



The ODG by MCG Duration Tab

The ODG by MCG Duration tab allows users to target, benchmark, and export return-to-work guidelines at the claim level, securing an early release to return-to-work with appropriate job modifications.

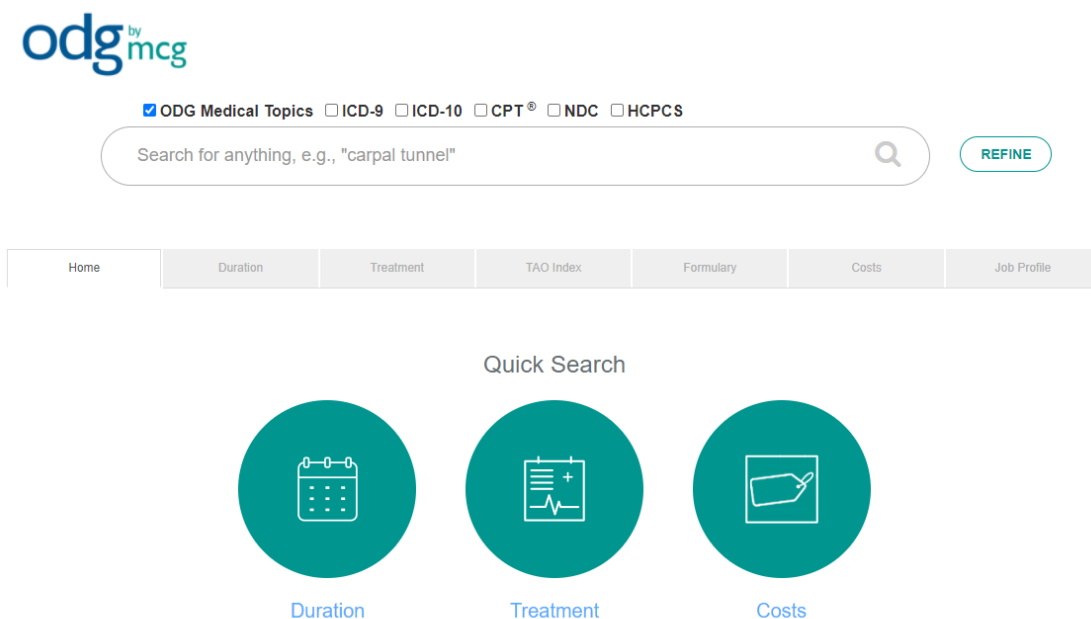
The Duration tab also allows for simple identification of risks, using a tiered and color-coded Risk Assessment Score scale, which ensures resource optimization and interventional triage, with real-time claim risk assessment.

In addition, the Duration tab provides consumer-friendly educational tools, including videos and referential content in non-technical terms, which can be shared directly with the claimant.

Using the ODG by MCG Duration Tab

Duration projections are generated by condition and/or procedure using medical topics and medical codes. You can find conditions in any of the following three ways:

1. Type a keyword in the search bar. The search will show your results on the active/elective tab. Select the Duration tab.



2. Select a topic under **Return-to-Work Diagnoses**.

Browse by Type

Return-To-Work Diagnoses

- Back Sprain
- Whiplash
- Shoulder Sprain
- Depression
- Ankle Sprain
- Osteoarthritis
- Carpal Tunnel Syndrome
- Inguinal Hernia
- Meniscus Tear
- Chronic Pain
- Broken Arm
- Knee Sprain
- Eye Foreign Body
- Wrist Sprain
- Generalized Anxiety Disorder

3. Select one of the top conditions listed at the bottom of the Home tab.

Top
Conditions



Once the condition(s) is selected, it will be “pinned” below the search bar, which indicates that any information populated refers to one or more conditions pinned. For example, the images below show either one topic pinned (left) or multiple topics pinned (right).





How to Interpret RTW Durations for a Claim

Duration projections in ODG are generated by condition and/or procedure using medical topics and codes. Interpreting projected and target disability durations is key to managing the return to work/function process. Here are more details.

RTW Scenario:

A 45-year-old male was hit while backing out of a parking space. The impact of the vehicle accident caused low back pain. He has diabetes and is a smoker. As a result, their ability to return to work and quality of life has been impacted.

Refining to the Claim Level

The page can also be refined to become claim-specific by adding confounding factors, job title/job class, state, age, and claim type – all factors that affect disability duration projections and goals, as well as risk. Select the “**Refine**” button next to the search bar to adjust. These additions will impact the A, B, and M Values as well as the Risk Assessment Score.

