

**Recommendation to the Medical Advisory Committee**  
**(MAC)**

**for Adoption of a Return to Work Guideline**

**Return To Work Workgroup**  
**February 13, 2004**



## **CONTENTS**

- I. Executive Summary
- II. Charge to Return to Work (RTW) Workgroup
- III. Project History
- IV. Guideline Review and Analysis process
- V. Recommendation
- VI. Additional Recommendations
- VII. RTW Workgroup Members



## **I. Executive Summary**

In January of 2003, the Medical Advisory Committee (MAC) created a Return to Work (RTW) Workgroup to make recommendations regarding return to work issues. The group established several projects as important components for improving return to work in Texas.

The first of these projects culminated in June 2003 when a recommendation was made to the full MAC to endorse a position statement on the benefit of appropriate early return to work. The MAC reviewed and forwarded this recommendation to the Division of Medical Review.

The second project was to evaluate and ultimately to recommend to Medical Review, a set of return to work guidelines.

The primary charge to the RTW Workgroup is to assist the Commission by recommending specific nationally recognized, scientifically valid and outcome based return to work/lost time guidelines, as required by the Legislature, to be used to determine whether a claim has exceeded expected or average return to work/lost time guidelines.

Towards that end, the RTW Workgroup, building on work done by a previous group reviewed two guides, The Official Disability Guidelines (ODG) published by the Work Loss Data Institute, and The Medical Disability Advisor (MDA) published by the Reed Group.

As the size of both publications is exhaustive, for purposes of a side-by-side comparison, the group focused on the 22 most common ICD-9 diagnoses for 2002 as determined by the TWCC. This group of 22 accounted for 50% of all diagnoses for that period.

A comparison was made based on six features: Data Quality, Data Analysis, Ease of Use, Revisions/Updates, and Other.

Based on this review, the RTW Workgroup for the Medical Advisory Committee, as a majority opinion, proposes that the MAC recommend to the Division of Medical Review, The Medical Disability Advisor (MDA).

In addition, the Workgroup specifically recommends that none of the guidelines reviewed, or the guideline recommended for adoption as a RTW/lost time guideline, be used as treatment guidelines.

Further, the RTW Workgroup recommends that, if adopted, that rules be written in such a fashion as to ensure the most current version of MDA is used. Also, recommended is that consideration be given to posting on the TWCC website, and including in the training module for the ADL, the RTW recommendations for the most common conditions seen at TWCC.

A concern was expressed within the group that guidelines could readily be circumvented by modifications to the diagnosis. If the Commission goes forward with a full process to adopt guidelines, the group recommends that tools be included that will result in consistency of diagnosis. Finally, the group recognizes that many injuries do not require lost time, and therefore RTW guidelines should only apply when there are objective or clinical indications for lost time. Adoption of RTW guidelines should not be seen as a mandate for lost time following an on the job injury.

It is the hope of the RTW Workgroup that in recommending the MDA, and if adopted, the TWCC will have a useful tool by which to measure and ensure that injured workers in the State of Texas receive the quality of medical care to which they are entitled.

## **II. Charge to RTW Workgroup**

Section 413.018 of the Texas Labor Code mandates that “the Commission, by rule, shall; provide for a periodic review of medical care provided in claims in which guidelines for expected or average return to work time frames are exceeded”.

The primary charge to the Return to Work (RTW) group was to assist the TWCC by recommending specific nationally recognized, scientifically valid, outcomes based return to work/ lost time guidelines, as required by the Legislature, to be used to determine whether a claim has exceeded expected or average return to work/lost time guidelines.

The charge was very specific and the group focused on a recommendation of a return to work/ lost time guideline to be used internally by the TWCC. While recognizing that some system participants might choose to use whichever guideline was chosen in a manner, which the group did not intend, we nonetheless maintained our primary focus on a recommendation that we believed best met the criteria outlined in the charge based on the legislative mandate. Some weight and consideration was given to uses that others might subscribe to an adopted guideline, but the preponderance of the consideration was given to internal use by the Commission.

Five primary factors were considered in evaluating return to work/lost time guidelines: Data Quality, Data Analysis, Ease of Use, Cost, and Other. Table 1, found in Appendix 3, summarizes both the advantages and disadvantages offered by each product. A more detailed description of the ideas is summarized in the “Recommendation” Section V of this report.

