



CLAIMS COMPANION™



Chesapeake Disability Management, Inc

Reclaiming Lives, Improving Outcomes.



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Maturity Concepts: Care Management & Consulting

is a subsidiary of Chesapeake Disability Management, Inc. and provides geriatric case management, senior assessments, and planning. To receive more information on services provided by Maturity Concepts or to receive the newsletter *Managing Maturity*, please call 410-665-2027.

Case Study: by Katie Schmitz , RN, CDMS

Catastrophic case management requires a level of management strategies for which an experienced field case manager is uniquely prepared.

The initial acute issues in a catastrophic case require quick response and availability of the experienced case manager to assure there is a safe and effective transition from hospital to community. The potential for acute complications for the injured worker needs to be identified and prioritized as the first action in the case.

This case is about a 40 year old non English speaking South American male Mr. B. His left arm was mangled in machinery. He sustained multiple fractures and extensive open wounds.

He underwent 3 surgeries for open reduction and internal stabilizations, extensive debridement and cleaning and grafting. He had limited family in this country and none in the immediate area. He worked for a concerned employer who stood ready to offer whatever help he could. Since the injury occurred in a rural location on the eastern shore, the employer brought a bilingual co-worker to the dedicated care center and financed a hotel so that someone was available for support.

The discharge presented several obvious barriers.

The therapy needed to be aggressive, with early mobilization of all allowed joints while protecting the fractures and serial splinting was needed to facilitate the best functional return.

This kind of injury required an experience specialty team.

The graft site needed regular dressing changes and pain management was expected to be an issue.

The initial medical reevaluation would be weekly but after the initial four weeks, far less frequent post surgical appointments were needed.

If the client went home he would be alone most of the day as his house mates all had more then full time work .

An experienced therapist was not identified within a 20 mile radius of his home. Home nursing care and OT/PT home assessment were considered.

However communicating and responding quickly to complications that need to be managed by the treating surgeon in Baltimore represented the most difficult problem. Particularly with the language barrier and lack of a telephone.

Solution:

Once it was determined that care at home would still leave unaddressed needs, other options where explored. Extending the hospital stay was expensive and excessive as the period being considered was 4-6 weeks.

A sub acute nursing facility could not provide the specialized post -op therapy care. It was unnecessarily costly if the rehabilitation care needed to be provided elsewhere.

Mr. B was not sufficiently capable of self care and had communication barriers to stay alone in the hotel utilized by the hospital for out of town patients and family.

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“Too Much Physical Therapy?”

by Nathan Paraska, MPT, REHAB AT WORK

It seems the most frequent question I get asked by case managers and adjusters involves how much Physical Therapy is appropriate for “X” condition/surgery. While there are no exact protocols and all injuries and individuals are different, all Physical Therapists must follow very specific guidelines set forth by our governing body, the American Physical Therapy Association. Despite this, we often see Worker’s Compensation clients lingering in Physical Therapy for much longer than we would consider “typical” timeframes. Well, we all know Worker’s Comp clients are not a “typical” population and have very special considerations that often go far beyond just the physical problem. So what can be done to make sure Physical Therapy isn’t over-utilized?

Let me first briefly summarize some of the practice guidelines that we as PT’s are required to follow. First of all, all clients must be formally evaluated, at which time goals that are objective, measurable, and with specific timeframes must be set. Clients must be formally re-evaluated in a timely fashion (at least every 30 days), and objective progress must be documented. Physical Therapy should only continue with a client if significant objective progress is being made. If a client is not making progress, regardless if they haven’t met their goals, they should be discharged. Now understand that PT’s are highly educated, independent practitioners. While we often see clients with prescriptions for PT, in most states, including Maryland, we have direct access and do not require physician prescription to provide and bill for our services. Physician prescription alone does not justify further PT! So, even if a client has a prescription for further PT, a client should be discharged if objective, documented progress is not being made. Despite all this, I often see injured workers that have

