



Work Loss Data Institute



Work Loss Data Institute

169 Saxony Road, Suite 210
Encinitas, CA 92024

800-488-5548 or 760-753-9992

In focus with workplace health and productivity



www.worklossdata.com

The Principals



Phil Denniston, Jr. *PRESIDENT & CEO* Patricia Whelan *EXECUTIVE VP & CFO*

Company Overview

Work Loss Data Institute (WLDI) is an independent database development company focused on workplace health and productivity. Founded by Phil Denniston and Patricia Whelan (pictured above) in 1995, WLDI outlined its mission: To create, maintain and market information databases to implement standards for managing workforce productivity based on strict principals of evidence-based methodology, with ongoing focus on healthcare cost containment.

Over the last decade, WLDI has indeed raised the bar with *Official Disability Guidelines*, instilling accountability and achievement in the development and presentation of disability duration guidelines and benchmarking data on time away from work. The same can now be said for medical treatment guidelines in workers' compensation with the 2003 release of *ODG Treatment in Workers' Comp*. By adhering to self-imposed standards of evidence-based methodology and customer-inspired product improvement, at WLDI progress is embraced like an anthem. A three-pronged annual update process is literally in continuous operation, based on scientific medical literature review, survey data analysis, and expert panel validation. As a result, the ODG product line has quickly become the trusted authority on expected duration and appropriate utilization in today's workers' comp and non-occupational disability markets. Over 30,000 of the world's best and brightest (employers, insurers, TPA's, independent treating physicians, allied healthcare providers and state & federal authorities) would agree. The tools provided in ODG allow for a safe, smooth and expedited return-to-work following illness or injury claims with appropriate, cost-effective medical care. Perhaps the greatest benefactor is the injured worker, restored to functional capacity and returned to the activity of life.

Reaching beyond the scope of getting employees back to work after injury, WLDI identified a need among employers to find ways to keep employees productive, loyal, healthy and motivated. As a logical adjunct to ODG, *Employer Health Register* was developed and released in 2000 – a comprehensive database tool for employers seeking information on products, services and alternative programs designed to maintain wellness among the workforce and maximize employee-performance. The complete EHR directory is available at no cost on the Internet at www.EmployerHealth.com, or in raw data formats in whole or in part at an annual charge.

Together with the ODG product line, additional offerings from Work Loss Data Institute demonstrate the cohesive reach of this evidence-based guideline company in the promulgation of health and productivity in the workplace, under the judicious containment of healthcare costs.



"The Evidence-Based Guideline Company"

The pages to come detail the following offerings from Work Loss Data Institute:

- *Official Disability Guidelines* – Complete and annually updated, ODG provides evidence-based disability duration guidelines and benchmarking data on time away from work for every reportable condition, in various electronic and hardcopy formats.
- *ODG Treatment in Workers' Comp* – Packaged with the complete *Official Disability Guidelines*, ODG Treatment also provides full-text evidence-based medical treatment guidelines for work-related conditions, in various electronic and hardcopy formats.
- *IAIABC Impairment Guides* – Developed by the International Association of Industrial Accident Boards and Commissions to improve the impairment rating process for work-related injuries, the IAIABC Guides are now included on Web versions of ODG.
- *ACOEM Occupational Medicine Practice Guidelines* – Developed by the American College of Occupational and Environmental Medicine, this is the gold standard for effective occupational medical practice, available from WLDI in an electronic Web version.
- *CCGPP Chiropractic Practice Guidelines* – Development by WLDI and the Council on Chiropractic Guidelines and Practice Parameters is underway, and this joint protocol for frequency and duration of effective chiropractic treatment is expected later in the year.
- *Special Reports* – Excavation continues within ODG source data, CDC National Health Interview Survey and OSHA Survey of Occupational Injuries and Illnesses, to report key decision-making information on issues affecting workplace health and productivity.

1.800.488.5548 760.753.9992



Official Disability Guidelines

Official Disability Guidelines(ODG) provides evidence-based disability duration guidelines and benchmarking data for every reportable condition, based on over 3 million cases from the CDC and OSHA referred to as “the most direct form of evidence that can be offered in court” by the Federal Rules of Evidence. ODG will put evidence-based medicine to work for you using state-of-the-art features developed and fine-tuned through a comprehensive annual update process, an Advisory Board of over 80 world-renowned professionals in occupational health and disability medicine, and an unparalleled stronghold in evidence-based methodology. Accept nothing less.

