



# **Work or Compensation? Real Pain or Window Pane?**

Robert T. Sadock, MD  
Associate Director Medical Operations

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- Causality
- Barriers to Successful Outcomes
- Psychosocial Issues
- Two Dimensions of Care
- Psychosocial Model
- Maximizers (Magnification and Malingering)
- Minimizers
- Results

## ➤ Causality

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Just because someone develops symptoms while at work doesn't necessarily mean that the problem is work-related. With causality, we can reasonably conclude that the condition is work-related if the following factors strongly correlate with the known work requirements:



Patient work  
history –  
time and place



The mechanism  
of injury



The physical  
findings



The diagnosis

## ➤ Causality

Coincidence, association, and causation are all different concepts. An alarm clock that goes off as the sun rises does not make the sun rise.

### Example:

Employee is walking to car and twists ankle. To determine causality, we ask:



Whose property did this occur on?

Who owns the car?

Was it a job-related activity?

## ➤ Barriers to Successful Outcomes

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-  Psychosocial
-  Lack of return to work (RTW) option or accommodations
-  Litigation
-  Employee/employer relationship
-  Late injury/late reporting

## ➤ Psychosocial Barriers

### **Over 50% of patients**

presenting to a general medical clinic with a physical complaint had no medical condition

### **15% of chronic conditions**

have no medical basis

### **Workers' compensation (WC) is a special situation**

- Light duty
- Paid if no work
- Vacation without sick time or paid time off (PTO)

## ➤ The Elephant in the Room

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### Concentra injuries reported