The RTW scenario information has been put into the refine section. Refer to below:

Back sprain x

Auto-Retrieve: Off On

Refine Results

Job Title or DOL Job Class: Heavy NEW
Light Truck Or Delivery Ser

State: All States
Claimant Age: 45

Date of Injury: 12/01/2021
Target RTW Date: 12/21/2021
Claim Type: Any

Confounding factors

- Depression/PTSD/Psychosocial
- Diabetes
- Hypertension
- Legal Representation
- Obesity
- Smoker
- Opioids
- Substance Abuse
- Surgery or Hospital Stay
- Preexisting Conditions

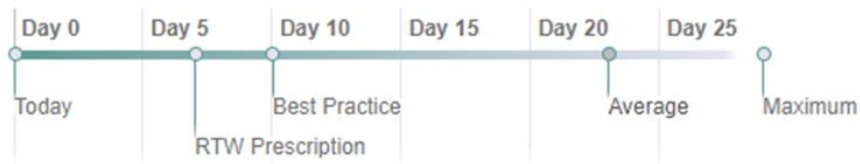
The “**Auto-Retrieve**” button can be selected to be on or off. If on, each time an item is selected, it will auto retrieve the information immediately. If off, you can enter all your information and then select retrieve for the results.

Based on the findings:

- How long will the claimant be out of work?
- Will additional resources be needed for this claim?

The information below will help guide you to answering these questions and more.

View RTW Timeline



The RTW Timeline provides dynamic, configurable visual cues and alerts for key dates, such as the deadline to send a provider the RTW Prescription with sufficient time to meet the Best Practice RTW Date and Average RTW date.

[Contact ODG](#) to add other alerts and triggers to the timeline, for example, escalating a claim from telephonic case management to field case management, ordering an IME, etc.

View Duration Guidelines

The Duration tab provides RTW Average, Best Practice, and Maximum durations at diagnosis or claim level.

Back Sprain



M

Maximum
91 Days

Maximum Anticipated Return-to-Work

A

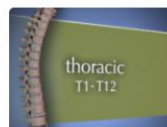
Average
47 Days

Benchmark against the actual outcomes data

B

Best Practice
20 Days

Manage toward the best practice duration



Show Video Links



Duration Guidelines start at the diagnosis level and can be refined to become claim-specific.

Value M – The M (Maximum) value provides the average of all time-loss claims including the outliers.

Value A – The A (Average) value provides the average of all time-loss claims excluding the outliers (top 5%), which better reflects a typical lost-time claim.

Value B – The B (Best Practice) value represents a reasonable expectation for a well-managed top-tier claim. This value is based on physiological recovery time, which is informed by the data while also undergoing an annual peer review and consensus process by the ODG Editorial Advisory Board, consisting of about 100 physicians.

To Interpret RTW Durations for the Claimant:

1. From the RTW duration guidelines, view the **A**, **B**, and **M** values and the number of days.
2. From the timeline, view the **RTW Prescription** share-by date.
3. Then evaluate the **Average** and **Best Practice** duration projections in the timeline.

Based on your findings—how long will the claimant be out of work?

Job Class Table

The Job Class Table allows users to easily identify durations on DOI. Job Class Users can also override the model’s ideal duration projection (B value) by selecting a specific scenario based on the severity of the condition, treatment approach, and type of work.

Select one of these scenarios, for example, **Severe, manual work** to replace the B value from the model with the target duration from the pathway.

All Classes	Sedentary	Light	Medium	Heavy	Very Heavy
Scenario					
			Activity Level		Duration in Days
Mild (grade I), clerical/modified work			Modified		0 Days
Severe (grade II-III), clerical/modified work			Modified		0-3 Days
Mild, manual/heavy manual work			Regular		7-10 Days
Severe, manual work			Regular		14-17 Days
Severe, heavy manual work			Regular		35 Days

Capabilities & Activity Modifications

The Activity Modification defines “modified work” and “regular work” based on the condition. This can assist with return-to-work goals and expectations for the treating doctor, employer/supervisor, and injured worker.

These can be pre-populated in the RTW Prescription form, which is available to send to the treating provider to review and sign off on.

Capabilities & Activity Modifications for Restricted Work



Modified work
Lifting with knees (with a straight back, no stooping) not more than 5 lbs [2 kg] up to 3 times/hr; squatting up to 4 times/hr; standing or walking with a 5-minute break at least every 20 minutes; sitting with a 5-minute break every 30 minutes; no extremes of extension or flexion; no extremes of twisting; no climbing ladders; driving car only up to 2 hrs/day.

