

INTEGRATING CLAIMS AND CASE MANAGEMENT ON CATASTROPHIC CLAIMS

PRESENTED BY:

KARI ALTMAN, JUDITH LUEBKE

Case Scenarios

**Catastrophic Cases with a Twist
Successful Outcomes are Possible**



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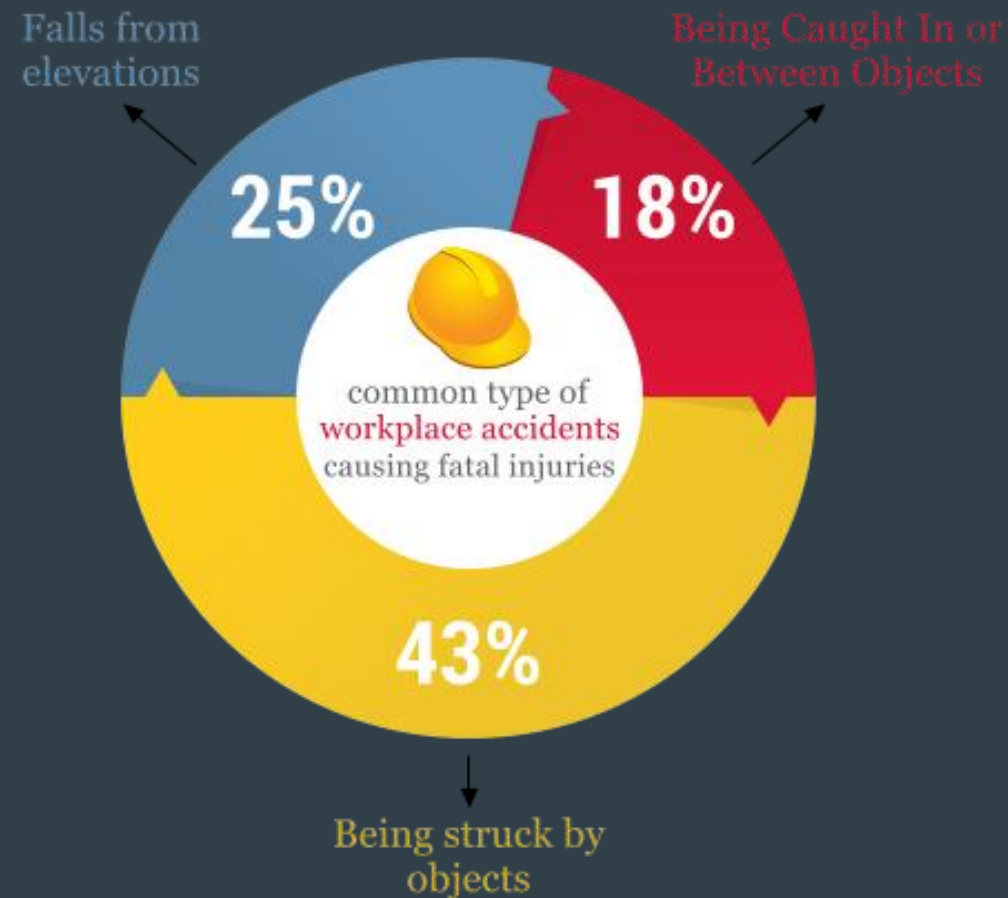
COURSE OBJECTIVES

Identify catastrophic workplace Injuries

Discuss early intervention strategies and their impact on phases of rehabilitation for catastrophic workplace injuries

Recognize efficient Claim adjudication and Case Management partnership impact

COMMON CATASTROPHIC INJURIES



ACUTE WORKPLACE CATASTROPHIC INJURY LIST

Spinal Cord Injury

Traumatic Head/Brain Injury (open and closed)

Burns (electrical, thermal, chemical)

Electrical Shock (including lightening)

Traumatic Amputation of limb(s)

Radiation/Chemical Exposure

Traumatic Eye or sensory organ

Crush Injury(ies)

