

# The Golden Moment in Workers' Comp. and How Case Management Plays a Vital Role

## Strategic Strike and Long-Term Case Management

by Anthony Nastasi, CDMS, CCM, National Director Client Services, Lombardi Associates

Many times there is only one opportunity, “the golden moment,” for a Workers' Compensation (WC) claim manager to avoid the negative forces in a case management situation. Understanding more about **good** WC case management may help you and your injured workers as well as the outcome of your files. Medical case management services, also known as field case management services, have been around for 35-plus years, so claim professionals in the WC arena have seen and heard all the promises: “Send me the case, and we will take care of it,” “Don't worry, we have great case managers,” or “All of our case managers are credentialed and experienced.” Not all case management companies and case managers are the same. Unfortunately, many case managers focus on complying with demands from their management companies for a full week's billing, rather than the reason the case was referred. A request stating, “File assigned for medical management and return-to-work,” with no other details, should concern us all.

Medical case managers are generally RNs—and they rarely if ever graduate from school with training in WC or pharmaceuticals. They learn on the job. The learning curve is significant, but with mentoring a select few do reach the pinnacle and become well-known and respected. Many others, for different reasons, hang in there but always require a level of supervision. It takes a unique talent to make a significant impact as a medical case manager, and this is particularly true in WC.

Case management assignments involve a collaborative process between claim professionals and case managers, and ideally the assignments should be made early in the claims process. Their goal should be clear and specific in scope, task-focused, with time frames for resolutions. Prior to referral, another best practice is to review the file with all involved parties to develop a plan of action

as a team. A third best practice is to ensure that the case manager has the skill set required to meet service expectations. For example, brain injury, complex pain syndromes, pharmacy concerns and mental health issues require a high level of expertise and experience.

Stakeholders should be very active in the process, and not lose their voices as owners of the claim. It is a duty of the claim examiner to act in good faith, promote goodwill and pave the way for excellent outcomes. Following the claim examiner's lead, the goal of the team is to develop a long-term strategy for the file, not just “next steps.” It is important to know what everyone is working toward and how he/she will be measured against that goal. Clear timelines need to be established, along with expectations for how and when information will be shared. This includes an up-front plan about how to handle “breakdowns,” which are inevitable. Waiting until they happen makes everyone anxious and often causes unnecessary delays in the file. A friendly leadership tone and a sense of humor go a long way in keeping the team working in harmony, particularly on difficult or complex claims.

We know that return-to-work potential diminishes as time passes. Beyond six months, chances are less than 50%. Most claims don't resolve when the team is not in sync, the injured



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worker lacks treatment or motivation, and/or inappropriate treatment is involved.

Many claims are layered with pre-existing issues for the injured worker, and many of the latter are personal. Examples include an injured worker:

- > With relatives or friends who know the system
- > Who never liked his or her job, or does not get along with the supervisor
- > Who feels abandoned by the employer
- > Who has had several jobs within a few years
- > With a sense of entitlement

To some extent, each of us likely brings personal issues to our job. For the injured worker, these personal issues may interfere with his recovery or even establishing the best medical treatment plan. Identifying those personal issues early in the process and dealing with them head-on can help the injured worker and the outcome of your file. It takes a highly-skilled, WC-savvy case manager to manage an injured worker. The claim examiner needs to empower communication between the case manager and the injured worker to effectively and fully engage the injured worker in his or her treatment process so that he or she is working toward a return-to-work or claim resolution.

## “In some cases the injured worker is an inspiration and leaves a lasting impression from which all learn.”

A good WC claim manager will access good nurse case managers, independent medical exams, surveillance, etc. These should be set up early on in the process to ensure containment of potential problems. It's important to determine what an injured worker knows about the WC process, and understand his/her expectations about recovery. Understanding motivation is key.

Life-altering injuries are tragic and costly, and most times simply are not about agendas. In some cases the injured worker is an inspiration and leaves a lasting impression from which all learn.

