



# Claims Management Conundrums: Finding the Path Forward

*Chairperson:*

Betsy Bochart, BSN, AIC

Claims Manager, Arrow Mutual  
Liability Insurance

**Monday, March 25<sup>th</sup>, 2024**

**1:10-2:00pm**



**2024**

Work Related Injuries  
Workshop

# Complicated Injuries

Julianna Hardy

Senior Claims Specialist I

Cincinnati Insurance Company

# Complicated Injuries

## First Five Steps

CONTACTS	INVESTIGATION	MEDICALS	BENEFITS	RETURN TO WORK
<b>EMPLOYER</b>	Scene Investigation, Employment History/Performance	Work Capacity Forms	Wage Statement, Ongoing Updates to Employer	Prepare for RTW, Monitor RTW Success
<b>INJURED WORKER</b>	Accident, Pre-Existing Conditions, Lifestyle	Authorization, Work Capacity Forms, Priors, Medical Needs	Inform/Educate, Formwork, Monitor Work Capacity	Avoid Disability Mindset, Continue Contact After Return
<b>PROVIDER</b>	Provide Contact and Billing Information	Request Records, Auth Requests, Engage Vendor Services	Timely Medicals = No Overpayment	Monitor Through Discharge, Permanency
<b>NCM / VR COUNSELOR</b>	Pending Compensability Determination	Assign if Applicable	Ongoing Communication and Updates	Close Timely



**2024**

Work Related Injuries  
Workshop

# Claims Dispute? What's Next?

Alice Hathaway

Senior Claims Adjuster

EMPLOYERS



**2024**

Work Related Injuries  
Workshop

# Is It Possible to Return to Work?

Kathy Doyle

Vice President – US Claims Operations  
Gallagher Bassett

# Is It Possible to Return to Work?

It all starts with the first point of contact

- Adjusters must make contact with the injured employee at the onset and explain the WC benefit process.
- Listen with empathy, be a resource, and help the injured employee with treatment and benefits.
- Engage a nurse on the file to facilitate treatment.
- Work with the employer on modified duty options.
- The longer the employee is out, the likelihood of a return to work decreases.

# Is It Possible to Return to Work?

Key Factors in addressing return to work

- Does the employer have the ability to offer modified duty work?
- Job description with physical requirements
- Education of injured employee
- Age and experience of injured employee

# Is It Possible to Return to Work?

When return to work with the insured may not be possible:

- The extent of injury is severe enough to preclude return to work with the insured.
- The restrictions on work capacity do not meet the physical capabilities of the job description.
- Consider a vocational counselor for possible alternative job placement.





**2024**

**Work Related Injuries  
Workshop**

# Case Discussion

Deborah Kohl, Esq.

Law Offices of Deborah G. Kohl

Buzz Schneider, Esq.

Law Offices of Martin B. Schneider, P.C.

# Case Facts

Traumatic injury to LEFT index finger resulting in amputation

- 39 year old male with 9<sup>th</sup> grade education
  - Occupation: Welder. Employed with insured x 3 years.
- DOI: Suffered traumatic injury to LEFT, non-dominant, index finger
  - EE was cleaning a paint gun. Gun discharged and the cleaning solution (paint thinner) was shot into the LEFT index finger.
- Initial ER treatment consisted of cleaning & debriding the wound.
- 2 days post injury: LEFT index finger was amputated after becoming gangrenous and necrotic.
- Within 1 month of injury: EE was diagnosed with early signs of RSD. This was treated with anesthetic nerve blocks. He continued to experience phantom pain.

# Case Facts

continued

## Return to Work:

- 10.5 weeks post injury: EE RTW part-time mod duty.
- 14.5 weeks post injury: EE working full-time mod duty.
- 32 weeks post injury: EE RTW mod duty.
- 37 weeks post injury: EE resumed full duty work after fit with custom welding gloves.
- 1 year & 37 weeks post injury:
  - EE reached MMI and RTW full duty

## Additional Treatment:

- 6 months (26 weeks) post injury:
  - EE underwent revision amputation surgery.
- 1 year post injury:
  - neuroma surgically excised from hand. Surgery triggered recurrence of RSD. EE was OOW x 9 months.
    - RSD was treated with the following: axillary catheter, with complications – it slipped into subcutaneous tissue and infiltrated the shoulder causing significant swelling; then oral medications (including Lyrica with issues, Gabapentin, Amitriptyline, and Lidocaine); EMG was negative; SCS trial was planned but was never needed; EE's symptoms resolved following a few sessions of Scrambler Therapy.