Gunshot Wounds

Multiple Trauma

Fall from height/ladder

CATASTROPHIC CLAIMS ARE UNIQUE

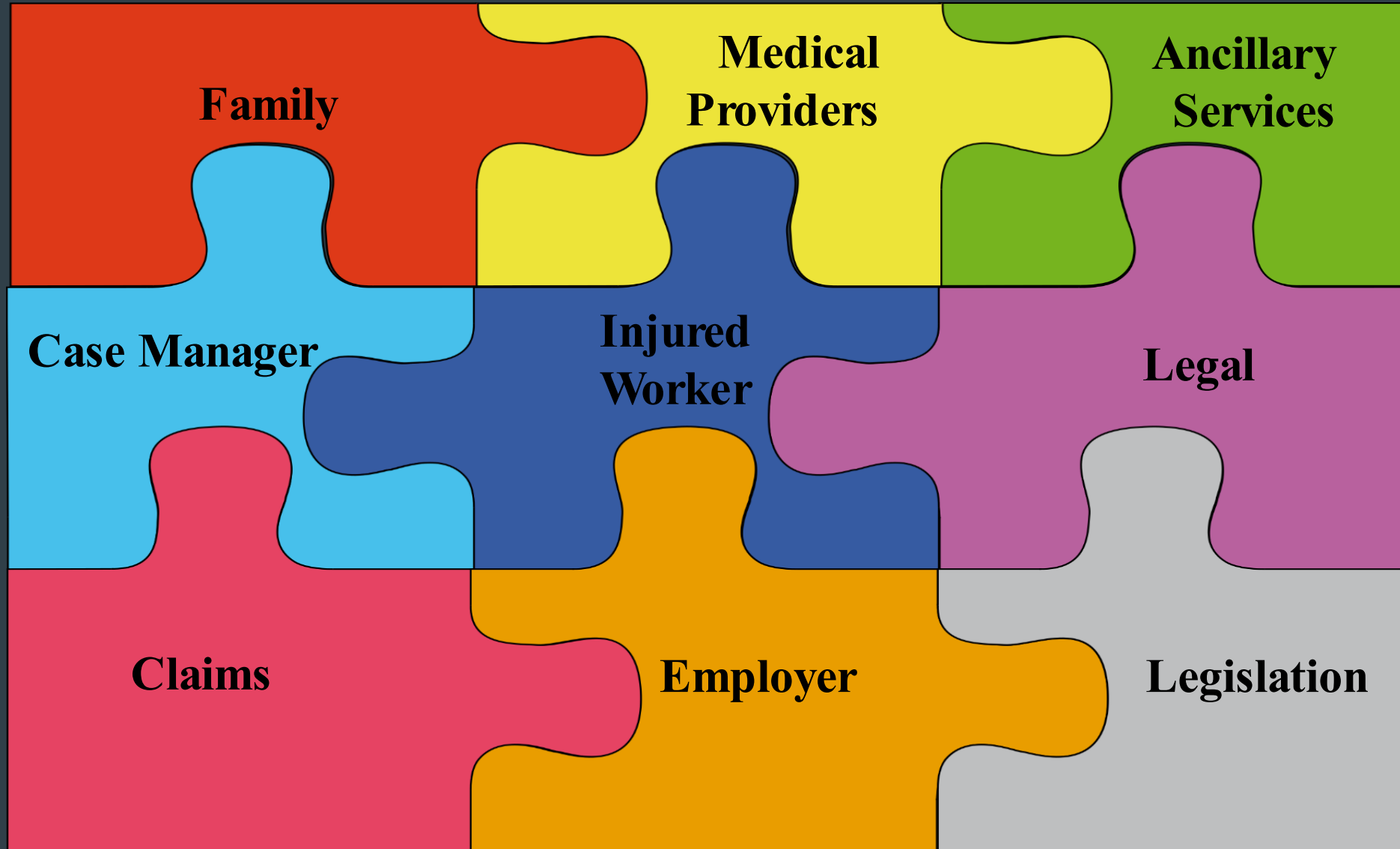
Inherently complicated and mandate highly trained and specialized approach

No single approach to mitigating volatility and costs.