The group will present its recommendation to the MAC for input and endorsement. Upon MAC approval, the recommendation will be made to Medical Review. Medical Review and TWCC staff will gather and consider additional recommendations and comments from various stakeholders and participants in the workers compensation system before making a recommendation to the Commissioners for consideration.

### **III. PROJECT HISTORY**

The Texas Workers' Compensation Commission (TWCC) is required by Section 413.018 of the Texas Labor Code to "provide for the periodic review of medical care provided in claims in which guidelines for expected or average return to work time frames are exceeded."

In October 2000, the TWCC created a committee to review and evaluate return to work/lost time guidelines for possible use by the Commission to fulfill the Legislative mandate as required. The committee consisted of employers, health care providers, insurance carriers and an employer representative.

Prior to the formation of this committee, studies conducted under House Bill 3697, of the 76<sup>th</sup> Legislature, reviewed and identified four guidelines that might serve this purpose for the Commission. Based on this previous work, the Committee agreed to review the guidelines published by the American College of Occupational and Environmental Medicine (ACOEM), Milliman and Robertson, Inc Health Care Management Guidelines, the Official Disability Guideline (ODG) and the Medical Disability Advisor (MDA) all of which were identified by this study.

Through their evaluation and analysis process, this Committee agreed to recommend the adoption of the Medical Disability Advisory published by Pressley Reed, M.D. Due to intervening issues and other priorities before the Commission at that time, the recommendation was not carried forward.

During the 77<sup>th</sup> Legislative session, House Bill 2600 was passed stating "the Commission by rule may adopt treatment guidelines, including return to work guidelines. If adopted, treatment guidelines must be nationally recognized, scientifically valid and outcome based and designed to reduce excessive and inappropriate medical care while safeguarding necessary medical care."

In 2003, the MAC established a new RTW Workgroup to review and analyze return to work/lost time guidelines for recommendation to the Commission for possible use in complying with the two mandates stated above. Based on the previous work done by both the HB 3697 studies and the first committee, this group determined that they would examine and compare the Medical Disability Advisor and the Official Disability Guidelines to determine, to the best of their ability, which of these two guidelines would best serve the needs of the TWCC.

#### **IV. Guideline Review and Analysis Process**

##### Review of prior RTW efforts:

As noted in the previous section, based on the work of a previous group, the current workgroup determined that detailed, side-by-side comparison would be undertaken of two guides, The Official Disability Guidelines, (ODG) published by the Work Loss Data Institute, and The Medical Disability Advisor (MDA), published by the Reed Group.

##### Development of position statement:

Prior to evaluating specific guidelines, the group produced and presented to the MAC a position paper on "Appropriate Early Return to Work" – see Appendix 1.

##### Review responses to additional questions posed to ODG and MDA:

After reviewing the prior group's efforts, the current group members developed a list of additional questions for ODG and MDA. Both vendors responded and their responses were reviewed and considered by the RTW Workgroup.

##### Comparison of RTW/lost time statistics for MDA vs. ODG for most frequent 22 diagnoses (TWCC data) :

The TWCC staff furnished a list of the most common diagnoses encountered in the TWCC system to the group – see Appendix 2.

The RTW Workgroup performed "side by side" comparison of MDA and ODG for each of these 22 diagnoses.

Comparison of MDA and ODG– see Appendix 3:

The group members performed a “side by side” comparison for MDA and ODG evaluating the following factors: data quality, data analysis, and ease of use, cost, revisions/updates and other considerations. The results of this analysis are found in Appendix 3 and are discussed under the “Recommendation” section of this report.

## **V. Recommendation**

The RTW group's majority opinion is that the Medical Disability Advisor – Workplace Guidelines for Disability Duration, (MDA) Fourth Edition, Pressley Reed, M.D., Editor, is the guideline that best serves the needs of the Texas Workers' Compensation Commission in the fulfillment of Section 413.018 of the Texas Labor Code.

With the exception of one member, the group concurred with the recommendation for adoption of the MDA. Information and observations supporting both opinions are included in the RTW Guideline Comparison Chart, Appendix 3.

