



Duties and Obligations of a Workers' Compensation Case Manager

Iowa Workers' Compensation
Symposium

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Paradigm Speakers



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Objectives of presentation

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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)

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Case Management Process

Receipt of referral

Initial contacts

Appointment attendance

Continued care coordination

Facilitation return to work/release from care

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History of Workers' Compensation

- 1911: Workers' Compensation legislation enacted
- 1932: Social Security Act (SSA) of development of organized services
- 1962: President's Panel proposed the "continuum of care"
- 1975: Developmental Disabilities Act established case management as a "priority service"
- Mid-1980's: case management programs targeting catastrophic injuries developed by insurers
- 1995: Case Management Society of American (CMSA) - 1st organization to develop case management standards of practice



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Duties and Obligations of the Case Manager

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Case Manager to the Injured Worker

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



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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 with injured workers, providers, employers, attorneys, etc.



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Case Manager to the Employer

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



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Case Manager to the Provider(s)

- ✓ Expedites coordination of timely treatment
- ✓ Work with claims 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



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Case Management Process

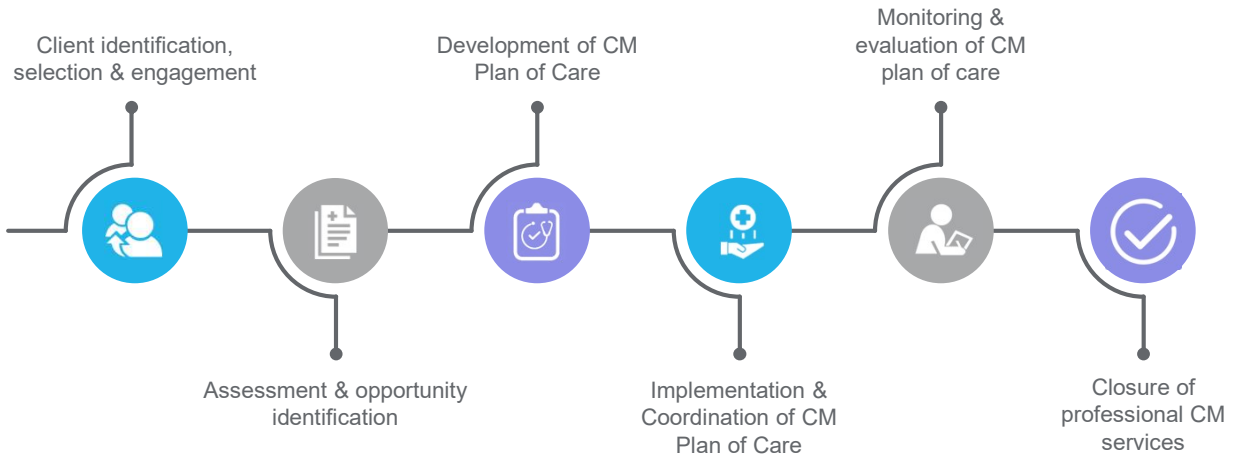
How it applies to Workers'
Compensation

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Case Management Process

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



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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
- ▶ File opened in documentation system

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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

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Case Manager Receipt of Referral

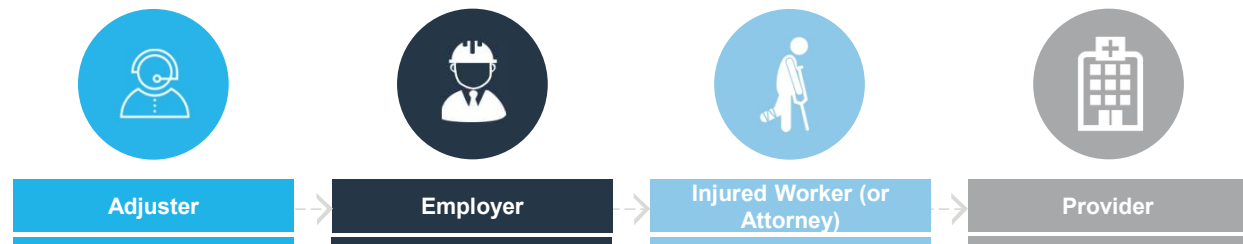
Items needed for case set up

- ▶ 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

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Initial Contacts



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Insurer/Carrier/Adjuster/TPA