Features in **Official Disability Guidelines** include the following:

- Return-to-Work Summary & Best Practice Guidelines forecasting disability duration based on national norms for every reportable condition (10,000 ICD-9 codes)
- Activity Modifications to accommodate early return-to-work without re-injury
- Descriptions of each diagnosis with related links to resources like the Merck Manual
- Causality Indicators (for determining work-relatedness), Average Medical Costs, Incidence and Prevalence rates, and Benchmark Indemnity Costs
- Physical Therapy and Chiropractic Guidelines
- Up to three tables showing source data on time away from work from the CDC National Health Interview Survey and OSHA Survey of Occupational Injuries and Illnesses
- Other features for each condition (not pictured) include Age Adjustment Factors, Case Management Triage levels, ICD-10 codes, CPT procedure codes with benchmark costs (Web version only), and length of stay data from the National Hospital Discharge Survey
- *IAIABC Impairment Guides* are also included on the Web version of ODG

Put evidence-based medicine to work for you using ODG to:

- Reduce delayed recovery through the effective management of return-to-work in both workers' comp and non-occupational disability
- Clearly identify duration checkpoints for upfront forecasting and reserving of claims
- Identify early return-to-work opportunities using appropriate activity modification
- Maximize investment return on case management and occupational health programs
- Assign letter grades to return-to-work performance to locate and emulate “best in class”
- Benchmark lost work time and cost data against national norms from CDC and OSHA
- Demonstrate the value of case management and occupational health programs
- Open the lines of communication between all parties in the RTW process
- Help working people get back on their feet in good time, safely, easily and effectively

ODG is available for electronic license in Web, CD-ROM and Data Integration formats, or as a value-add resource in some of today's leading case and claims management software applications from vendor partners. Complete and abbreviated textbooks are also available.

Return To Work Summary Guidelines
 Message: 22 days / All Sub: 30 days

Return To Work "Best Practice" Guidelines
 Conservative treatment, modified work, no restriction on speed/power: 0 days
 Conservative treatment, regular work, 1/2 duty, no restriction on speed/power: 0-10 days
 Conservative treatment, regular work, 1/2 duty, no restriction on speed/power: 0-20 days
 Conservative treatment, regular work, 1/2 duty, every other day/week: 0-10 days
 Moderate injury, regular work, no restriction on speed/power: 0-10 days
 Moderate injury, regular work, no restriction on speed/power: 0-10 days to substitute
 Conservative treatment, regular work, no restriction on speed/power: 0-10 days
 Conservative treatment, regular work, no restriction on speed/power: 0-10 days
 Conservative treatment, regular work, no restriction on speed/power: 0-10 days to substitute
 Conservative treatment, regular work, no restriction on speed/power: 0-10 days to substitute
 Conservative treatment, regular work, no restriction on speed/power: 0-10 days to substitute
 Conservative treatment, regular work, no restriction on speed/power: 0-10 days to substitute

Occupation & Activity Modifications for Restricted Work:
 10-15 min work: Frequent rest periods for an 8-hr shift and more than 4 hrs daily, regular lifting up to 17 lbs maximum and maximum 7 hrs daily, pushing and pulling light load (less than 10 lbs), regular work at least every 20 min to prevent sitting or up to 1 hr for light work up to 1 hr for 1 hour by maximum of percentage of posture a small fraction of maximum.
 Moderate work, 1/2 duty, no restriction on speed/power: Frequent rest periods, regular lifting up to 40 lbs maximum and 7 hrs daily, pushing and pulling moderate load (less than 10 lbs), regular work at least every 20 min to prevent sitting or up to 1 hr for light work up to 1 hr for 1 hour by maximum of percentage of posture a small fraction of maximum.
 Description: Compression of the spine that travels through the nerve to the back causing pain, tingling, or numbness along the arm, neck, and fingers. This may also be felt in the area of the back, and is often worse with sitting.
 Other Links: Click below for detailed information on this condition.
[American Academy of Orthopedic Surgeons / Merck Manual / Merck Topics / Merck / Home / Search / Alternative Medicine / Diet / Conditions / Research / Literature / 2006 Work Loss Data](#)
 Words of Cases: 17,000 (average of 1,571 cases)

