Workers' Comp

Return to Duty

2 MIN READ



Meet Sandy, CCM, RN

With over 19 years of experience as a registered nurse including five as a workers' compensation case manager, Sandy is highly respected by claims professionals and providers. She takes a team approach by collaborating with the injured employee, carrier, employer and providers to ensure success.

The Case

A 40-year-old male police officer was shot in the hand by a motorist he pulled over on an interstate. The injury required surgery for tendon repair and debridement of his left middle finger. Though the procedure was deemed successful, days later the officer experienced extreme pain radiating from the site of injury to his upper arm. A treating physician assured him the pain was temporary and would subside with time. However, despite pain medications, multiple nerve block injections and physical therapy, the pain continued to worsen. The doctor claimed to be out of treatment options and recommended an independent medical examination (IME) and permanent work restrictions.

Case Management Impact

Through Sandy's experience and interaction with the officer, she was quick to note this was not a case of malingering. Instead, Sandy advocated for the injured officer through frequent communication with the adjuster on the case. With the adjuster's support, Sandy met the physician to obtain referrals to specialty providers to assess the pain sources. She coordinated second-opinion evaluations, procedures, and diagnostic testing to address appropriate treatment plans to diagnose and address it. With time and treatment, the officer's pain slowly resolved, and he was able to return to work light duty and eventually full duty.

Outcome

The officer's pain symptoms were atypical and might normally be flagged as malingering. An IME could have resulted in claim closure and permanent restrictions, which would have not been accommodated by the employer. Sandy's efforts resulted in the officer receiving appropriate treatment and eventually returning to

work ahead of Official Disability Guidelines estimates. Her actions led to wage replacement savings and she used in-network providers for coordination of care to ensure ongoing savings throughout the case.

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