The RTW group analyzed the following five factors in reaching their conclusion:

### Data Quality

MDA's data, while proprietary, is a large diverse data set based on actual observed lost time statistics derived from employers, insurance companies and governmental agencies.

ODG data uses the National Health Interview Survey (NHIS) conducted by the Centers for Disease Control and Prevention, OSHA OII forms collected by the Bureau of Labor Statistics, and the National Hospital Discharge Summary (NHDS).

It is the opinion of the majority of the RTW Workgroup that the MDA data is more objective as it is based on actual observed lost time events, as opposed to results of governmental surveys that are based on the interviewee's unverified recall of the cause/diagnosis for the disability, as well as the duration of the disability. The group concluded that the MDA data has greater reliability due to both the size and diversity of the data sources. The group expressed concern that OSHA data may be prone to inaccurate/underreporting errors and that hospital discharge

data lacks specificity in regard to lost time for workplace injuries.

MDA's data is collected in an ICD 9/10 format, where ODG converts data to derive ICD specific information, using a proprietary process to perform this function.

The group's majority opinion is that MDA's data is preferable over ODG's data.

### Data Analysis

MDA presents its normative data and also uses an expert panel following a modified Delphi process to review the data and reach consensus in the recommendations for "Length of Disability" for each ICD-9 code. This is a well accepted, valid method that is used in the development of multiple contemporary practice guidelines.

ODG presents its normative data, but lacks a specific description of the process used to "drill down" to develop "Return to Work "Best Practices" Guidelines". Also, while ODG did, in response to a query, explain their use of a proprietary "crosswalk file" to convert the data collected by OSHA and offer to share in more detail following a nondisclosure agreement, the RTW Workgroup remained concerned about the introduction of additional bias into the data analysis.

The group's majority opinion is that MDA's data analysis process is preferable to ODG.

### Ease of Use

MDA uses the US Department of Labor's Job Classification scheme in the "Length of Disability" recommendations. This classification system has corresponding defined capabilities (i.e. lift 50 pounds occasionally) that are widely used, understood and accepted.

ODG uses a job classification system that lacks clear definition, and, in the opinion of the majority of the Workgroup, is of questionable applicability to existing job descriptions or well-known and accepted standards.

The MDA text is large, heavy and not available in an abridged format. ODG is available in a "Top 200 Special Edition" that is much more portable. Both guidelines are available for online use and the workgroup's experience with the online version of both products was favorable.

The group's majority opinion is that MDA's ease of use is preferable to ODG.

### Cost

The price of a single copy of MDA is \$380.00 and ODG is \$195.00. More extensive pricing guidelines are presented in Appendix 3. Additionally, both vendors have indicated that the price for each of the guidelines is negotiable.

As will be noted below, the group recommends that the most current edition of a guideline be used. While initial start-up costs would be lower with ODG, their guide is updated annually thereby requiring a recurring annual expense. MDA would have a higher initial cost, but this investment could be amortized over a longer use-life.

The group's majority opinion is that ODG's cost is more favorable than MDA with respect to initial cost.

### Revisions/Updates

MDA printed version is revised/updated every 3-4 years (1991, 1994, 1997, and 2001). MDA states that, observed data changes little from year to year and that it is not necessary that users purchase new versions on an annual basis. MDA further

states that even though new diagnostic and treatment protocols are being developed, little definitive information can accumulate in one years time.

MDA's electronic users have access to updates as they occur and updates are on going based on need.

ODG is updated every year.

The group's majority opinion is that ODG's revision/update schedule is more favorable than MDA.

Additional Observations:

1. The first is a general observation that when performing the "side by side" comparisons for lost time recommendations for the most common 22 ICD 9 codes seen in the TWCC system, MDA seemed more flexible. The majority of the group agreed that this was an advantage given this will be the TWCC's first adoption of a RTW guideline.
2. The second observation is that, in the opinion of the majority of the group, ODG in their response, seemed to mandate that the employer offer modified duty work. While the RTW Workgroup and the position paper the group developed supports early appropriate return to work, which can be facilitated with modified duty work in many cases, the group did not agree that modified duty work is required.
3. A third observation of the group, as well as the publishers of the guidelines, is the recognition that many injuries do not require lost time, and the RTW guidelines should only apply when there are objective or clinical indications for lost time. In other words, adoption of return-to-work guidelines, per se, should not serve as a

“sanction” or a mandate for lost time following an on-the-job-injury.

