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The right AI doesn't just make claims professionals faster . It makes them better.

Why the workers' compensation claim file — not the algorithm — is where AI wins or loses, and what "better" actually requires.

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THE DISTINCTION THAT MATTERS

Faster is easy to buy. Better is the hard part.

Speed without accuracy is not efficiency. It is accelerated failure — the same wrong decision, reached sooner, at scale.

The organizations gaining ground aren't the ones processing files fastest. They're the ones whose people make better people make better calls because the record in front of them is complete, attributed, and defensible.

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WHY THIS CONVERSATION, WHY NOW

Three pressures are converging on the claim file

01

The file is exploding

Workers' comp is one of the most document-intensive lines in insurance. Volume and complexity of medical records are the core problem AI is being asked to solve.

02

Litigation is unforgiving

Nuclear verdicts and social inflation reshape exposure. Auditable documentation that survives discovery scrutiny is no longer optional.

03

Experience is walking out

An aging claims workforce is leaving, and institutional knowledge leaves with it — right when files are getting harder.

AI is landing in the middle of all three. Whether that helps or hurts depends entirely on how it's used.

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THE CORE PROBLEM

The decision-maker isn't the bottleneck. The record is.

200–2,000

pages in a typical litigated WC file

Medical, billing, legal, employer, subrogation — mixed formats, no order

Most

of a claim's calendar time is spent waiting on documentation

Not waiting on a decision

1

job for AI, stated plainly

Turn raw volume into a record a human can decide from

If AI only makes the reading *faster*, we've optimized the wrong thing. The goal is a record that's decision-ready.

PRESSURE ONE · CAPACITY

Experience is retiring faster than it's replaced

~400K

insurance professionals retiring

Across 2021–2026

12–18

months to complex-claim proficiency

Before a new adjuster handles hard files unsupervised

The cost

senior time spent on volume is time not spent on exposure

Judgment is the scarce resource, not hours

The right use of AI here is knowledge leverage — freeing experienced people for the decisions only they can make.

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PRESSURE TWO · LITIGATION

Every document is a potential exhibit

135

nuclear verdicts in 2024, up 52%

More than $31bn in total

~32%

of total litigation cost is now expense

Up from roughly 21% — the cost of fighting is rising

Armed

plaintiff-bar AI is the top-cited threat by claims executives

Backed by a growing litigation-funding market

When an AI-generated summary can end up in front of a judge, accuracy is the standard, not speed.

Sources: published verdict tracking (ATRF); 2026 CLM Litigation Management Study (70+ claim & litigation executives).

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PRESSURE THREE · COMPLIANCE

The rules are being written while we run

~29

jurisdictions imposing AI duties on insurers

And adoption is accelerating

Required

human-in-the-loop on decisions — not optional

Regulators expect a documented review step

You own it

the insurer owns its third-party tool's behavior

Accountability doesn't transfer to the vendor

Contracts written before these frameworks existed need rework. Governance has to precede deployment, not follow it.

Sources: NAIC model bulletin map and state AI frameworks (CA, CO, NY, TX), checked 2026.

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PART TWO

Where faster quietly becomes worse

Three failure modes that don't throw an error message — they just distort the claim.

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FAILURE MODE ONE

Once written, the summary becomes the claim

The AI-generated summary becomes the version of the record everyone actually reads. Adjusters, defense counsel, reviewers — they work from the summary, not the 2,000 pages behind it.

So the summary has to be treated as a system of record , not a convenience. If it's wrong, the file is wrong — and no one is looking behind it to catch it.

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FAILURE MODE TWO

Silent failures — the errors that don't crash

OMISSION

The material miss

The summary that looks clean but quietly drops the surveillance finding, the prior condition, the misread abbreviation. It doesn't error — it distorts.

PATTERN

Across files, not within one

A provider billing inconsistently across many claimants. No single-file review catches it. The signal only exists across the book.

NOTICE

The unactioned signal

When AI flags an escalation risk and no one acts, that flag becomes evidence of notice. Unacknowledged signals are the next litigation frontier.

AI failure is usually operational, not algorithmic . Most teams deploy and step back — and even accurate AI produces bad outcomes when no one operationalizes it.

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FAILURE MODE THREE

The AI doesn't own the claim. Your team does.

Accountability doesn't move with the workflow

When the AI is wrong, the claims professional still owns the outcome. Organizational and legal accountability stays with the human — design for that, don't assume it away.

The override becomes the risk

When an adjuster deviates from an AI flag, the question shifts from "what was decided" to "why was the system overridden?" The role is moving from decision-maker to accountable reviewer — a different job.

If AI is influencing reserves, treatment paths, or strategy, it must be explainable, documented, and defensible — the courtroom will treat it that way regardless of your org chart.

PART THREE

What "better" actually requires

Starting with a test you can run on any AI tool — before you sign.

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A TEST YOU CAN USE NEXT WEEK

The outcome audit — three diagnostic questions

1

Throughput or outcomes?

If your only metric is how fast a claim closes, you're measuring speed — not decision quality.

THROUGHPUT ≠ ACCURACY

2

Does it surface what it doesn't know?

The most dangerous automation gives confident answers on incomplete data. Ask: what does it do when it can't be sure?

SILENT FAILURES

3

Who owns the decision?

Remove the human checkpoint and you've transferred accountability to a black box. The human must explain and defend it.

