

## Mission Possible: Creative Approaches in Returning the Employee on Prolonged Disability to Work

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## Case #1: Fitness for Duty Exam

- 35 year old Police Officer
- 12/5/01 reported impact injury dominant right hand
- 5/17/02 4th & 5th CMC fusion
- 4 months hand therapy post-op
- CT 11/15/02 showed solid fusion
- C/O chronic right ulnar symptoms with difficulty shooting weapon at firing range
- Still on narcotics daily, signs of depression



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## Case #1: Fitness for Duty Exam

- 12/02: Pain on gripping/twisting right hand/wrist
- PE:
  - FROM, 4+/5 motor ext/flexor, 4th & 5th digits
  - Hand surgeon reported that no procedure would help pain



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## Case #1: Fitness for Duty Exam

- 1/03: Same pain, numbness tips of fingers
- PE:
  - Decreased sensation tip of 3rd, 4th, 5th digits
  - Neck, shoulder, Adson's negative, elbow & neuro exam negative
  - Referred to another hand surgeon for 2nd opinion
  - Sent to firing range to determine qualification. Qualified with pain x2 using splint



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## Case #1: Fitness for Duty Exam

- 2/03: Second opinion with hand surgeon for dorsal ulnar pain to R/O TFCC & L-T ligament tears
- Discussed hardware removal



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## Case #1: Fitness for Duty Exam

- 3/03: MR Arthrogram Negative
- Second Opinion Hand Surgeon
  - Conclusion: Continue hand therapy, will improve over time



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## Case #1: Fitness for Duty Exam

- 4/03: Return visit to primary surgeon
  - No removal of hardware
  - Consider EMG/NCS d/t chronic pain issue



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## Case #1: Fitness for Duty Exam

- 5/03: Continued pain on gripping. Works out lifting weights biceps, triceps, bench press uses glove to lift.
  - Steroid injection performed by hand surgeon brief pain relief for a few days only



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## Case #1: Fitness for Duty Exam

- 6/03: Uses hand without brace. Using narcotics a few days a week
  - No EMG/NCS done



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## Case #1: Fitness for Duty Exam

- 7/03: Attempted to contact primary hand surgeon several times, did not return calls
  - The surgeon wrote in his note that patient may RTW full duty, but in same note declared MMI with PPD



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## Case #1: Fitness for Duty Exam

- Can he return to work as a Police Officer?



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## Case #1: Fitness for Duty Exam

- What criteria does he need to meet to be able to return to work as a Police Officer?



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## Case #1: Fitness for Duty Exam

- Job Description: Patrol Officer



- Apprehend offenders, carry weapon, capable of engaging in restraining a resisting offender, drive a vehicle, preserve a crime scene, chase an offender, carry a victim, crouch, crawl, jump, operate hand controls, load/unload a weapon, fire handgun



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## Case #1: Fitness for Duty Exam

- What is the next step?



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## FCE is a Resource to Address:

- Return to Work Decisions
- Disability Evaluation
- Work Function for Non-Work-Related Injury/Illness
- Functional Ability in Non-Work-Related Settings
- Intervention and Treatment Planning
- Case Management and Case Closure

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## FCE Will Yield Information in Regards to:

- Has individual reached a medical endpoint
- Does a patient require further intervention and what intervention is appropriate
- Is there a need for therapy or a change in current therapy approach or direction
- Insight regarding potential work performance and job feasibility
- Identify discrepancies between symptoms and objective findings
- Generates data to serve as basis for job modification and work restrictions
- Establishes a baseline of performance that provides a basis for Work Hardening/Work Conditioning

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## Who Should Perform an FCE:

- Physical or Occupational Therapist with knowledge/experience in:
  - Administration and interpretation of FCE
  - Evaluation of critical demands in the workplace
  - Biomechanics
  - Identification of behaviors that interfere with task performance
  - Relevant laws/regulations eg: ADA, OSHA, WC etc.