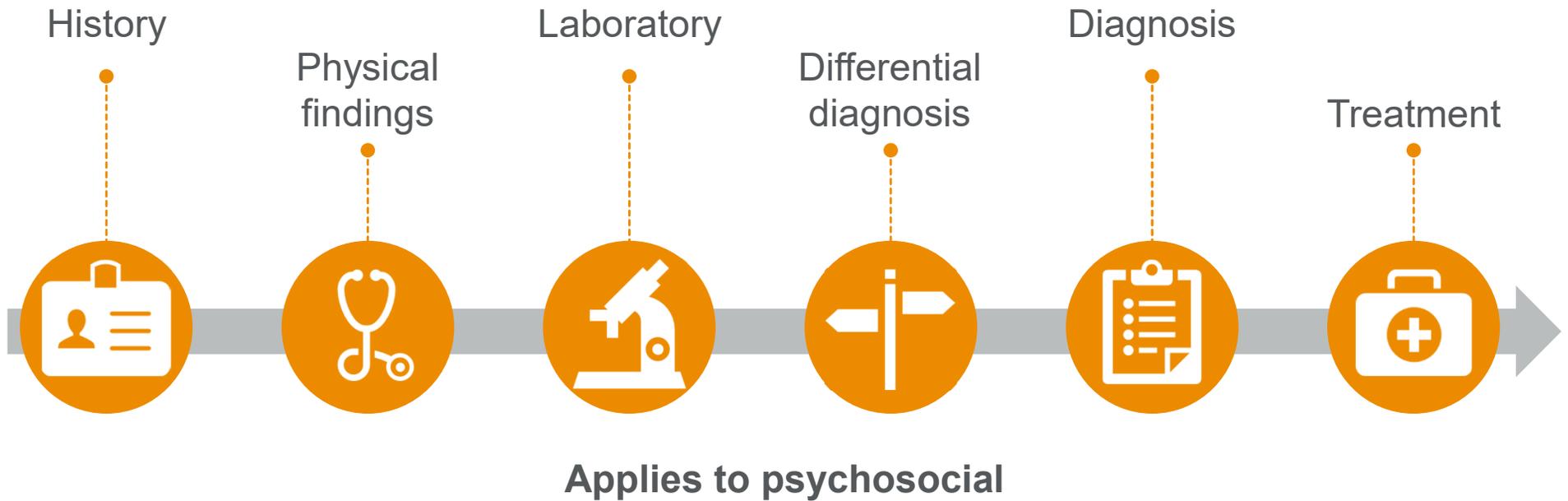


**30%** Psychosocial with a moderate to major component

## ➤ Two Dimensions of Care

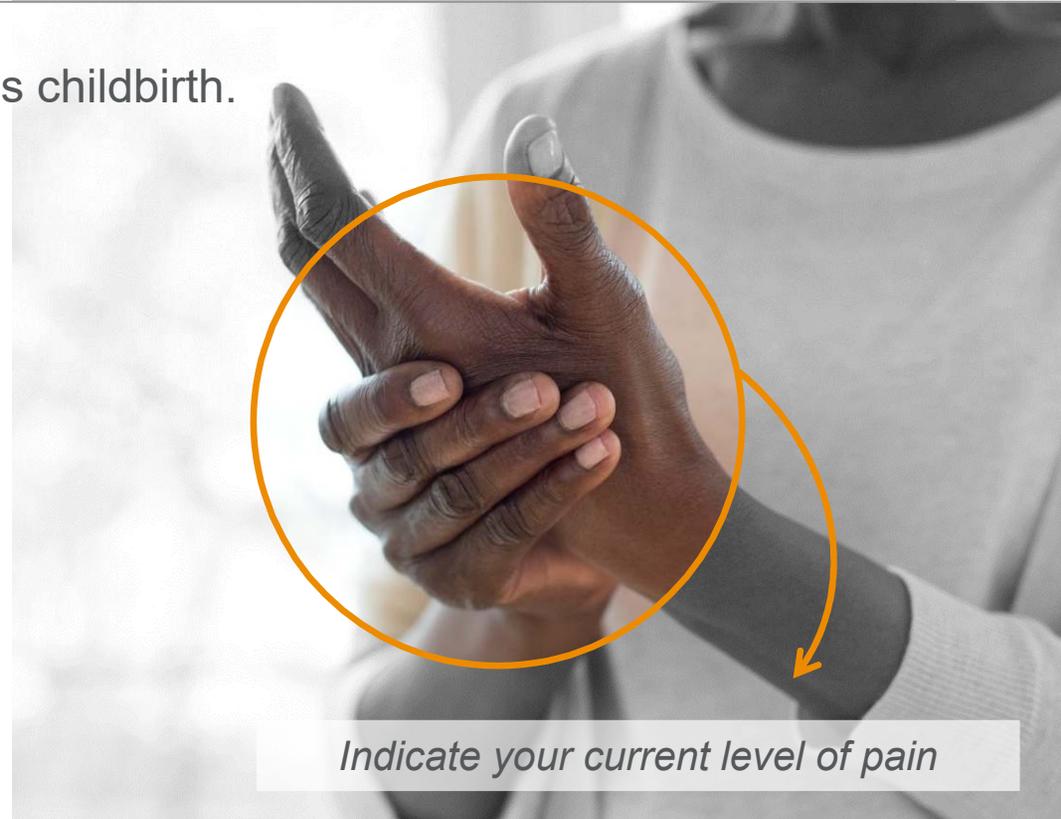
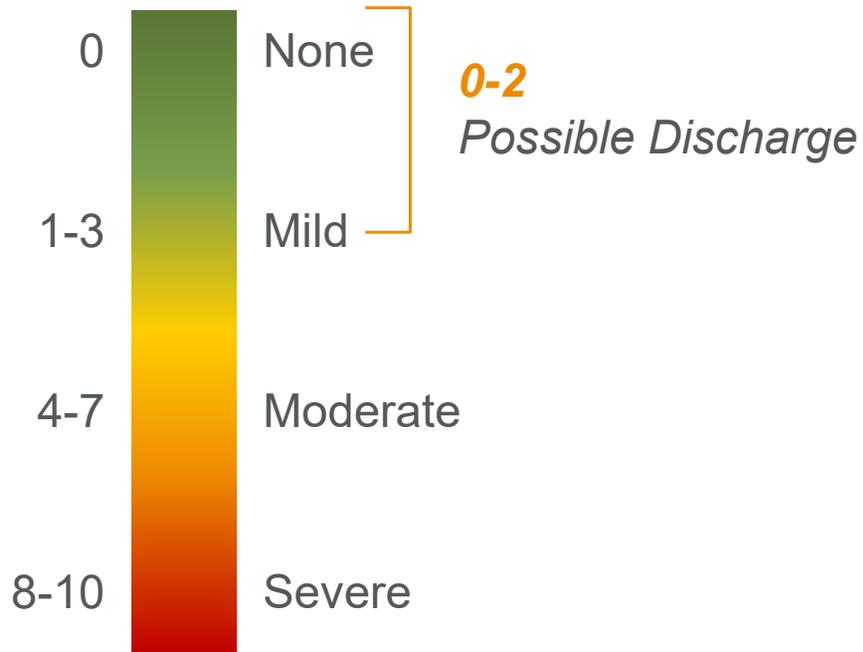
		Physical Injury (ex. Back Pain)		
		Minimal	Moderate	Severe
Psychosocial Aspects (ex. Pain, Disability)	Severe	Maximize	Maximize	Normal
	Moderate	Maximize	Normal	Minimize
	Minimal	Normal	Minimize	Minimize

