

Evidence Based Decision Making with Regards to Illness Duration

Dr Conor McDonnell
Occupational Health Specialist Registrar

09/04/2010

Evidence Based Resources

- www.mdguidelines.com
- www.disabilitydurations.com
- www.dft.gov.uk/dvla - DVLA Guidance – Driver and Vehicle Licensing Agency
- www.oilandgasuk.co.uk - HSo62 - **Medical Aspects of Fitness for Offshore Work: Guidance for Examining Physicians - Issue 6 (2008)**
- www.alama.org.uk – The Association of Local Authority Medical Advisors
- Various other guidelines for safety critical work

Clinical Case Pterygium

- An employee returned to his native South Africa to have surgical removal of a pterygium
- He was out of work for 3 weeks after surgery on his left eye.
- He requested a further 3 weeks sick pay to have the right eye surgically treated.
- HR phoned to enquire if this level of sickness absence was reasonable?
- His surgeon was working in South Africa

Clinical Case -Pterygium



Medical Disability Advisor (MDA)

- Being used by 22,000 clients in the US and 38 other countries
 - Employers
 - Workers' Compensation Boards
 - Government Agencies
 - 3rd Party Administration Firms
 - Labour Organisations
 - Occupational Health Professionals

MDA Background

- 5 million workplace absence cases
- From multinational companies and government organizations
- Compiled the reference databases
- Database consists of actual workplace absence data from a wide range of industries and geographic locations.

MDA Illness Durations

- **Minimum**

- The minimum recovery time most individuals require to return to work at the same performance level as prior to injury or illness.
- In some cases, individuals may be medically able to return to work in a lesser amount of time with availability of modified duty assignments .

- **Optimum**

- The point in time when most individuals are likely to be able to return to work, assuming their cases are optimally managed by their provider, and that the individuals do not experience significant complications and/or comorbid medical conditions.

- **Maximum**

- The recommended point in time at which (or before) additional case information should be requested from the treating physician to determine when (and if) the disabled individual may be able to return to work.
- Enquire about comorbid conditions or complications, work accommodations available, and medical treatment administered. The maximum length of disability is not a definitive cut off point beyond which individuals must return to work at the same level of efficiency as prior to their injury or illness.

MDA Job Classification

- These job classifications are based on the amount of physical effort required to perform the work. The classifications correspond to the Strength Factor classifications described in the United States Dept of Labor.
- **Sedentary Work** Exerting up to 4.5 kg of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- **Light Work** Exerting up to 9.1 kg of force occasionally and/or up to 4.5 kg of force frequently, and/or negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for Sedentary Work. Light Work usually requires walking or standing to a significant degree. However, if the use of the arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most the time, the job is rated Light Work.
- **Medium Work** Exerting up to 22.7 kg of force occasionally, and/or up to 11.3 kg of force frequently, and/or up to 4.5 kg of forces constantly to move objects.
- **Heavy Work** Exerting up to 45.4 kg of force occasionally, and/or up to 22.7 kg of force frequently, and/or in excess of 9.1 kg of force constantly to move objects.
- **Very Heavy Work** Exerting in excess of 45.4 kg of force occasionally, and/or in excess of 22.7 kg of force frequently, and/or in excess of 9.1 kg of force constantly to move objects.

How To Think About Work Ability

Risk

- Refers to the chance of harm to the patient, or to the general public, if the patient engages in specific work activities
- E.g. Uncontrolled seizure disorder in an aircraft pilot or a commercial vehicle driver
- When a patient should not attempt a work activity because of a known risk the physician imposes a “**work restriction**”
- A work restriction is something a patient can do, but should not do, as opposed to a “**work limitation**” - something a patient cannot physically do.

Workability

Capacity

- refers to concepts such as strength, flexibility and endurance
- Measurable with a fair degree of scientific precision e.g. Functional Capacity Evaluation.
- Physicians deal with “**current ability**”, which can increase with exercise and activity or decrease with inactivity (deconditioning)
- Rotator cuff tear in the shoulder - unable to reach over head controls at work
- Physicians **impose work restrictions(Risk)** and **describe work limitations(Capacity)**

