

WCB MANITOBA BEST PRACTICES

> CASE MANAGEMENT LIFECYCLE

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| ASSESSING | 1. CLAIM ASSESSMENT |
| | 2. WORKER ASSESSMENT |
| | 3. EMPLOYER ASSESSMENT |
| PLANNING | 4. CASE PLANNING |
| MANAGING | 5. ENTITLEMENT EXPECTATIONS |
| | 6. MEDICAL MANAGEMENT |
| | 7. RTW – PRE-INJURY EMPLOYER |
| | 8. RTW – ALTERNATE EMPLOYMENT GOAL |
| CLOSING | 9. CLAIM CLOSURE |

> DAY TO DAY CASE MANAGEMENT

10. RELATIONSHIP BUILDING
11. CHALLENGES TO RECOVERY & RTW
12. SERVICE RECOVERY
13. DECISION MAKING
14. DECISION LETTERS
15. COMMUNICATION METHODS
16. CUSTOMER CALLS

OUR VERY BEST

WCB MANITOBA Best Practice is . . .

- > to, whenever possible, explicitly address the worker's challenges to recovery and returning to work with the worker and obtaining agreement to a course of action

OVERVIEW

The worker may present challenges to their recovery and return to work. Below is a list of some of these challenges – this list is not exhaustive. While the following offers some options for addressing these challenges, there are no simple practices to reliably address these challenges. Generally, the best option available to the Case Manager is to, whenever possible, explicitly acknowledge and address these challenges with the worker and to build into the worker's Case Plan any specific agreed upon actions that can be taken to address these challenges. Beyond this, the best option available to the Case Manager is methodical and rigorous management of the worker's case ensuring the worker is aware of limitations to their entitlements.

RECOVERY & RTW CHALLENGES

A. WORKER'S LOGISTICS

CHILD CARE	<ul style="list-style-type: none"> > The worker may have cancelled child care arrangements to save money 	<ul style="list-style-type: none"> > Clearly discuss with the worker from the first contact their responsibility to ensure their personal affairs do not encumber their recovery and return to work as well as the limitations of their entitlements > Depending on the perceived risk, send a letter to worker advising worker of their responsibilities and the limitations of their entitlements
TRAVEL	<ul style="list-style-type: none"> > Restrictions may make it difficult or not allow the worker to drive or access transit 	<ul style="list-style-type: none"> > If helpful, obtain a healthcare provider's opinion regarding ability of the worker to drive or access transit > Discuss options with the worker and/or the employer such as working from home, using transit, carpooling or taxi > Ensure travel arrangements are addressed as part of the return to work plan and revisited as the worker's recovery progresses

B. WORKER'S PHYSICIAN

<p>NO REGULAR HEALTHCARE PROVIDER</p>	<ul style="list-style-type: none"> > The worker has no regular healthcare provider and is using a walk-in clinic > The worker may be "doctor shopping" > The worker may not have a clear treatment plan or may not be referred for treatment 	<ul style="list-style-type: none"> > Discuss treatment and recovery concerns with the worker and the need for a regular healthcare provider > When relying on a walk-in clinic, encourage the worker to establish a relationship with the clinic and an attending healthcare provider > Contact the clinic to confirm the healthcare provider availability > Provide the worker with contact information for MB Health for healthcare providers accepting new patients
<p>HEALTHCARE PROVIDER DOES NOT ADDRESS RTW</p>	<ul style="list-style-type: none"> > The worker's healthcare provider does not address returning the worker to work on a safe and timely basis > The worker's healthcare provider is interested in the worker's recovery but perceives returning the worker to work as outside the scope of their treatment > The worker's healthcare provider provides a conclusion of "totally disabled" but does not substantiate this conclusion > The worker's healthcare provider does not have knowledge of the worker's job duties or opportunities for the worker to perform modified or alternate job duties > The worker's healthcare provider simply conveys what the worker tells them 	<ul style="list-style-type: none"> > Communicate to the worker's healthcare provider the worker's restrictions and job duties (including modified or alternate) > Consider discussing restrictions and job duties with the worker's healthcare physician, not just the worker's healthcare provider > Use WCB Healthcare Services to follow up with the worker's healthcare provider > Use WCB Healthcare Services to address restrictions through either a file review or a call in exam

