

**School:** Claims  
**Course:** Medical Management  
**Faculty:** Kim Malisa, Director of Managed Care, Strategic Comp

### **Summary**

The "Medical Management" course, taught by Kim Malisa of Strategic Comp, provides an in-depth understanding of the medical aspects of workers' compensation claims. Kim Malisa, with her extensive experience in both nursing and claims management, guides students through key concepts in managing the medical side of claims, highlighting the tools and strategies required for successful claim resolution.

The course begins with an overview of the role of medical management in workers' compensation, emphasizing that every claim, except for "report-only" claims, involves medical treatment. Medical management, therefore, is crucial to ensure that injured workers receive appropriate care while claims are managed efficiently. Malisa highlights the importance of understanding medical terminology, including common terms and abbreviations used in medical reports, to aid claims professionals in reviewing and resolving cases effectively. The course focuses on the necessity of clear communication between all parties, particularly when it comes to understanding the medical language used by healthcare providers.

A central component of the course is the medical investigation process, which involves gathering comprehensive information about the injured worker's medical history, prior injuries, and comorbidities that could affect their recovery. Malisa outlines key questions that claims professionals should ask injured workers and their employers to assess the situation properly. For instance, understanding whether the worker has any underlying health conditions, such as diabetes or smoking habits, can help adjusters gauge potential recovery challenges. This information is vital for determining compensability, treatment plans, and potential outcomes.

The course also covers the intricacies of accessing medical care for work-related injuries, which varies depending on jurisdiction. In some states, the employer or insurance carrier directs medical care, while in others, the injured employee has the freedom to choose their provider. Malisa discusses the importance of establishing relationships with Managed Care Organizations (MCOs), Preferred Provider Organizations (PPOs), and Medical Provider Networks (MPNs), which are responsible for ensuring timely and credentialed medical treatment. The role of point-of-entry providers, such as walk-in clinics, and their function in treating non-emergent injuries is also highlighted.

Medical management in workers' compensation requires proactive strategies to ensure that injured employees receive appropriate care and return to work as soon as possible. The course stresses the role of primary treating physicians in managing the recovery process and determining Maximum Medical Improvement (MMI). Specialists, second opinions, and transfers of care are also discussed, with an emphasis on how jurisdictional rules impact these decisions.

In addition, Malisa outlines the importance of utilizing nurse case managers in certain complex or high-severity claims. Nurse case managers serve as liaisons between the injured worker, the medical provider, and the claims professional, facilitating communication and ensuring that treatment plans are followed. In more severe cases, such as those involving hospitalization, nurse case managers may work directly with healthcare facilities to secure necessary treatment and discharge plans.

Overall, this course offers a comprehensive framework for understanding the medical components of workers' compensation claims. From the initial injury report to managing ongoing care and communication with healthcare providers, the course equips claims professionals with the tools needed to navigate the complexities of medical management and promote positive outcomes for injured workers.

### **Learning Objectives**

1. Understand how injured employees access medical treatment after a work-related injury or illness.
2. Learn the importance of thorough medical investigations, including securing prior medical records and identifying comorbidities.
3. Develop strategies to proactively manage medical care throughout the life of a workers' compensation claim.
4. Gain insight into how state regulations, statutes, and case law intersect with medical management.
5. Learn how to involve injured employees in their recovery and promote a whole-person approach to medical management.

### **Primary Takeaways**

1. Medical management in workers' compensation involves securing all pertinent medical information, including prior injuries and comorbidities.
2. Understanding and utilizing medical terminology and acronyms is key for effective communication during claim investigation and resolution.
3. The role of medical providers, including primary treating physicians and specialists, is crucial in determining return-to-work plans and Maximum Medical Improvement (MMI).

4. Proper management of communication with employers and providers can reduce delays and improve outcomes for injured workers.
5. Comorbidities and prior injuries can significantly affect the recovery process, and it is essential to incorporate this information into the claim strategy.

## **Course Outline**

- 1) Introduction to Medical Management in Workers' Compensation
  - a) Overview of Medical Management and Claim Handling
    - i) Role of the nurse case manager in managing medical care.
    - ii) Importance of understanding medical terminology and common conditions.
  - b) Key components of managing medical care.
    - i) Medical investigations: Accessing prior medical records, assessing comorbidities.
    - ii) Ensuring proper communication between providers, employers, and injured workers.
- 2) Accessing Medical Care and Coordination
  - a) Managed Care Organizations (MCO) and Medical Provider Networks (MPN)
    - i) The role of MCOs and MPNs in providing medical care oversight.
    - ii) Credentialing of medical providers and ensuring timely, quality care.
  - b) Direction of care based on jurisdiction
    - i) Employer-directed vs. employee-selected medical care models.
    - ii) Specialty care and point-of-entry providers.
- 3) Coordinating Medical Care
  - a) Initial care providers: Walk-in clinics, emergency rooms, and occupational health providers.
  - b) Primary treating physician's role in recovery.
    - i) Establishing the return-to-work plan and determining Maximum Medical Improvement (MMI).
  - c) Second opinions and transfers of care.
    - i) When and why second opinions are necessary.
    - ii) Jurisdictional rules for transferring care between providers.
- 4) Conducting a Medical Investigation
  - a) Key investigation steps and documentation.
    - i) Discussing injury specifics: time, location, symptoms, and treatment plans.
    - ii) Gathering medical history: Prior injuries, surgeries, and current medications.
  - b) Understanding comorbidities and their effect on recovery.
    - i) Lifestyle factors such as smoking or diabetes and their role in the claim.

- c) The role of the injured worker in the medical process.
  - i) Encouraging involvement and adherence to the treatment plan.
  
- 5) Medical Investigation with Employers and Providers
  - a) Questions to ask employers during the investigation.
    - i) Injury description, job duties, and the relationship between the employee and supervisor.
    - ii) Exploring modified duty opportunities and the employee's return-to-work options.
  - b) Interaction with medical providers.
    - i) Key questions about diagnoses, treatment plans, and work status.
    - ii) Securing all necessary medical notes and testing results.
  
- 6) Medical Management Tools and Strategies
  - a) Utilizing case management tools to support claims.
    - i) The role of nurse case managers in facilitating medical treatment and recovery.
    - ii) Understanding pre-authorization and utilization review (UR) processes.
  
- 7) Tools for Evaluating Treatment and Disability
  - a) The role of utilization review (UR) in managing treatment requests.
    - i) Guidelines for determining treatment necessity, including the peer review process.
  - b) Functional Capacity Evaluations (FCE) for assessing physical abilities.
    - i) Using FCEs to determine whether the injured worker can return to work or needs permanent restrictions.
  - c) Independent Medical Examinations (IME)
    - i) Utilizing IMEs to confirm work-related injuries and assess impairment ratings.
  
- 8) Managing Medical Costs and Documentation
  - a) Medical billing: Understanding ICD and CPT codes.
    - i) Key components of medical invoices and the role of fee schedules.
    - ii) Managing payment disputes and ensuring timely invoice processing.
  - b) Reviewing medical reports and documentation.
    - i) SOAP notes, diagnostic reports, and physical therapy progress notes for managing the claim.
    - ii) Hospital and operative reports as part of long-term care planning.

NOTE: Artificial Intelligence was used in the creation of this document.