Telephonic, Field, and Vocational Case Management: An Inside Look

In the Spring 2012 edition, we featured an article on GENEX’s Catastrophic Case Management, and how our case managers handle severe and tragic injuries. In this issue, we highlight Telephonic, Field, and Vocational Case Management, and learn how these services are crucial to employers who seek to have their injured employees return to work in a safe and expedient manner.

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Early Intervention with Telephonic and Field Case Management

Slipping on a wet floor, falling off scaffolding, and construction accidents are just some of the typical injuries that occur when people are at work. But what happens after an employee suffers a non-life-threatening injury in the workplace? Early intervention comes into play, and there are several factors that determine whether a claimant will be referred to either Telephonic or Field Case Management.

Telephonic Case Management (TCM) and Field Case Management (FCM) are the first interfaces between the claimant, the doctor, and the employer. They need to coordinate with the employer, the claimant, and the doctor, and try to resolve the case to get the employee safely back to work and back to his/her pre-injury condition.

A referral often starts with a triage point. Here is an example:

• Claimant slips and falls at work. He reports this to his employer.
• The employer reports the incident to GENEX and the insurance carrier.
• A GENEX case manager follows up with the employer to find out if the employee is still working, or if he needs to be channeled to care.
• Does he need stitches or have a sprain? If so, he will be back at work.
• Is it a back, shoulder, or knee injury? If so, the case manager may direct care to a network provider and will recommend follow-up to coordinate care and return to work.

If it is determined that follow-up is required, then there is a three-point contact:

• To the injured person
  The case manager introduces herself and her role, gives the names of the doctor, and explains the process of getting the appropriate care, as well as the follow-up.

• To the doctor
  The case manager requests the notes and work slip, and lets the doctor know she will be in contact. She makes the appropriate referrals and may set up the appointment for a specialist, imaging, or therapy.

• To the employer
  The case manager follows up with the employer to obtain the job description and discuss the availability of light duty.

Once these steps are complete, the adjuster receives a copy of the notes. For every follow-up appointment, the three-point contact is made and the adjuster is notified.

**Telephonic Case Management**

“Telephonic Case Management is an early intervention program that is most effective when used at the onset of injury, within the first 90 days,” said Helene Glazer, Telephonic Case Management Account Lead at GENEX.

“When a referral comes in, the case manager gathers details about the injury, finds out what the goals are, and contacts the claimant and provider. She coordinates a discussion with everyone to get the employee to the appropriate treatment and back to work as soon as possible,” said Glazer.

In TCM, all of the coordinating is done on the phone and via email. The case manager has to type and talk at the same time, often handling 45-50 calls on any given day. A triage case may be open 1-2 weeks, whereas case management cases may be open 90 days to several years.

When a telephonic case manager receives a call, it needs to be handled immediately. Glazer said that her case managers have specific work hours, and that once they are done their day, they are done. They do not take work home with them or use laptops.

“You have to deal with the calls as they come in, and document everything when you are on the phone,” she said. Learning how to juggle the calls and deal with interruptions during the day is also one of the challenges of a telephonic case manager.

Examples of cases that may be considered appropriate for TCM include musculoskeletal injuries such as sprains/strains, fractures, and dislocations; burns; lacerations; spinal injuries; repetitive use; and psychological and stress claims.

**Out in the Field**

FCM is different than TCM in that the case managers work out of their homes. Glazer said that they can make their own schedule, because they need to have the flexibility to go to doctor appointments with claimants, and travel to the claimant’s home when necessary. They will often make phone calls and update their case notes in the evening and while on the road.

They are an important resource for the injured worker, who may be intimidated by doctors and not know the right questions to ask. By going to the doctor’s appointment with the claimant, the case manager can also keep things moving along, and be an advocate for the claimant.

The field case manager may also meet with the employer to determine if they have light-duty work available until the employee is ready to go back to full-duty work.

There can be a fine line between whether a case is referred to TCM or FCM, and the adjuster usually makes the determination. However, some employers set the criteria for what gets referred to TCM or FCM. Some examples of cases referred to FCM can include:

• Does the claimant need to see multiple providers?
• Is the doctor being non-responsive?
• Is the case considered catastrophic?
• The doctor’s treatment plan is contrary to Official Disability Guidelines and the length of disability is beyond the benchmarking.

