COUNTY
MANAGEMENT & RISK
CONFERENCE
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RESOURCES AND SOLUTIONS FOR COUNTIES
The Anatomy of a Complex Workers’ Compensation Claim

Presented by: Stacy Corluccio, TAC RMS Claims Manager and Helana Barmore, TAC WC Claims Manager: York Risk Services Group
Talking Points

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

**Labor Code Sec. 408.021. ENTITLEMENT TO MEDICAL BENEFITS.**

<table>
<thead>
<tr>
<th>Healthcare reasonably required by the nature of injury</th>
<th>Cures or relieves the effects naturally resulting from injury</th>
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<tbody>
<tr>
<td>Promotes recovery</td>
<td>Enhances ability of employee to retain or return to employment</td>
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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?
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

Long term

Secondary component of treatment

Chronic Pain Management
Psychosocial Barriers and Chronic Pain

- Perception of Pain, Attitudes, and Beliefs
- Mental Trauma
- Coping Ability and Social Support
- Depression, Fear, and Anxiety
- Sleep and Fatigue
- Sense of Control or Helplessness
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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total Incurred</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Burn or Scald</td>
<td>$2,680,392</td>
<td>3</td>
</tr>
<tr>
<td>Caught In, Under, or Between</td>
<td>$513,013</td>
<td>2</td>
</tr>
<tr>
<td>Cut, Puncture, Scrape</td>
<td>$88,838</td>
<td>1</td>
</tr>
<tr>
<td>Fall, Slip, or Trip</td>
<td>$31,979,303</td>
<td>91</td>
</tr>
<tr>
<td>Miscellaneous Causes</td>
<td>$7,580,473</td>
<td>12</td>
</tr>
<tr>
<td>Motor Vehicle</td>
<td>$36,998,811</td>
<td>34</td>
</tr>
<tr>
<td>Strain or Injury</td>
<td>$21,916,922</td>
<td>68</td>
</tr>
<tr>
<td>Striking Against</td>
<td>$1,146,692</td>
<td>5</td>
</tr>
<tr>
<td>Struck or Injured By</td>
<td>$16,993,719</td>
<td>35</td>
</tr>
</tbody>
</table>
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?
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?
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 splenetic 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
Questions?

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