p>Since cost savings, direct and indirect, are more difficult to identify with non-occupational return to work, management motivation and support of return to work for this group falls more into the category of “doing the right thing” or helping employees retain their income and security.</p> <p>To obtain management support for a non-occupational injury/illness Disability Management Return-to-Work Program, it is often necessary to emphasize the Program’s potential for helping retain good employees and improving morale.</p>

## WORK AS THERAPY AND PHYSICIAN INVOLVEMENT

<b>WORKERS' COMPENSATION</b>	<b>NON-OCCUPATIONAL</b>
<p>Occupational medicine generally understands and endorses the concept of “work as therapy.” Occupational physicians are used to working with employers and their Disability Management Programs.</p> <p>Work as therapy is well respected in occupational medicine for a number of reasons.</p> <ul style="list-style-type: none"> <li>• Many Workers' Compensation injuries are orthopedic in nature. They lend themselves well to assessing temporary physical restrictions.</li> <li>• Experience with common orthopedic injuries has helped occupational physicians develop return-to-work protocols for typical conditions, such as back injuries, carpal tunnel, and injuries to extremities, soft tissue trauma and repetitive stress.</li> <li>• Occupational physicians consider working with employers and return-to-work consulting to be part of their job.</li> </ul> <p>Occupational medicine focuses on return to work as part of the treatment process and the patient’s recovery.</p>	<p>When a non-occupationally injured or ill employee asks to participate in a Disability Management Program, the employer may need to educate the non-occupational physician about the Disability Management Program as well as the goals of “work as therapy.” This education is critical. Consider the following issues:</p> <ul style="list-style-type: none"> <li>• Non-occupational physicians generally have had little or no training in return-to-work protocols. For many of them, return to work is something that only happens when the patient has fully recovered.</li> <li>• Because of the non-orthopedic nature of non-occupational injuries and illnesses, return-to-work protocols for many non-occupational conditions have not been developed.</li> <li>• Most non-occupational physicians have little or no understanding of modern Disability Management Programs and little or no experience in working with employers to develop Transitional Employment assignments.</li> <li>• Many non-occupational physicians do not consider working with the employer as part of their job, and see it as an intrusion.</li> <li>• Physician contact and education for non-occupational return to work is a vital part of non-occupational return to work success.</li> </ul>

## TRANSITIONAL EMPLOYMENT ASSIGNMENTS

WORKERS' COMPENSATION	NON-OCCUPATIONAL
<p>Since many Workers' Compensation injuries are orthopedic in nature, they lend themselves easily to simple physical restrictions and “work as therapy” assignments. Lifting, bending, sitting, standing, walking and climbing are concepts easily understood by everyone.</p> <p>Many Workers' Compensation return-to-work situations are also pretty straightforward. The timelines for how long the employee will need to participate in a Transitional Employment Plan and the degree of expected recovery are for the most part predictable. The biggest challenge for the Transitional Employment Team in such cases is to find meaningful work that is consistent with restrictions and incorporates activities that will help the employee recover sooner or/and more completely.</p> <p>While each case is, in its own way, unique, Transitional Employment Teams have the advantage of seeing the majority of injured employees with basically a small number of the same kind of injuries, restrictions and temporary requirements.</p> <p>On the whole, Workers' Compensation return-to-work design is driven by common sense.</p>	<p>Because of the varied nature of non-occupational illnesses and injuries, the Transitional Employment Team may need to focus even more on the individual employee’s needs, restrictions and abilities than for most Workers' Compensation cases. Consider the following issues:</p> <ul style="list-style-type: none"> <li>• Transitional Employment Teams may need more education about non-occupational medical conditions and may require professional advice about the appropriateness of Transitional Employment Plans for certain conditions.</li> <li>• Transitional Employment Teams may need to be more creative. Short term modifications of schedules, tele-commuting and home-based employment options may be considered more often than with the most typical Workers' Compensation injuries.</li> </ul> <p><b>Caution!</b> When a co-worker is experiencing a serious medical problem, there may be a tendency to downplay the fact that Transitional Employment is only short term, or that an assignment must be of value. Compromises in these areas can degrade and endanger the Program.</p> <p>While permanent or long-term assignments may be worth considering, this should not be done under the Transitional Employment model. Human Resources, with input from legal counsel and/or the ADA Coordinator, may well need to be involved in such cases.</p>

## CONCLUSION

Return to Work and Transitional Employment can be a valuable tool for your company that help employees with occupational and non-occupational illnesses/injuries recover sooner and more completely. Most injured and ill employees want to return to work if possible. If there is a likelihood that a temporary assignment will help them recover and at the same time provide value to your organization, it should be considered. However, integrating non-occupationally injured/ill employees into the return-to-work model is not without its challenges (or rewards). Organizations that integrate the two find that employee morale improves and that there is a more positive feeling about the Program among all employees. After the initial start-up work, non-occupational return to work is no more difficult than occupational return to work.

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