Occasionally, a field case manager will be called upon to visit an injured person, even though the case may be managed telephonically. This is known as an FCM task. Glazer recalled a case where a store manager was on a president’s club trip with her company. She slipped and badly fractured her ankle at the resort where they were staying. She had surgery in the emergency room in a Jamaican hospital and was sent home. Once she arrived home, she had to have corrective surgery. After the surgeries and release to home, she kept getting infections, and consequently, more surgery to clear out the infected tissue, along with courses of antibiotics. Because of all the complications, GENEX sent a field case manager to the house, and found that she lived with her parents. They discovered that her father was a diabetic with chronic foot infections, and he did not practice the best hygiene. There was potential for contamination in the bathroom/shower, rugs, and ottomans that she used to elevate her foot. The field case manager educated her family on hygiene that better protected her and her father. She was ultimately released back to work after a year of infections and surgeries.

**Progression to Wellness, or Not**

Most of the time, the injured person progresses to discharge and successfully returns to work. However, sometimes, things can become challenging. Such as when the claimant keeps making excuses to not go to the doctor or to therapy, or will not respond to the case manager.
“We follow evidence-based guidelines, so we know when a claimant should be hitting certain milestones in their recovery. If we don’t get responses from the doctor or the injured person, a field case manager will be sent out to the doctor appointment with the patient to see what is going on, and get clarification from the doctor,” Glazer said. “The case manager also makes sure that the doctor understands the job description, so that the doctor can determine if the injured worker can return to work on light duty, or if they need a more aggressive treatment plan.”

If the injured person is exceeding expectations of the guidelines, an Independent Medical Exam (IME) is usually requested to get an expert opinion on the situation. The IME assists in determining the compensability of a claim, the necessity of surgery, or if a pre-existing condition is relevant to the claim.

**Vocational Case Management**

When sick or injured employees are unable to return to work with their original employers, they are usually transferred to Vocational Case Management (VCM). “The goal is to assist injured workers in locating appropriate work so they can return to a productive life,” said Gwynn Chambers, branch manager in Glen Allen, VA. “All of our vocational case managers are degreed and specialized with state and national certifications in Rehabilitation Services, which qualifies them to deal successfully with angry and/or depressed and frustrated injured workers. This is often a population which has worked in one field all of their lives and can no longer do that kind of work.”

Chambers said that it can be tough placing the injured worker sometimes, because you can’t expect them to take a job outside of their restrictions. “And of course, vocational rehabilitation is all about getting people back to work,” Chambers said.

Chambers explained that most adjusters do not want to close the claim until the injured worker is proven to be employable, despite not being able to return to the pre-injury job, so they bring in a vocational case manager to help find the claimant another job. She said that in Virginia, the case managers work with the claimants for months, finding a job that meets his/her restrictions. Many times, the claimants have very few transferable skills, so that is what makes it sometimes difficult.

A challenging aspect of VCM is preventing and detecting claimant sabotage. “Our vocational case managers have the experience and resources to further investigate suspicious claims,” said Chambers. “This helps to bring cases to resolution even quicker.”

One such case involved a claimant who was very marketable. They were trying to understand why the claimant was not receiving call backs from the many job applications he submitted. The case manager discovered that the claimant was intentionally providing the wrong contact number on his job applications. The sabotage was documented and his benefits were terminated.

**Success and Rewards**

I asked Glazer and Chambers about the rewards of their jobs and what gets them up in the morning. “Getting people better and back to work,” said Glazer. “The thrill of making the pieces work together; it’s about a lot of little successes. People forget you are there to help them. You need to keep the person thinking that they are a working person with an injury and they will recover…they are NOT a disabled person.”

Chambers said that there is nothing more rewarding than seeing a claimant achieve something that they thought they would never do again. “There was a case involving a young claimant who was a large animal veterinarian who became totally disabled from a back injury. His work restrictions prohibited him from returning to working with large animals, and he had many years of pain management and needed help with job placement,” she said.

“After the initial assessment, the plan was to find a light duty position. The vocational case manager found a position at a local animal clinic where she volunteered, and the claimant was hired for full-time work treating abandoned dogs and cats,” said Chambers.

“The best part of this triumph-over-tragedy story was that this young man, who had spent many years on pain meds for his back pain, was able to get back to a job that he loved and thought he would never do again!”