Case Management Workshop: Planning for Success

Oscar M. Ramirez
San Francisco District Management Advisor

July 2019
Goals of the Presentation

• To explore the ICPA’s responsibilities in case management by analyzing several **pro-active interventions** to maximize results

• To aid the ICPA in successfully managing the claim **from filing to resolution**

• To support the ICPA in formulating a **plan of action** to achieve successful returns to work (RTW) or other case resolutions
The Busy ICPA: Work Duties

ICPA’S POSITION DESCRIPTION

- DUTIES X
- DUTIES Y
- DUTIES Z
- WORKERS’ COMP; CASE MANAGEMENT
ICPA’s Role in Case Management

The ICPA: At the Center of Case Management

• The ICPA interacts directly or indirectly with virtually all involved in the development of the claim

• Therefore, each ICPA is a major driving force in the progress of all claims

• A strategic and time-saving plan of action towards a clear resolution is essential
Case Management Before Adjudication

- **Timely filing:** Submit to OWCP within required 10 days claimant’s CA-1 or CA-2

- **Benefits:**
  1. More timely adjudication
  2. Employing agency (EA) can begin managing sooner absence from work and medical expenses

- **Factual evidence:** Gather statements, review, and comment on all factual evidence related to claim from filing to adjudication

- **Benefits:**
  1. Better factual evidence leads to better medical evidence
  2. All entitlement Decisions by OWCP are based on factual evidence as much as on medical evidence
Case Management Before Adjudication (cont.)

- **Medical evidence:** Contact claims examiner (CE) to ensure all medical evidence at EA is also at OWCP; do not assume all evidence is always at OWCP

- **Benefit:** Access to all available medical evidence makes for a more prompt and accurate adjudication

- **Continuation of Pay (COP) Nurses:** Assist COP nurses with access to premises, to supervisors/managers, to claimant’s work area, etc. *Assigned only to some claims*

- **Benefits:** 1. Expedites the RTW effort during 45 days of COP  
  2. Can help to clarify evidence for post-COP period
Developing with the Attending Physician

After adjudication ICPA continues working with all parties involved in the development of the claim; the Attending Physician (AP) is a key player

- Develop in writing with the AP the medical evidence at any time during the life of the claim

- Always give AP a response deadline (normally 30 days)

- ICPA may not initiate but may return phone calls from AP

- If authorized, check ECOMP regularly to see if AP and or claimant have submitted work capacity to OWCP but not to ICPA

- Consider discussing medical evidence from AP with DoD Advisor for plan of action
Developing with the Attending Physician (cont.)

Among most common ICPA-AP developments are:

• Presence of *objective findings* in accepted conditions

• Detailed *medical rationale* for partial or total disability

• Claimant’s work capacity

• Anticipated RTW date (work release) for LD (P/T or F/T) or FD

• Presence of any causal relationship still related to date of injury ("residuals")
If there is work capacity from the AP, ask CE what the Office intends to do with it. Is CE going to:

1. Request a job offer from the ICPA
2. Set up a second opinion to confirm/challenge AP’s report
3. Return to AP for clarification
4. Refer claimant to voc rehab (PNE or PPE)
5. Take some different action

If AP has ignored ICPA’s request for work capacity update, send second request and enlist assistance of CE and of DoD Advisor or possible SCAP

Job Offers: Submit copy to AP and CE for review and comment; if disapproved by AP, develop directly with AP and advise OWCP
Field and Telephonic Nurses

When claimant is temporarily totally disabled (TTD) and receiving compensation, CE often assigns a Registered Nurse (RN) to case as first payment is made:

- If none is assigned at first payment, request CE to assign Field or Phone RN to case or ask what other “intervention” (i.e., action) CE is planning for claim

- Interact directly and often with assigned RN, an extra pair of eyes and ears

- Field RN’s can and should do ergonomic study of claimant’s work area before/after RTW

- **RED FLAG**: Agency is paying for RN’s to work cases, so use this resource fully
Second Opinion Examinations