### **Additional Recommendations**

The following are additional recommendations from the RTW Workgroup concerning the RTW Guidelines:

1. The guideline should be adopted for use to end on 12/31/2006. This should allow for focused retrospective review of the effect of the use of this RTW guideline, and also the review of subsequent guidelines
2. The RTW Workgroup recommends the use of this guideline for RTW/lost time purposes only. The group is specifically recommending that none of the guidelines reviewed, or the guideline recommended for adoption as a RTW/lost time guideline, be used as or considered to be treatment guidelines.
3. The RTW Workgroup reviewed the 22 most common diagnoses seen in the TWCC system with regard to applicability of the RTW information. The applicability of other diagnoses/conditions was not assessed, although the group felt that there should be applicability to other diagnoses/conditions seen in the TWCC system.
4. The RTW Workgroup recommends that the most current version available of the guideline be used.
5. The RTW Workgroup recommends that, if possible, the RTW recommendations for the most common conditions seen in TWCC system could be made available via the TWCC website and/or included in the ADL training module.
6. The RTW Workgroup, as well as the publishers of the guidelines, recognize that many injuries do not require

lost time, and the RTW guidelines should only apply when there are objective or clinical indications for lost time. In other words, adoption of return to work guidelines, per se, should not serve as a “sanction” or a mandate for lost time following an on the job-injury.

7. One of the principle concerns expressed by the group was the concept of “Diagnoses Creep”. Given that there is poor consensus on the exact components necessary for a particular diagnosis, for example, 722.10 Displacement Lumbar Disc without Myelopathy vs. 724.2 Lumbago, and furthermore given that there are considerable differences in the number of days off work between these two diagnoses, the group recommends that the Commission investigate and implement tools that will result in consistency of diagnoses.

8. The group also acknowledged the issue that lost time guidelines provide guidance, based on statistical analysis and expert opinion with regard to expected or average lost time and there may be mitigating circumstances that justify shorter or longer durations in individual circumstances.

## **VII. RTW Workgroup Members**

Barbara Robinson, Chairperson  
Employee Representative  
MAC Member

William Defoyd, D.C.  
Project Leader  
MAC Member

Rick Levy,  
AFL/CIO-Employee Representative

David Gude, M.D.  
MAC Chairman

David Mallgrave, P.T.  
MAC Member

Jane Dereberry, M.D.  
Concentra

Jim DeFord  
UPS  
(Replaced Will Simmons)

Patti Starr  
Director of Case Management  
MBMS

Nick Huestis  
Member at Large  
Burns,Anderson,Jury & Brenner, LLP

Darin Deaton, P. T.  
Alternate MAC Member

Jeffrey Britton, M.D.  
Alternate MAC Member

Robin Clearman, OTR  
Member at Large

Will Gaines, M.D.  
Liberty Mutual  
(Replaced Lee Ann Alexander)

Robert Hassett, D.O.  
MAC Member  
Concentra

Staff Assistance provided by:

Bill Nemeth, M.D., Medical Advisor  
Pat Crawford, Return to work Education  
Teresa Barajas, Medical Guideline Development  
Bridget McCauley, Medical Guideline Development  
Chuck Whitacre, Medical Benefit Services

**Appendix 1**

**“Appropriate Early Return to Work”  
Position Paper presented to the Medical Advisory Committee**



## Position Statement Regarding The Benefit of Appropriate Early Return-to-Work

The mission of TWCC in part states “The mission of this agency is to....assist in timely returning injured workers to productive roles in the Texas workforce.” The purpose of this document is to provide support to this portion of the Mission Statement, and the Texas Labor Code by recognizing the benefits to employees and employers of appropriate early return-to-work. This position on appropriate early return-to-work shall be supported by

- Defining the roles of each of the system participants in achieving safe, early return-to-work, in a modified duty program, which leads to sustainable employment;
- Promoting the expectation that all system participants work cooperatively to support employees and employers in appropriate early return-to-work;
- Establishing measurable goals and benchmarks to guide efforts to improve return to work outcomes in Texas; and
- Creating and supporting an educational vehicle to communicate best-practices in return-to-work program design and management.

