



THE LATEST COVID THREAT: COMORBIDITY

By **Scott A. O'Mara**

The continuation of COVID has resulted in a greater understanding of the medical phraseology which defines developments which result from the impact of COVID-19 on prior existing medical problems, as well as problems which develop subsequent to the finding of COVID-19. Comorbidity, defined as “the simultaneous presence of two chronic diseases or conditions in a patient” comes into play when COVID impacts either an underlying medical condition, or another medical condition which develops after the COVID finding. When comorbidity exists in COVID-19 cases, affected workers are placed at greater risk as to the eventual outcome of their health because of the impact of COVID on their other medical condition. In either scenario, the second medical condition – whether it develops before or after the onset of COVID-19 – makes the situation more severe and problematic.

Many COVID-19 sufferers develop comorbidity if they have high blood pressure/hypertension, chronic pulmonary disease, diabetes, liver problems, kidney problems, cancer or even obesity. These factors, along with other medical conditions which are combined with COVID-19 to create comorbidity, place the affected workers at a higher risk of suffering a more severe disability because of the combined impact of the two medical conditions, substantially delaying their ability to return to work, and/or increasing their level of residual impairment.

Research regarding comorbidity has shown that it increases the likelihood of death when two medical conditions – one being COVID-19 – interact. As time progresses, and our understanding of comorbidity and COVID increases, there will be information which should cause adjusting agencies to see the combined effect.

The combined effect of COVID-19 and other previously-existing or later-developing medical conditions is a paramount issue to be addressed by Workers' Compensation adjusters, adjusting agencies and self-insured employers so they will recognize the impact of comorbidity. If those parties fail to make this recognition and delay treatment needed by injured workers to cure or relieve their work-related injuries which involve comorbidity, the workers most likely will be off work for a longer period of time and have increased residual impairment.

For adjusting agencies, being aware of comorbidity and dealing with it proactively is a must.

Case law states that if a worker has a condition which is work-related, the employer has the absolute responsibility to cure or relieve the effects of that condition. *And it is not necessary just that condition.* If any ancillary medical conditions develop as a result of the work-related injury – in this case, COVID-19 – those conditions also become the responsibility of the employer’s Workers’ Compensation carrier.

In addition, if a pre-existing, current or subsequent medical condition which is non-work-related delays or makes worse the work-related medical condition, this disease or condition must be treated under the Workers’ Compensation system.

As stated previously, no matter what form the comorbidity takes – whether the COVID-19 impacts a previously-existing medical condition, or whether another medical condition develops after the COVID finding – the employer has the responsibility to cure or relieve both medical conditions.

As we know, the Utilization Review process and Independent Medical Review process for obtaining medical care are damaged and need correction. However, adjusters can recognize the necessity of care needed by injured workers and override UR and IMR to provide that care.

Comorbidity and COVID are tied together like twins, and must be dealt with properly. If this fails to be the case, injured workers’ need for medical care, their length of time off work, and their residual impairment will all continue to accelerate.

(For more information, see Newsletter 2021 Issue #7 – COVID/LONG HAULERS/ LONG COVID – which supports the fact that more information and better treatment of injured workers will allow for less impairment and a quicker return to work.)



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