Regular work
Lifting with knees (with a straight back) not more than 25 lbs [11 kg] up to 15 times/hr; squatting up to 16 times/hr; standing or walking with a 10-minute break at least every 1-2 hours; sitting with a 10-minute break every 1-2 hours; extremes of flexion or extension allowed up to 12 times/hr; extremes of twisting allowed up to 16 times/hr; climbing ladders allowed up to 25 rungs 6 times/hr; driving car or light truck up to a full work day; driving heavy truck up to 4 hrs/day.

Export and Share (RTW Prescription)

All the evidence-based information as a best practice goal for the claimant information in ODG by MCG is designed to be easily exported and shared. Select the “**Print**” button to print the information as is, save it as a PDF, or export it as an RTW Prescription form.

The RTW Prescription form can secure a release to work from the treating physician. The treating physician can review the form and sign off on or modify return-to-work goals and activity restrictions. This tool can be helpful as a guide for the injured worker and employer/supervisor.

 **Print**  **Copy URL**

Print Page

RTW Prescription

Functional Abilities Form

View Evidence-Based Clinical Content and Guidelines

MedlinePlus



Below the condition name is a link to Medline Plus, provided by the National Library of

Medicine’s website for consumer health information. Medline Plus contains the world’s largest medical library, providing information about diseases, conditions, and wellness issues in easy-to-understand terms. The reliable, up-to-date health information, which can be shared with claimants, is also available in Spanish.

Videos

Short, animated overviews of the diagnosis in non-medical, non-technical terms are provided by Visual Health Solutions. This overview also appears in the index of clinical content.



An animation showing spinal anatomy and how strain on the muscles and/or ligaments attached to the vertebrae could cause back pain.

Codes Related to Topic

This section identifies corresponding ICD 9 and ICD 10 codes, allowing the user to further refine durations. Scroll through all associated diagnosis codes, or filter by specific code number using the search field and select one to pin it to the claim.

Codes related to this topic

▸ ICD 9 Codes ▲

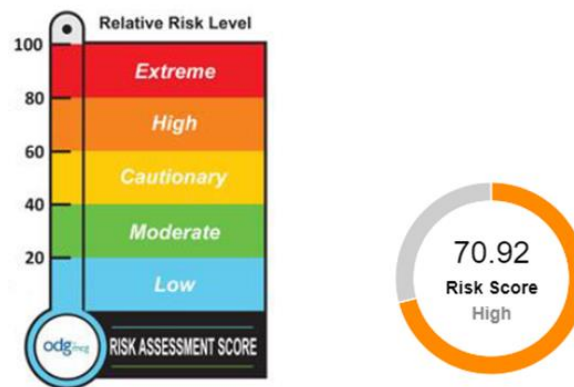
▾ ICD 10 Codes ▲

Show entries Search:

ICD Code	Description
M54.5	Low back pain
S23.3	Sprain of ligaments of thoracic spine
S29.002	Unspecified injury of muscle and tendon of back wall of thorax
S29.012	Strain of muscle and tendon of back wall of thorax
S29.022	Laceration of muscle and tendon of back wall of thorax
S29.092	Other injury of muscle and tendon of back wall of thorax
S33.5	Sprain of ligaments of lumbar spine

Identify Claims at a High Risk

The Risk Assessment Score facilitates resources optimization and interventional triage with real-time claim risk assessment.



While only 15% of claims score ≥ 60 , 80% percent of all costs can be attributed to these claims.

The Risk Assessment Score is helpful because it allows the user to identify those high-risk claims from the start, and then bring in early intervention by case management and other resources, which leads to reduced durations and earlier return-to-health.

Refer to **Using ODG Risk Assessment Score for CM Triage** for detailed information on using the RAS tool.

RTW Management:

The following are additional sections on the Duration Tab and how to use it as a tool in RTW management. The following information also appears in the index.

Physical Therapy and Chiropractic Guidelines

Physical therapy guidelines and chiropractic guidelines provide a quick glance and the number of approved visits for a specific diagnosis. This helps to identify the number of physical therapy visits and/or chiropractic visits that you would expect to see for this diagnosis.

There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees.



Refer to the treatment guidelines for additional information on these therapies.

[Contact us](#) to add alerts and triggers for escalating a treatment for review.

Physical Therapy Guidelines

All cases 10 visits over 8 weeks

Chiropractic Guidelines

Mild: up to 6 visits over 2 weeks

Severe: Trial of 6 visits over 2 weeks

Severe: With evidence of objective functional improvement, total of up to 18 visits over 6 weeks

Allow for fading of Physical Therapy and/or Chiropractic treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. See treatment guidelines for additional information.

Anatomy and Background

Anatomy is the science that studies the structure of the body. This section provides information on the anatomy of a specific diagnosis or condition along with background information.

