

THE PROCESS OF DISABILITY MANAGEMENT AT CHESAPEAKE EMPLOYERS' INSURANCE COMPANY

Workers' Compensation Perspective

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CLAIMS/MEDICAL STRUCTURE

- Claims Management
- Health Services
- Fraud Management and Investigation
- In-house Legal Department

HEALTH SERVICES

- 3 Physicians
- 25 Nurses
 - Telephonic Case Management
 - Precertification (surgery, durable medical equipment, physical therapy/chiropractic, and diagnostic testing (other than plain x-rays))
- Nurse Specialists in Pain Management and Concussion
- Physical Therapist
- Pharmacist
- Medical Bill Payment Unit

INITIAL REPORT/INVESTIGATION

- Injury is reported by the employer
- Adjuster speaks with injured worker: obtains details of injury and medical history, including history of previous injury and/or surgery
- Immediate medical care is initiated either at an occupational health facility, private physician's office, or ER/Urgent Care
- 30 days of treatment, including physical therapy, are automatically granted
- Most claims do not involve lost time from work

GOAL: MAXIMAL MEDICAL IMPROVEMENT (MMI)

- Regular medical reports from physician and ancillary providers are reviewed for progress, plateau, and potential MMI status
- Psychological evaluation or MMPI may be pursued to evaluate behavioral health factors preventing return to work
- Job analysis furnished by the employer, along with employer counseling, to help identify suitable light duty options if released by treating provider

ANCILLARY MANAGEMENT TOOLS

- Peer review with independent review organizations
- Independent medical examinations with medical specialists
- In-house round table reviews
- Reviews with legal counsel during the course of the claim and prior to adjudication at the Workers' Compensation Commission of Maryland
- Utilization of criteria from ODG, MDA and ACOEM, as well as literary citations in the IME, to support our opinions regarding proposed treatment or ongoing care

INDEPENDENT MEDICAL EVALUATIONS

- Used to determine pre-existing conditions, conditions related to work injury or exposure, and current diagnoses
 - A job analysis or specific work activities may be included
 - AMA guides are used to evaluate and rate impairment
 - Workability and activity status are determined based on the exam

TYPES OF CASES

- Orthopedic trauma
- Cervical, thoracic, and lumbar spine-surgery (must have preoperative review by physician)
- Psychiatric/psychological
- Concussion
- Opioid management (primarily older claims with MED > 90)
- General medicine: cardiology, gastroenterology, toxic exposures, and cancer

RED FLAG CONDITIONS IMPACTING DISABILITY

- Ongoing treatment for preexisting medical conditions versus the injury diagnosis (as is frequently seen in treatment of soft tissue injuries)
- Increasing and/or prolonged narcotic usage (i.e., more than 60 days or more than 1 prescription for a sprain or strain)
- Physical therapy treatments (> 20)
- Obesity-body mass (> 30)
- Migrating symptoms for which there are no clear cut diagnoses
- History of anxiety, depression, childhood traumatic events, prior claims, substance dependence, including smoking

RESOLUTION

- The patient is found to be at maximum medical improvement by independent medical evaluation performed by one or more specialists
- The patient may be released to return to work with or without restrictions
- The patient may be unfit to return to work
- The patient may require vocational rehabilitation
- The functional capacity evaluation will help determine work capability
- Workability exams, performed by state medical directors for state claims, will help determine work capability