Choose your case manager based upon his or her expertise and ensure that billable hours are not part of what drives the direction of the claim. The point here is that the case manager you use on the majority of your cases may not be the “right” case manager on a specific file for a specific reason. We want to be thoughtful about what we know about the injured worker, the file and the case manager to determine whether this is a

## How Do You Identify “Good” Workers’ Comp. Case Managers?

### Key questions to ask:

- 1 How many WC claims have you managed, or how many years have you worked as a WC case manager?
- 2 How many WC cases have you helped to settle—and how long did it take to resolve them?
- 3 What are the top five narcotics in WC claims today?
- 4 What are the advantages of a pain management contract?
- 5 What DAW (dispense as written) codes are unacceptable in WC in a “generic mandate” state?
- 6 What are the most common work injuries—and what can complicate or prolong recovery?
- 7 Ask for samples of his/her case management reports. If these are nothing more than “court stenographer”-type reports with no analysis or strategy, this is not your person for the WC case management position.
- 8 What is the average time from date of loss that you begin to manage cases?
- 9 Do you enjoy working complex claims? If so, please explain.
- 10 Provide an example of how you dealt with an angry injured worker or a resistant physician.
- 11 What role does relationship building play in claim resolution/case management?
- 12 Besides attending a physician appointment, what other recommendations have you made to claims professionals? (For example: requiring individual drug runs per injured worker, routine drug screening, IME, surveillance, peer review, FCE, work hardening programs, inpatient and outpatient detox facilities, job analysis, transitional work programs.)

good match. Not every claim needs a case manager. But, when needed, no one would question the benefits of having good medical case management as part of the process.

A good case manager will recommend case closure when the case is on course. Early intervention can deliver strong return-on-investment, but all parties need to be on the same page. It is better when your case manager gets in front of the injured

## Medical Management Program—Nurse Case Management Indicators

### Effective Practices:

- ✓ Nurse Case Manager (NCM) remains objective when presented with the facts.
- ✓ NCM is open to strategy discussions with all parties and should be part of the “team.”
- ✓ NCM carefully weighs all information when formulating recommendations.
- ✓ NCM fully understands the goals and objectives set forth in the opening discussions, and is therefore able to execute strategies to achieve them.
- ✓ NCM communicates reports/recommendations clearly and concisely.
- ✓ NCM understands and addresses only **related** medical issues.

### Ineffective Practices:

- ✗ NCM demonstrates an inability to work as part of the team.
- ✗ NCM does not take into consideration all the information when formulating recommendations.
- ✗ NCM does not understand the goals and objectives after multiple conversations/conference calls.
- ✗ NCM communications to all parties lack clarity and intelligibility as task assignment unfolds.
- ✗ NCM delays providing reports and follow-ups.
- ✗ NCM complicates intertwined medical issues and is unable to separate non-related diagnoses.

worker first, before the attorney or friend. Case management does not need to be long-term. It can be stopped and re-started when a problem arises. A **good** WC case manager will advise the claim examiner with regard to timing the initiation/termination of the case and should not be dependent on billable units for appropriate decision-making. There are times case management is introduced for a specific short-term purpose on the file. This is called “Strategic Strike” case management.

Strategic Strike case management (versus long-term case management) describes the timing and collaboration with all involved to develop a very detailed short-term plan of action. It normally carries a sense of urgency and a short-term intervention. The task model of case management developed nearly 20 years ago was originally based on cost control, with a detailed time-frame for the assignment—basically, a beginning and ending. Today Strategic Strike case management delivers invaluable results in difficult claims situations. It can be used effectively to address:

- > Discussion with a physician regarding excessive opioid prescriptions showing a Morphine Equivalent Dosage (MED) equal to or exceeding 120mg
- > Discussion with a physician whereby the WC case manager requests copies of signed FDA-required forms for the prescribing of REMS (Risk Evaluation & Mitigation Strategies) TIRF (Transmucosal Immediate Release Fentanyl) drugs, including Abstral®, ACTIQ®, Fentora®, Lazanda®, Onsolis® and Subsys®

- > Meeting with the injured worker (and spouse, if appropriate) to discuss serious risks of ACTIQ—if it’s not kept 24/7 in its locked container—in the home when children under the age of six are present

As you can see, there are benefits to WC case management when the case manager is knowledgeable of WC, the injuries associated with WC, the statutes in the specific jurisdiction, the pharmaceuticals (including opioids) being prescribed, and the motivations and goals of the injured worker. The claims examiner along with the case manager and the injured worker create a three-part team where communication is paramount. Stay focused on the goals of the assignment. The opportunity is there—that “golden moment.” ■

### About the Author

**Anthony Nastasi**, CDMS, CCM, is the National Director of Client Services for Lombardi Associates. Anthony has 27 years of Case Management experience in Worker’s Compensation, No-Fault, Longshore, Reinsurance, Liability, STD/LTD, Special Needs Trusts and Mental Health Claims. He is a trained crisis consultant, certified in Case Management, and a Certified Disability Management Specialist. He may be reached at 973 271 8928 or [anthony.nastasi@lombardiassociates.com](mailto:anthony.nastasi@lombardiassociates.com).

We appreciate Mr. Nastasi writing this article for Gen Re.

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