



Duties and Obligations of a Workers' Compensation Case Manager

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Speakers



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Objectives of Presentation

Duties and Obligations of the Case Manager

To the Injured Worker

To the Attorney

To the Claims Specialist

To the Employer

To the Provider(s)

Case Management Process

Receipt of referral

Initial contacts

Appointment attendance

Continued care coordination

Facilitation of return to work/release from care

History of Case Management



Historical Perspective

Past	Present
<p data-bbox="123 248 948 314">Case Management has a rich history dating back to the early 1900s in the United States.</p> <ul data-bbox="123 355 948 847" style="list-style-type: none"><li data-bbox="123 355 948 421">▶ Early 1900s - Public health nurses and social workers coordinated services in the community setting.<li data-bbox="123 452 948 561">▶ After World War II - Insurance companies employed nurses and social workers to coordinate the care of soldiers that requiring multispecialty services.<li data-bbox="123 591 948 657">▶ 1970s - Workers' compensation insurers developed and implemented CM programs focusing on "return-to-work."<li data-bbox="123 687 948 797">▶ 1980s - 1990s – CM programs more abundant and established in hospitals, insurance companies, and communities.<li data-bbox="123 827 948 847">▶ 2000s - CM evolved into a care coordination model.	<p data-bbox="991 248 1783 314">Key focus of case management is ensuring quality of care, improving health outcomes and reducing cost.</p> <ul data-bbox="991 355 1816 781" style="list-style-type: none"><li data-bbox="991 355 1816 390">▶ CM practice transcends the entire continuum of care<li data-bbox="991 410 1816 476">▶ Promotes informed decision making by the client and others<li data-bbox="991 495 1816 604">▶ Works collaboratively with patient, family/significant other, and the health care team to implement a plan of care that meets the individual's needs<li data-bbox="991 624 1816 690">▶ Serves as a means for achieving client wellness and autonomy.<li data-bbox="991 709 1816 781">▶ Consistently demonstrated the capability to improve health outcomes and reduce cost of care.

Duties and Obligations of the Case Manager

Case Manager to the Injured Worker

- ✓ Educate the injured worker and their family
- ✓ Schedule and attend provider visits
- ✓ Coordinate treatment
- ✓ Monitor injured worker's progress
- ✓ Advocate for care



Case Manager to the Claims Specialist

- ✓ Assist with return to work
- ✓ Ensure care is appropriate and cost-effective
- ✓ Keep claims specialist up to date
- ✓ Act as a liaison between injured workers, providers, employers, attorneys, etc.



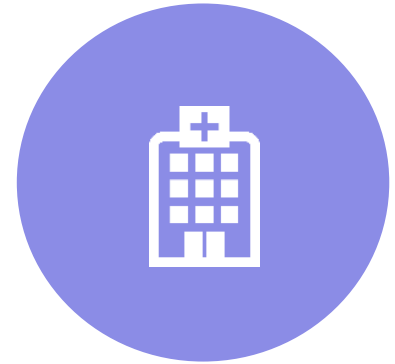
Case Manager to the Employer

- ✓ Evaluate job description
- ✓ Obtain specific abilities/restriction from provider
- ✓ Collaborate to facilitate safe return to work
- ✓ Provide treatment updates



Case Manager to the Provider(s)

- ✓ Expedites coordination of timely treatment
- ✓ Works with claim specialist to obtain prompt approvals for recommended treatment
- ✓ Reviews treatment plan and ensure compliance to promote best possible outcomes
- ✓ Assists with facilitation of early release return to work when recommended by provider and supported by employer

