

## WCB Alberta – Claim Management Programs

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**Fractures:** proactive approach to confirming the fracture diagnosis, work restrictions and modified work options (rather than waiting for the worker to be fit for full duties when the cast comes off) - resulted in reduction of up to 70% TTD paid on some fracture claims

ICD fracture code (entered at claim registration) triggers an automatic tasks to the

- *Fracture Pool Desk* requesting a **Clinical Data Analyst** confirm the diagnosis by referencing the initial medical and x-ray reports, etc. If the worker has not RTW or on MW, an automatic task is sent to Medical Consultant
- **Claim Owner** to complete mandatory claim information – DOA, ICD code, job classification, injury acceptance – that calculates the **best practice RTW date**.

If the worker has **not** returned to work or modified:

- Automatic task is sent to the *Fracture Pool Desk* for reassignment to the **Medical Consultant** requesting a fracture opinion memo – claim summary, fracture discussion (including treatment, prognosis and work restrictions, as well as any other information that may be useful to the management of the claim, call to treating physician to negotiate MW). Review that the calculated best practice date to determine if it is accurate reflection of the individual fracture scenario – adjust the date if required with an appropriate **medical best practice RTW date**
- **Claim Owner** adjusts the estimated end of layoff date if necessary and updates the case plan if appropriate. The date provided in the memo is not prediction for return to work; rather, it is a target date the claim owner works towards in the return to work planning. The date is considered to be a medically safe date for return to work. If the RTW date passes with no RTW, a task is triggered for CO/Supervisor review.

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**Back, Shoulder, Knees:** enhance RTW outcomes by identifying the best triage pathway – the right service, at the right time, for the right outcome for your worker. Specific injuries, like those to the back, need tailored approaches to physical exams, worker education and timing of triaging for subsequent services. Most back injuries improve without medical intervention. Educating the injured worker about his or her back injury is vital to their recovery.

The **Back Program** includes a series of specialized assessments (Back Medical Exam, Spinal Surgery Review Exam, and Visiting Specialist Clinic Consult) to determine the best triage pathway for the worker.

All back cases now require a **Back Medical Exam (BME)** to be completed prior to a Visiting Specialist Clinic (VSC) referral. A BME is a medical assessment performed by a physician who has received specialized training in the area of backs.

- The assessment includes:
  - a comprehensive history and physical examination
  - coordination of any required diagnostics or further medical services
  - worker education regarding the injury and the return-to-work process;
  - contact with the treating physician to obtain treatment consensus; and,
  - development of a medical treatment plan
- The objectives of the BME are to:
  - provide early, appropriate medical intervention including confirmation of diagnosis
  - minimize work related disability
  - maximize the worker's safe, sustainable return to work and achieve claim closure through:
    - early identification and support of modified return to work

- determine the worker’s rehabilitation status and identify the most appropriate intervention pathway; and,
- educate workers regarding the return-to-work process and promote their active focus on a positive recovery and resumption of normal activities
- communicate with outside treating physicians to obtain medical consensus regarding diagnosis and return-to-work plan interventions

A new Spinal Orthopedic Specialist triage exam called a **Spinal Surgical Review (SSR)** has been introduced.

- A Spinal Surgery Review exam is performed by an Orthopedic Specialist who has been contracted by WCB-Alberta’s Medical Services Department to conduct an independent medical evaluation of the worker’s status.
- This exam is utilized by Back Medical Examiners when they require a second opinion to determine whether the case is likely surgical and would benefit from a VSC referral. It equates to obtaining a Specialist Opinion.

A **Visiting Specialist Clinic (VSC)** is a facility that has partnered with the WCB to ensure access to specialist consultations and surgical procedures. We currently have five VSC sites across Alberta.

- The surgeon meets with the worker for an initial consult and conducts a comprehensive assessment to determine the best care plan. The care plan may be surgical or involve conservative management interventions.
  - If surgery is required, the VSC facility will expedite the surgical intervention (on average, within two weeks of the consult) and the surgeon will provide post operative care until the worker has maximized recovery.
  - If conservative management is required, the surgeon implements the associated care plan and provides follow-up as required.

<b>Step 1</b> You receive a report from the worker’s General Practitioner or other physician (e.g. OIS physician, MSE physician, Medical Consultant) recommending a <b>“Specialist Opinion”</b>	
Part of Body - <b>Back</b>	<b>Refer the worker for a Back Medical Exam (BME)</b> at one of the approved RTW Assessment providers by completing a RTW referral form (FM733).
Part of Body - <b>Shoulder</b>	<b>Refer the worker for a Shoulder Medical Exam (SME)</b> at one of the approved RTW Assessment providers by completing the mandatory shoulder script.
For all <b>Other</b> Parts of Body (e.g. Knee, Ankle)	<b>Refer directly to VSC</b> You do not need to specify whether the case is likely surgical or non-surgical. All that is required is a physician written recommendation and confirmation of entitlement
<b>Referrals from IME Physicians can be referred directly to VSC</b>	
<b>OR</b>	
You complete Flag A which generates a task to Medical Services to book a BME	

**Step 2 Back Medical Exam (BME)**

The BME physician will outline one of three triage options for the worker:

- The case likely requires surgical intervention – Refer for VSC
- BME completed but unsure if the case requires surgery – Refer for SSR
- Conservative Management Recommended

The **Shoulder Program** includes an assessment with a specialized team consisting of a shoulder examiner (a physician trained by a shoulder surgeon) and a physiotherapist, who then place the injured worker in one of seven treatment streams. Their thorough assessment helps identify early and

correct diagnosis and treatment for the worker and can have a significant impact on their recovery. More intensive treatment paths are reserved for those cases that require them most.

Before surgery is considered, nonsurgical and rehabilitative methods of treatment are often recommended. While imaging studies, like MRI, can be useful diagnostic tools in the assessment of complex shoulder injuries, the shoulder examination team uses the findings of their assessment to determine whether imaging is needed.

Seven Streams of Treatment: The assessors (physician and physiotherapist) will jointly triage the worker into one of seven possible treatment streams after the shoulder examination.

- Stream 1 - Education and RTW
- Stream 2a - Education, community physical therapy and return to work, or
- Stream 2b - Education, concurrent community physical therapy and RTW single services (e.g. vocational rehabilitation, psychology, etc.) and RTW
- Stream 3 - Education, interdisciplinary RTW services and RTW
- Stream 4a - Education, imaging, non-surgical rehabilitation and RTW
- Stream 4b - Education, imaging, surgical consult (VSC/NSC), non-surgical rehabilitation and RTW
- Stream 4c - Education, imaging, surgical consult (VSC/SC), surgery, surgical rehabilitation and RTW.

Outcomes: on average +90% of shoulder claims RTW within 16 weeks

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