Consider a second opinion exam (secop) when there is little or no progress with AP in RTW effort or with some other case resolution:

• Before asking for secop, do your own ICPA-AP development; share results with CE

• Target review of Periodic Roll (PR) cases first, then claims with other case status

• Attendance and cooperation by claimant at secop exam is mandatory; comp sanctions can be imposed; contact DoD Advisor

• Once received, review secop report immediately and discuss any concerns or requests with CE and DoD Advisor

• **RED FLAG:** Ask CE directly what intervention will be taken next based on secop
Second Opinion Examinations (cont.)

Common **RED FLAGS** in case management that may warrant a secop exam:

- **Reluctance** by AP to provide WR’s/release or to increase work capacity
- AP submits **no rationale** for treatment plan or claimant’s work (in)capacity
- AP does **not respond** to EA’s request for medical evidence
- AP is **not submitting** any medical evidence to OWCP
Independent Medical Examinations (IME)

Request a Referee or IME referral examination for claimant when:

- There is a clear **conflict of medical opinion** between the AP and the SECOP specialist
- When neither AP nor SECOP has the **weight of medical evidence** (a tie); consult with CE
- Note that Referee will always have the “weight of medical evidence” in case
- As such, Referee will determine all next case management interventions/resolutions

**RED FLAGS:**
- Attendance and cooperation by claimant at Referee exam is **mandatory**; compensation sanctions can be imposed
- It could take OWCP much longer to arrange for an IME than for a SECOP (months)
ICPA further actions related to IME examinations and reports may include:

- If Referee opines “no residuals” from original injury, confirm CE terminates all monetary and medical entitlements; counts as a resolution

- If Referee report leads to a Notice of Proposed Reduction or a Termination, track carefully

- Usually 30 days between Pre-Notice and Final Notice for Reductions and Terminations

- Track carefully and count the days; both interventions count as resolutions

- Contact CE if any Final Notice is pending for too long; inquire on delay and also contact DoD Advisor; possible SCAP situation
Case Management Strategies

SCENARIOS ACTIVITY AND RECAP

*******

BRIEF RECESS
RTW with the Agency: Job Offers

Work release has come in from AP, SECOP, or IME:

- If authorized, review claim in ECOMP; confirm with CE work restrictions in file are “firm” (i.e., usable)

- Prepare a job offer (JO), temporary or permanent, based primarily on:
  1. Claimant’s work capacity “of record”
  2. Physical or psychological requirements of proposed new work
  3. **RED FLAG:** Confirm above two do match
  4. Complete other factors required for the JO

- Review, understand fully, and make clear to claimant and OWCP the new work; ask questions, get details
RTW with the Agency: Job Offers (cont.)

• Do not include job “requirements” such as “Other duties as assigned”, “Etc.”, “and so on”; OWCP will reject offer as incomplete, vague, ambiguous, or unclear

• If not entirely sure what to include in a JO, contact your DoD Advisor

• Any doubts after drafting JO, consult with DoD Advisor before issuing JO to claimant/OWCP/AP

• Exchange actual drafts with DoD Advisor for review and comment

• **Note:** Verbal assignment of work is allowed but written assignment must follow within 2 days
Formal OWCP Conferences

ICPA can request of CE a Formal Conference to resolve issues impeding case management, for example:

- Rejection of a JO and/or refusal to return to work
- Overpayments discovered by EA
- Lack of cooperation with Nurse Intervention
- Lack of cooperation with Vocational Rehabilitation
- Participants may include the CE, Senior CE, claimant, ICPA, agency supervisor/manager, assigned nurse, assigned voc rehab counselor, claimant’s attorney or legal representative, attending physician, or others depending on issue
Formal OWCP Conferences (cont.)