Throughout this document, the term appropriate early return-to-work is used. This phrase is used to refer to recognized return to work “best practices” including:

- the work environment is medically therapeutic
- return-to-work should most often be immediate, but also sustainable
  
- task assignments should be productive, not punitive
- task assignments should be within the parameters set by the health care provider

Return to work, when done in a safe and timely manner, is beneficial to both the employee and employer. A wide range of scientific studies has determined that early activity after an injury or illness, enhances recovery<sup>1-9</sup>. There are many barriers, which at times interfere with the goal of appropriate early return-to-work. Failure to overcome these barriers and thereby force extended periods away from the work environment can prove harmful to individual employees and costly to the industry. The TWCC supports the timely return of employees to safe work environments and makes a commitment to improve return-to-work outcomes in Texas.

Five groups of system participants are recognized as performing key roles in achieving this mission:

- Employees
- Employers
- Health Care Providers
- Workers' Compensation Insurance Carriers
- Commission Staff

Each of these participants has an active role in preventing disability, and promoting appropriate early return-to-work. All system participants have the following responsibilities in common:

- To communicate;
- To cooperate;
- To reduce/remove barriers to appropriate early return-to-work and
- To educate; both teaching and learning.

Each system participant also has unique roles in supporting early return-to-work.

Employees should

- actively participate in the RTW process
- comply with HCP recommendations regarding early return-to-work
- know their rights and responsibilities under the Texas Workers' Compensation Act

### Employers should

- assist/support employees in obtaining medical care
- provide RTW that is medically therapeutic not punitive
- recognize the benefits of early RTW programs
- provide information to HCP and employee regarding individual RTW opportunities
- educate employees on company policy and procedures
- know their rights and responsibilities under the Texas Workers' Compensation Act

### Health Care Providers should

- clearly state expectations for the employee's recovery and RTW during the initial visit and reinforce these expectations during each follow-up visit
- reinforce the role of RTW as part of the treatment
- encourage the employee to take an active role in their recovery by discussing the activities required by the job and the RTW options offered by the employer
- focus on the functional abilities of the employee despite the injury
- monitor referrals for therapy, specialist evaluations and diagnostic testing to assure the appropriateness of all health care rendered
- identify and address non-medical factors that interfere with successful treatment and RTW
- maintain appropriate medical records
- Communicate with the employer
- Communicate with all parties regarding RTW

Workers' Compensation Insurance Carriers should

- ensure proper administration of all workers' compensation claims
- support RTW by initiating early case management
- encourage and actively assist injured workers in successful RTW

Commission Staff should

- develop policy and procedure statements that support early safe RTW
- provide leadership
- educate all system participants by setting expectations to RTW

Through cooperative interaction, with a common goal of supporting appropriate early return-to-work, individuals can and will recover more quickly and return to their positions as contributing members of the workforce. TWCC rules, policies and procedures will be written and enforced in a manner which supports the development, implementation and participation in appropriate return-to-work programs.

## **Appendix 2**

### **“Top 22 Most Common Diagnoses in The TWCC SYSTEM”**



Frequency of Primary ICD9 Codes  
For Service Dates January 1, 2002 - December 31, 2002

Primary ICD9 Code	Diagnosis	Frequency	Percent
722.10	DISPLCMT LUMBAR DISC W/O MYELOPATHY	1102563	7.1958
847.2	LUMBAR SPRAIN AND STRAIN	1009795	6.5904
847.0	NECK SPRAIN AND STRAIN	643964	4.2028
724.2	LUMBAGO	605011	3.9486
354.0	CARPAL TUNNEL SYNDROME	559115	3.6490
724.4	THOR/LUMBOSACRL NURIT/RADICULIT UNS	481151	3.1402
722.0	DISPLCMT CERV DISC W/O MYELOPATHY	353798	2.3090
846.0	SPRAIN AND STRAIN OF LUMBOSACRAL	271529	1.7721
840.9	SPRAIN&STRAIN UNS SITE SHLDR&UP ARM	267311	1.7446
722.73	INTERVERT LUMB DISC D/O-MYELOPATHY	236335	1.5424
723.4	BRACHIAL NEURITIS/RADICULITIS NOS	225110	1.4692
840.4	ROTATOR CUFF SPRAIN AND STRAIN	193266	1.2613
847.1	THORACIC SPRAIN AND STRAIN	191540	1.2501
844.9	SPRAIN&STRAIN UNSPEC SITE KNEE&LEG	191090	1.2471
723.1	CERVICALGIA	178852	1.1673
719.41	PAIN IN JOINT, SHOULDER REGION	167797	1.0951
717.9	UNSPEC INTERNAL DERANGEMENT KNEE	165350	1.0792
836.0	TEAR MED CART/MENISCUS KNEE CURRENT	163666	1.0682
719.46	PAIN IN JOINT, LOWER LEG	161832	1.0562
722.1	DSPLCMT THOR/LUMB DISC W/O MYLOPTHY	154276	1.0069
722.2	DSPLCMT DISC SITE UNS W/O MYELOPTHY	152811	0.9973
842.00	SPRAIN&STRAIN UNSPEC SITE WRIST	148050	0.9662