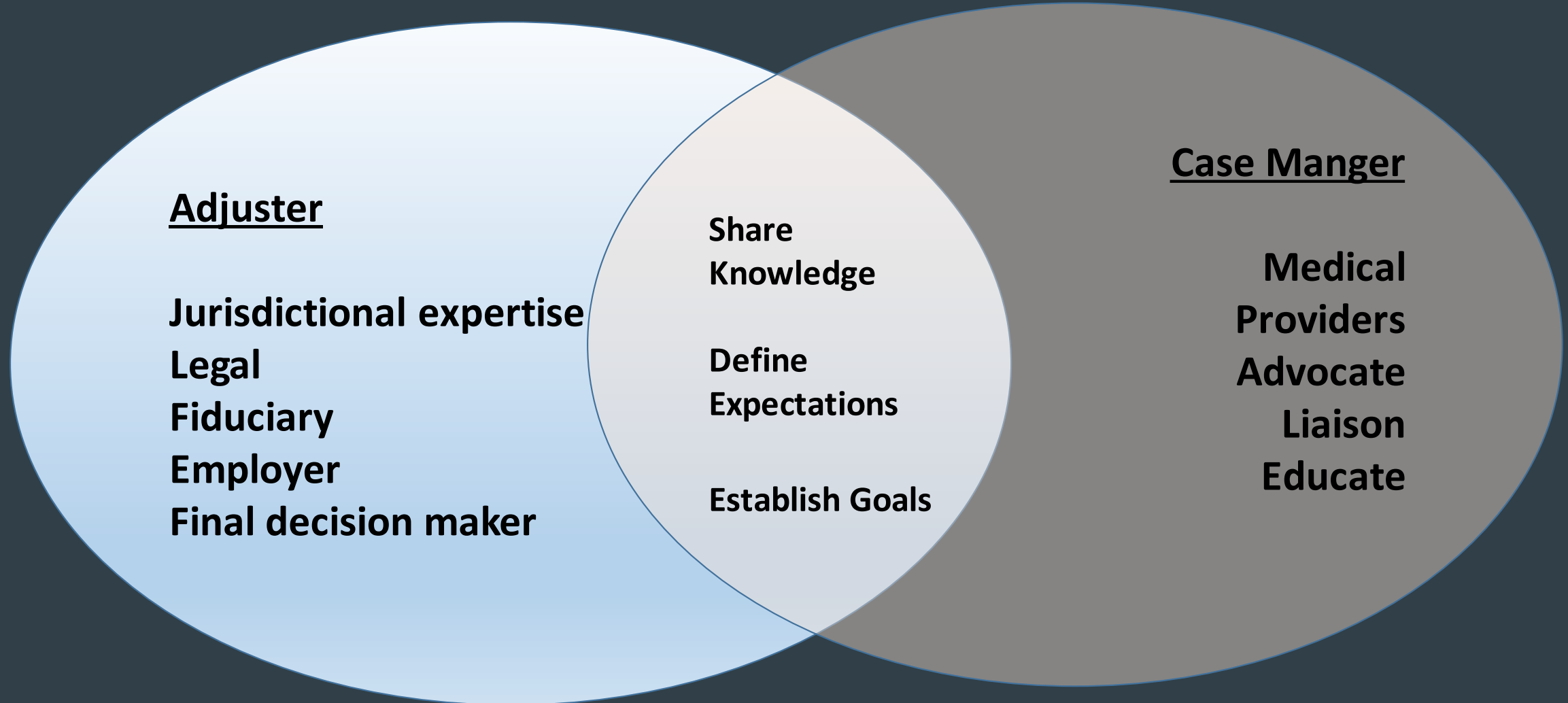
Recovery is not a timely and definable process

Many lead to permanent residual impairments and/or disabilities

THE BIG PICTURE



Success Depends upon Collaboration



SHARED OBJECTIVES

Specific to the Injured Worker's condition,
needs and support system

Expectations established are realistic and
attainable

Enhances the use of the right resources at the
right time, in the right quantity by the right
provider in the right setting/level of care

IDENTIFY, PLAN AND ESTABLISH GOALS

Compensable Diagnosis(es) & body parts
(treated & untreated)

Identify Potential Barriers to Recovery
Establish communication with Injured
Worker/support structure

Set Reserves

Discharge Planning

MAJOR PHASES OF CARE AND REHABILITATION

Acute Phase (hospital)

Post Acute Care Phase

Home/Community Phase

ACUTE PHASE



POST ACUTE PHASE



HOME/COMMUNITY PHASE



“Arrh! I must remember to put my brakes on.”

