

THE PULSE

Medical Unit Newsletter

Department of Business & Industry
Workers' Compensation Section

Division of Industrial Relations
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This newsletter is not intended to provide legal advice to the reader. Legal opinions or interpretations of statutes and regulations referenced should be sought from legal professionals.

ACOEM PRACTICE GUIDELINES ADDS DRUG FORMULARY

Most people in Nevada worker's compensation are familiar with the American College of Occupational and Environmental Medicine's (ACOEM) Practice Guidelines, which were adopted by the State of Nevada in 1998. They are the only treatment standards to be used in Nevada for workers' compensation claims, pursuant to Nevada Administrative Code (NAC) 616C.123. The Reed Group purchased the ACOEM Practice Guidelines content in 2013 and have now combined this with their other products under one umbrella named the MDGuidelines. It is important to note the ACOEM content team remains unchanged and retains editorial control and independence from the Reed Group. Additionally, the ACOEM Practice Guidelines methodology is meticulously maintained, thus, insulating the practice guidelines content from commercial bias.

The methodology used in developing the ACOEM Practice Guidelines incorporates a rigorous strength-of-evidence rating system utilizing the latest Institute of Medicine (IOM) standards. This methodology has now been applied to the development of a new drug formulary based on the ACOEM Practice Guidelines. The formulary is part of and based on the ACOEM Practice Guidelines. Therefore, the drug formulary may be used by all those involved in managing workers' compensation claims in Nevada. Just as the ACOEM Practice Guidelines are not applied as a rigid ceiling or maximum amount of treatment provided to injured workers, so the formulary is not a rigid list of drugs restricting treating physicians and chiropractors in medically managing a claim. However, it does provide evidence-based recommendations regarding many medications and their appropriate application in treating injured workers' conditions and occupational diseases. It also gives others involved in the workers' compensation process helpful information assisting them to make informed decisions regarding the benefits provided to Nevada's injured workers. Under the MDGuidelines umbrella, only the ACOEM Treatment Guidelines and formulary have been approved for use in Nevada workers' compensation at this time.

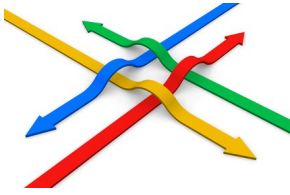
Accessing the drug formulary is easy. It may be accessed online at www.MDGuidelines.com and is integrated with the ACOEM Practice Guidelines. The formulary is tied to specific diagnosis/work-related injuries and illnesses and to specific phases of care (acute or chronic). When a specific diagnosis is presented, the formulary may be sorted by the drug class (e.g analgesic, anti-inflammatory, opioid), drug name (generic or brand name) and/or by the strength of evidence for each medication given. Once a specific medication is chosen, additional information is provided including route of administration, Comments for the Claims Professional, Comments for the Prescriber, relevant ICD-9 and ICD-10 codes and references (chapter and page number) to the ACOEM Practice Guidelines.

For additional information regarding the MDGuidelines or the ACOEM Practice Guidelines including the new drug formulary, please contact Lucy Shannon at Reed Group, Director of Editorial Research & Development, lshannon@reedgroup.com.

Katherine Godwin, RN, BSN

C-4 Forms Clarifications

C-4 Forms should not be completed on students who suffer a work related injury when they are training. Students are not considered employees. Most schools have either a special school insurance to cover students or require students to carry their own insurance. If you have questions regarding a specific school's policy, please contact the school directly.



RATERS' CORNER: RATING CARPAL TUNNEL SYNDROME

Carpal Tunnel Syndrome (CTS) is a focal entrapment neuropathy involving the median nerve at the wrist. It is the most common entrapment neuropathy. There are a number of predisposing factors including metabolic diseases, heredity, obesity, arthritis and trauma (e.g. following fractures of the wrist). There is significant debate both within and outside of the medical community regarding the association of repetitive trauma as a predisposing factor.

Signs and symptoms include paresthesiae in the median distribution, especially nocturnally; pain, which can radiate proximally; and, if undiagnosed for a period of time, loss of sensation, atrophy and weakness in the median nerve distribution.

Diagnosis of carpal tunnel syndrome involves a positive history and physical exam findings including visible atrophy, weakness, loss of sensation in a median pattern, eliciting a positive Tinel's sign at the wrist and/or a positive Phalen's sign. Not all signs and symptoms are necessarily present in one case. Patients with compression neuropathies may have normal two point discrimination, but abnormal deep pressure / light touch sensation. These clinical factors should be corroborated by electrodiagnostic testing such as nerve conduction testing and electromyography. Some caveats are that 5% of patients with carpal tunnel syndrome will have negative electrodiagnostic testing and there is no correlation between the severity of the abnormalities on electrodiagnostic testing and the degree of impairment.

Following surgical decompression of the median nerve, it may take 6-9 months for recovery of nerve function. This should be considered when requesting a PPD rating evaluation. Early PPD evaluations may reflect a point of time in recovery, however, not necessarily permanent impairment.

C. Quaglieri, MD

Medical Billing Essentials

Accurate coding on medical bills is essential for accurate and timely reimbursement. Nevada's Medical Fee Schedule clearly outlines the appropriate codes that must be used. The following reminders are offered to clarify some common mistakes.

Revenue codes are not appropriate for billing medical services for Nevada workers' compensation claimants.

Nevada Specific Codes must be used for services indicated in Nevada's Medical Fee Schedule.

Medical bills should **not** be sent to an address out-of-state. Please contact the WCS Medical Unit with any questions prior to submitting medical bills to an out-of-state address.

Effective January 1, 2016, payers will have **45 days** to pay or deny medical bills.

The Nevada Medical Fee Schedule is undergoing significant revisions and will be effective 2/1/16. A formal public hearing is scheduled January 8, 2016. See the DIR website for a copy of the Draft Medical Fee Schedule and additional information <http://dirweb.state.nv.us/wcs/wcs.htm> .

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