



COUNTY

MANAGEMENT & RISK

CONFERENCE

APRIL 4-6, 2018 | GALVESTON

RESOURCES AND SOLUTIONS FOR COUNTIES



The Anatomy of a Complex Workers' Compensation Claim



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Talking Points

- Medical benefits eligibility – Texas Labor Code
- Statistics on Complex Claims
- Adjuster Toolbox – Managing the Medical
- Case Studies and What to Expect



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Medical Benefits

Labor Code Sec. 408.021. ENTITLEMENT TO MEDICAL BENEFITS.

Healthcare
reasonably
required by the
nature of injury

Cures or relieves
the effects
naturally resulting
from injury

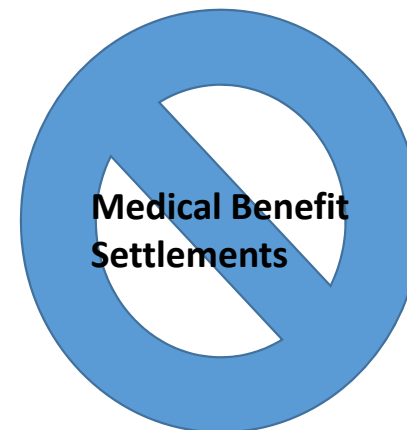
Promotes recovery

Enhances ability of
employee to retain
or return to
employment



More about Medical Benefits

- Except in emergency, all health care must be approved or recommended by the treating doctor
- Liability for medical benefits may not be limited or terminated by agreement or settlement



How is a Complex Claim Classified?

- A. Large reserve claims?
- B. Considerable extent of injury? Head injuries?
Back Injuries? Surgical?
- C. Injuries to workers who have a complicated
medical history?
- D. Death claims?

Answer: A,B&C



Complex Claim Types

- Catastrophic claims
- Multiple injuries with surgeries
- Crush injuries (bad fractures)
- Amputees
- Failed back surgeries
- Burn victims
- Not so common injury types involving the brain and paralysis



Chronic Pain Management

Opioid use and
invasive appliances
such as spinal cord
stimulators and
pain pumps



More significant
primary
compensable
condition



Psychosocial Barriers and Chronic Pain



Complications in Complex Claims

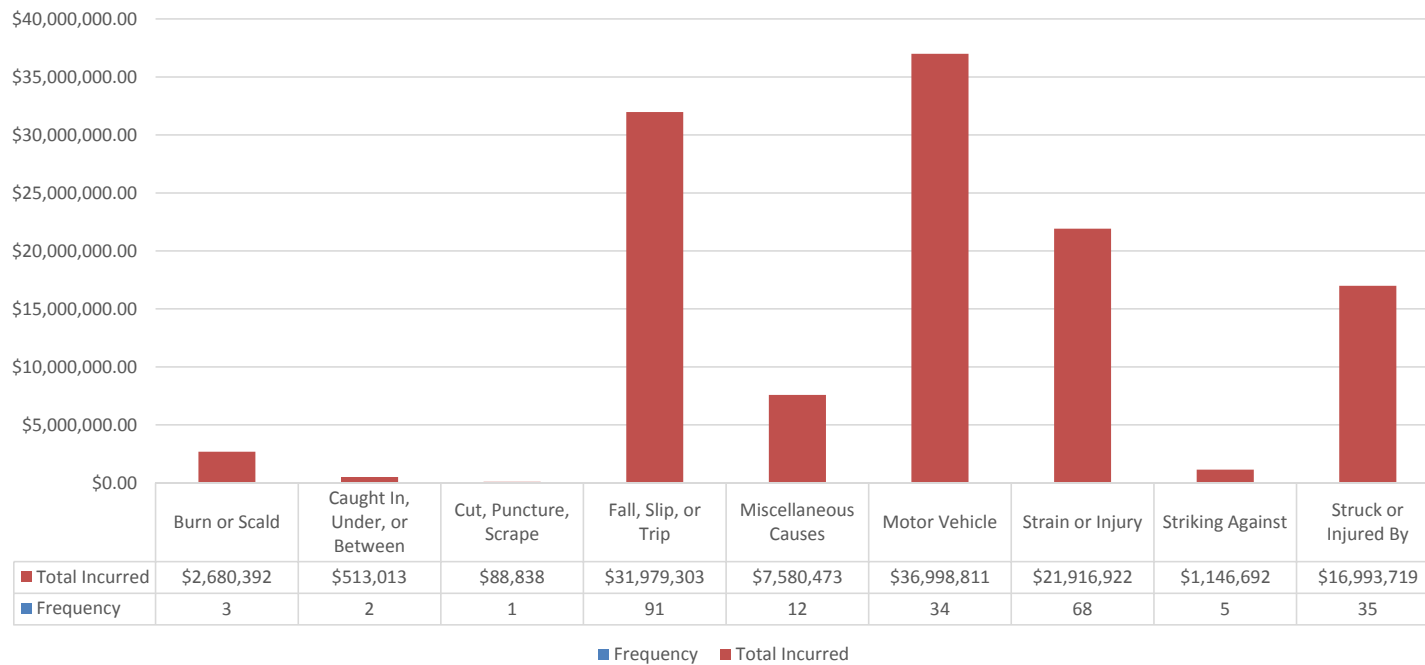
- Co-morbidities
 - Heart problems, respiratory issues, diabetes, obesity
- Ordinary diseases of life -cancer
- Auto-immune disorders



