



OPERATION

ABLE WORKER

A publication of the U.S. Army Center for Health Promotion and Preventive Medicine to foster information sharing among Army professionals dedicated to the prevention of occupational injuries and subsequent disability in civilian employees.

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From the Editors | MARIANNE CLOEREN, MD, MPH, KATHEE SECOR, RN,
CONNIE FOX-SAMSON, ESQ.

Welcome to volume 3 of *Operation Able Worker*. Sorry for the delay between the last issue and this one. This volume includes some important DOD updates including regulatory changes, a new high-level council, and information on the new and improved workers' compensation database. At the end you will find a form that was developed as a tool for old claim chart reviews. If you use it, please give us some feedback. And we are also including an algorithm to follow in evaluating hearing loss in an employee, which was developed with the help of the CHPPM Hearing Conservation Program. Please continue to send us your ideas for articles. And please do pass this on to colleagues who may be interested. If you would like to share, please direct your ideas or questions to Marianne.Cloeren@us.army.mil. Thanks for your interest!

Innovations | FUNDING RETURN TO WORK POSITIONS

FORT BLISS, TX -- The Garrison Commander at Fort Bliss, TX has recognized the value of returning employees to productive employment, but also the reluctance of supervisors to take back former employees who are at less than full physical capacity. The Commander at Fort Bliss has set aside funding just for the purpose of returning employees with permanent restrictions back to work. The funding continues for 2 years and then is picked up by the department in which the employee was placed. So far, this program has permitted re-employment of 10 people, who would most likely have remained on compensation without this program. In addition, 11 employees refused legitimate job offers, allowing termination of benefits. In addition to these 21 former employees whose cases were closed through this program, Fort Bliss routinely returns current employees with permanent restrictions to work through modified work assignments, usually in their original positions.

CALL FOR INNOVATIONS -- If you have a unique approach to injury prevention or case management that is worth sharing with others, please send a paragraph describing your innovation to Marianne.Cloeren@apg.amedd.army.mil for consideration for future issues. We need your ideas!

Conference Report

At the 6th annual **Force Health Protection Conference**, held in Albuquerque, NM in August 2003, the ergonomics and workers' compensation tracks were well-attended. Speakers included health professionals, case managers and injury compensation program administrators. Discussions included integrated team management of injuries, reasonable accommodation, basics of medical case management in all phases of a claim, vocational rehabilitation, stress claims and data mining for trend analysis. Due to the positive response, a longer session will be offered in 2004. Although geared toward occupational health professionals, much of the content of these sessions would also be of value to claims administrators.

Q & A

Question: May an employee receiving workers' compensation accrue sick or annual leave while in a Leave Without Pay (LWOP) status?

Answer: No. For each pay period in which an employee accumulates 80 hours of LWOP, the employee earns no sick or annual leave for that pay period. However, if the employee is working part-time for the agency, he will accrue sick and annual leave for those hours worked. See http://www.opm.gov/oca/leave/HTML/lwop_eff.htm

"An employee who is receiving disability compensation under the Federal Employees Compensation Act (FECA) may not simultaneously receive salary, pay, or remuneration of any type from the United States. The right to annual leave and sick leave is a form of compensation. See 67 Comp. Gen. 418 (1988). Thus, an employee does not accrue sick leave or annual leave at the same time that he or she is receiving benefits under the FECA." *John P. Mitchell*, B-180010 and B-180010.12, March 18, 1979; *Lee J. Gage*, B-182078, January 6, 1975; See also <http://www.opm.gov/payclaims/1997/70078100.htm>

Tip

The DOD Civilian Personnel Management Service publishes an on-line newsletter monthly. This ICUC update can be found at www.cpms.osd.mil/icuc/icuc.htm on the front page under "New Injury and Unemployment Update October 2003".

✦ CPMS has launched the Defense Portal Analysis Center (DefPAC). The statistical data reports contained in DefPAC are web-based reporting tools designed to support injury and unemployment compensation, safety and occupational health administration gather lag-time data necessary to identify areas to improve within each program, and develop program initiatives to manage programs more effectively at all organizational levels.

You can try this new site yourself by going to: <https://icucweb.cpms.osd.mil/cognos>. Use OCCHEALTH as your user ID and occhealth as the password. This site contains a web portal with updates from CPMS, easy access to regulations and policies, and statistical reports on claims and costs. There is an on-line tutorial for getting started, and your DOD liaisons can provide additional local training for your injury and compensation management staff.

At present the site does not allow drill-down to the individual claim level, but this is planned in the future and will be restricted by password to the injury compensation program administrators.

✦ The new Defense Safety Oversight Council was chartered this summer. The Council shall:

1. Review accident and incident trends, ongoing safety initiatives, private sector and other governmental agency best practices, and make recommendations to the Secretary of Defense for safety improvement policies, programs, and investments.

