Industrial Case Management

Coping With The “Who Done It” Twists and Turns in Incident Management

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The “Incident” AKA Family Circus

RED FLAGS

D - Delayed Reporting
A - Attorney Retained
N - No Witness
C - Conclusiveness Questionable
E - Evading Facts

Case One
- Non-English speaking 56-year old woman.
- Employed 12 months.
- c/o she was "struck on the face by a box that flew off the line" three hours ago and "broke her jaw".
- Escorted to Medical by Supervisor.
- Nurse documents "Full RCM lower jaw, no redness or edema left side of face"...nurse did NOT look inside the mouth!
- Nurse applied ice, administered ibuprofen and had translator write statement of employee, which the employee then signed.

Evasion
- Employee was placed on Protocol and instructed to return to Medical daily for assessment.
- Employee absent 3 days without contacting Medical.
- Returned on Friday with a doctor's note that she was seen for a work-related accident.
- I looked inside her mouth and nearly "lost" my breakfast!
- I immediately sent her to company doctor for second opinion regarding work-relatedness.
- Dr. evaluated her and ordered a Cat Scan.
Getting it RIGHT!

- A box similar to the one that "struck" the woman from approximately 1 1/2 feet above her head (or less) was taken to the "company" doctor and a nursing verbal report was given to the doc. (meth by 100 lb. body weighted 14 pounds static)
- This doctor actually looked inside her mouth. NOTE: The two doctors the patient initially saw made no notes about examining the interior of the mouth. They may have jumped to erroneous conclusions based on the patient's point-of-view and her explanation of what occurred. Remember... involving the use of a translator... which can also be a source of mis-information.

Diagnostic Testing Done

- Cat Scan negative for fractures but revealed "Left-sided tooth root abscess formation involving the posterior most left molar and bicuspide teeth. Addition tooth root abscess along the left superior alveolar ridge."
- BTW... At time of CT the imaging office reported that they also received a CT order from a THIRD doctor... that was undisclosed by patient.

Dental Abscess Formation

- "An abscess may occur when bacteria invades the dental pulp (the nerves and blood vessel that fill the central cavity of the tooth), causing the pulp to die. This most commonly happens as a result of dental caries, which destroy the tooth's enamel and dentin, allowing bacteria to reach the pulp. Bacteria can also gain access to the pulp when a tooth is injured.
- Failure to treat an infected dental nerve usually leads to breakdown of the bone around the root with the formation of an abscess or cavity filled with pus."

OUTCOME

- Nurse explained (via translator) THREE times what the difference is between:
  - an abscess inside the lower jaw that has been developing for possibly weeks and,
  - a superficial contusion from the side of a 14 pound box to the outside of the upper jaw.
  - the absolute emergency that she see a dentist asap.
- 3 weeks later, employee had multiple tooth extractions after a 10-day course of antibiotic treatment... and... under group medical insurance, NOT work-related.

CASE TWO

- English speaking 53-year-old man.
- Employed 26 months.
- March 10th c/o he was "struck on the left hand by a tole lid that flew off the in" the night before and "broke his hand": NOT REPORTED.
- NO witnesses... despite 22 co-workers in Dept.
- NOT escorted to Medical by Supervisor.
- Nurse examined him and found left pinkie finger slightly swollen but with full Range-of-Motion, no nerve or tendon involvement.
- Make a "call-list to look for signer misalignment.
- 3 Volunteers to check for sympathetic nerve involvement.

Thorough Assessment

- Physical examination in a person suspected of having a phalangeal fracture starts with inspection, attitude of the injured finger, and localization of any swelling.
- Neurovascular status should be examined as well as color, capillary refill, and digital temperature. Palpation of the joint over 4 planes (ie, dorsal, volar, medial, lateral) allows assessment of joint tenderness over ligamentous origins and insertions, which is suggestive of soft-tissue disruption.
- Passive range of motion and joint stability should be assessed through dorsal, volar, and lateral stressing. It should not be assumed that lack of full active flexion or extension is merely secondary to joint pain.
**INCONGRUENCY**

- March 9th: Alleged date of injury.
- March 10th: Reported injury to Medical. DEMANDED to be sent to doctor for X-Ray. Pinned on daily protocol with 50 use of left hand.
- March 18th: Nurse informed employee and supervisor (and) that employee would be returned to Full Duty on Monday.
- March 21st: Employee reported to Medical with left hand bruised and swollen with decreased Range-of-Motion. (2nd shift)

**Diagnostic Testing Done**

- March 21st: Sent to company doctor and hand x-rays were done revealing an "acute" fracture ... meaning it happened within the last 72 hours! ... not 12 days! (for remodeling or work)
- March 31st: Declared as "acute" injury seen on the March 21 x-ray was evaluated with the mechanism of the injury related on March 9th.
- April 1st: Denial letter sent to employee.
- Employee assured WC carrier that his fingers were broken on March 9th and he "should have been x-rayed then but the nurse refused to take him seriously."
- Have three volunteers remove cloth from hands and reveal "winkling" which proves no sympatitic nerve involvement.

**METACARPAL BONE FRACTURE**

- Fracture at the neck of the fifth metacarpal bone (boxed's fracture), often caused by a missed punch during a boxing match, is the most common metacarpal bone fracture.
- Although not truly a finger fracture, this injury is included in this article because of its prevalence. The distal fracture fragment usually displaces at a 90 degree angle because of the action of the interosseous muscles.

**OUTCOME**

- Nurse explained difference in appearance between an "open hand" fracture and a "closed hand" fracture, as evidenced on the x-ray ... commonly known as a "boxed's fracture".
- Nurse explained that, if he wanted to go forward with his explanation of the fracture shown on the March 21 x-ray, he would be sent to an IME (Independent Medical Examiner) who would submit a written "opinion" of the likelihood of this type of fracture happening when "struck-by" an object on the side of the hand.
- Employee subsequently dropped his claim for his (new) fractured hand.

