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Catastrophic Case Management

Kayla Payne, RN, BSN, CCM

Prior to becoming a case manager, Kayla Payne had worked as an emergency department (ED) nurse in one of the busiest EDs in her state. As a catastrophic care case manager, she regularly is assigned to injured employees who are transferred to the same ED. Her experiences dealing with traumatic injuries there have prepared her to manage the most critical workplace injuries, while Payne's relationships with former ED medical colleagues allow her to quickly gather and report necessary information to adjusters to initiate treatment plans.

The Case

A 45-year old man working on a conveyer accidentally had his hand get stuck in an auger. The immense trauma he experienced was intensified by the tenuous process of safely releasing his hand from the machine—a 30-minute ordeal. Finally freed, the man was rushed to the local emergency department (ED) where he was diagnosed with a crush injury. Payne was assigned to the case and met the injured employee at the hospital. A hand surgeon was called in and it was determined the man would require below-elbow amputation of his left arm.

Case Management Impact

After extensive surgery, the claimant was visited by Payne daily who updated his medical status to the adjuster and assisted with discharge needs. Using ODG, she developed a return-to-work plan, communicating realistic outcomes to the adjuster and the employer. To keep him close to family, Payne found a board-certified hand specialist near the claimant's home, rather than enduring the hardship of traveling several miles to a larger city. When the specialist recommended the injured employee be fitted with an electrical hand and a gripper prosthesis, Payne became educated on the prosthesis, so she could address the injured employee's questions and concerns.

Outcome

Through Payne's efforts, the claimant was released to light duty in a sedentary role 36 days after the incident and back to full duty in three months with few job modifications and a savings ratio of 6:1 ROI.

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