2. Assess, review and advise on improving all aspects of the coordination, relevance, efficiency, efficacy, timeliness and viability of existing DoD-wide safety and injury prevention information management systems.

3. Promote the development and implementation of safety initiatives, including Systems Safety for Acquisitions and operations, to improve mission success as well as preserve human and physical resources throughout DoD.

4. Oversee Council committees, receive regular progress reports on the status of approved action plans, serve as the approval authority for actions proposed by Council committees, and endorse appointment letters for committee chairs and members through their chain of command.

5. Coordinate with other federal agencies and industry leaders, to facilitate communication, coordination, and integration of best practices into DoD planning, development and implementation of initiatives and programs.

6. Support research to improve human performance, safety education standards/procedures, and equipment.

✦ Below are several of the objectives under consideration by the DSOC (not final yet) that are relevant to civilian injury prevention and case management:

- Local treatment of new civilian injury cases -- Increase by 50% from the Service baseline
- "Return to work cases" -- Increase by 50% from the Service baseline
- Number of periodic roll cases – Reduce by 10% from the service baseline
- Civilian lost time injury rate – 50% of the service baseline

✦ DOD regulation was recently changed to explicitly forbid requiring an employee to go to the military clinic prior to seeing his own physician. We can no longer require that an employee go there first for evaluation, or even for a CA-16, since a CA-16 is not a required document. However, experience has shown that if you make sure your local care is good and convenient, most employees will choose it.

"S810.4.1.4.1.3. Offer to refer the employee to the activity medical services, if available, for examination and recording of the injury in the employee's medical record. Referral to the activity medical services is not mandatory on the employee's part, nor shall it be construed as the initial choice of the attending physician."

DOD Civilian Personnel Manual, Subchapter 810 – Injury Compensation <http://www.cpms.osd.mil/icuc/icuc.htm>

Tip The Form 1032 is issued by DOL to claimants on the Periodic Roll annually. OWCP uses this to request information on dependent status, any salary earned during the year, and any work performed, including volunteer or non-pay. Reviewing the form can give you an idea whether the IW is performing work or capable of performing some type of work, which may help you identify an appropriate RTW job offer. If a claimant refuses to submit it or gives fraudulent answers then compensation benefits (wages) can be stopped. If you have not received a copy of this form within 18 months of the previous one, you should write to the claims examiner to request a copy (this may also trigger them to send it out if this was missed).

FECA CLAIM FILE REVIEW

Reviewed by: _____

Date: _____

EMPLOYEE INFORMATION

Name _____ Claim No. _____ DOI _____ DOB _____
 SSN _____ Address _____
 Phone _____ Alt. Phone _____ Email _____
 Job Title/Series/Grade/Directorate _____
 Service Comp Date _____ Separation Date _____ DOI Salary _____
 Current Claim Status: ___ UD ___ AM ___ Accepted ___ Denied
 Current Pay Status: ___ DR ___ PR ___ PN ___ PW _____

MEDICAL

Accepted Condition and ICD9 _____
 Physician Name _____ Physician Specialty _____
 Address _____ City _____ State ___ Zip _____
 Phone _____ Fax _____ Date Most Recent Medical Report _____
 Current Diagnosis and ICD9 _____
 Second Opinion Date _____ Physician _____
 IME Date _____ Physician _____
 Case Notes:

EMPLOYABILITY

	No Work	RTW Full Duty	RTW Restricted	Restrictions
Treating MD				
Second Opinion				
IME				

Modified Duty Available? Y/N If Yes, Position: _____
 Directorate _____ Grade/Salary _____
 Treating MD Review Date Mailed _____ Date Approved _____
 Candidate for Job Offer? Y/N Date Mailed _____ Accepted? Y/N Refused? Y/N
 DOL Notified Response to Job Offer? Y/N WEC requested? Y/N Date _____
 Case Notes:

REHABILITATION (Complete only for previous one year)

Vocational Rehabilitation requested on _____

Rehabilitation Specialist Name _____

Phone _____ Fax _____

Rehabilitation Counselor _____

Phone _____ Fax _____

LWEC _____ Position _____

OWCP

Claims Examiner _____ Phone _____ Fax _____

Email _____ District _____

FORMS IN FILE

CA1/2 _____ Date _____ CA 2A _____ Date _____ CA/7 _____ Date _____

EN1032 _____ Date _____ Position Description _____ SF50 _____ OF612 or Resume _____

ACTIONS TO BE TAKEN:

Large empty box for recording actions to be taken.

Evaluation for Occupational Hearing Loss

- 1) Review employee questionnaire about work and non-work noise exposure.
- 2) Interview employee and document responses regarding exposures and use of hearing protection.
- 3) Check hearing protectors for deterioration and fit.
- 4) Observe employee demonstrate use of hearing protection.