Physical Therapy Guidelines:
 Advice for Timing of treatment frequency (Show up to 3 times per week to 1 or less, pay advice will show based on age)
 Medical treatment: 0-1 week over 3 weeks
 Post-surgical treatment: 1-2 weeks over 3 weeks
 Post-surgical treatment: 2-3 weeks over 3 weeks
 Chiropractic Guidelines:
 Advice for Timing of treatment frequency (Show up to 3 times per week to 1 or less, pay advice will show based on age)
 1 week over 3 weeks

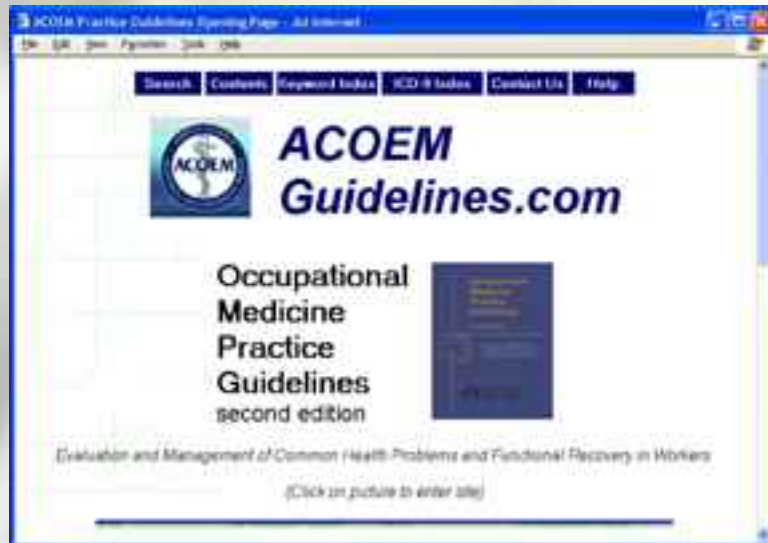
RTW Class Data (Calculate data over 60 days work by Month)

Class	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
12	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32

1000 800 600 400 200 0
 Months (approximate): 01 - December, 02 - January, 03 - February, 04 - March, 05 - April, 06 - May, 07 - June, 08 - July, 09 - August, 10 - September, 11 - October, 12 - November
 Percent of cases
 10/100 cases

Support for Occupational Injuries and Illnesses: 1.00% of occupational injuries and illnesses, 1.10 days per 100 workers
 Research / Conditions / Research Index / ICD-9 Index





ACOEM Occupational Medicine Practice Guidelines, second edition: Evaluation and Management of Common Health Problems and Functional Recovery in Workers

Developed by the Practice Guidelines Committee of the American College of Occupational and Environmental Medicine (ACOEM), this is the gold standard in effective occupational medical practice. Presenting essential consensus- and evidence-based information, it provides step-by-step guidelines and practical aids to help busy practitioners manage growing caseloads.

Medical Library Research Services for this edition were provided under contract by Work Loss Data Institute, San Diego, CA. Development and hosting of the Internet Version is through Work Loss Data Institute, Encinitas CA. (Textbooks are available through OEM Press). The Web version maintains the exact verbiage of the print edition to be in compliance with laws mandating use of the Guidelines. Users will find that the electronic version facilitates fast access to the key information they need, as well as ease in gathering documentation to support their decisions to approve or deny care based on the Guidelines.

Broken into two sections, Part I provides practitioners with the knowledge to manage patients successfully, including preventing work-related disorders, determining when a disorder is work-related, helping patients return-to-work promptly, and what to do when recovery is delayed. From assessment and treatment to reintegration and reconditioning after testing or surgery, you'll find clear explanations of the steps OEM clinician needs to take. Topics include causation assessment, exposure measurement, identifying job functions and accommodation, case management, and coordinating consultations and IMEs.

Part II provides detailed discussion of specific musculoskeletal and eye complaints, which account for more than 95% of work-related health concerns. The text guides you through the management of each disorder, from presenting complaints through diagnosis, treatment, and follow-up. Each chapter covers initial assessment, diagnostic criteria, activity alteration and work activities, follow-up visits, special studies, surgical considerations, and more.

Along with clear text explanations of procedures and practice standards, you'll find helpful tables and algorithms you'll refer to again and again. Complete, authoritative and practical, the *ACOEM Guidelines on the Web* deliver this invaluable aid right to your practice at the click of a mouse.





