

CERTIFIED WC/MCO MEDICAL CASE MANAGEMENT

A. OVERVIEW:

"The medical case manager shall **monitor, evaluate, and coordinate** the delivery of high quality, timely, cost effective **medical treatment** and other health services as needed by an injured employee, and shall **promote** an appropriate, prompt **return to work**, when medically indicated. Medical case managers must **facilitate communication** between the employee, employee's representative, employer, employer's representative, insurer, health care provider, WC/MCO and, when authorized, any qualified rehabilitation consultant to achieve these goals." Board Rule 208 (h) (1).

The medical case manager manages all care throughout the continuum of services in order to achieve the highest level of quality medical care in the most cost effective and timely manner possible. Because the primary purposes of medical care coordination are to ensure high quality of care, reduce recovery time and minimize the effects of injury, the medical case manager performs ongoing assessments of the injured employee's recovery. Treatment and anticipated recovery period are modified as indicated. The case manager updates medical treatment information with all involved parties, facilitating the return to work of injured employees, when appropriate.

The case manager assesses cases upon notice of injury by the employer/insurer and identifies those cases that will benefit from intervention. The level of medical case management intervention is determined by the degree of severity and nature of the injury. In minor, medical-only injuries, a case manager may not have on-going involvement after the employee's initial contact with the MCO. The medical case manager contacts the medical provider to ascertain the nature of the injury, coordinates medical care, and return to work activities. Throughout the employee's recovery, the medical case manager monitors and coordinates care with the treating physician and employee and facilitates communication between parties. The medical case manager does not perform job duties of a claims adjuster.

The medical case manager initiates direct contact with the attorney of the represented injured employee in a timely manner after notification of the representation. Follow-up contact is made as needed with the injured employee.

The medical case manager contacts by telephone the authorized treating provider after the initial medical evaluation. After initial contact with the provider, there should be agreement with all parties on a treatment plan and time frame appropriate to the diagnosis. The medical case manager monitors adherence to the treatment plan. If there are inexplicable deviations from the treatment plan, the medical case manager may staff with the Medical Director for further appropriate action. Medical treatment disputes may be further addressed through the utilization review process. Internal dispute resolution with a 30 day time line is available for any party at interest who does not agree with the utilization review outcome. Additionally, any party may request the board to intervene if the medical treatment dispute remains unresolved after 30 days.

B. OBJECTIVES:

1. Act as an advocate for the injured employee in the medical management process.
2. Provide assistance and information to the employee regarding medical issues.
3. Ensure high quality of medical care in a cost effective manner.
4. Immediate triage of cases and prompt evaluation and assignment of appropriate medical case management depending on the nature of the injury and the level of complexity of medical case management needs.
5. Identify medical or return to work issues to minimize medical and disability costs.
6. Consult with medical providers to determine appropriate level of medical case management intervention.
7. Assure efficient and timely service delivery to help the injured employee reach maximum medical recovery and return to work as soon as medically appropriate.

C. QUALIFICATIONS:

Per Board Rule 208(h)(2), medical case managers will have one of the following:

1. Certified Rehabilitation Registered Nurse (CRRN), or
2. Certified Case Manager (CCM), or
3. Certified Occupational Health Nurse (COHN) or Certified Occupational Health Nurse Specialist (COHN-S)

D. General Job Duties of Medical Case Manager:

- * 1. Acts as an advocate for employee concerns.
- * 2. Obtains basic demographic and injury-related data.
- * 3. Informs the injured employee of his right to choose from network medical provider directory.
- * 4. Informs the employee that a list of medical providers is available and assists the employee in obtaining the list if necessary.
- * 5. Assists the employee in choosing a medical provider appropriate to the injury.
- * 6. Contacts the network provider's office staff to provide demographic and type of injury information and schedule the employee for an initial evaluation within 24 hours after the employee's request for treatment.
7. Facilitates prompt flow of information between the physician and the parties to the case. Seeks objective medical findings from the provider, projected number of days needed for recovery, release to return to work, and/or maximum medical improvement (MMI).
- * 8. In cases where the injured employee has received treatment by non-network provider, schedules employee to be seen by network provider for initial evaluation or treatment within five (5) working days of the employee's request for referral to the managed care plan.
9. Monitors medical care by reviewing proposed treatment plans and medical reports of authorized treating physicians.

10. Coordinates all referrals.
11. In catastrophically injured cases, initiates rehabilitation services and assists in selection of a catastrophically-qualified registered rehabilitation provider. (Typically, employers/insurers delegate to the certified MCO the responsibility of assigning catastrophic rehabilitation in the contract with the MCO.)
12. Initiates inpatient/outpatient concurrent/ retrospective utilization review as indicated.
13. If indicated, offers optional vocational rehabilitation services to employee or his/her representative on non-catastrophic cases.(In non-catastrophic cases, all parties must agree in writing to rehabilitation involvement.)
14. Initiates utilization review as indicated.
15. Documents medical case management activities.
16. Conducts limited on-going assessment to determine ability of employee to return to pre-injury position, transitional duty, or alternative job with same employer.
17. Accountable for adherence to all applicable laws and regulations governing the provision of workers' compensation case management services.
18. Maintains one of the certifications listed in 'C' above.

May employ these additional managed care services, as appropriate.

19. Arranges for discounted durable medical equipment.
20. Evaluates employee's adjustment to injury and acceptance of medical treatment plan. Communicates with medical provider(s) to address treatment options, diagnosis, prognosis, and work capacity when there is documented lack of case progress.
21. Under limited circumstances, may utilize on-site medical case managers for medical management when indicated (Ex: Employee has verbal communication barriers).