## ➤ Psychosocial Model Follows Medical Model



## ➤ History – Pain Scales

0 to 10 scale, where “0” is no pain and “10” is childbirth.



## ➤ Pain is Variable

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Used fMRI to analyze brain activity

Told 20% chance of shock on ankles

	<b>MRI</b>	<b>Pain Reported</b>
Alone in machine	+++	Intense
Stranger holds hand	++	Moderate
Partner holds hand		
Distressed marriage	++++	Severe
Strong marriage	+	Mild

## ➤ Pain as a Tool

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What is said?	What is observed?	Is there a discordance?	
Said	Observed	Discordance	Difference Dx
9	3	6	Magnifier Malingerer
7	6	1	Normalizer
2	7	-5	Minimizer

## ➤ Physical Exam

### Neck injury

- Able to turn head as you walk around
- Point to shoulder and turns head

### Shoulder injury

- Remove clothes without an issue
- X-ray tech observes with positions

### Knee injury

- Bending knee on table vs. sitting up

### No feeling in arm



## ➤ Physical Exam

### Back injury

- Gait while walking into the exam room, to physical therapy, to front office, and leaving to go to the car (windowpane)
- Ability to get on the exam table
- Ability to lie down and sit up
- Waddell sign
- Was patient driven or did they get a ride?
- Drop pen and patient retrieves it



## ➤ Differential - Maximizers

### Magnifier (Somatization)

- For psychological gain
- For work gain

A magnifier believes their symptoms

- Often accompanied by depression, anxiety, or interpersonal conflicts

### Malingerer

A malingerer knows their symptoms are false

## ➤ **Magnifier - Psychosocial**

- Physical symptoms offer a means to express distress
- Physical complaints more acceptable whereas psychiatric symptoms have greater stigma
- Care-seeking behavior when having insecure attachments