Special Reports

Excavation continues within ODG source data, CDC National Health Interview Survey (NHIS) and OSHA Survey of Occupational Injuries and Illnesses (SOII), to report key decision-making information on issues affecting workplace health and productivity. Reports are as follows:

State Report Cards for Workers' Comp – This 2003 study provides the basis for rating state-by-state workers' compensation performance. Based on the SOII, the report provides disability duration outcome information by diagnosis for each of the 44 participating states and territories. The report also identifies the top 10 workers' comp diagnoses, including rank, cases, medical costs, lost workdays, restricted workdays, and average provider visits. States are graded A - F based on six key variables studied in depth. Those states NOT participating were CO, ID, MS, NH, ND, OH, PA, SD, and WY. This 168-page report is available for \$175 (order code: SRC).

Disability Benchmarks by Major Diagnostic Category – This June 2002 report was created to help answer the question "How are we doing?" and catalogs normative disability duration and benchmark cost data by Major Diagnostic Category (MDC) based on 1,080,699 cases representing 10,630,533 lost workdays from NHIS and 30,300,022 cases from the Healthcare Cost & Utilization Project. The report covers the aggregation of all unscheduled absence due to illness and injury (including STD, LTD, WC and sick leave) for a national sample of employers. This 30-page report is available for \$150 (order code: MDC).

OSHA Durations Report – From SOII, this April 2002 report tracks the norms, distributions, differences and outliers in lost workdays from 1,702,470 occupational illness and injury cases across 275 diagnosis codes, 40 States, 675 Standard Industrial Classifications, 8 age groups, 130 body parts, 236 event classifications, by gender and by length of service. This 55-page report is available for \$250 (order code: OHS).

Carpal Tunnel Syndrome: Determinants of RTW – With a sample size approaching 100,000 from NHIS, this September 2001 report puts to rest the controversy about the effects of computer work on carpal tunnel syndrome; prevalence of CTS increases by over 50% in these jobs. It also reveals interesting statistics on the demographics of CTS patients, including occupation, gender, age and race. The report includes the impact of co-morbidities and type of therapy on CTS and RTW. This 18-page report is available for \$50 (order code: CTS).

The US Hispanic Working Population – As the fastest growing ethnic/racial group in the U.S., many employers are concerned about the effect Hispanics will have on future costs of employee absence. The news is generally good, but there is variation among the different Hispanic subgroups, and outcomes also depend on company benefit structure. This 19-page September 2001 report based on NHIS is available for \$50 (order code: HSP).

Mental Stress: The Effects on Work - The problems of workplace stress are becoming especially magnified. At 7 pages, this September 2001 report from NHIS quantifies the effects of stress and the outcomes of various therapies, and is available for \$50 (order code: MNT).

Yes! Please send me the following under your unconditional guarantee. I understand that if I am not completely satisfied, within 30 days of receipt, I can return the product(s) for a complete credit or refund:

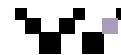
- ODG Treatment (includes Official Disability Guidelines) at \$325 each – indicate format:
 Book Web (recommended)
- Official Disability Guidelines (without Treatment) at \$195 each – indicate format:
 Book Web (recommended) CD-ROM
- ODG Top 200 Conditions (book) at \$99 each
- ACOEM Practice Guidelines (Web) at \$199 each (prepayment required)
- Contact me regarding quantity discounts, licensing the ODG data, and/or case management software.
- Please send me the following nonrefundable Special Reports (prepayment required):
Check one email or hardcopy
 SRC MDC OHS CTS HSP MNT

Billing/Contact info:

Name _____
 Title _____
 Company _____
 Address _____
 City, State, Zip _____
 Phone _____
 Fax _____
 E-mail _____

Payment (free shipping for pre-paid orders):

Please bill me \$_____ plus \$8 each for shipping and handling
 Enclosed is payment of \$_____ (Free shipping and handling)
 Amex Visa MasterCard Discover
 Acct. No. _____ Exp. Date _____
 Signature _____



Send or fax this form to:

Work Loss Data Institute
 169 Saxony Road, Suite 210
 Encinitas, CA 92024
 Fax: 760-753-9995

Or, call 800-488-5548 or 760-753-9992 or visit us online at www.worklossdata.com to place your order.

