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HOT MIC!  
MEDICAL EDITION



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## MEET OUR PANEL:

Daniel J. Falge, Esq. Partner, Cohen  
Vaughan

Dr. James A Tacci, MD, JD, MPH.  
Executive Medical Policy Director,  
New York State Workers'  
Compensation Board

John Cody, MD. Orthopedic  
Surgeon

Dr. Bradley Cash, MD. Medical  
Director, Spine Options  
Rehabilitation Medicine





## QUESTIONS:

- Question #1 is for Dr. Tacci
- Recently we have been seeing more cases of designer dosage of common drugs, where the only reason for the dosage is to increase costs to the VVC system and to all New Yorkers. An example from this past year was the 300 mg tablets of ibuprofen – which were being priced at \$16 a tablet, as opposed to the 200/400 mg tablets which are probably about a dime. What is the Board doing to address this issue?



Partial rotator cuff tears versus full rotator cuff tears:

Partial rotator cuff tears versus full rotator cuff tears:

- How can the carrier determine when to authorize or deny a partial tear when the radiologist doesn't grade the extent of the tear on the MRI report?
- When the MRI reports "fraying of bursal surface of the supraspinatus tendon" do those MRI findings warrant surgery?
- And if not, how can the NCM appropriately deny partial tears as per the MTGs?

QUESTIONS:



## QUESTIONS:

What are the most common injuries that you see? What are your thoughts on prevention?

How do you differentiate between work related injuries and pre-existing conditions when evaluating a patient?

How do you handle cases when the patients' recovery is slower than expected? Including patients not actively participating in their own care? Malingering?



## QUESTIONS:

What challenges arise when injuries are chronic/long term due to factors unrelated to the workers; compensation injury? For instance: high blood pressure, diabetes, high BMI which are becoming more prevalent in our society?

What strategies do you recommend when the injured workers' recreational alcohol or drug use impedes treatment?

When you have reached the end of your treatment options, is pain management a better option than cognitive behavioral therapies? Why or why not?



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## QUESTIONS:

How would you handle a patient who you feel is being less than honest about their injury? Be it that the mechanism doesn't align or the injury itself?

How do you handle patients who disagree with your assessments and/or treatment plans?

What factors influence whether you recommend light duty vs full duty release? Patient statements? Job descriptions provided by employer?

How do you differentiate between work related injuries and pre-existing conditions when evaluating a patient?



What changes would you like to see in the workers' compensation system, from a medical standpoint?

## QUESTIONS:

Do physicians receive any training or instruction prior to treating injured workers? If no, should there be? If yes, is it beneficial?

Is the administrative requirement burden with workers' compensation claims the same, better than or worse than other types of coverage?