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## Case #1: Fitness for Duty Exam

- Upper Extremity Functional Capacity Exam
  - Non-physiologic findings. Shaking during effort
  - Thumb ring grip: Right 15% < Left
  - Grip- Jamar dynamometer R<15% Left
  - Lateral pinch same L & R
  - Dexterity testing 98<sup>th</sup> percentile
  - Upper limb strength & function equal



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## Case #1: Fitness for Duty Exam

- Recommendations:
  - Pain desensitization session and practice at home
  - 4th & 5th MCP small cuff splint for driving & impact prevention
  - Consider wearing bicycle glove



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## Case #1: Fitness for Duty Exam

- 9/03:
  - Functional Capacity Evaluation
    - Hand Therapist recommendations completed
    - Qualified at firing range
- 10/03: I returned him to work full duty
  - Associate Chief set up schedule
  - 2 days prior to RTW while weight lifting (bench press) had acute vertigo and a cerebellar bleed requiring clip of bleed
  - Never returned to work, retired



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## Case #2: Fitness for Duty Exam

- 47 year old male Firefighter/EMT sent for fitness for duty evaluation/causation opinion by Fire Chief. Developed "Mono like illness" with hepatitis 2 months prior to evaluation. Diagnosed as acute CMV infection. Deconditioned but no other symptoms. No cognitive/mental status changes or symptoms.



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## Case #2: Fitness for Duty Exam

- Past Medical History:
  - Immunocompetent with no organ allograft transplant, immunosuppression therapy, HIV or other chronic illness



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## Case #2: Fitness for Duty Exam

- Work Risk Factors:
  - Uses universal precautions for rare patient transfers
  - No needlestick, mucous, or blood exposures
  - Incident of non-bloody vomitus on shirt 3 months prior to illness when seizure patient vomited on him



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## Case #2: Fitness for Duty Exam

- Physical Exam:
  - VS WNL
  - No adenopathy
  - No hepatomegaly/splenomegaly
  - Neuro exam WNL
    - Mini-mental exam normal with good memory, recall, decision making



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## Case #2: Fitness for Duty Exam

- Can he return to work?



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## Case #2: Fitness for Duty Exam

- Does he need any further testing to confirm return to work status?



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## Case #2: Fitness for Duty Exam

- Is the acute CMV related to a work exposure?



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## Case #2: Fitness for Duty Exam

- PCP clarification letter stated:
  - “High degree of certainty” that worker acquired CMV from body fluids of transported patient



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## Case #2: Fitness for Duty Exam

- Epidemiology of CMV
  - Infectious agent
  - Occurrence
  - Reservoir
  - Mode of transmission
  - Incubation period
  - Period of communicability
  - Susceptibility
  - Methods of control

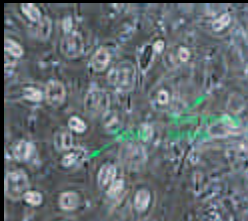


Photo: <http://www.kitternet.com/~stephen.dani/ncv08a.html>

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## Case #2: Fitness for Duty Exam

- Causation of Diseases Related to Toxic Exposure
  - Define exposure
  - Evaluate exposure dose-response relationship
  - Evaluate temporal relationship
  - Evaluate latency period
  - Evaluate known association of disease by chemical or agent implicated
  - Evaluate pathotoxicology
  - Consider confounding factors
  - Cessation of disease following termination of exposure



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## Case #2: Fitness for Duty Exam

- Causation analysis for CMV transmission
  - Did infected person have the alleged infection:
    - PCR for CMV DNA definitive
    - Antibody test used
  - Is appropriate incubation period present/adequate
  - Is mode of transmission consistent (blood, urine, cervical secretions, semen, breast milk during acute reactivated infection)
  - Was he susceptible due to underlying illness
  - No CMV test done on alleged source patient



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## Case #2: Fitness for Duty Exam

- There is a CMV carrier state for adults
  - 60% US
  - 90% homosexual males



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## Case #3: Fitness for Duty Exam

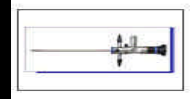
- 12/03 Requested to perform a record review and determine medical causation evaluation by Case Manager on a 50 year old Firefighter
- 6/02 Stepped off truck at fire, twisted right knee
- 8/02 required arthroscopy for degenerative meniscal tear
- 12/02 RTW after completing rehab
- 2/03 Developed DVT and PE
- 5/03 Recovered from illness, while on coumadin developed dense right CVA, thrombus or embolus (not bleed)

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## Case #3: Fitness for Duty Exam

- Was DVT and PE related to 8/02 arthroscopy?



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## Case #3: Fitness for Duty Exam

- Was CVA related to DVT and PE?



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## Case #3: Fitness for Duty Exam

When reviewed record revealed weakness of right arm/leg

- Can he return to work as a Firefighter?



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## Case #3: Fitness for Duty Exam

- Physician wrote letter to Firefighters  
Lawyer stating that DVT secondary to right  
to left heart defect



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## References

- Sullivan, Kreiger, Hazardous Materials Toxic Exposure and Causation, Williams/Wilkin 1992, Ch. 28
- Heymann, D. Control of Communicable Diseases Manual, 18th Ed., APHA WHO. 2004, CMV Chapter

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