Initial contacts

Confirm/review referral instructions

Confirm compensability/body parts and diagnosis(s)

Confirm treating physician and next treatment date

Confirm/evaluate referral type

Confirm status of representation/subrogation

Confirm employer contact instructions

Confirm current work status/accommodation

Clarify any unclear information

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Employer

Initial contacts

Obtain employment status

Request job description

Determine return to work potential

Explain workers compensation processes

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

Injured Worker

Initial contacts

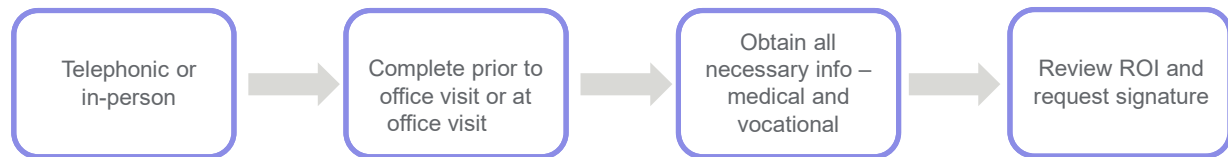


▶ Letter of introduction

▶ Telephone call

- ▶ Introduction to CM role
- ▶ Complete medical history/current medications
- ▶ Review/explain WC process
- ▶ Confirm injury/medical status
- ▶ Psychosocial barriers
- ▶ Current work status/history
- ▶ Job duties: pre-DOI/current

Initial Assessment



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WSO

Sample Initial Assessment Form

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Slide 22

WS0 This should be the link to our Intake form rather than to initiate a referral. Thanks!
Wadsworth, Sonya, 2023-06-12T14:21:17.443

SP0 0 [@Wadsworth, Sonya] can you send me the exact link?
Schroeder, Paige, 2023-06-13T13:55:37.610

Providers

Initial contacts

Provide claim information

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

Request medical records/outstanding authorizations

Schedule/confirm pending appointments

Forward the job description

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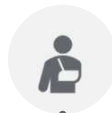
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Appointment Confirmations



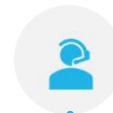
Provider

- 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

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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

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Appointment Attendance

Injured Worker

- Meet prior to appointment
- Obtain status and answer questions
- Listen to verbal and nonverbal questions

Provider

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

Complete the Visit

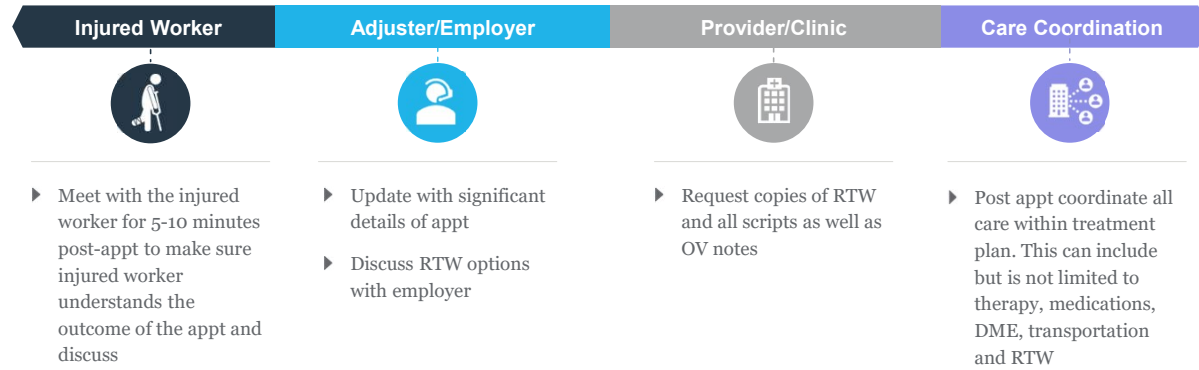
- Ensure IW has all questions answered
- Obtain copies of all orders and work status
- Plan who/how treatment will be coordinated
- Schedule next office visit
- Update key parties