MANAGING THE ROAD AHEAD



RETURN TO WORK?



Picture Insurance Journal, October 2016

WHEN DOES CASE MANAGEMENT END?



Injured worker achieved their highest level of functioning and is independent.

Routine care and supplies have been established.

Reentry into the work force

IMPACT ON CLAIMS THROUGH PARTNERSHIP MANAGEMENT



Proactive Management helped mitigate costs and exposure

Marrying the expertise of the claim adjuster and Case Manager has increased successful outcomes

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RESOURCE PAGES

Preparing for Catastrophic Injuries

Injury Descriptions:

- Rules of Nines for Burns

- Spinal cord Injury

- Normal brain & functions

Trauma Center: description of levels

Definition of faculties, LTC, SNFC, Rehab,
Acute,

PREPARING FOR CATASTROPHIC INJURIES

- Have a plan in place on your accounts in the event of a catastrophic injury
- Definitions of Catastrophic Injury
- Know which staff may need to be deployed in advance
- Have a preliminary list of contacts and phone numbers
- Have a back-up plan if/when multiple employees are injured with the same insured
- Have a name to assist with identifying appropriate resources

DEFINITIONS OF CATASTROPHIC INJURY

A **catastrophic injury** is a permanent or long-lasting debilitating **injury** that damages at least one body system, typically the central nervous system. Such **injuries** can result in the loss of movement, sensation, cognitive functions, or the ability to communicate.

Catastrophic injury means “consequences of an injury that permanently prevent an individual from performing any gainful work.”(42 USCS § 3796b) US legal.com

TRAUMA CENTERS

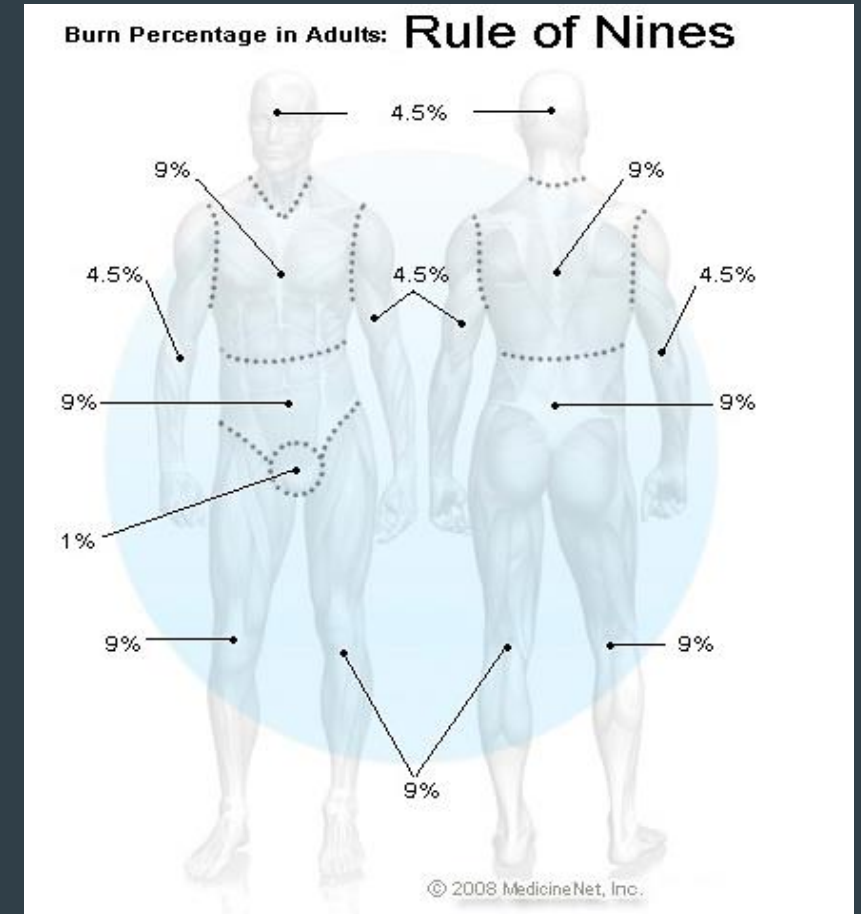
- Level I-have full range of trauma capability including and emergency department, full-service suite, ICU and diagnostic imaging and must provide care 24/7 and have 16 different subspecialists on call 24/7.
- Level II-work in collaboration with a level I center but may be the only resource in a rural state or are. These centers provide 24 hour availability of specialties
- Level III- does not have full availability of all specialists except surgery and orthopedics but has resources for emergency resuscitation, stabilization, emergent surgery and intensive care of trauma patients.
- Level IV-provides initial evaluation, emergency resuscitation and stabilization of trauma patients but most patients are transferred to a higher level trauma center. They have 24 hr. emergency coverage