Records Removed: charged amount is less than or equal to \$0 or greater than or equal to \$25,000, payment amount is less than \$0 or greater than or equal to \$25,000, payment amount is greater than charged amount, exception code is equal to D (duplicate), J (final adjudication/non-compensable), E (entitlement to benefits), R (extent of injury), billed amounts with exception code O (denial after reconsideration), P (recoupment of overpayment), or S (supplemental payment) are set to \$0, paid amounts are subtracted from records with exception code P



**Appendix 3**

**Table 1**

**RTW GUIDELINE COMPARISON CHART**

<b>MDA</b>	<b>ODG</b>
<p><b>DATA QUALITY</b></p> <ul style="list-style-type: none"> <li>+ <b>Observed, experience based data from employers, insurance carriers and other MDA subscribers - more objective and applicable to workers' comp</b></li> <li>- <b>Actual data sources considered proprietary</b></li> <li>+ <b>Reported in ICD 9 format, not converted</b></li> <li>+ <b>Results from multiple data sources should be reproducible &amp; verifiable</b></li> </ul>	<p><b>DATA QUALITY</b></p> <ul style="list-style-type: none"> <li>- <b>Uses NHIS data, which is not applicable to workers' compensation</b></li> <li>- <b>Information based on retrospective surveys-subjective not observed, experience based data</b></li> <li>- <b>Classification Bias: Question how linked/converted to ICD-9s (acknowledging the "crossover" process outlined in response)</b></li> <li>- <b>Recall bias on part of respondents</b></li> <li>+ <b>OSHA data is work specific and collection methods standardized</b></li> <li>- <b>Self reporting by employers may not be Accurate (tendency to underreport suspected)</b></li> <li>- <b>Validity/reliability concerns-cannot be reproduced</b></li> <li>- <b>NHIS, BLS, data 1 to 2 years old, relevant data appears to be limited as a useful source</b></li> </ul>
<p><b>DATA ANALYSIS</b></p> <ul style="list-style-type: none"> <li>+ <b>Experienced based, reviewed by experts</b></li> <li>+ <b>Modified Delphi method</b></li> <li>+ <b>Strong clinically based oversight and review at each level of process</b></li> </ul>	<p><b>DATA ANALYSIS</b></p> <ul style="list-style-type: none"> <li>- <b>In opinion of the group, in the response dated November 2003, insufficient information provided to understand the methodology of data analysis</b></li> </ul>
<p><b>EASE OF USE</b></p> <ul style="list-style-type: none"> <li>+ <b>Use NIOSH job classifications</b></li> <li>+ <b>Computer version easy to use</b></li> <li>- <b>Includes treatment information</b></li> </ul>	<p><b>EASE OF USE</b></p> <ul style="list-style-type: none"> <li>- <b>Using own job class scheme rather than well accepted standard i.e. NIOSH</b></li> <li>+ <b>Computer version easy to use</b></li> <li>+ <b>ODG willing to produce a version without treatment information for TWCC</b></li> <li>+ <b>Tables understandable</b></li> </ul>

COST

With Data Exchange – Your organization agrees to share its disability claims data (in a blind and scrubbed fashion) with Reed Group.