This information can help to assist in explaining to the claimant their injury. By keeping the claimant informed of their injury, expect recovery, and help assist with RTW.

Anatomy and Background

- Back strain is a health condition of the musculoskeletal system where a muscle and/or tendon of the back is partially torn.(1)
 - The spine is composed of 4 main regions.
 - Cervical spine (neck) includes the cervical vertebrae C1-C7.
 - Thoracic spine (middle to upper back) includes the thoracic vertebrae T1-T12.
 - Lumbar spine (low back) includes the lumbar vertebrae L1-L5.
 - Sacrum includes a fused S1-S5 with the coccyx.
 - Tendons attach muscles to the vertebrae throughout the spine, while ligaments hold the vertebrae in place.
 - Spinal muscles contract to produce force, which causes motion of the spine and trunk of the body in all planes of motion.
- Back strain is mostly reported in the low back (L1-L5), the area that supports most of the body's weight.
- Symptoms of back strain may include limited range of motion, muscle spasm, or pain.(2)

Causes/Mechanism of Injury

The Causes/Mechanism of Injury section provides information on how this part of the body has been injured. This information helps assist the claims adjuster in reviewing how the injury occurred and determining any red flags.

Causes/Mechanism of Injury

- Back strain is often caused by overexertion (eg, poor body mechanics, sports activities), physical deconditioning (eg, poor physical fitness), or trauma (eg, falls).
(2)

Clinical Examination

The Clinical Examination section provides information that should be included in the initial physician visit. When the initial physician visit provides this information, it helps identify the claimant's injury, severity, comorbidities, history, along with triaging the claim for RTW.

Clinician Examination

- A complete medical history is taken to formulate a differential diagnosis and typically includes the following:
 - Duration of health condition
 - Exposure to any (potentially) hazardous substances
 - Pain characteristics, including alleviating/worsening factors, duration, location, quality, radiation correlating with anatomic nerve distribution, and severity
 - Potential cause or mechanism of injury
 - Pre-existing, previous, or chronic health conditions
 - Prior injury to affected area
 - Work description and history
 - History about the claimant's health condition should focus on activity level and mobility.
- Physical examination should consist of inspection, palpation, range of motion, sensation, and strength, with attention given to musculoskeletal examination.
- Special physical examination maneuvers that may be performed include flexion, abduction, and external rotation (FABER)/Patrick test to evaluate hip, lumbar spine, or sacroiliac joint dysfunctions.(3)

Imaging, Laboratory, and Other Tests

The Imaging, Lab, and Other Tests section provides information on other diagnostic imaging or labs that may be required or may not be required for the diagnosis.

This section provides a quick look up for imaging and labs to determine appropriateness and the possible need for additional review.

Imaging, Laboratory, and Other Tests

- Diagnostic imaging is not routinely indicated for back strain.
- Advanced imaging (eg, CT scan, MRI) may be used to rule out other health conditions such as infection, malignancy, or systemic diseases. These tests generate images of structural components of the affected area with higher precision, allowing the clinician to evaluate severity of the health condition.
- Diagnostic laboratory testing is not routinely indicated for back strain.

Classification/Types

The Classification/Types section provides information on the specific diagnosis and degree of the diagnosis. The higher the degree of strain, the longer the recovery time would be expected.

Classification/Types

- Acute back strain is most common and usually short-term, lasting from several days to weeks.(2)
- Chronic back strain persists for 12 weeks or longer.(2)
- First-degree, or grade 1, strain is characterized by a muscle or tendon that is stretched, causing minimal to no tearing of muscle or tendon fibers and mild to no loss of function.(4)
- Second-degree, or grade 2, strain is characterized by a muscle or tendon that is partially torn, causing moderate tearing of muscle or tendon fibers and moderate loss of function.(4)
- Third-degree, or grade 3, strain is characterized by a muscle or tendon that is completely ruptured or has been pulled off its attachment to bone, causing severe loss of function.(4)

Related Terms

The Related Terms section provides a quick reference of different names that may be used to describe the current diagnosis. This is helpful when reviewing medical notes and RTW goals.

Related Terms

- Back Injury
- Back Strain
- Lower Back Sprain
- Lower Back Strain
- Lumbar Facet Joint Sprain
- Lumbar Sprain
- Lumbar Strain
- Sprained Back
- Strained Back
- Thoracic Sprain
- Thoracic Strain

Differential Diagnosis

A differential diagnosis involves distinguishing a particular disease or condition from that present with a similar clinical feature. This is helpful to determine the correct diagnosis and RTW options.