TELEPHONIC MEDICAL CASE MANAGEMENT:

Overview:

Advocates for employee and ensures high quality, cost-effective, and timely provision of medical care. In addition to the general job duties, the objective of the telephonic medical case manager is to provide early intervention for purposes of coordinating the employee's medical treatment and return-to-work planning.

Other Job Duties of Telephonic Medical Case Manager:

1. Includes those of general job duties listed above.
2. Initiates telephone assessment upon notice of injury. The assessment includes contact with the injured employee and/or his attorney, the employer, and the treating provider to determine the following:
 - a. Injured employee's understanding of his/her medical diagnosis, prognosis, and medical care needs.
 - b. Medical treatment plan and estimated costs.

- c. Diagnosis-based work restrictions of employee and projected return to work date with conditions, as appropriate.
 - d. Feasibility of returning injured employee to a transitional duty position during recovery.
3. Coordinates medical management services appropriate to the injured employee's needs. These include:
 - a. Referrals to medical providers and other consultants when appropriate.
 - b. Communications with employee to address concerns and answer questions.
 - c. Provision of information to carriers, employers, regulatory agencies, medical care providers, and others involved in the employee's case.
 4. Coordinates return to work activities as described below.
 5. Accountable for adherence to all applicable laws and regulations governing the provision of workers' compensation case management services.
 6. Maintains one of the certifications listed in 'C' above, and adheres to all codes of ethics required by these credentials.

ON-SITE MEDICAL CASE MANAGEMENT:

Overview:

In very limited circumstances, the on-site medical case management service may be used. On-site medical case manager's objectives and duties may include consistent involvement, communication, and presence; and face-to-face meetings. Situations where on-site case management services may be needed are as follows:

1. When employee has verbal communication barrier (no telephone; limited educational levels; hearing loss; does not speak English).
2. No agreement on treatment plan, or misunderstanding of treatment plan by any or all parties hindering progression of return to work.
3. At the request of the injured employee.
4. Facilitate initial emergency treatment to expedite medical care.

Other On-Site Medical Care Coordination Job Duties:

1. Includes those job duties of general and telephonic case management.
2. Maintains one of the certifications listed in item 'C' above, and adheres to all codes of ethics required by these credentials.
3. Accountable for adherence to all applicable laws and regulations governing the provision of workers' compensation case management services.

RETURN TO WORK PROGRAM COORDINATION:

Overview:

The MCO shall provide an "effective program for return to work and cooperative efforts by the employees, the employer, and the managed care plan to promote work place health, and safety, and other services." Board Rule 208 (a)(1)(P). The identification and implementation of appropriate transitional job duty opportunities and other efforts which promote the ultimate return to work of injured employees is a cornerstone of the MCO's solution to escalating costs in workers' compensation.

The MCO's medical case manager's role as an advocate for the employee, together with the employee's supervisor, the employee's human resources department, and the employee's authorized treating physician, is the identification and design of an appropriate transitional or light duty position. Medical restrictions or limitations must be taken into account when monitoring the injured employee's progress from transitional or light duty to full duty or permanent alternate duty.

The managed care organization proactively assists the employers in structuring formal internal return to work programs. The structuring of internal return to work programs may include:

1. Identification of transitional or light duty positions available
2. Preparation of job descriptions
3. Orientation and training for employer and staff in safety programs and return to work philosophy, etc.
4. Evaluation of the success of the program and revision as necessary.

Return to work with same employer may be in the form of:

- Transitional or light duty
- Regular duty in the job held prior to the injury
- Permanent alternate duty in the job held prior to the injury (job restructuring)
- A new job

Other Return to Work Job Duties for Medical Case Manager:

1. Includes those job duties of general, telephonic, and on-site case management, as needed.
2. Reviews with employee, work restrictions prescribed by providers during the course of treatment.
3. Coordinates with the employer and employee regarding tentative return-to-work date.
4. Follows up with employer to notify of the status of the case as indicated.
5. Provides follow-up services as needed after employee returns to work to ensure successful outcome.
6. Coordinates services and education between employer and physician regarding proactive modified work programs.
7. Maintains one of the certifications listed in 'C' above, and adheres to all codes of ethics

- required by these credentials.
8. Accountable for adherence to all applicable laws and regulations governing the provision of workers' compensation case management services.

Medical case management activities and return to work case management activities within a certified MCO should not be confused with those activities provided by a registered rehabilitation supplier. A rehabilitation plan for extended evaluation, independent living, return to work (with other than present employer), training, or self-employment is not the duty of a medical case manager in a certified Workers' Compensation Managed Care Organization. In mandatory catastrophic cases, or by written agreement of the parties, these rehabilitation functions are provided by board registered rehabilitation suppliers. See State Board of Workers' Compensation Procedure Manual, chapter seven (7), for explanation of these plans.

Definitions:

1. Transitional Duty: A modification of the original job with the employer of injury. The objective is to return the injured employee to work as quickly as medically possible. The goal is to help the employee remain productive and speed his/her recovery. Transitional duty ensures rapid return to work when such work is medically appropriate. The essential functions of the job are reviewed with input from the injured employee, case manager, employer/supervisor, and catastrophic rehabilitation supplier when appropriate. The employee is 'transitioned' back to his full job description as his recovery progresses and permits.
2. Light Duty: A temporary job assignment that is based on employee's physical limitations. The essential job duties shall be designed by the employer/supervisor.

Prepared by WC/MCO Certification Committee. For further information contact Managed Care and Rehabilitation Division of the State Board of Workers Compensation at: (404)656-3784.