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Comp at Work

Texas Mutual
Insurance Company
Workers' comp news for
healthcare providers
Winter 2010

New Guides Clarify Post-Traumatic Arthritis

By N. F. Tsourmas, M.D.,
Medical Director for Texas Mutual

The American Medical Association has published the first authoritative text on post-traumatic arthritis.

“Guides to the Evaluation of Disease and Injury Causation” is an attempt by august physicians to clarify confusing, conflicting and opposing opinions that have been expressed by many physicians on this topic.

Often, especially in workers' compensation or liability insurance, what caused what is a key issue in determining medical benefits, as well as financial or litigious awards.

In the past, these opinions have varied from a minimal trauma that produces major consequence and sequelae, to major trauma that produces little or no consequence to the involved body part.

The authors bring forth evidence-based medicine that is current and of good scientific quality in the 21st century to answer some of these questions and bring clarity and consistency to some of this confusing professional opinion.

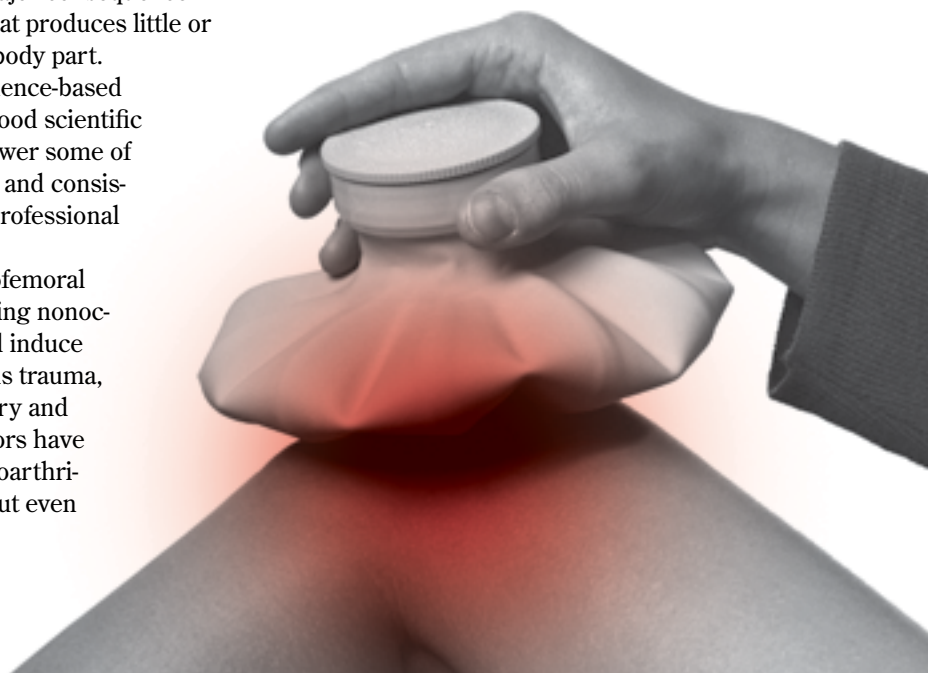
The book discusses the tibiofemoral (knee) joint. Conclusions regarding nonoccupational risk factors that would induce arthritis are age, obesity, previous trauma, prior meniscectomy, family history and gender (female). These risk factors have strong evidence of inducing osteoarthritis not only at an expected age, but even at an earlier age.

The book also helps define occupational risk factors that surprisingly have insufficient or no evidence to produce a work-related and causality conclusion. These factors are listed as jumping, kneeling, lifting, sitting, standing, walking and a combination thereof.

The surprising, or maybe not so surprising factor, especially for workers' compensation, is the concept of meniscectomy. The authors point out that meniscectomy, in general, is thought to produce long-term consequences to the knee. They do not discuss how much of a meniscectomy is required to produce this effect.

Since the advent of arthroscopy in the 1980s, a total meniscectomy has been a procedure of historical note. Minor, partial meniscectomies are the rule.

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The Doctor is In



Clyde Williams, M.D., P.A.

By David Wylie, Editor

When I was a child, I knew what I wanted to be when I grew up: quarterback of the Dallas Cowboys. But somewhere along the way, my career took a detour. As near as I can figure, it was in the fifth grade, when I chose a musical instrument over sports.

Dr. Williams, conversely, is one of those focused, driven people who turned their childhood dream job into reality.

"When I was 10 years old, I spent nearly four months in Chicago's Cook County Hospital," said Dr. Williams. "That was my first real exposure to the medical profession, specifically

physicians. I was very intrigued by the work physicians do, and it later led me into medicine."

Today, Dr. Williams is one of the top providers in the Texas Star Network. His position with Concentra provides him a unique opportunity to treat patients who have a variety of injuries and illnesses. If he has questions or needs another opinion, he has convenient access to a closely knit community of providers who call Amarillo home.

Having served in the Army for 11 years, Dr. Williams has witnessed his share of injuries. He understands the pain and frustration employees experience when they are unable to work.

"It's personally rewarding to me when I am able to apply my experience to understand the cause of a workplace injury and reassure the patient of a positive outcome," said Dr. Williams.

Dr. Williams adds that positive outcomes are more likely when employers, injured workers and doctors embrace the process as a partnership. Dr. Williams upholds his end of the partnership by maintaining open communication with his patients and their employers. Sometimes, that

means telling them something they do not want to hear.