**CASE THREE**

- ESL 24-year old man.
- Employed 30 months.
- 02/20/14: Reported to Medical that he twisted his knee when he stepped down from his work platform in a hurry for the fire drill. He denied falling to the floor.
- 02/20/14: Nurse assessed NO objective signs of injury. He declined offer of Rupafin. RTW ... 1 week without complaint.
- 02/27/14: Previously scheduled PCP appt.
- 03/05/14: Seen by Walk-In clinic.
- 03/11/14: Seen by Walk-In clinic.
- 03/18/14: Applied for STD (not-sourced) and claimed injury was "work-related" from stepping down wrong from a work platform during a fire drill on 02/20/14. Nurse Assessment noted to be "lame"

**Evading Facts**

- 03/21/14: Sent to company doctor for second opinion, who obtained an old 07/02/12 MRI report from patient's PCP.
- 03/31/14: Retained an attorney, telling them ... "on 02/20/14 he was going out of the building during fire alarm, slipped and twisted his right knee and fell, injuring both knees."

("Verbal statement to outside witnesses")

- Claim was "denied"!

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OUTCOME

- 04/02/14 Ortho ordered x-rays of thigh, lower spine and pelvis, in addition to a new MRI of the right knee.
- 04/10/14 Requested STD for surgery - denied it being "work-related" to outside service.
- 08/18/14 Returned to work.

CLAIM DENIED!

CASE FOUR

- ESL (&) Non-English speaking 39 year old man.
- Employed just under 3 years.
- c/o He "slipped and fell and was unconscious for 45 minutes without getting any care".
- 911 to ER ---- x-rayed head to foot and released with prescription for Tramadol.
- Never returned to work, despite several contacts being made.

EVASION

- Incident alleged to have happened at 1am on Friday night.
- Discharged from ER Saturday morning.
- Despite cell conversation with nurse, never reported to Medical for Post Accident Drug Test and completion of Accident Report on Saturday, Monday, Tuesday or Wednesday.
- Stopped taking cell calls from Medical or HR.

MVC history

- 08/14/11 MVC
- 08/19/11 MD seen for "chest pain".
- 08/20/11 Applied for benefits after MVC.
- 08/16/11 Chiro. Tmt. for "abdomen & chest pain" (through 10/2/11)
- 08/22/11 Chiro. Seen for "upper & lower back pain".
- 08/27/11 Chiro. Tmt. for "neck, back & pelvis".
- 10/23/12 MVC
- 10/23/12 ER for "back pain" -> de "cervical strain".
- 10/25/12 Chiro. Tmt. for "cervical & thoracic pain".
- 11/13/12 MD Tmt for "neck, mid & lower back pain".

MVC history

- 11/27/12 MD notes (through 09/09/13) for "shoulder pain".
- 02/08/13 MVC
- 04/05/13 MD notes (released) from tmt. For 02/08/14 MVC.
- 04/06/13 Asked to help with clean-up.
- Didn't want to stay / "argued".
- 04/06/13 Alleged slip/fall incident.
- NO "witness" to actual fall!

More "drama"

- 04/06/13 ER - Treated and Released.
  - c/o head and neck pain.
  - No mention of any back pain.
  - Cervical spine CT and brain CT - negative.
  - Thoracic spine erosions (possibly childhood).
  - Lumbar CT - no acute fracture.
  - Pelvis x-ray - negative.
  - Was prescribed Ultram and sent home.

- 04/08/13 ER - Treated and Released.
  "No specific tenderness of back. Full ROM, flexion, extension, rotation intact. No mention was made of any head injury."
And ... more drama!

- 04/15/13 MD notes "history of falling on a wet floor at work and he began to urinate more frequently with reports of dark yellow and red urine. He had pain over his head and back ... possible kidney contusion" ...
- No labs or diagnostics ordered.

Independent Medical Examiner

IME CONCLUSION:
“This is one of the most contrived reports of an accident I have seen in my medical career. The inconsistencies in the records including the denial of prior accidents ... and the mechanism of injury as described in various ways confirm to me that there was no medical injury sustained on 04/06/13. He has a dramatic presentation with multiple positive Waddell's signs.”

John Peterson, MD, FADEEM, Board Certified Occup Med

WADDELL’S SIGNS

Waddell’s signs were developed to identify psychogenic or non-organic manifestations of pain in occupational injury cases through self-reported symptoms and signs. These signs are based on a list of criteria developed in 1987. They have been correlated with detecting malingering in patients with complicated lower back pain.

Signs:
1. Suggestion and Workposture
2. Skin and Vibratory Arousal
3. Visceral and Neural Arousal
4. Neurological and Motor Arousal

Hard Knocks Truths

- The incident you think is simple and "over" is NOT!
- The initial cause you find is NOT always the correct one.
- The story can change with each retelling.
- Everyone wants an immediate status update.
- Did you and your team overlook witnesses ... inside your organization OR outside? (Get written statements!)
- Start a journal of case info and “time-line” immediately.
- Where are the scene pictures??
- The agent of misinformation and conclusion jumping is an active participant in the investigation. (Too many cooks?)

COMMONALITIES

- Red Flag #1: There is a "story" in the note of injury.
- Red Flag #2: Pain is a symptom early in the process.
- Red Flag #3: "I am "good" to work"... even if a occurred in the 30-40 mph crash.
- Red Flag #4: Presenting 20 J/kg and 500 J/kg exposure to the injured individual or group.
- Red Flag #5: Employ presumed conditions as "inconclusive or specific data, not them down on every trial.

“DANCE!”