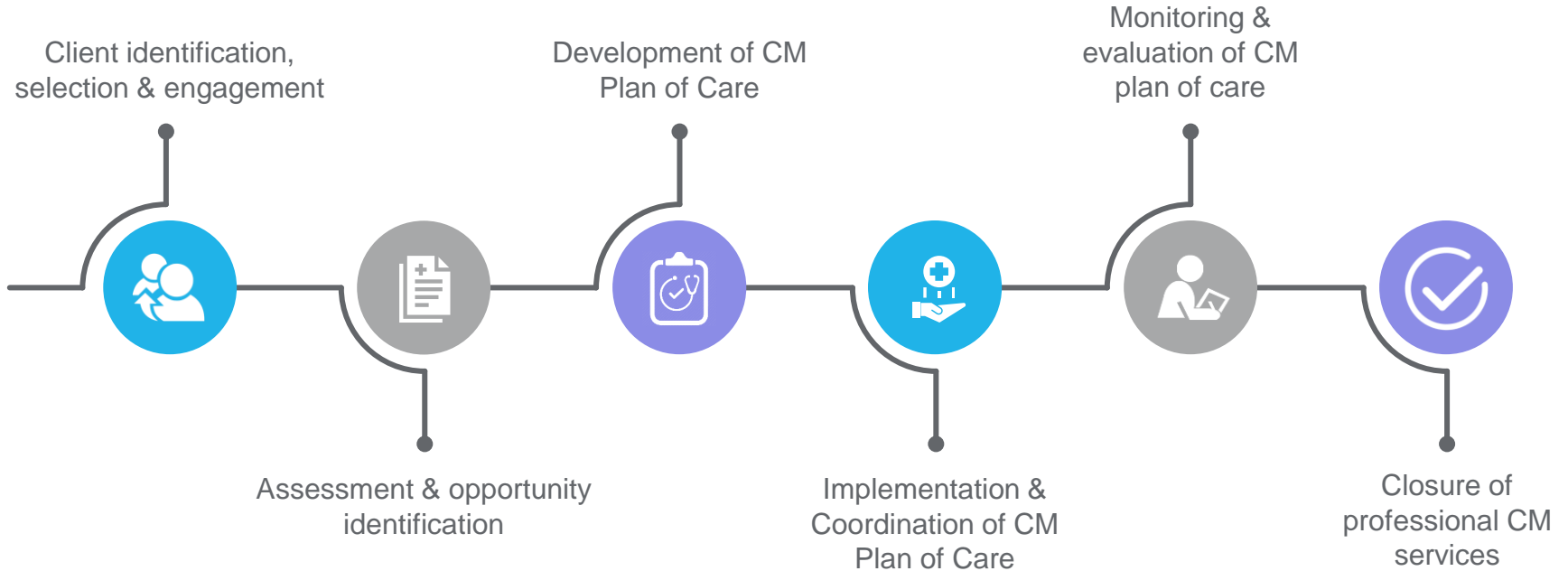


Case Management Process

How it applies to Workers' Compensation

Case Management Process

Steps applied by case managers in their approach to patient care delivery and management



Receipt of Referral

1 Referral receipt for case management services

- ▶ Referral may come from carrier, TPA, employer or other party

2 File is assigned to case manager

- ▶ Assignment notification sent to case manager

Case Manager Receipt of Referral

Review Referral Documents

- ▶ Identify referral objectives
- ▶ Identify any missing data to be obtained from adjuster

Review Account Specific Information

- ▶ Make note of special guidelines

Identify Jurisdiction

- ▶ Review state guidelines to learn details if jurisdiction is new to the case manager

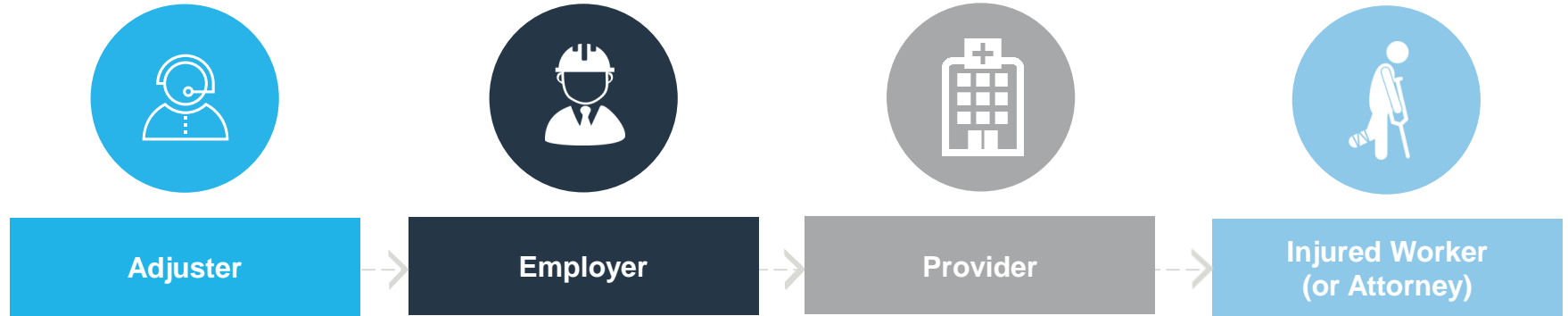
Case Manager Receipt of Referral

Items needed for case set up

- ▶ Referral type
- ▶ First report of injury (FROI)
- ▶ Injured worker demographics
- ▶ Claim number
- ▶ Date of injury (DOI)
- ▶ Job/role
- ▶ Employer
- ▶ Jurisdiction
- ▶ Carrier/Insurer

