Federal Workers’ Compensation
15th Annual Conference

Medical Case Management:
The Agency point of view

Michael Arighi
Program Analyst
VA Central Office

Types

There are two important and different types of medical case management at the Agency level:

- “QCM” or “early case management”
- Long term medical case management

Compare/Contrast

- Both involve dealing with medical aspects of the case
- “Toolbox” is largely the same
  - Requests for medical information
  - Requests for OWCP action
    - Second opinion
    - Independent Medical Examination (IME)
    - Agency Medical Examination (AME) referrals
**Compare/Contrast**

- Different in:
  - When they happen
    - <30 months of Temporary Total Disability (TTD) vs. >30 months of TTD
  - Issues involved
    - Return to work (RTW)—earlier
    - Appropriate levels of medical care—later
  - How they’re done

**Plan**

- All cases have a beginning, middle and end. Sometimes days apart; sometimes years.
- They all begin somewhere, so let’s start early on and work our way through, as you’ll have to.

**QCM/Early Case Management**

- QCM = “Quality Case Management”
  - Department of Labor initiative to concentrate focused attention on cases early in their life
  - Based on studies showing early intervention statistically improves chances of RTW
  - Intense focus on first 30 months of disability
    - Driven by claimed periods of disability (if no claim; no QCM record)
  - POWER initiative is aiming at this period for RTW
On the Agency side, some important features to remember about QCM
- QCM actions by OWCP are being tracked
- CE's ratings partially dependent on level of "resolutions" of QCM cases
  - Claims Examiners (CEs) usually willing to work closely with you during this period to effect RTW
  - There may be times when you want to ask the CE to treat a case as QCM (to get nurse services, for example) where someone is taking leave, not LWOP

Agency actions are also now being monitored under the POWER initiative, with a goal of returning injured workers to employment within the same Agency within 24 months.
- OWCP will be attempting to assist by things like Schedule A certification
- See the presentations and data on the OWCP website:
  http://www.dol.gov/owcp/dfec/power/

Medical Management during this phase is about returning workers to productive work as quickly and as safely as possible following an injury. The underlying principle is that rehabilitation in the workplace, rather than at home is both more effective and more productive.
Five parties usually involved:
- Employee
- Supervisor
- Workers’ Comp Specialist
- Physician
- OWCP Nurse

Goal: Return to Work
- There is an expectation that employees will be accommodated in a modified duty position either immediately after injury or when medically possible.
- There is an expectation that employees will (and will be able to) return to regular job.

Employee: From a medical point of view, the most important thing the employee can do is to keep you abreast of the progress of his/her treatment and communicate with you and the physician about work limitations.
- Required by Regulations (20 CFR 10.515) and necessary to meet the employer’s responsibilities (20 CFR 10.505(a) and (b))
QCM/Early Case Management

- Supervisor: Needs to be aware of current restrictions and seek to make suitable work available, within the employee’s restrictions.
  - Requires liaison with the employee and with the workers’ compensation specialist
  - This liaison is typically where problems develop
  - The better the supervisor-employee liaison, the better the chance of a successful return to work.

- Workers’ Compensation Specialist: You often function as the connector between OWCP, the claimant, the supervisor, and the doctor
  - You need to be on top of the most recent medical evidence & work restrictions
  - You are the one who will have to obtain what’s missing from the claimant, doctor, or OWCP

Remember:

- Section 10.506 of the CFR allows an employing agency to monitor the injured worker’s medical care
- Employer may contact the physician but only in writing.
- Employer may contact the injured worker at “reasonable intervals” for updated medical information regarding the injury.
From the medical standpoint, your function is the coordination of medical information to allow an Alternative Work Assignment to be developed that fits the restrictions of the claimant and the needs of the work unit.

Things to consider:
- Alternative work assignment may be a modification of their regular duty position.
- Medical/work status updated every 30 days.
- Job tasks progress as restrictions decrease allowing for the employee to gradually transition to regular duty.
**QCM/Early Case Management**

- Physician: OWCP is a medically-driven program.
  - The physician's responsibility is to monitor the employee's progress, provide appropriate treatment, and keep the employer apprised of the employee's condition, ability to return to work, and current restrictions.

- OWCP Nurse: Assigned when claimant files a CA-7.
  - Purpose is to facilitate communication between the involved parties and ease RTW.
  - Sanctions for failure to cooperate with nurse no longer applied (adverse ECAB decisions).
  - If employee doesn't cooperate, will probably be referred immediately for voc rehab. There are sanctions for non-cooperation with rehab.
  - If there is an offer of a suitable AWA on the table, OWCP will likely refuse to pay compensation, if the claimant is failing to return to work (20 CFR 10.500(a) and PM 2-814(9)(b)(1)(a)).

