ODG by MCG Refine Section

Select **Refine** (next to the search bar) to enter claim-specific information for the return-to-work durations.

The following example shows a 45-year-old registered nurse with a back sprain and confounding factors of a same/ similar pre-existing condition and obesity.

Sprain or Strain, Back x Refine Results		Auto	-Retrieve: Off O n	•	Î
Job Title or DOL Job Class	State		Claimant Age		
Registered Nurses 💌	All States	~	45		
? What is this?				wy l	1
Date of Injury 🋗	Target RTW Date 🛗	Claim Type			
mm/dd/yyyy	mm/dd/yyyy	Any	~		
Confounding factors				E C	
Depression/PTSD/Psychosocial	Diabetes	Hypertension			
Legal Representation	Obesity	Smoker			
Opioids	Substance Abuse	Surgery or	Hospital Stay		
Same/Similar Pre-Existing Condition CLEAR			CLOSE		
Confounding factors, or com nstead, they should be seled	orbid conditions, do not ted from the confoundir	t need to be pinr ng factors listed	ned as a primary di in the search refin	iagnosis. ement section.	
Confounding factors have a	potential cause-and-eff	ect relationship			
any of the 10 factors should ctive impact on the injured laim costs.	be checked when they w workers' recovery, subse	vould reasonabl quent return to	y be expected to h pre-injury functio	ave an nal level, or	
he same/similar pre-existin imilar medical condition to				ne same or	

There is no need to add comorbid conditions/confounding factors unless they would actively be impacting a measurement of outcome. **Comorbidity is any coexisting health condition.**

Confounding factors

Legal Representation

ncg

- Depression/PTSD/Psychosocial
- Diabetes
- Opioids
- Obesity

- Hypertension
- Substance Abuse
- Smoker
 - Surgery or Hospital Stay

Same/Similar Pre-Existing Condition

Conversely, if one of the above conditions is the primary or even secondary reason for the claim or lost time, then instead of adding it as a confounding factor, it should be added as a pinned condition.

Conditions should not be redundantly added as both primary diagnoses and confounding factors, as that will artificially inflate durations and cost data.

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