- If ICPA participated in Formal Conference, track for Conference Memo from CE

- Review Conference Memo (especially Agreements Section) immediately and carefully

- Respond within 15 days if information in Memo is incomplete or inaccurate

- Conference Memo will become key document in file

- Certain number of Formal Conferences are a required component of the CE’s job

- Benefit: Open, live discussion with all participants leading to quickest resolution
Vocational Rehabilitation

Cases are in posture for voc rehab when:

• Claimant is no longer TTD, so has work capacity and release

• Major medical issues (industrial and non-ind) are under control

• Claimant is on compensation

Confirm claimant has at least sedentary work capacity:

• Can work at least four (4) hours per day and can lift at least ten (10) pounds intermittently

• Sub-sedentary work capacity (less than above) can be accommodated only at agency, not in voc rehab
Vocational Rehabilitation (cont.)

Requirements met, request CE to refer to voc rehab for:

- Placement Previous Employer (PPE, i.e., with agency) or

- Plan Development (PD) for Placement New Employer (PNE)

- Advantage of claimant in voc rehab for PPE: non-cooperation with Counselor leads to Sanction

- For PPE, consider voc rehab Counselor for ergonomic study of work space, furniture, equipment, etc., if EA does not do so

- Note: Field RN’s also can do ergonomic studies while they are working on case
Claimant becomes uncooperative in voc rehab:

- Request from CE a Formal Conference or a 30-day “Warning” Letter” to claimant

- Penalties include 0% Loss of Wage Earning Capacity (LWEC) Decision (early voc rehab) or

- Selected Position/Constructed LWEC Decision (reduces comp as if claimant obtained employment; late voc rehab)

- Both 0% LWEC Decision and Selected Position Decision count as resolutions

- ICPA should track deadlines for all above Sanctions and provide all pay information
PPE Claimants and the Pipeline Program

Pipeline is a DoD RTW funding program independent of OWCP’s voc rehab program:

• Pipeline applies only to claimants who RTW with the EA (PPE)

• Pipeline is based out of DCPAS and operated within ICUC

• It can replace one year’s worth of salary and benefits for some RTW claimants previously on comp and meeting certain criteria (see eligibility list)

• Consider Pipeline as a significant cost savings for the EA and an excellent case management strategy

• For detailed information on Pipeline, consult ICUC website and contact your DoD Advisor
Significant Case Action Process

A new “elevation” process begun in OCT 2017 as per the Government Accounting Office’s recommendation GAO 16-793 to the DoD, thus becoming a new case management strategy for ICPA’s:

- It attempts to manage long-term, unresolved, significant case actions in a timely manner

- Encompassed case actions under its purview include:
  - Suspensions and Terminations
  - Second opinion and Referee exams (and subsequent actions)
  - Return to work actions
  - Job suitability formal Decisions
  - Reductions of compensation (LWEC’s)
  - FERS offsets from compensation
Significant Case Action Process (cont.)

• Process is initiated by the ICPA—so, *know the process*!

• Involves also DoD Advisor, DoD Program Manager, OWCP, and DoD Component Program Manager

• Elevation of case management is conducted in stages, with clear deadlines, via phone calls, emails, and letters among the parties
Final resolutions obtained from OWCP via SCAP may consist of:

- Suspension of payments
- Formal termination of compensation
- Suitability determination
- LWEC determination
- OWCP intervention based on SECOP or IME
- FERS offsets from compensation

**Ultimate goal:** To obtain a *timely response or final resolution* from OWCP

For detailed information on the actual process, contact your DoD Advisor or your Component Program Manager’s office.
Case Management Strategies

SCENARIOS ACTIVITY AND RECAP

***********

END OF TRAINING
References

- DOL Office of Workers’ Compensation, Procedure Manual, Part 2, Sections 2-0500, 2-0600, 2-0601, 2-0810, 2-0811, 2-0812, and 2-0813
- 5 U.S.C., Subchapter I, para’s. 8101-8152
- DoD CA-810, Chapter 4, Chapter 8, and Chapter 9
- DODI 1400.25—V 810, “Procedures” section