BURN % IN ADULTS: RULES OF NINES

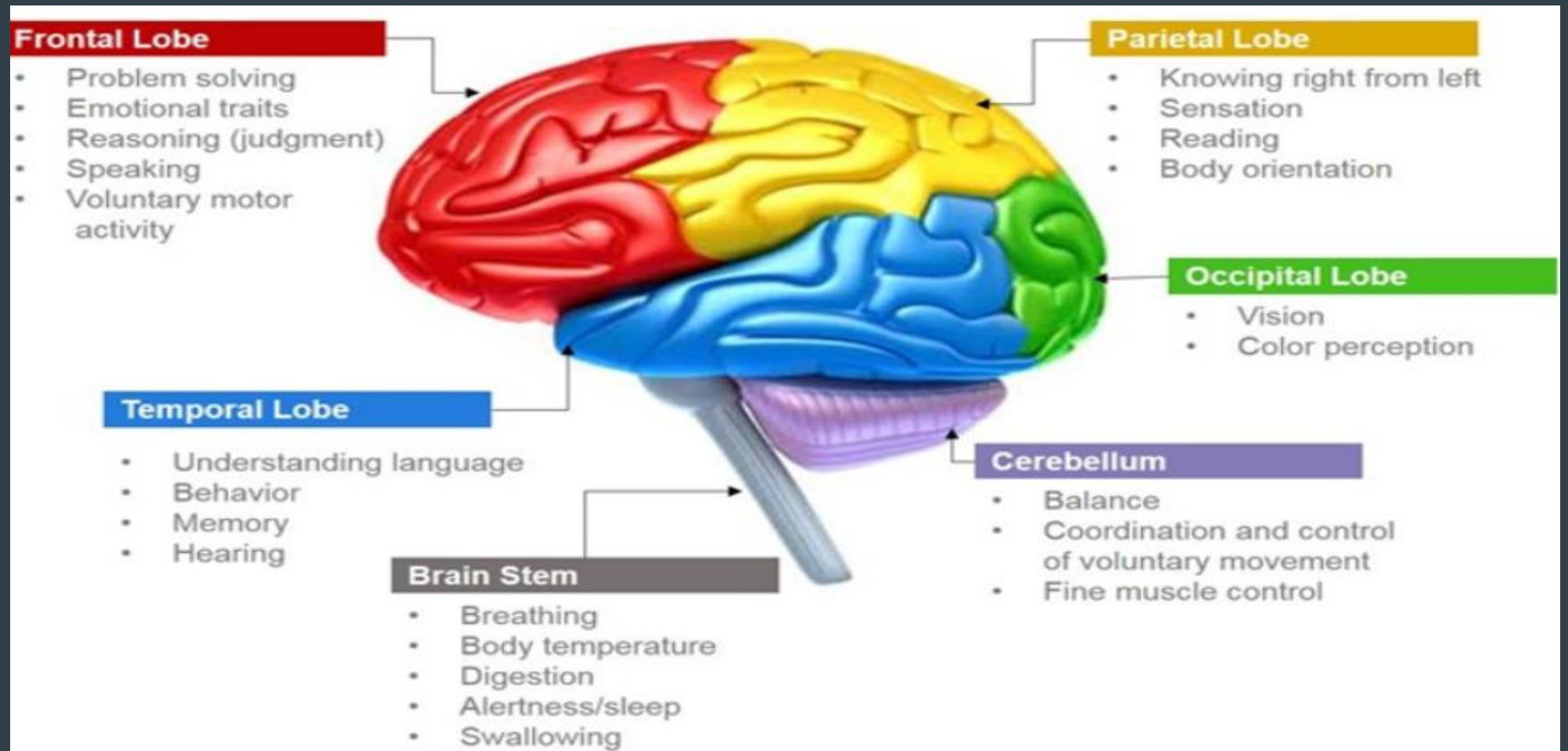
First Degree Burns- symptoms include red skin and local pain

