

## Accomplishing the Impossible? Management Strategies for Challenging Cases

*Drucie Beloff, RN, CCM  
Becky Guidry, RN, CCM  
Sr. Medical & Disability Case Managers  
Liberty Mutual Ins Group  
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## Learning Objectives

- Identify strategies for managing difficult cases
- Enhance knowledge of case management resources
- Recognize importance of communication skills in successful resolution of cases

## 2006 Economic Cost of Occupational Death and Injuries

- \$164.7 billion for on the job injuries
  - \$78.5 billion for wage and productivity
  - \$30.1 billion for medical costs
  - \$42.4 billion for administrative expenses
  - \$9.4 billion for employer's uninsured costs
  - \$1.7 billion for damage to motor vehicles
  - \$2.6 billion for fire losses

Source: National Safety Council Injury Facts: 2008 Edition

## Average Claim Cost

- Increased 8% over one year
  - 2004-2005
    - \$20,953
  - 2003-2004
    - \$19,382

Source: National Safety Council Injury Facts: 2008 Edition

## Strategies for Managing Challenging Cases

- Understand mechanics of injury, diagnosis, and treatment protocols
- Identify any potential obstacles/barriers to recovery
- Develop an action plan
- Utilize appropriate resources
- Advocate for early intervention when complications occur
- Facilitate communication between all participating parties
- Engage the employer

## Red Flags

- Causality and Compensability
- Co-Morbid and Complicating Conditions
- New Body Part of Diagnosis
- Non-Compliance
- Catastrophic Claim
- Customer issues
- Target Procedures and Diagnosis

## Resources

- Medical Case Management
- Regional Medical Directors
- CCMU
- Claims Case Manager
- Manager
- Customer
- Medical References
- Vendor networks
- Colleague collaboration

COMMUNICATE

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## Communication

- C—Communicate
- O—Obtain job descriptions
- M—Meet customer needs
- M—Meet your employer needs
- U—Utilize yourself as a tool
- N—Negotiate RTW
- I—Initiate RTW conversation
- C—Control costs
- A—Assertive action
- T—Tools
- E—Exceed customer & company expectations

## Case Studies

My case being presented today  
is a “simple” slip and fall.

Think again

*Becky Guidry, RN, CCM*

## Case Details

- 44 year old Millwright
- Due to partial plant closure and work realignment, moved from a Millwright to a Roller Mill Operator
- Un-witnessed slip and fall in an oil spill

## Diagnostic Testing

- X-rays:
  - Thoracic Spine - no acute obvious problems, but has severe rotoscoliosis and deterioration of the lumbar spine
  - Right hip- severe deterioration and osteoarthritic change and deterioration of the acetabulum and the head of the femur on the left.

## Red Flags

- Employer disputed injury
- Co-morbid conditions
- Injury at home 11 days prior
- Denied any prior problems with his back
- Treating provider issues
- Planning disability retirement
- Disability insurance
- Union plant
- Not willing to work with medical case manager

## Case Strategies

- Attend pivotal MD appointments
- Update the employer after appointment
- Develop and implement action plan to address obstacles
- Invite local providers to employer facility and engage union
- Educate employer on WC process
- Attend work hardening with claimant

## Case Conclusion

- Obtained MMI thru all the red flags with communication, communication and communication
- Not a totally successful case with RTW full duty
- Many cases do not fall in the perfect case scenario

## Shoulder Injury

Drucie Beloff, RN, CCM

## Case Details

- 58 year old Spanish speaking full time housekeeper with 17 year employment history
- Left non-dominant shoulder injury
- First 6 months with no definitive diagnosis and inappropriate treatment

## Initial Diagnosis

- Diagnosis #1
  - Left shoulder Pain
- Treatment
  - Chiropractic treatment
- Length of Disability
  - No lost time

## Case Study- Meeting the Challenges

- Inappropriate diagnosis and treatment
- Cultural diversity

## Diagnosis #2

- Diagnosis #2
  - Left shoulder full thickness rotator cuff tear
- Treatment
  - Arthroscopic repair
  - Post-operative physical therapy
- Length of Disability
  - 6-9 months

## Rotator Cuff Injury

- Symptoms:
  - Shoulder pain
  - Difficulty repeating activities that required lifting or rotating the arm
- Diagnosis: MRI confirmed the diagnosis
- Goal of Surgery
  - Restore arm & shoulder motion
  - Alleviate pain
- Expectations of surgery
  - Return to normal function in 6-12 months

## Diagnosis #3

- Diagnosis #3
  - Adhesive Capsulitis
- Treatment-
  - Physical therapy
- Length of Disability
  - 1-3 years

## Adhesive Capsulitis

- Complains of shoulder pain and stiffness when trying to:
  - Reach up towards sky with both arms
  - Reach arms straight in front
  - Raise arms out to the sides of body
  - Reach behind back
- Postoperative complication when immobility and inflammation contribute to the condition that restricts shoulder movement

Source: [www.Familydoctor.org](http://www.Familydoctor.org)

## Adhesive Capsulitis Treatment

- Physical therapy
  - 48 visits within 52 weeks
  - 18 visits for following 18 weeks
  - Up to 6 visits for the following 24 weeks
- Non steroidal anti-inflammatories
- Cortisone injection

## Diagnosis #4

- Diagnosis #4
  - Complex Regional Pain Syndrome
- Treatment-
  - Medication
  - Occupational Therapy
  - Injection
- Length of Disability
  - Indefinite if allowed to progress to Stage III

## Complex Regional Pain Syndrome (CRPS)

- Chronic pain disorder that generally involves dysfunctional response of the central or peripheral nervous system
- May develop following a traumatic injury or a period of immobilization

Source: CRPS Fact Sheet, National Institute of Neurological Disorders & Stroke, NINDS

## Signs of CRPS

- Complaint of deep aching pain
- Regional cold and or burning
- Increased skin sensitivity
- Pain is moderate to severe and disproportionate to any inciting event
- Effects one of extremities

Source: [www.MayoClinic.com](http://www.MayoClinic.com)

## Symptoms of CRPS

- Abnormal swelling
- Abnormal hair or nail growth
- Abnormal skin color or temperature changes when compared to opposite extremity
- Limited range of motion
- Abnormal sweating
- Changes in skin texture; shiny & thin

Source: [www.mayoclinic.com](http://www.mayoclinic.com)

## Treatment Objectives

- Minimize edema
- Normalize sensation
- Promote normal positioning
- Decrease muscle guarding
- Increase independence in all areas of mobility, work, leisure, ADL

Source: National Institute of Neurological Disorders and Stroke

## CRPS Treatment

- Medications
- Aggressive Therapy including edema control, desensitization, functional restoration
- Psychotherapy
- Sympathetic nerve block
- Surgical sympathectomy
- Intrathecal drug pumps
- Spinal Cord Stimulator

Source: [www.webmd.com](http://www.webmd.com)

## Case Summary

- Employing case strategies and utilization of appropriate resources resulted in:
  - Meeting the challenge of the impossible case
  - Satisfactory resolution of the case with functional mobility of left upper extremity restored and tolerable pain level
  - Achieved the goal of return to work full duty without restrictions

## Session Wrap Up

- Review session objectives
  - Identify strategies for managing difficult cases
  - Enhance knowledge of case management resources
  - Recognize importance of communication skills
- Questions?

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