been in PT for extended periods that I consider unjustified. Often I feel this occurs when the Physical Therapist just doesn’t know what to do with a difficult client. Injured workers are a specialized population with specialized needs. Physical therapists are also specialized. Often injured workers end up in the hands of outpatient orthopedic physical therapists without expertise in industrial rehab or in workers compensation. Why? Because the injured worker has an orthopedic injury. Well, if that was all we had to address, everyone would get better as expected. I truly believe all injured workers should be in the hands of a PT who is an industrial rehab specialist (a PT who has been specifically trained to work with injured workers). An industrial rehab specialist begins return to work planning day one, and is constantly assessing for the non-physical “issues” specific to the population. An industrial rehab specialist is much more likely to keep a difficult case moving forward, by discontinuing PT when appropriate and perhaps performing an FCE or transitioning the client into Work Hardening. You wouldn’t go to a foot doctor for a shoulder injury would you?? And remember, physical therapy is only physical therapy, and is not designed to address behavioral, psychological, or any of the other things that come up in a comp case.

So, what can you do with that client that you suspect is getting “too much PT?” Well, my best advise is, hold the Physical Therapist accountable. These are the steps I would recommend as a PT:

1. First of all, ask your PT! Request documentation of objective progress and current goals (you should be provided with this anyway). Keep in mind, PT’s have to extensively document progress and goals to get paid by commercial insurance companies (like Blue Cross) and Medicare!

Recipe: Chicken Taco Coleslaw Salad

Courtesy of Janet Burgess, Chef Culinary Adventures, San Diego, CA.
Email: cooksrule2@yahoo.com

Ingredients:

- 2 bags coleslaw
- 1 15 oz can whole black beans
- ½ cup chopped cilantro
- 2/3 cup frozen corn
- 3 green onions, chopped
- 1 cup grape or cherry tomatoes, halved
- 1 cup cooked boneless chicken, chopped
- 1 teaspoon BBQ seasoning
- 1 lime
- ½ cup Caesar dressing
- ½ cup salsa
- 1 large lettuce leaf

Directions:

Combine coleslaw, black beans, cilantro, frozen corn, onions, tomatoes, and chicken breast in a large bowl. Sprinkle salad with BBQ seasoning. Squeeze lime over entire salad. In a separate bowl, combine dressing and salsa. Serve in a large lettuce leaf.

MWCEA Conference

Chesapeake Disability Management, Inc. would like to thank Michelle Baker, RN, CCM, CRRN for accepting MWCEA’s invitation to speak on the Ethics of Nurse Case Management in Ocean City. Michelle did an outstanding job of reflecting good practice standards.

If you would like more information about how nurse case managers coordinate treatment on behalf of the injured worker while addressing the potentially conflicting interest between the employer/insurer and the claimant attorney, please call Chesapeake Disability Management, Inc.

Case Study: by Katie Schmitz , RN, CDMS

Assisted living facilities, while set up for long term senior care, often are willing to provide convalescent or respite care for a short term stay. If this could be arranged in the area near the hospital then local transportation could be used for daily therapy care and weekly physician assessment

Finding a facility with the available bed and willingness to consider this admission proved difficult because of the extent of the injury, the young age of the client and the language barrier.

The attending MD suggested an assisted living center and one was identified which would work enthusiastically to prepare a safe and beneficial environment for the client.

Their nurse made special arrangements for showering, found some workmen who spoke Spanish and introduced them, worked out an emergency communication system and helped organize the supply and dressing needs. She made sure the unit refrigerator was stocked and provided coverage to make sure the client could come to meals. The transportation and translation company took the client to daily appointments. Those individuals also generously provided a CD player and Latin music to ease the care pattern that was so alien to the injured worker in an effort to make him feel at home.

The initial 4 week stay led to rapid wound and medical stability, a well informed and prepared patient and a readiness to return home and begin the long journey of recovery. It is projected that one more year of recovery will be needed with the potential for an additional surgery.