- ▶ Mechanism of injury
- ▶ Body part(s)
- ▶ Diagnose(s)
- ▶ Treating physician
- ▶ Next office visit date and time
- ▶ Medical records
- ▶ Attorney representation
- ▶ Note any additional details

Initial Contacts



Insurer/Carrier/Adjuster/TPA

Initial contacts

Confirm/review referral instructions

Confirm compensability/body part(s) / diagnosis(s)

Confirm treating physician and next treatment date

Confirm/evaluate referral type

Confirm status of representation

Confirm employer contact instructions

Confirm current work status/accommodation

Clarify any unclear information

Employer

Initial contacts

Obtain employment status

Request job description

Determine return to work potential

Explain return to work process

Obtain status update expectations

Note

Resource available if job description not available:

- ▶ O*NET Online: <https://www.onetonline.org/>
- ▶ US Bureau of Labor Statistics: <https://www.bls.gov/>
- ▶ ODG Job Profiler

Providers

Initial contacts

Provide claim information including case manager name and contact details

Provide compensable diagnosis(s)/body part(s)

Request medical records/outstanding authorizations

Schedule/confirm pending appointments

Forward the job description

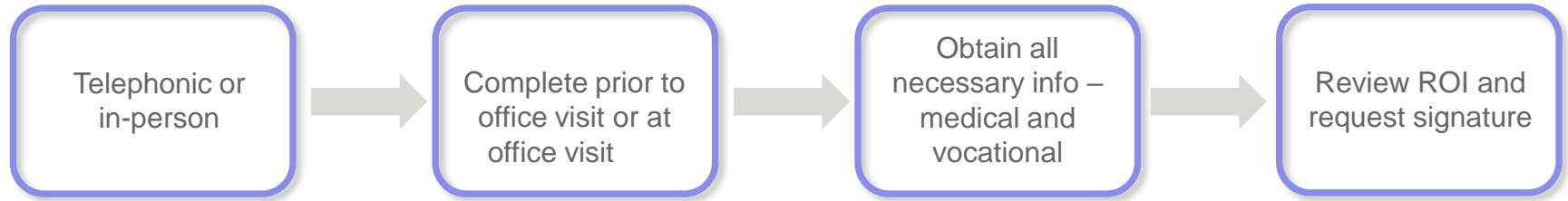
Injured Worker

Initial contacts



- ▶ **Letter of introduction**
- ▶ **Telephone call**
 - ▶ Introduction to CM role
 - ▶ Review/explain Workers' Compensation process
 - ▶ Complete medical history/current medications
 - ▶ Confirm injury/medical status
 - ▶ Psychosocial barriers
 - ▶ Current work status/history
 - ▶ Job duties: pre-DOI/current

Initial Assessment



Appointment Confirmations



Provider

- ▶ Call the provider/clinic to confirm appointment date and time the day before the appointment (or as account guidelines specify)



Injured Worker

- ▶ Call the injured worker to confirm attendance at appointment the day before the appointment (or as account guidelines specify)



Adjuster

- ▶ Email or call the adjuster indicating case manager has confirmed the appointment and will attend

Preparing for Provider Appointments

Therapy or Alternate Providers

- ▶ Obtain records
- ▶ Confirm attendance
- ▶ Discuss progress
- ▶ Review recommendations



Record Review

- ▶ Therapy records
- ▶ Last office visit notes
- ▶ Job description

Research

- ▶ ODG or jurisdictionally driven guidelines
- ▶ RTW and medical projections



Plan

- ▶ Formulate objectives for visit
 - ▶ Current status
 - ▶ Prognosis
 - ▶ Concerns
 - ▶ Plan