<i>Number of Users</i>	<i>Price per User per Year</i>	<i>TWCC Pricing</i>
<b>50 –100</b>	<b>\$380/User</b>	<b>\$200/User</b>
<b>101-200</b>	<b>\$323/User</b>	<b>\$143/User</b>
<b>201-300</b>	<b>\$304/User</b>	<b>\$124/User</b>
<b>301 +</b>	<b>\$285/User</b>	<b>\$105/User</b>
<b>Unlimited</b>	<b>N/A</b>	<b>US\$ 200,000</b>

*Pricing reflected above does not include a US\$ 5,000 initial one-time license fee.*

*There is a 50-user minimum fee for the Data License Enterprise Solution.*

With No Data Exchange – Your organization has elected not to share any disability claims data with Reed Group.

<i>Number of Users</i>	<i>Price per User per Year</i>	<i>TWCC Pricing</i>
<b>50 –100</b>	<b>\$475/User</b>	<b>\$295/User</b>
<b>101-200</b>	<b>\$404/User</b>	<b>\$224/User</b>
<b>201-300</b>	<b>\$380/User</b>	<b>\$200/User</b>
<b>301 +</b>	<b>\$356/User</b>	<b>\$176/User</b>
<b>Unlimited</b>	<b>N/A</b>	<b>US\$ 250,000</b>

*Pricing reflected above does not include a US\$ 5,000 initial one-time license fee.*

*There is a 50-user minimum fee for the Data License Enterprise Solution.*

With Data Exchange – Your organization agrees to share its disability claims data with Reed Group Ltd.

COST

**Official Disability Guidelines** is available in textbook, Web-based, CD-ROM and data integration license formats. The annual cost is the same for all versions, as described below. License fees include support, both technical and content related, throughout term, including unlimited use of the toll-free ODG Helpdesk (9:00-5:00 Central time), as necessary.

<u>Number of Users/Units</u>	<u>Price Per User/Unit</u>
<b>1</b>	<b>\$195</b>
<b>2 – 5</b>	<b>\$175</b>
<b>6 – 9</b>	<b>\$155</b>
<b>10 – 24</b>	<b>\$135</b>
<b>25 – 49</b>	<b>\$122</b>
<b>50 – 100</b>	<b>\$113</b>
<b>101 – 200</b>	<b>\$99</b>
<b>201 +</b>	<b>\$85</b>
<b>3-year prepaid licensing is discounted 15%</b>	

**Official Disability Guidelines** is also available in an abbreviated text version, called **ODG Top 200 Conditions**. The cost for this abbreviated text is \$99, with quantity discounts available.

**Official Disability Guidelines** is also available as part of a fully functional case management software application from Medgate, Inc. ([www.medgate.com](http://www.medgate.com)), and several innovative insurance claims systems and workers' comp online networks, like EnableComp ([www.enablecomp.com](http://www.enablecomp.com)).

**Official Disability Guidelines has been offered in a Pocket Guide, as well, which could be made available**

<p>With No Data Exchange – <b>Your organization has elected not to share any disability claims data with Reed Group Ltd.</b></p> <ul style="list-style-type: none"> <li>- <b>MDA more expensive</b></li> <li>+ <b>Larger upfront cost, but less frequent updates therefore able to amortize cost over longer period</b></li> </ul>	<p><b><u>again upon request, with costs ranging up to but not more than \$19 each.</u></b></p> <ul style="list-style-type: none"> <li>+ <b>ODG less expensive</b></li> <li>- <b>Annual updates and therefore recurring expense</b></li> </ul>
<p>REVISIONS AND UP DATES</p> <ul style="list-style-type: none"> <li>- <b>Printed version Updated every 3-4 years</b></li> <li>- <b>Online version updated as up dates are indicated</b></li> </ul>	<p>REVISIONS/UPDATES</p> <ul style="list-style-type: none"> <li>+ <b>Updated every year (with <i>older</i> data)</b></li> </ul>
<p>GENERAL</p> <ul style="list-style-type: none"> <li>+ <b>more flexible considered a positive in implementing a new process</b></li> </ul>	<p>GENERAL</p> <ul style="list-style-type: none"> <li>- <b>ODG response seems to advocate a RTW mandate (ODG November 2003 response, page 7, question 9)</b></li> </ul>