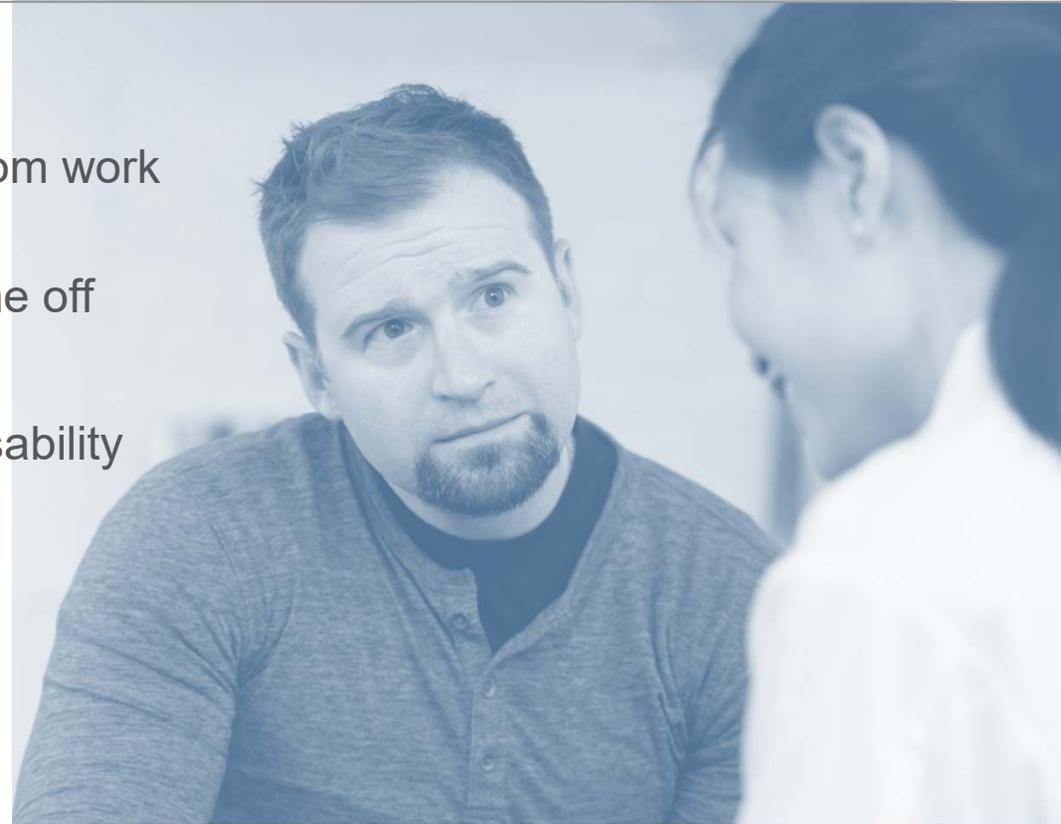
## ➤ Magnifier Gain

### Personal

- To show others they are injured
- Sympathy
- Fear – Need MRI to prove that all okay
- Drugs - Usually narcotics

### Work

- Time away from work (office visits)
- No work – time off
- Light duty
- Long-term disability



## ➤ Magnifier – Resource Use

**Patients utilized medical services** (outpatient and inpatient) twice as often compared to **non-magnifying patients** and generated twice the costs for medical care.



Greater impaired occupational functioning



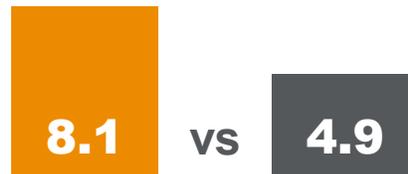
More annual primary care visits



More emergency room visits



Higher use of outpatient services



More specialist visits



More hospital admissions

## ➤ **Maximizer - Example #1**

Hazel is a 52-year-old female who works as a nurse's aide. While lifting a heavy patient, she strained her shoulder. She states her pain is a 9/10.

In PE, you observe that in telling you her story, she is moving both arms to emphasize what happened. On exam of her L shoulder, touching her lightly elicits moderate pain. There is pain on palpation everywhere on her shoulder.

You recommend Advil. She states that she wants to return to her work tomorrow as her shift is over in an hour.

Patient – provider pain level: 9 – 2: Maximizer

Medical diagnosis: Shoulder strain

Psychosocial diagnosis: Symptom magnifier for personal gain

## ➤ **Maximizer - Example #2**

Henry is a 24-year-old male who has worked in lifting and sorting heavy packages for three years. He reports lifting a heavy box two days ago and feeling low back pain that increased in intensity over several hours. His pain has since been constant at a 7.

On PE, he is able to get up on the exam table without difficulty. On palpation, his pain is present bilaterally at L3-4. His SLR is negative, but he is able to lie down and get up without difficulty. He has a mildly positive Waddell.

He requests light duty.

Patient – provider pain level: 7 – 2: Maximizer

Medical diagnosis: Lumbar strain

Psychosocial diagnosis: Symptom magnifier for work gain

## ➤ **Magnifier Treatment Strategy**

Direct  
challenge  
doesn't work

Reassurance –  
not life-threatening

Encouragement  
– good news

Legitimize  
symptoms

Focus on  
functional  
improvement

## ➤ **Magnifier Treatment**

Restore via intense, focused therapy

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### **Day 1:**

Initial

- NSAID
- Physical therapy – joint efforts to return to work
- Light duty or full duty

### **Day 21:**

Advanced imaging.  
Medical vs. surgical

### **Day 7:**

Increased activity

### **Day 3:**

Follow up appointment  
- reinforce



## ➤ Magnifier Treatment



- Use of X-ray
- Body engineered to move – 1 million years
  - Caveman activity
  - If strapped into hospital bed to rest, everything hurts
- Orthopedist vs. surgeon

## ➤ Magnification Approaches



- Explain magnification
  - Black and blue
  - Thumb crossover
  - Moving next to a train station
- Trial to see if resolves
  - 75% are ok
- Maximum medical improvement (MMI)

## ➤ **Maximum Medical Improvement**

- When medical condition is either
  - resolved or
  - additional treatment is not expected to provide further recovery
- Anticipated MMI
  - educated guess of when worker will reach MMI

**Because the estimate of the anticipated MMI is multifactorial and based on the clinician's assessment of the patient, the clinician alone must make this determination**