Second-degree can cause blisters and swelling

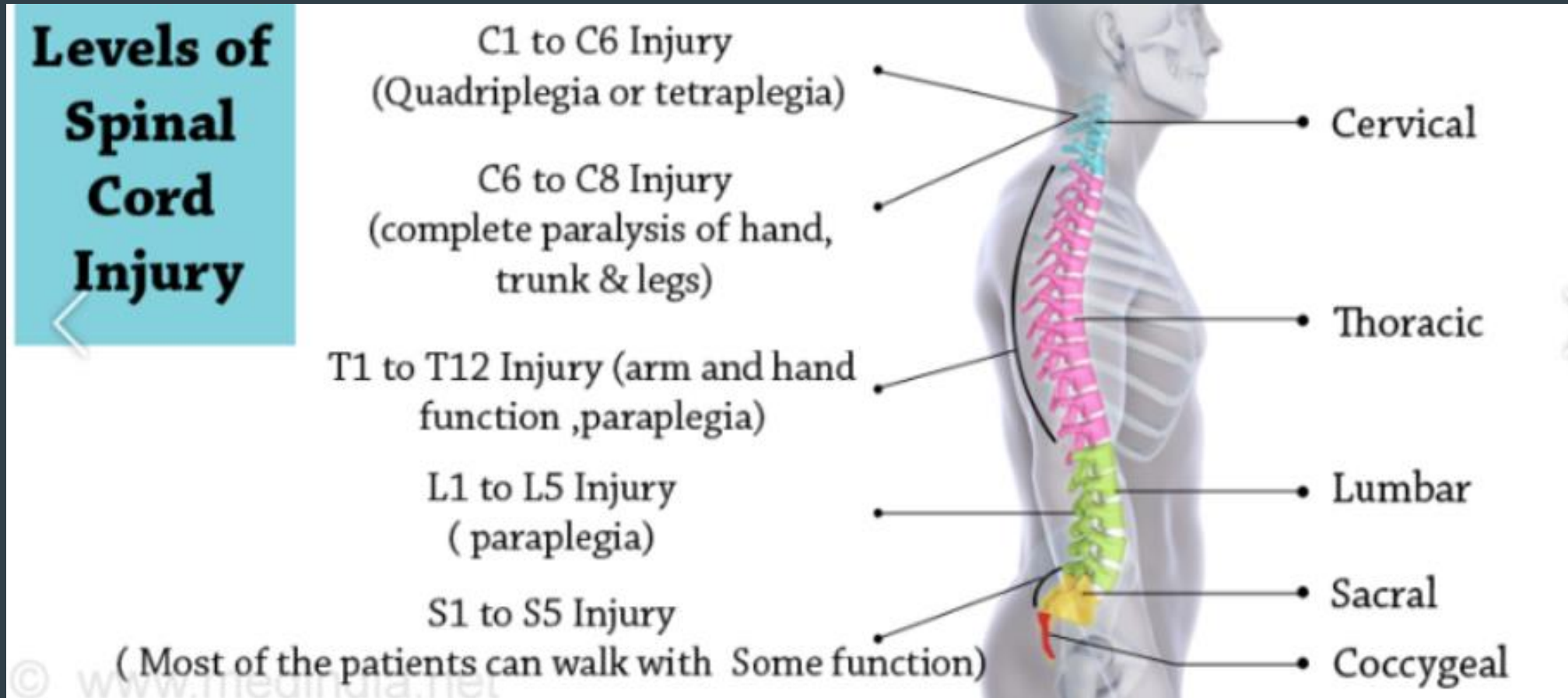
Third-degree burns are a medical emergency and cause white or black charred skin