By the Numbers

Claims > \$75,000 (excluding death claims)

TAC RMP Complex Claims by Cause



Questions of the Day

How can we effectively manage these claims to reduce severity

And...

How can we ensure optimal recovery for the injured worker?



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Adjuster Toolbox

- Complex care vendors who work with multi-disciplinary teams of providers
- Peer reviews
- Drug regimen reviews
- Required Medical Exams
- Rehab nurses and case managers
- Home health caretakers



Member Role and Influence

- When injured workers are still employed, keep them connected to the work place
 - Call periodically and just check on them
 - Advocacy-based workers' compensation is a real movement
- Think about your business needs and how and if the employee fits into the mix – RTW?
- How can you positively affect the loss and loss runs?





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Scenario #1

- Police officer assaulted - struck in the head by the suspect's fist during an arrest
- The injured officer used deadly force and killed the suspect at the time of the injury
- The accepted compensable injuries are low back, sacroiliac, and head injuries
- Working full duty
- Treatment regimen: Medications, pain pump, visits to treating doctor
- **Total Incurred = \$820,273.09**



Scenario #2

- 33 year old was at a crime scene walking across a wooden deck and slipped and fell on his back
- This was an intervening injury
 - He sustained additional injury and exacerbated prior injuries sustained in a compensable motor vehicle accident in 1999
- Prior to this accident, he underwent a four (4) level cervical fusion
- Diagnosis: Post-laminectomy syndrome



Scenario #2 (continued)

- Non-work related symptoms are
 - Morbid obesity
 - Angina
 - Congestive heart failure
 - Cushing Syndrome
 - Diabetes, and
 - Sleep apnea



Scenario #2 (continued)

- Treatment regimen consists of the following
 - Pain management
 - Fentanyl patches
 - Medications include Gabapentin, Oxycodone, Venlafaxine, Baclofen, and Lyrica.
 - Possible MRI to address spinal compression fractures
- **Total Incurred = \$898,126.58**



Scenario #3

- 41 year old deputy was in a serious head-on MVA
- Injuries:
 - Significant crushing fractures to left foot, left femur shaft and neck and left hip
 - ACL and LCL tear to left knee
 - Grade III splenic laceration, and
 - Back strain



Scenario #3 (continued)

- Treatment consisted of multiple surgeries to stabilize the fractures, including reconstruction of the left foot
- Recovered well with exception of the left foot, extreme pain limiting functionality
- Underwent surgery on the dorsiflexion osteotomy first metatarsal joint with revision open reduction internal fixation 2nd metatarsal and left foot hardware removal



Scenario #3 (continued)

- He elected amputation, which had been originally recommended on 6/17/17
- Returned to work – light duty with his prosthetic in August
- 37% impairment rating



Scenario #3 (continued)

- Current treatment is MRI for left knee - lateral meniscus was seen to be worse
- Arthroscopy and meniscectomy performed in January
- **Total Incurred = \$2,032,144.82**



Keys to Successful Outcomes

- Early intervention with medical experts
- Thinking outside the box with medical treatment
- Extent of injury identification and understanding impact of intervening events
- Communication with all parties on a regular basis



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Questions?

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