Differential Diagnosis

- Disc herniation
- Kidney stone
- Lumbar muscle spasm
- Primary spine cancer or metastatic cancer
- Spinal fracture
- Spondylitis
- Spondylolysis
- Spondylosis/spondylolisthesis

Treatment and Recovery

The ODG Treatment Guidelines allow users to obtain evidence-based, up-to-date, clinical summaries with medical necessity guidance that includes patient selection criteria and citations to the medical literature.

This section provides a quick link to an extensive database of various interventional treatments, surgeries, physical medicine modalities, diagnostic and imaging tests, and virtually any other treatment or procedure that are recommended, conditionally recommend, other, or not recommended for this diagnosis.

Treatment and Recovery

- [Activity Restrictions for Low Back Conditions](#)
- [Aerobic Exercise for Low Back Pain \(LBP\), Low Back Conditions](#)
- [Age Adjustment Factors and Low Back Conditions](#)
- [Alexander Technique for Low Back Conditions](#)
- [Functional Capacity Evaluation \(FCE\) for Fitness for Duty](#)
- [See all results...](#)

Risk Factors

The Risk Factor section provides information on factors that may increase the injured worker's recovery and return-to-work time frame.

Risk Factors

- Advanced age
- History of back pain, spinal surgery, or other spine issues(2)
- Mental health conditions (eg, anxiety, depression, stress)
- Obesity/overweight
- Occupational hazards (eg, work requiring heavy or repetitive bending, lifting, pulling, pushing, or twisting; or prolonged sitting or standing)(2)
- Poor employer relationship or satisfaction at work
- Poor sleep hygiene or sleeping disorder
- Sedentary lifestyle (eg, lack of regular exercise)(2)
- Smoking

Comorbidities

The Comorbidities section provides information on chronic conditions/diagnoses that may increase the injured worker's recovery and return-to-work time frame.

This information can be added in the refine section or pin at the top to help calculate any additional days for the Best Practice and Average RTW time frame.

Comorbidities

- Arthritis (any type)
- Chronic pain
- Diabetes
- Mental health conditions (eg, anxiety, depression, stress)
- Obesity/overweight
- Osteoporosis
- Pregnancy

Collaborating for Recovery

The Collaborating for Recovery section provides information on specific questions to ask the treating physician and claimant to encourage progression towards return-to-work and return to health.

The section also provides suggestions on when to consider vocational rehabilitation, Independent Medical Exams (IME) injured worker, Functional Capacity Evaluation (FCE), and peer to peer review.

The questions in this section, along with the RTW prescription and Job Profile, are guides to help the treating provider make an informed decision on work restriction while also helping to manage the claimant's expectations and facilitate a safe and timely return to modified or full duty.

Questions to Ask the Clinician

Return to Work (RTW)

- What steps can be taken to facilitate the claimant's RTW?
- What specific activities can the claimant perform at this time?
- What restrictions would allow the claimant to RTW in a restricted duty role?
- What is the anticipated duration of these restrictions?

Treatment

- Which comorbid health conditions not listed in the records are impacting recovery?
- What is preventing the claimant from reaching his/her residual functional capacity?(5)

The questions in this section will help the claims adjuster in identifying any potential barriers to RTW along with setting the expectation of the claimant's role in their RTW process.



By setting clear expectations early in the claim, all stakeholders, including the claimant, will have a clear target to work towards. Studies indicate overall RTW durations are improved by setting this target expectation.

Questions to Ask the Claimant

Social Determinants of Health

- Who has spoken to you about appropriate community-based organization (CBO) and/or employee assistance program (EAP) referrals?
- What financial concerns do you have? Concerns may include difficulty/inability to pay 1 or more of the following:
 - Alimony
 - Car payments
 - Credit card bills
 - Mortgage/rent
 - Utilities (eg, electricity, gas, Internet, oil, phone, water)

Other Concerning Factors

- Do you have confidence in your clinician?
- Do you feel respected, supported, and understood by the clinician?
- Am I understanding you correctly? How can I better support you?

This section will help you to identify the claims that are ready for vocational rehab or may need a peer review, IME, or FCE to keep the claim moving towards the RTW target date.

When to Consider Vocational Rehabilitation/Peer Review/IME/FCE

- Vocational rehabilitation can be considered for 1 or more of the following situations:
 - Claimant is not adherent to or is not participating in prescribed treatment plan.
 - Claimant requires adaptive equipment to support return to work (RTW).

Contact us at odghelp@mcg.com or 1-800-488-5548 for more information on how to use the ODG Duration tab or to speak with the ODG Strategic Solutions team about obtaining a customized plan designed to meet the unique needs of your organization.