The client and the employer were grateful and optimistic about Mr. B's recovery . The onsite case manager was able to build trust by being an expert and having resources available that met the case needs. The employer was most impressed that the carrier expressed concern and appreciation of the seriousness of the injury by assigning the correct field case manager. The field case manager reviewed the regular job demand content and identified an alternate job that would work best for early return to work. The on site case manager was able to provide work product samples for the therapist to use in therapy. A formal functional capacity was arranged and then a job evaluation by the same therapist. In this case the employer was encouraged to be part of both as he also needed to be reassured of a safe plan.

In the workers compensation arena, a case manager's responsibility is to coordinate and facilitate services provided to an injured worker to help return that individual to maximum health and productivity. A field case manager with special skills has a place in this arena.

Field case managers, by face to face assessment and problem solving are in a position to make things happen. This level of care is not possible via a hospital discharge planner, adjuster, physician office or telephonic case management. Just ask the injured worker in this story.

“To Much Physical Therapy?”

2. Get a peer review. Find an industrial rehab specialist you trust and ask them for an informal or formal documented peer review. This will tell you whether appropriate physical therapy guidelines are being followed. Commercial insurance companies often have PT's on staff that do peer review for them!

3. Get a formal second opinion by sending your client to an Industrial Rehab Specialist for an independent evaluation. This sometimes occurs through an FCE, but can be just a simple PT evaluation for second opinion.

So, why not get an IME? A physician is not an expert in the field of physical therapy and is not qualified to tell you whether appropriate physical therapy guidelines are being followed.

For more information or to make a referral to REHAB AT WORK please contact
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WE'RE ON THE WEB!

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Chesapeake Disability Management, Inc. offers a unique approach to complex catastrophic and vocational case management. We have designed our services to empower individuals to succeed in their own rehabilitation and proactively reclaim their lives. We believe that our focus on maximizing the individual's role in functioning more independently—at home, in the community, and at work or school—can significantly reduce the emotional, economic, societal and legal costs for all parties involved throughout the treatment.

Specialized Catastrophic Injury and Disease Management Team:

Carole Stolte-Upman, a registered nurse with a Master's Degree in Rehabilitation Counseling, founded CDM in 1991. She has first-hand experience with the most complex, chronic and catastrophic cases, and has carefully selected a team of credentialed case management nurses, all with hands-on experience with catastrophic injury and disease management. They understand the importance of immediate treatment planning and rehabilitation activities to assist the individual in returning to a productive life. They also know that the careful management of this process will reduce emotional, economic, societal and legal costs, and they work hard to make this a reality for every stakeholder involved throughout the case process, while ensuring the best possible outcomes.

Word Search

- catastrophic
- management
- strategies
- injury
- assisted
- living
- physical
- therapy
- chicken
- taco
- banana
- orange
- juice
- measurable
- objective
- physician
- expert
- insurance
- work
- hardening
- Caesar
- lime
- Maryland
- communication

e	c	t	h	e	r	a	p	y	a	t	a	a	l	n
m	x	n	o	l	c	b	h	m	r	a	e	o	n	s
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t	c	j	e	a	j	n	s	h	l	m	j	a	i	e
l	i	i	g	r	c	e	i	d	a	i	g	n	c	s
e	h	o	n	u	t	e	c	n	e	d	m	g	i	o
u	p	i	i	s	t	r	a	t	e	g	i	e	s	r
a	o	t	v	a	u	g	l	t	i	d	u	a	y	j
a	r	o	i	e	e	r	s	b	n	v	r	a	h	u
m	t	c	l	m	i	i	a	a	j	m	e	a	p	i
y	s	a	e	p	s	i	l	n	e	k	c	i	h	c
u	a	n	c	s	a	y	m	a	c	e	c	r	s	e
o	t	i	a	k	r	o	w	n	a	e	c	h	a	a
c	a	e	s	a	r	e	i	a	c	a	a	g	a	e
d	c	o	m	m	u	n	i	c	a	t	i	o	n	l

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