Workability

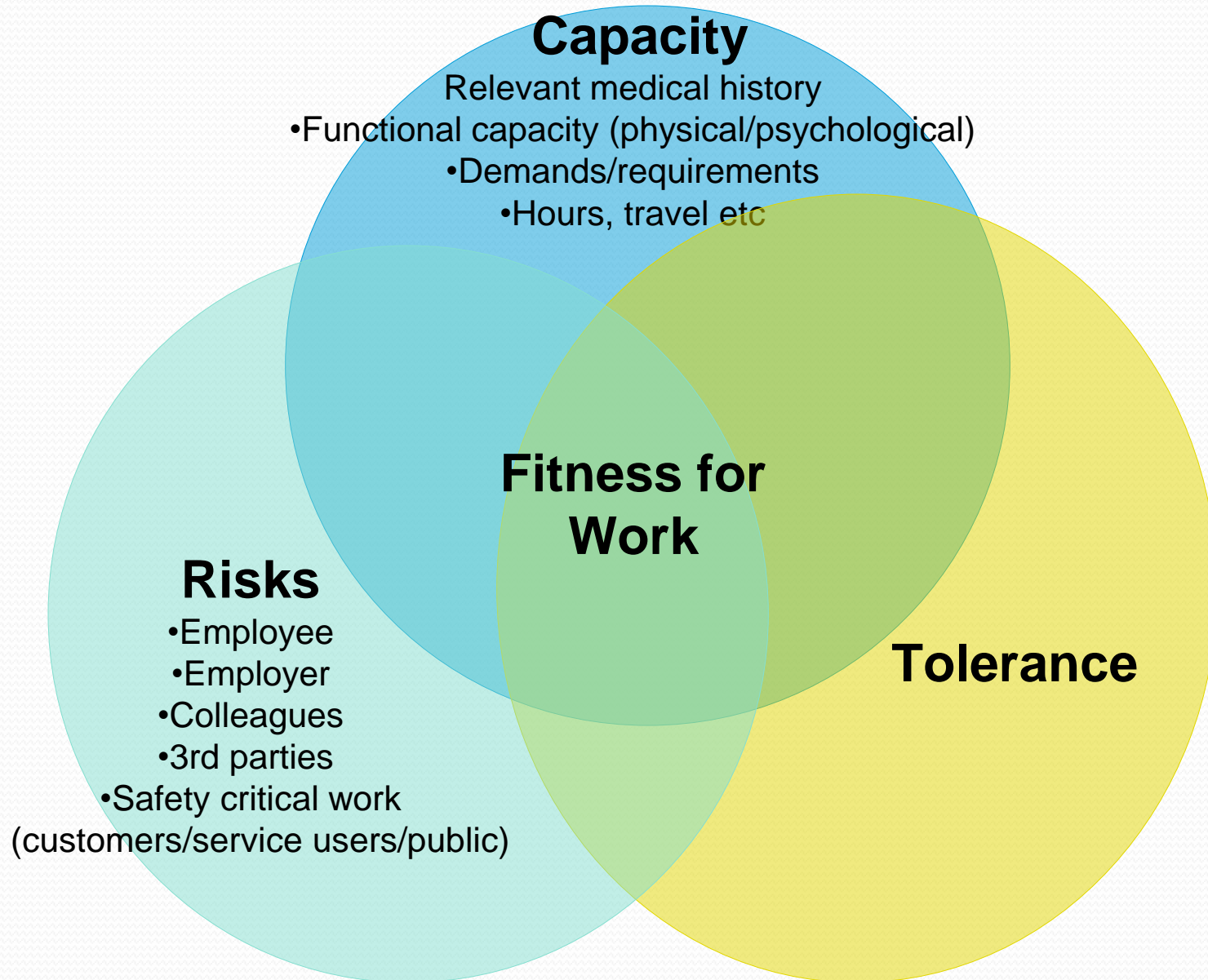
- **Tolerance**

- Psychophysiologic concept
- Ability to tolerate sustained work or activity at a given level
- Symptoms such as fatigue or pain are what limit the ability
- The patient may have the ability to do a certain task (no work limitation), but not the ability to do it comfortably
- Not scientifically measurable

Tolerance Cont'd

- Dependent on the rewards available for doing the activity in question
- E.g. A patient chooses, because of pain, not to work for minimum wage at a job he dislikes, but, when offered a much more physically demanding job at 3-4 times the minimum wage, he happily works and endures (**tolerates**) the pain

Assessment of Medical Fitness for Work



Arthroscopic Meniscectomy (Knee)

	Optimum (weeks)	Maximum(weeks)
Sedentary	2	6
Light Work	2	7
Medium Work	5	8

Laparoscopic or Shouldice Inguinal or Femoral Herniorraphy

	Optimum(Weeks)	Maximum(Weeks)
Sedentary	5/7	2
Light Work	10/7	2
Medium Work	3	4

Laparoscopic Abdominal Hysterectomy or Vaginal Hysterectomy

	Optimum(Weeks)	Maximum(Weeks)
Sedentary Work	4	6
Light Work	4	6
Medium Work	6	8

Open or Endoscopic Carpal Tunnel Release

	Optimum(Weeks)	Maximum(Weeks)
Sedentary Work	2	6
Light Work	3	6
Medium Work	4	8

Bunionectomy with Osteotomy

	Optimum(Weeks)	Maximum(Weeks)
Sedentary Work	3	6
Light Work	4	6
Medium Work	6	12

Rotator Cuff Tear(Medical Treatment)

	Optimum(Weeks)	Maximum(Weeks)
Sedentary Work	3/7	4/7
Light Work	3/7	1
Medium Work	3	6

Lumbar Disc Displacement (Medical)

	Optimum(Weeks)	Maximum(Weeks)
Sedentary Work	1	2
Light Work	2	3
Medium Work	3	6

Lumbar Discectomy

	Optimum(Weeks)	Maximum(Weeks)
Sedentary Work	2	5
Light Work	3	6
Medium Work	6	12

Costochondritis

	Optimum(Days)	Maximum(Days)
Sedentary Work	1	3
Light Work	1	3
Medium Work	1	7



Thank You!