Appointment Attendance

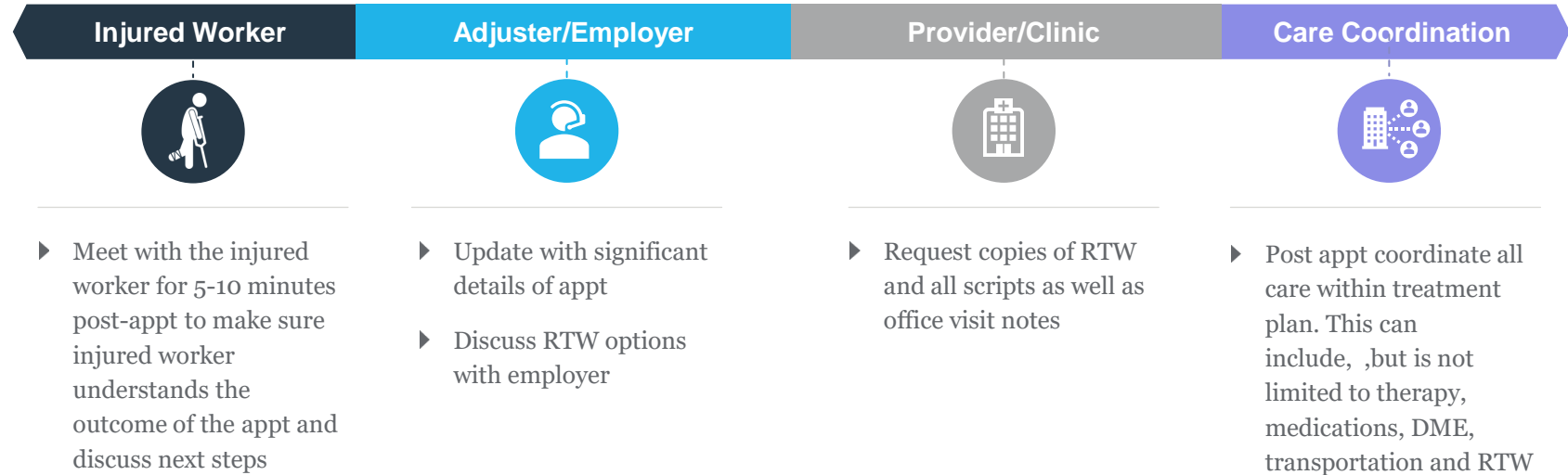
Injured Worker

- ▶ Meet prior to appointment
- ▶ Obtain status and answer questions
- ▶ Be aware of verbal and nonverbal cues

Provider

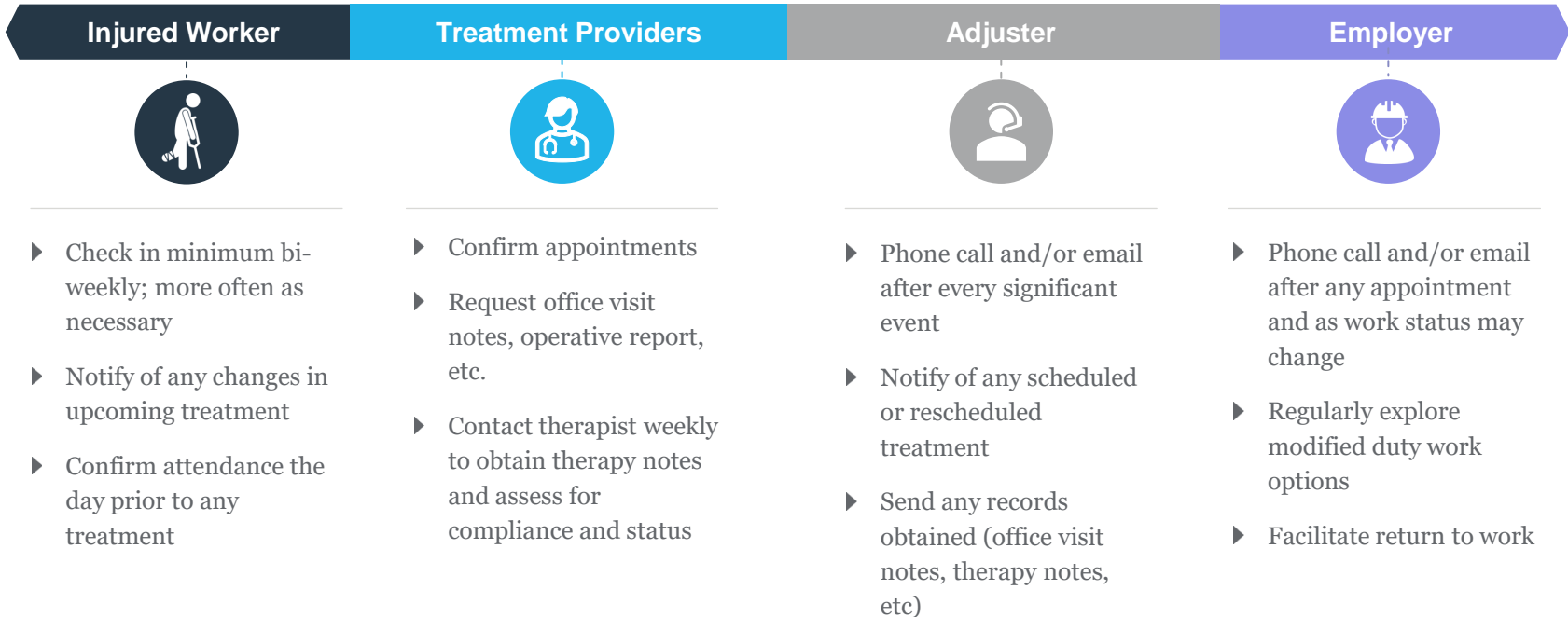
- ▶ Review status
- ▶ Discuss concerns and guidelines as necessary
- ▶ Obtain treatment/orders
- ▶ Discuss MMI and RTW projections