## ➤ MMI Timing

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### Timeframe

Minor musculoskeletal (MS)

2 weeks

Back injuries

2-6 weeks

Simple fractures

8 -12 weeks

Lacerations

2 weeks

Carpal tunnel syndrome,  
epicondylitis, tendonitis

3 - 6 months

Diabetes, smoking, and age  
can delay recovery time

Many resolve more quickly

## ➤ Malingering Identification



They tell you:

- I want off, I have company coming

Marked improvement when:

- Leaving the exam room
- Checking out
- Parking lot –  
direct observation via windowpane

Often hard to tell or prove

## ➤ Malingering Strategies

Delay or  
no-show to  
appointments

Excuses –  
car broke down

Invoking  
legal

Changing  
providers –  
Dr. Summeroff

Requesting  
light duty

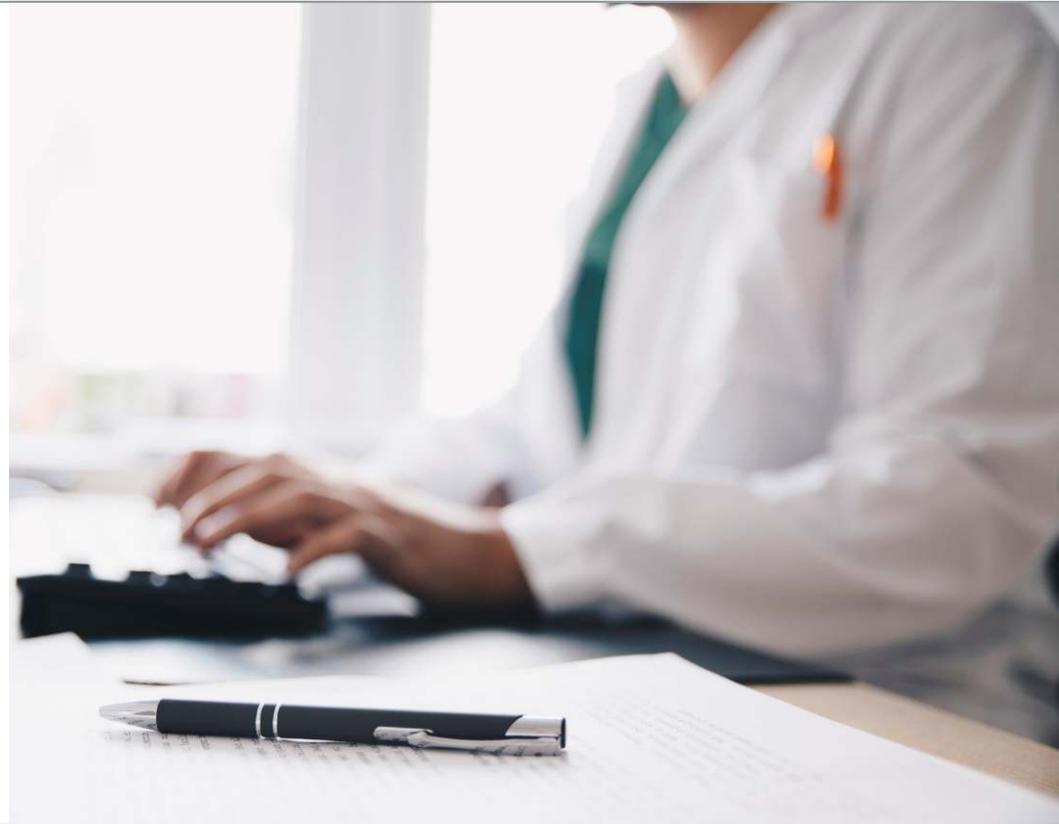
Company has no  
light duty – vacation

Light duty is  
reduced work



## ➤ Malingering Strategies for Providers

- Document, document, document
- Activity
  - Compromise to light duty
  - Require return to work
- If no show, may compromise WC status
- Communication with employer



## ➤ Maximizer - Example #3

Mary is a 44-year-old female who works on an assembly line. She presents on November 18 with wrist pain from her repetitive work. She states her right wrist is swollen and her pain is an 8. She is right-handed.

On PE, you observe no swelling. Her grip strength is initially 4/5 , then reduced to 3/5. You note she is carrying a pocketbook weighing 20 pounds with her right hand.

She asks you to take her out of work. You say that you will put her on light duty. She says she is going to the ER where she knows they will give her 1 week off work.

