Workers' Comp

PTSD Presumption Claims are Rising. Workers' Comp Needs a Stronger Clinical Response

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5 MIN READ

As PTSD presumption laws expand, workers' compensation teams are facing a more complex challenge: how to support trauma-exposed workers with timely access to care, clinical consistency and a clear path toward recovery.

A recent *Risk & Insurance* article, "How Workers' Compensation Can Better Manage the Rising Tide of PTSD Presumption Claims," explains why this issue is becoming more urgent. The article notes that post-traumatic stress disorder claims are becoming more complex as more states adopt presumption laws for first responders, health care workers and other trauma-exposed employees. It also points to the need for proper diagnosis, coordinated treatment and long-term claim management.

Even after compensability is addressed, the injured employee still needs support moving through care, recovery and return to work.

Who is evaluating the worker? Are behavioral health barriers slowing recovery? Is the worker engaged in treatment? Are medication concerns, missed appointments, workplace fears or sleep disruption affecting progress? What does safe return to work look like when trauma is part of the claim?

These questions need structure. That is where case management provides meaningful value.

PTSD claims need more than a referral

PTSD claims are not all the same. The *Risk & Insurance* article describes several exposure patterns, including a single traumatic event, cumulative trauma from repeated exposure and secondary exposure to trauma experienced by someone else.

That distinction matters because each claim may require a different recovery path. An employee injured during a robbery may need different clinical support than a firefighter with years of cumulative exposure or a dispatcher affected by repeated traumatic calls.

Every PTSD claim needs the same clinical anchor: the right evaluation, steady communication and a recovery plan individualized to the employee's ability to function at work and in daily life.

We previously explored the clinical and pharmaceutical considerations involved in PTSD claims, including the importance of asking the right questions, documenting observations, understanding how long symptoms have persisted and helping connect the employee with a qualified provider when PTSD evaluation or treatment may be needed.

The next step is making sure those best practices are connected inside the claim. A referral alone is not enough if the employee cannot access care, does not understand the treatment plan, misses appointments or is afraid to return to the worksite.

Case management gives the claim a clinical center

PTSD-related claims can involve several moving parts: the injured employee, treating provider, behavioral health clinician, employer, adjuster, pharmacy team and sometimes vocational support. Without one clinical point of coordination, the worker may receive mixed messages and the claim will lose momentum.

Case managers help keep the recovery plan connected.

They do not diagnose PTSD. Their role is different and important. Case managers can identify barriers, document how symptoms affect function, coordinate appropriate referrals, support treatment follow-through and help the claim team understand what is changing, what is not changing and what needs attention.

That role becomes especially important when mental health concerns are not obvious early in the claim. A recent article, Mental Health Is the Hidden Factor Delaying Recovery**,** notes that anxiety, depression and trauma can quietly disrupt even a well-managed claim, often causing missed appointments, disengagement from care or delayed return-to-work.

In PTSD-related claims, those signs may show up as avoidance, irritability, sleep disruption, difficulty concentrating, withdrawal, fear of returning to the worksite or inconsistent participation in care. A case manager can help surface those concerns before the claim stalls.

Treatment follow-through needs steady support

The *Risk & Insurance* article emphasizes that effective PTSD management may include psychotherapy, medication oversight and collaboration across claim stakeholders.

That is an important point for workers' compensation. PTSD recovery can take time, and progress may not be linear. The worker may face provider access issues, medication side effects, fear, stigma, transportation challenges or uncertainty about what treatment is supposed to accomplish.

Case management keeps the care plan practical.

That may include confirming appointments are occurring, clarifying treatment expectations, communicating with treating providers, identifying barriers to participation and keeping the adjuster informed when recovery is not progressing as expected.

The goal is not to push treatment faster than clinically appropriate. The goal is to keep care connected, purposeful and tied to progress.

Return to work should be based on function, not speed

For an employee recovering from trauma, return to work depends on more than physical capacity.

It may also involve concentration, sleep, emotional safety, confidence, workplace trust, exposure to triggering environments and fear of retraumatization. If those factors are not addressed, a return-to-work plan may look sound but fail in practice.

That is why PTSD-related claims need a return-to-work strategy. A case manager can help the team evaluate whether modified duty is appropriate, whether workplace exposure should be gradual, whether job demands align with current function and whether additional clinical support is needed.

Timely and effective return to work is a key goal for workers' compensation professionals, yet injured employees at risk for PTSD are not always properly assessed for the disorder. In PTSD claims, the whole-person view is not a soft benefit. It is a practical claim strategy.

A stronger path forward

PTSD presumption laws are changing the workers' compensation landscape. As more employees gain access to care, claims teams will need to manage trauma-related claims with consistency, empathy and clinical rigor.

The response should not be limited to claim acceptance or referral. PTSD-related claims need early visibility, appropriate behavioral health access, clear communication and return-to-work planning.

Case management brings that structure to the claim. By identifying barriers, coordinating care, supporting treatment follow-through and keeping the recovery plan connected, case managers help injured employees move forward with the right support while giving claims teams a clearer path through complex, trauma-related claims.

Looking for more info on PTSD and the role mental health plays in workers' compensation recovery? Be sure to check out our article Clinical and Pharmaceutical Best Practices for PTSD or explore Enlyte's **Mental Health** resources.



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