Post Appointment Work



Continued Care Coordination

Through routine contacts and updates



Guidelines for Setting Goals:

- ▶ Must be centered around the injured worker
- ▶ SMART Goals
 - ▶ Specific
 - ▶ Measurable
 - ▶ Attainable
 - ▶ Realistic
 - ▶ Time Bound
- ▶ Show knowledge of evidence-based criteria for treatment and RTW for the specific injury
- ▶ Short-term goals should be established for 1-30 days
- ▶ Long-term goals should be established for return to work/release from care and/or MMI



The Evidence-Based Practice Process



Working with Attorneys

Attorney's Don't Bite!!!



The Attorney and the Case Manager

- ▶ Be aware of how you approach an attorney for contact permission.

- ▶ Case managers do not establish compensability or benefits.

- ▶ Articulate the case manager's focus is to provide the best medical and vocational outcomes.

- ▶ Never make promises you cannot deliver.

- ▶ The attorney may request the Initial Assessment be completed in his/her office.

- ▶ Always be respectful when your claimant has chosen to retain an attorney.

- ▶ If contact is not allowed with the IW, notify relevant parties immediately.

- ▶ Once contact permission is granted or denied verbally, confirm with the attorney in writing

- ▶ If it's not documented, it didn't happen!

Proactive Case Management

Proactive Not Reactive

Take control early



Engage

- ▶ Develop rapport
- ▶ Build relationships



Communicate & Educate

- ▶ All stakeholders



Preemptive Actions

- ▶ Anticipatory planning
- ▶ Identify potential obstacles
- ▶ Develop a RTW strategy
- ▶ Mitigate delays

Ethics/Principles of Case Management

Principles of the Code of Professional Conduct for Case Managers

PRINCIPLE 1:	Board-Certified Case Managers will place the public interest above their own at all times.
PRINCIPLE 2:	Board-Certified Case Managers will respect the rights and inherent dignity of all of their clients.
PRINCIPLE 3:	Board-Certified Case Managers will always maintain objectivity in their relationships with clients.
PRINCIPLE 4:	Board-Certified Case Managers will act with integrity and fidelity with clients and others.
PRINCIPLE 5:	Board-Certified Case Managers will maintain their competency at a level that ensures their clients will receive the highest quality of service.
PRINCIPLE 6:	Board-Certified Case Managers will honor the integrity of the CCM designation and adhere to the requirements for its use.
PRINCIPLE 7:	Board-Certified Case Managers will obey all laws and regulations.
PRINCIPLE 8:	Board-Certified Case Managers will help maintain the integrity of the Code, by responding to requests for public comments to review and revise the code, thus helping ensure its consistency with current practice.

Life Cycle of a Claim



Thank you

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