Patient – provider pain level: 8 – 1: Maximizer

Medical diagnosis: Wrist Strain

Psychosocial diagnosis: Malingerer

## ➤ **Maximizer - Example #4**

Henry is a 24-year-old male who has worked lifting and sorting heavy packages for three years. He reports lifting a heavy box two days ago and feeling low back pain that increased in intensity over several hours. His pain has since been constant at a 7.

On PE, he is able to get up on the exam table without difficulty. On palpation, his pain is present bilaterally at L3-4. His SLR is negative, and he is able to lie down and get up without difficulty. He has a positive Waddell.

He requests light duty. You release him to light duty and call his employer. You are told there is no light duty program, and there never has been. Additionally, the patient has had two other workers' compensation claims this year.

Patient – provider pain level: 7 – 2 revised to 1: Maximizer

Medical diagnosis: Lumbar Strain

Psychosocial diagnosis: Malingerer

## ➤ Minimizer

- Macho attitude
- Pain tolerance high
- Employee believes if out of work, no payment
  - Contract labor
  - Unusual payment agreements
- Protect the patient



## ➤ Medical Model – Example #5

Tom is a 36-year-old fireman who complains of left leg pain. 5 days ago, he was cutting down a tree with his chainsaw and a large limb fell on his left leg. He reports that for the last several days he is limping and the boys down at the firehouse are razzing him as he is not pulling his weight. Pain level is a 3.

On PE, you observe that he has a mild limp when entering the exam room. He is a muscular male and has some tenderness at the left femur.

An X-ray of his left leg reveals a non-displaced fracture of the left femur.

Medical diagnosis: Fracture L femur

Psychosocial diagnosis: Minimizer

## ➤ Activity

- Sports medicine model
- Physical therapy – educate, encourage and progressive movement increases

Published study on **3,867** acute low back injuries show that early referrals to PT:

- ✓ Shortens case duration
- ✓ Shortens PT duration
- ✓ Reduces PT frequency
- ✓ Reduces medical visit frequency

## ➤ No Work vs. Light Work

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### No work . . .

- Adds 6-14 weeks additional duration
- Employee compensation goes directly into MOD rate
- Pays out about 72% of average salary to employee tax free
- Employer gets nothing in return



## ➤ Conclusions



Psychosocial issues are a major part of injury care

Like other medical conditions, they need to be diagnosed and treated

All parts of the caregiving team must be included

Both medical and psychosocial issues must be managed over time

## ➤ Results

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**Does this  
produce a  
difference?**



## ➤ The Value of Concentra and Occupational Medicine

Best-in-class occupational medicine

### Why Concentra:

- Medical specialty focused on the prevention and treatment of WC injuries and illnesses
- Understands your industry and challenges
- Utilization of technology

### About Concentra:

Largest occupational medicine provider in the U.S.

**44 years**

occupational medicine experience

**544**

medical centers in 44 states\*

**1 in 5**



injured employees treated nationwide

**145**

Onsite health clinics\*

**210,000**

employer customers nationwide, including 85% of the Fortune 500

**<2%**

of care provided is urgent care-related

## ➤ The Value Proposition

The proof is in the numbers . . . Or rather the longitudinal claim studies

	<b>Client #1</b> N = 23,473 P = 22%	<b>Client #2</b> N = 13,318 P = 38%	<b>Client #3</b> N = 10,757 P = 22%	<b>Client #4</b> N = 9,932 P = 35%	<b>Client #5</b> N = 4,276 P = 25%	<b>Client #6</b> N = 2,770 P = 10%
<b>Total costs per claim</b>	22% lower	44% lower	60% lower	12% lower	47% lower	24% lower
<b>Medical costs per claim</b>	8% lower	36% lower	46% lower	14% lower	34% lower	9% lower
<b>Indemnity claim</b>	34% fewer	34% fewer	56% fewer	4% more	48% fewer	12% fewer
<b>Involves litigation</b>	25% fewer	38% fewer	56% fewer	28% fewer	62% fewer	75% fewer
<b>Total claim duration</b>	n/a	7.4 months shorter	8 months shorter	6 months shorter	7.3 months shorter	1.1 months shorter



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N = # of total claims evaluated

P = % of claims Concentra managed

# Questions?

**Robert T. Sadock, MD**

Robert\_Sadock@Concentra.com

203-914-8143

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