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Post Appointment Work



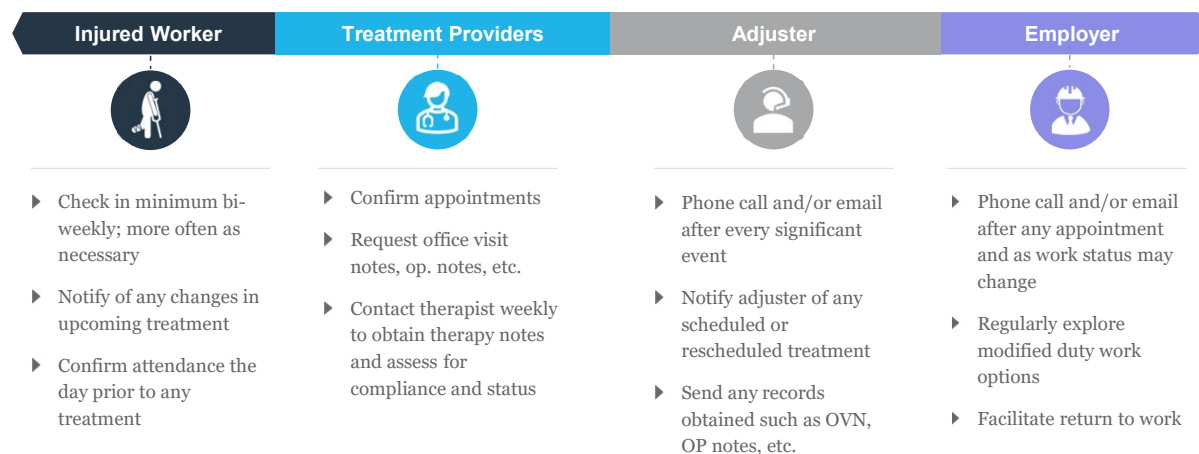
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Continued Care Coordination

Through routine contacts and updates



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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 of care and/or MMI

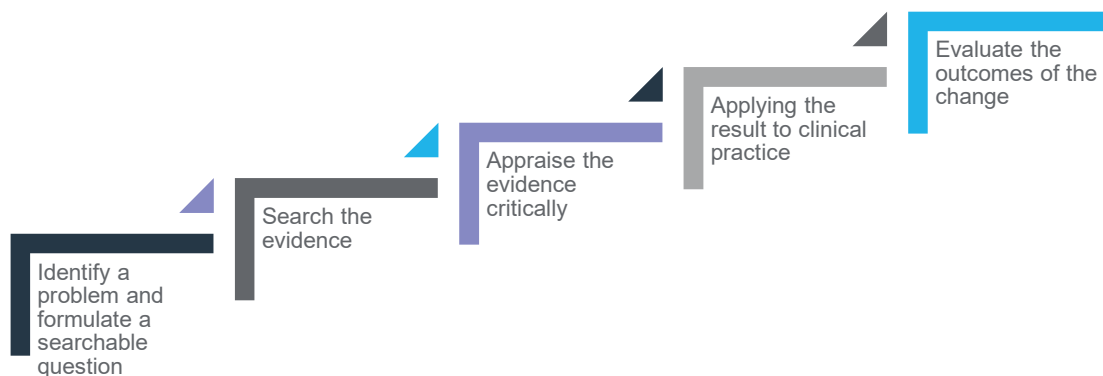


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The Evidence-Based Practice Process



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Working with Attorneys

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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!

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Proactive Case Management

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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

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Ethics/Principles of Case Management

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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 maintain objectivity in their relationships with clients.

Principle 4: Board-Certified Case Managers will act with integrity and fidelity with clients and others.

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Principles of the Code of Professional Conduct for Case Managers

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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