"One of the challenges I routinely face is denying requests from patients or clients that are not appropriate for the circumstances of the case, even if they are completely understandable," said Dr. Williams. "In my role, it's important to separate sympathy from the necessary empathy."★

Vitals

- Specialty: OB/GYN
- Education: Undergraduate – University of Texas at Austin, UT Medical School San Antonio 1970-1974
- Residency: UT Medical School San Antonio 1974-1978, completed
- Experience: 32 years in practice, 29 years solo practitioner (1978-2007), locum tenens 2005-2007, Concentra (occupational medicine) 2006-present
- Certification: N/A
- Practice location: Amarillo
- Previous position: Private practice in Amarillo 1978-2007 (Clyde M. Williams, M.D., P.A.)
- Hobbies: Reading, especially history and science; traveling when schedule permits

Network Offers Free Online Course on Causation Determination

By Dr. Jane Derebery, Texas Star Network Medical Director

Can prolonged use of a computer keyboard at work cause tennis elbow? Can lifting a piece of paper from the floor really cause the patient to herniate a disc?

These are important questions that you, as a doctor treating workers' compensation patients, must be equipped to answer.

The legal decision to accept compensability of a claim is generally made by the insurance company representative. While physicians have traditionally played a peripheral role in work causation determination, the escalating disability rate among even young adults with work-related musculoskeletal disorders has necessitated an increased role by clinicians regarding causation determination.

When a traumatic event at work results in injury, it is a straightforward matter to identify the "cause and effect" and to confidently confirm that the patient has a work-related musculoskeletal disorder.

However, many of the musculoskeletal disorders that workers commonly present for treatment of can and do occur without any provoking incident or trauma. They are often multifactorial in origin, and they can be associated with or caused by many systemic medical conditions.

To wrongly assume something is work-related because a worker attributes it to some work-related activity misdirects healthcare, can delay recovery, and ultimately has negative consequences for the patient and the employer.

Conversely, not recognizing when a worker's condition is work-related will have similar adverse effects, and it denies the patient of care that he or she is entitled to.



Many musculoskeletal disorders ... can and do occur without any provoking incident or trauma. They are often multifactorial in origin, and they can be associated with or caused by many systemic medical conditions.

Causation determination requires specific knowledge and skill, but most physicians receive little training. That is why *Texas Star Network*® medical staff has developed an online course for physicians on medical causation determination.

The course provides essential information that will facilitate the process of determining work-related medical causation of common musculoskeletal disorders. To access the course, visit texasmutual.com/hcp/hcp.shtm.

Course objectives:

1. Discuss causation determination of common upper extremity disorders and spine disorders, with an overview of current literature regarding causation determination.
2. Enhance knowledge regarding what types of physical activities have causation associations to specific musculoskeletal disorders.
3. Dispel common myths and misperceptions regarding musculoskeletal disorders, including carpal tunnel syndrome and shoulder pain. ★

Reminders

Have you been asked to perform a designated doctor exam?

Please remember that network providers may not provide designated

doctor exams for patients who treat in the Texas Star Network.

If you receive a request to provide a designated doctor exam by the Texas Department of Insurance, Division of Workers' Compensation (DWC) for a network patient, please contact the DWC and request that the exam be reassigned to a non-network provider.

Sign up for network updates and publications

If you would like to receive network updates or publications, please email TSNpublications@texasmutual.com.

How to make referrals

The Texas Star Network was designed to deliver consistent, quality care to injured workers. To ensure that consistency, the network requires providers to refer injured workers to other participating providers, including hospitals.

Please visit texasmutual.com/hcn/provdir.shtm for the current network provider directory before making referrals. If you need to request out-of-network approval on a claim, please call (888) 252-5075 for Coventry's network administration department.

Tell us if your demographic information changes

Changes to your address, phone number or name, as well as termination of an individual provider within a practice, should be sent to Coventry via fax at (615) 224-9213 or email to Coventry_dataupdates@cvty.com.

Need durable medical equipment?

Texas Mutual has partnered with TechHealth to provide Durable Medical Equipment (DME) items. If you need to order these products for an injured worker who treats in the Texas Star Network, please contact TechHealth at (877) 269-9373.

Remember that DME, including prosthetics and/or orthotics, greater than \$500 billed (purchased, accumulated rental or a combination of rental/purchase) requires preauthorization. Preauthorization requests should be faxed to (800) 852-1805.★

New Guides for Post-Traumatic Arthritis

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Our opinion is that when the above-mentioned risk factors, which are usually nonoccupational, are recognized, arthritis is generally not post-traumatic, but should be considered an ordinary disease of life.

As far as meniscal injuries and their work compensability are concerned, I offer that Texas Mutual's position will be to evaluate the arthroscopic operative notes and scrutinize the amount of meniscectomy performed.

Certainly, total and subtotal meniscectomies would be expected to produce long-term, post-traumatic arthritis. Partial meniscectomies, especially involving less than 50 percent of the total meniscus, would not be anticipated to produce this long-term consequence. The

latter is much more common in the clinical practice of medicine today.

I strongly encourage every doctor treating workers' compensation patients to be familiar with "Guides to the Evaluation of Disease and Injury Causation." The book, available for purchase on the AMA website, is invaluable and should be reviewed repetitively when concepts of causation and relatedness are mentioned. ★



**N. F. Tsourmas, M.D. is the
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If so, please direct your suggestions to David Wylie at

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