NORMAL BRAIN & GENERAL FUNCTIONS



SPINAL CORD INJURY





VERTEBRAL LEVEL	NERVE ROOT	INNERVATION	POSSIBLE SYMPTOMS
C1	C1	Intracranial Blood Vessels	Headaches • Migraine Headaches
C2	C2	• Eyes • Lacrimal Gland	• Dizziness • Sinus Problems
C3	C3	• Parotid Gland • Scalp	• Allergies • Head Colds • Fatigue
C4	C4	• Base of Skull • Neck	• Vision Problems • Runny Nose
C5	C5	Muscles • Diaphragm	• Sore Throat • Stiff Neck
C6	C6	• Neck Muscles • Shoulders	• Cough • Croup • Arm Pain
C7	C7	• Elbows • Arms • Wrists	• Hand and Finger Numbness or Tingling • Asthma • Heart Conditions • High Blood Pressure
C8	C8	• Hands • Fingers • Esophagus • Heart • Lungs • Chest	
T1	T1	Arms • Esophagus	Wrist, Hand and Finger
T2	T2	• Heart • Lungs • Chest	Numbness or Pain • Middle Back Pain • Congestion • Difficulty Breathing • Asthma • High Blood Pressure • Heart Conditions
T3	T3	• Larynx • Trachea	
T4	T4		
T5	T5	Gallbladder • Liver	
T6	T6	• Diaphragm • Stomach	• Bronchitis • Pneumonia
T7	T7	• Pancreas • Spleen	• Gallbladder Conditions
T8	T8	• Kidneys • Small Intestine	• Jaundice • Liver Conditions
T9	T9	• Appendix • Adrenals	• Stomach Problems • Ulcers
T10	T10	Small Intestines • Colon • Uterus	• Gastritis • Kidney Problems
T11	T11		
T12	T12	Uterus • Colon • Buttocks	
L1	L1	Large Intestines	Constipation • Colitis • Diarrhea
L2	L2	• Buttocks • Groin	• Gas Pain • Irritable Bowel
L3	L3	• Reproductive Organs	• Bladder Problems • Menstrual Problems • Low Back Pain
L4	L4	• Colon • Thighs • Knees	• Pain or Numbness in Legs
L5	L5	• Legs • Feet	
SACRAL	SACRAL	Buttocks • Reproductive Organs • Bladder • Prostate Gland • Legs • Ankles • Feet • Toes	Constipation • Diarrhea • Bladder Problems • Menstrual Problems • Lower Back Pain • Pain or Numbness in Legs

NC WORKER'S COMPENSATION LAW

SECTION 10.G.S.97-29D

An injured EE may qualify for Permanent total disability if the employee has one or more of the following physical or mental limitations resulting from injury:

The loss of both hands, both arms, both feet, both legs, both eyes, or any two thereof as provided by G.S.97-21(17)

Spinal injury involving severe paralysis of both arms, both legs, or the trunk

Severe brain or closed head injury as evidenced by severe and permanent:

Sensory or motor disturbances

Communication disturbances

Complex integrated disturbances of cerebral function or neurological disorders

Second-degree or third-degree burns to 33% or more of the total body surface