C. WORKER'S MEDICAL

<p>SECONDARY MEDICAL CONDITION</p>	<ul style="list-style-type: none"> > It may be difficult to determine the relationship between the worker's secondary medical condition and the injury > The secondary medical condition may be exacerbated by the injury and be to some extent compensable > The secondary medical condition even if non-compensable may delay or complicate recovery and return to work 	<ul style="list-style-type: none"> > Assess the secondary medical condition and determine what is and what is not compensable > Obtain an opinion from WCB Healthcare Services to clarify what is and what is not compensable > When determining entitlement and developing a Case Plan, work through recovery scenarios, for example recovery based on the compensable injury alone and recovery based on the compensable injury and the secondary medical condition > Clearly discuss with the worker what is compensable and what is non-compensable and the impact of the secondary medical condition on the worker's recovery and return to work > Facilitate RTW planning considering the impact of the secondary medical condition (note that the employer may not be aware of this impact)
<p>PERCEPTION OF RECOVERY</p>	<ul style="list-style-type: none"> > The worker's expectations for recovery exceed recovery norms and when they can reasonably return to work 	<ul style="list-style-type: none"> > Set recovery and return to work expectations with the worker from the first contact > Assess the worker's medical in conjunction with Medical Norms for recovery when developing the Case Plan > Discuss Medical Norms for recovery with the worker > Validate Case Plan and Goal Date with the worker > Focus on the worker's functional abilities, compare functional abilities at home with job duties > Communicate to the worker's healthcare provider the worker's restrictions, job duties and return to work plans

<p>EXPERIENCE OF PAIN</p>	<ul style="list-style-type: none"> > The worker reports pain levels inconsistent with their diagnosis > The worker may believe there is a greater underlying condition that has not been detected 	<ul style="list-style-type: none"> > Acknowledge what the worker is saying > Discuss with the worker their diagnosis and typical symptoms > Assess the impact of the pain on the worker’s ability to perform job duties (regular, modified or alternate) > When planning the worker’s return to work, compare functional abilities at home with job duties > Discuss with the worker the difference between hurt and harm > Request worker follow up with their healthcare provider to address their experience of pain > Request report from the worker’s healthcare provider addressing the worker’s experience of pain and its impact on their ability to perform job duties (regular, modified or alternate) > Use WCB Healthcare Services to assess impact of pain on the ability of the worker to perform their job duties (regular, modified or alternate) and/or refer the worker to the Pain Management Unit
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D. WORKER'S WELL BEING

DEPRESSION	<ul style="list-style-type: none"> > Discuss concerns with the worker > Provide the worker with initial treatment options if appropriate > Consult with the worker's healthcare provider regarding the worker's history of depression and treatment > Use WCB Healthcare Services to provide an opinion regarding the worker's depression and treatment > Based on medical opinion, assess whether or not the depression is compensable > Discuss with worker whether or not the depression is compensable > Work with the worker's healthcare provider or WCB Healthcare Services to provide a treatment plan and address expectations for return to work > Facilitate return to work considering the worker's depression, its symptoms, treatment and recovery
POTENTIAL FOR HARM	<ul style="list-style-type: none"> > The worker may express doing harm to oneself or others > Contact Specialized Services at 4848 to complete an assessment and an action plan > After threat has subsided, in consultation with Specialized Services and/or psychologist determine the best way to communicate with the worker on an ongoing basis and facilitate the worker's return to work
ADDICTION	<ul style="list-style-type: none"> > There may be no specific information or acknowledgement by the worker of an addiction > When there is specific information (e.g. from the worker's healthcare provider) or acknowledgement by the worker of an addiction, provide the worker with treatment options > In either situation, this challenge is best addressed through methodical and rigorous Case Management

E. WORKER’S MOTIVATION

<p>SECONDARY GAINS</p>	<ul style="list-style-type: none"> > There may be some financial benefit to the worker from not working that reduces their motivation to return to work (e.g. no child care expenses) > There may be some emotional benefit to the worker from not working that reduces their motivation to return to work (e.g. being with and having attention from family) 	<ul style="list-style-type: none"> > These challenges to recovery and return to work may not be evident > When these challenges to recovery and return to work are evident it may not be possible to explicitly address these challenges with the worker > These challenges are best addressed through methodical and rigorous case management including: <ul style="list-style-type: none"> – communication of expectations for recovery and return to work – including limitations to entitlements – from the first contact – clearly addressing any worker expectations regarding retraining and entitlement to VR services – having a Case Plan with a Goal Date and validating the Case Plan and the Goal Date with the worker early in the case lifecycle – conscientiously managing the workers recovery and return to work according to the Case Plan and Goal Date
<p>AGE</p>	<ul style="list-style-type: none"> > The worker may enjoy not working and see their injury as a means to a “retirement lifestyle” 	
<p>JOB DISSATISFACTION</p>	<ul style="list-style-type: none"> > The worker does not like their work and has little interest in returning to work > The worker is using wage loss to carry them while they look for new work > The worker wants retraining from WCB 	

F. WORKPLACE CONFLICT

<p>WORKER/ EMPLOYER CONFLICT</p>	<ul style="list-style-type: none"> > The worker may be in conflict with their employer over their performance > Conflict with their employer may involve the union and even a grievance 	<ul style="list-style-type: none"> > Meet with the employer and the worker together to address returning the worker to work > WCB has no responsibility for mediating performance issues between the worker and the employer > WCB has no responsibility for addressing the union's participation in the worker's return to work; a union representative may be present as requested by the worker > WCB has a responsibility for ensuring that any conflict with the employer, and any involvement by the union, does not obstruct returning the worker to work > As above, this challenge is best addressed by methodical and rigorous case planning and management, sticking to the facts of the worker's recovery and their ability to perform their job duties (regular, modified or alternate)
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