

Program Performance: 2018 Case Studies



UCWCP

Union Construction Workers' Compensation Program
Administered by Wilson-McShane Corporation
www.ucwcp.com

1. **An employee was cutting block and setting scaffolds when he felt a strain in his back.** The employer submitted a First Report of Injury to their insurer and the claim was accepted. The employer provided light duty as treatment began with an Exclusive Provider Organization (EPO) health care provider. Unfortunately the condition worsened and the employer could not accommodate the sedentary restrictions.

Treatment continued, his condition improved and light duty was again provided, but when his condition worsened the sedentary restrictions took him back out of work. This pattern happened several more times until surgery was recommended. All the parties wanted an orthopedic surgeon from the program's Neutral Physician Panel to review the records, examine the injured worker and render an opinion regarding the surgical recommendation.

A Dispute Resolution Examination (DRE) was performed, and the doctor agreed with the recommended surgery. The insurer immediately approved the surgery which was performed one week following the date of the DRE report. Following the two months of post-surgical rehabilitation the employee was released to return to full duty work earning union scale and fringe benefits.

2. **An employee who was injured in the 2007 35W bridge collapse had a knee replacement surgery recommended in 2017.** The insurer wanted to be certain that the surgery was reasonable, necessary and related to the original work injury and requested a Dispute Resolution Examination (DRE). The employee and the insurer retained attorneys to help prepare. There were a large number of medical records needed for the exam so the appointment was scheduled out far enough to allow the attorneys to fully prepare the exhibits. The attorney advocate letters and the program's cover letter were submitted to the neutral examiner.

The DRE report was issued within two weeks stating that the surgery was reasonable and necessary. Regarding causation, the examiner found that although there was a progressive arthritic condition present, it was "traumatic arthritis" causally related to the employee's 2007 injuries. Based on this report the insurer agreed to authorize the recommended surgery which took place shortly thereafter.

3. **A 59-year old laborer reported feeling pain in his neck that radiated into his mid back and shoulders shortly after shoveling.** The employer directed him to the Exclusive Provider Organization (EPO) for care. The occupational medicine doctor provided care and completed a Report of Workability stating that the condition was work-related, and releasing the employee to sedentary work. The insurer accepted the claim and assigned a program Qualified Rehabilitation Consultant (QRC).

The employer did not have sedentary work available, but the QRC was able to locate a facility within the employee's community where he could work within the restrictions. The QRC also arranged for therapy and medical appointments that did not conflict with the available work. The employee received the medical treatment and vocational rehabilitation necessary to eventually return the injured worker back to full duty work earning scale and fringe benefits.

4. **An operating engineer injured his right shoulder and required surgery.** A program QRC assisted in scheduling the surgery with an EPO surgeon who specialized in shoulder repair. The doctor performed arthroscopic surgery and provided discharge instructions restricting the injured worker from doing any work.

The QRC immediately faxed the restrictions to the contractor that same day. The contractor informed the QRC that they could provide one-armed work accommodating the sedentary restrictions. The QRC presented the surgeon with a written job description from the contractor and he made a referral to an occupational medicine doctor. The doctor approved the one-handed work, and the employee returned to one-armed work at full wages and fringe benefits after missing only two days of work.

5. **A teamster was driving his truck over a railroad crossing that had no warning signals.** As he began to cross an oncoming train hit the backend of the truck. He survived the accident, but required multiple surgeries. The medical team and the

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program's QRC worked closely with the employee, his family and the employer. Eventually he was released to light duty and the employer accommodated the restrictions as he progressed through work hardening. Everyone worked very hard to return him to his pre-injury job, but they were unsuccessful.

The parties requested facilitation. An agreement was reached at the meeting that allowed the injured worker to move on with his life and maintain his family's lifestyle. The employer and the employee agreed to discontinue the light duty work, but also to maintain their contact regarding his progress.

- 6. A union worker had a successful right shoulder surgery and returned to his pre-injury job.** A number of years later he returned to his surgeon with pain in his left shoulder. The doctor believed the condition was caused by his ongoing work. The worker reported this to his employer and they filed the injury report with their insurer. Upon review of all the medical records the insurer accepted liability and approved a recommended surgery. The surgery was successful, but the employee was only able to return to restricted duty. The insurer began paying wage-loss benefits since the contractor had no light duty work available. The contractor became upset with the insurer for accepting the claim, paying for the medical treatment, and now paying wage-loss benefits. The insurer agreed to request an examination with a UCWCP neutral doctor to address their concerns.

The medical records were provided to the Dispute Resolution Facilitator. The records and cover letter were then sent to an orthopedic specialist from the panel of neutral doctors. He asked the doctor to answer questions within a degree of medical certainty based on the records, and his examination and interview of the injured worker. The neutral examination took place approximately one month following the surgery.

The neutral examiner opined that the shoulder condition was related to the work activities; the surgery was reasonable, necessary and related to a *Gillette-type* injury; and, that the injured worker would eventually return to full duty work. Although the employer was unhappy with the neutral examiner's report they were satisfied that their concerns were quickly and properly addressed.

- 7. A union worker strained his back as he lifted a heavy piece of equipment.** The employer sent him to an Exclusive Provider Organization (EPO) occupational doctor for treatment. He was then referred to an EPO orthopedic specialist who recommended surgery. The insurer asked that a neutral doctor do a chart review to provide an opinion regarding the surgery. The medical records were submitted by the Dispute Resolution Facilitator to the examiner with a cover letter asking for an opinion regarding the recommendation for surgery.

The neutral doctor agreed with the treating physician's recommended surgery. Following the successful surgery the contractor provided the employee with union work within his restrictions at full scale and benefits. As the restrictions were reduced his duties increased until he was able to return to full duty work.

- 8. A union worker developed pain in his right shoulder that he felt were different than the typical aches and pains from hard work.** He reported this to his employer who filed a First Report of Injury. The insurer denied the claim as not related to any incident at work. The parties retained attorneys who requested a neutral examination to address the nature and extent of any work-related injury.

The doctor found that the employee had a pre-existing condition, but that the work activity temporarily aggravated this condition. The report also stated that the employee would fully recover and eventually be able to return to full duty. The insurer accepted the neutral doctor's opinion and paid the appropriate medical and wage loss benefits until the treating doctor released the employee back to full duty work.