**Tools & how to use them**

![Image of a wrench]
**QCM/Early Case Management**

- **OWCP Nurse**
  - Often very helpful in keeping you up to date on the medical status of the case & current work restrictions
  - Remember, they speak the doctor’s language and can often help “translate” things you don’t understand

- **The Claims Examiner. Contact the CE**
  - If you have problems with the nurse (or with no nurse being assigned)
  - If the claimant is being evasive about his/her restrictions, or passive-aggressive about RTW
  - If you want to offer a job, but need more guidance
  - If it looks like you might need a second opinion in the case
  - Other problems, as they are encountered

- **Other resources**
  - Occupational Health Unit, if available
  - Official disability guidelines (Work Loss Data Institute) (Google “disability guidelines”)
  - Medical Disability Advisor (Google “disability guidelines”)
If you’re not successful in returning the employee to work in the first 30 months, you need to rethink your medical management strategy. You’ve entered a new phase.

If you haven’t already, you may be at the point of deciding whether to terminate the employee for “medical inability to perform their job.”

Shift from focus on immediate return to work to monitoring progress of condition

Looking for signs of:
- Ability to return to work (progress)
- Case getting “stuck” medically (no progress)
- Over/undertreatment
- Problems with medications

Ability to return to work
- Requires current medical. Request, if necessary (consideration of job offer is always a good reason for OWCP to release medical)
- If the current medical is showing permanent work restrictions, you should consider a job offer, if possible within those restrictions
- If restrictions still temporary, but can work, consider an AWA offer anyway (sanctions still apply)
- If you can’t offer a job, ask OWCP about voc rehab—it’s better to request sooner than later
Case getting “stuck” medically
- Lots of reasons, some good, some bad
- If getting approval of necessary treatment is problematic, you can work with the provider and OWCP to decipher the ACS system
- If the physician doesn’t seem to be doing anything, ask OWCP to request a treatment plan

Symptoms of being “stuck”
- Same restrictions, but not P & S
  - Consider an AWA offer
- Subjective complaints outweigh objective findings
- Employee is dictating job tasks
- Treating physician is not responding to communication

If there may be “attitude” problems with the claimant (e.g., apparent malingering), ask OWCP if a second opinion would be warranted
- If the claimant is still on your rolls, you can do an AME, which may “force” the second opinion issue
- Remember, these are your cases and your money, “out of sight, out of mind” is not a management strategy
When to do an AME?

- When a case has not progressed according to the benchmarks.
- When the physician is treating only the subjective complaints
- When the treating physician requests

Over- or undertreatment

- May be a difficult call, unless you have medical people on staff or contract, but some things call attention to themselves...
  - Medical appointments only infrequently for a condition that hasn’t been declared P & S?
  - PT or chiropractic treatment every week for years?
  - No medical expenses at all?
  - Extraordinary drug expenses?

Infrequent appointments

- If condition isn’t P & S, why is it not being actively treated?
  - You may find intervening injuries, comorbid medical conditions, or attitude problems
- As with a “stuck” condition, consider asking OWCP to request a treatment plan. Explain what you’re seeing that justifies the request
Periodic Roll Medical Management

- Very frequent PT or chiropractic appointments
  - OWCP now seems to be allowing palliative care, which they didn’t in the past, however, there should be justification
  - If a second opinion hasn’t been done recently, ask if one might be done regarding whether such frequency is warranted and whether the treatment actually serves to relieve the condition

- No medical expenses?
  - Big “red flag”
    - If the person is still disabled, why aren’t they seeking and receiving medical care or pharmaceuticals?
    - Flip side is, if they’re not, it may indicate they’ve recovered or plateaued. “Work capacity?”
  - If it’s been a long time (years), ask OWCP to do a second opinion on ongoing causal relationship

- Problems with medications

What can go wrong with medications?
Periodic Roll Medical Management

- All sorts of problems...
  - Overuse
    - Cost
  - Diversion into black market (e.g., Oxy, Vicodin)
  - Addiction
    - Impedes re-employment
    - Costs for detox
  - Decreased effect over time
  - Effects on ability to function in the workplace
    - May become a separate obstacle to re-employment

Periodic Roll Medical Management

- Side effects
  - With some medications, the side effects themselves may require treatment, at additional cost, or may lead to consequential injuries
  - Worst example: If a psychotropic medication for an accepted condition (e.g., Prozac) leads the claimant to suicide, the survivors are yours

Questions?
Glossary of acronyms:

- AME—Agency Medical Examination
- CE—Claims Examiner at OWCP
- DOL—Dept of Labor, OWCP’s parent agency; usually used synonymously with OWCP
- IW—Injured worker (also “claimant”)
- RTW—Return to work
- RTLD/RTFD—Return to light duty/full duty
- OWCP—Office of Workers’ Compensation Programs; part of DOL

- P & S—Permanent and Stationary, also called the point of “maximum medical improvement.” The claimant has recovered as much as s/he is likely to.
- PT—Physical therapy
- Sr CE—Senior Claims Examiner at OWCP
  - Advises, works with, and offers expertise to CEs, but no administrative power over them

Contact Information

Michael Arighi
Program Analyst
VA Central Office

michael.arighi@va.gov