ACCOUNTABILITY

Ask any vendor these three. Watch which answers get vague.

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THE MODEL

From claim record to claims intelligence

1 **The claim record**

Thousands of pages, dozens of sources, unstructured and unordered. *What evidence do I have?*

2 **Evidence construction** LIVE TODAY

Deduplication, entity resolution, gap detection, page-cited chronology. *What actually happened?*

3 **Analysis & strategy** EXTENDING

Contradictions, causation, psychosocial and recovery-risk indicators. *What does this claim mean?*

4 **Portfolio intelligence** ROADMAP

Cross-case patterns, emerging exposure, handling variance. *What's happening across my book?*

Governance runs alongside every level — not bolted on at the end.

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ILLUSTRATIVE · ONE LITIGATED FILE

What "decision-ready" looks like

1 · RECEIVED

3,842

pages · 31 facilities · 14 provider names

Arrives as volume. No order, no attribution.

2 · CLEANED

–1,147

duplicate/irrelevant pages removed · 14→9 providers resolved

~30% of reading volume gone; 7 missing records requested.

3 · CONSTRUCTED

3 · 2

prior conditions surfaced · conflicting statements found

One page-cited chronology; recovery-risk indicators flagged.

4 · DELIVERED

100%

of conclusions traced to a page · 2,695 pages that matter

The adjuster opens a decision, not a reading exercise.

Every conclusion traces to evidence. Every piece of evidence traces to a page.

Illustrative example — represents the shape of a typical litigated file, not a named client engagement.

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DEFENSIBILITY

Human-in-the-loop that holds up on the record

Cited to the page

Page-level citation on every extracted fact. Any conclusion can be traced back to its source document — in the file or in a hearing.

Reviewed by confidence

Human review routed by confidence score and recorded. Low-confidence extractions get eyes — and the review is attested, not assumed.

Audited & governed

Full audit trail, model governance, and extraction-based redaction for privilege. Built to meet a regulated buyer's requirements.

If the record can't prove a person reviewed it, the record can't defend it.

THE RIGHT SCOREBOARD

Measure outcomes, not throughput

Speed & capacity

- Median *and* p95 time to first decision — never an average
- Files per reviewer; reviewer hours per file

Quality & defensibility

- Completeness at first review; wrong-claimant rate by source
- Share of facts carrying page-level citation

Exposure

- Time from first risk indicator to case action
- Cross-book patterns by facility, provider, firm

Retained judgment

- Handling variance across offices on comparable files
- Senior time redirected to exposure, not volume

Every one of these can be measured against your own book, on a constant cohort — not asserted from a slide.

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WHERE WISEDOCS FITS

Purpose-built for the workers' comp file

WISEPREP

Decision-ready case files

Raw records sorted, deduplicated, and organized by date of injury into a clean, searchable workspace for clearer causation and treatment views.

WISEINSIGHTS

Earlier litigation signal

Modular AI analyzers detect litigation risk, billing anomalies, treatment outliers, and inconsistencies — source-linked findings with confidence scoring.

WISECHAT

Source-cited answers

Ask "What was the MMI date?" or "Where's the first mention of prior injury?" and get source-linked answers across medical, legal, and billing records.

First report of injury through trial prep — with the reviewer's footprints on every defensible work product.

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CASE STUDY · WORKERS' COMPENSATION LEGAL DEFENSE FIRM

Automating 80% of legal file review

AUTOMATION

80%

of incoming files processed through Wisedocs

AI workflows became the standard across the firm's entire caseload.

TIME SAVED

66%

reduction in total document processing time

From manual briefing of thousands of pages to structured, automated delivery.

THROUGHPUT

150%

increase in daily document processing capacity

From 8,000 to 20,000+ pages reviewed per reviewer per business day.

TEAM SIZE

8 → 2

staff to handle 10,000–30,000 page files

Files requiring 8 reviewers over multiple days now handled by 2 — with faster output.

TURNAROUND

12 days

earlier file delivery, using 75% fewer staff

Files returned 2+ weeks before deadlines — giving attorneys time to prepare, strategize, and win.

Source: Wisedocs case study — leading regional workers' compensation legal defense firm. Published 2025.

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FOR THIS ROOM

What "better" means in your seat

Adjusters

Less reading, more judgment — and a cleaner record you can stand behind.

Defense & claimant counsel

A source-cited file that tells a clean story and surfaces risk earlier.

Self-insured & TPAs

Capacity and earlier exposure detection — without adding headcount.

Medical & IME reviewers

Faster orientation to the file, with every finding traceable to a page.

Same technology. The win is that each of you spends time on the part only you can do.

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MONDAY MORNING

Four things to do — vendor optional

01

Audit your summary layer

The AI summary is becoming the de facto claim file. Treat it as a system of record, not a convenience.

02

Demand HITL that holds up

Documented human review with audit trails. If the record can't prove a person reviewed it, it can't defend it.

03

Change the scoreboard

Move past cycle time. Measure completeness, defensibility, exposure detection, and retained judgment.

04

Own the accountability

The AI doesn't own the claim — your team does. Build the governance and training to match.

THE TAKEAWAY

The right AI makes claims professionals better — not just faster.

More complete records. More defensible decisions. People freed for the judgment only they can bring.

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Thank you. Questions?

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