Auto Casualty, Workers' Comp

Complex Claims Need More Than a UR Determination

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For claims teams, a utilization review (UR) decision can answer an important clinical question. Is the requested care medically necessary, appropriate and aligned with evidence-based guidelines? But on clinically complex claims, one answer may not be enough.

These claims often involve delayed recovery, high-cost care, multiple providers, medication concerns, return-to-work barriers or treatment plans that do not match the injured employee's functional progress. In these cases, UR is most useful when it is connected to the full claim picture.

The Case for Connecting UR to Clinical Management

That connection between UR and the full claim matters because complex claims are rarely defined by one treatment request. A review may confirm whether a service is appropriate, but the claim may still need a broader clinical strategy. Is recovery moving in the right direction? Are barriers delaying progress? Is treatment aligned with return-to-work goals? Does the claim need case management, peer review, pharmacy support or another clinical resource?

A recent multi-year analysis of nearly 80,000 UR claims showed **28.4% of UR claims also involved telephonic case management, and 7% also involved full field case management.** Said another way, roughly three in ten UR claims were connected to case management activity. This is a practical indicator that many of those claims required broader clinical oversight and that payers need a model built for more than isolated review decisions.

When UR is connected to other clinical touchpoints, claims teams gain a clearer view of what is happening across the claim. A UR review may identify treatment intensity, timing concerns or guideline variance. A case manager may uncover recovery barriers or care coordination needs. A field case manager may reveal jobsite demands, home safety risks, transportation challenges or stakeholder misalignment.

Each clinical touchpoint adds a different view of the claim. Together, those views help claims teams understand whether care is aligned with recovery, whether barriers are slowing progress and whether another clinical resource is needed.

UR as a Lens Into Broader Program Trends

Connected UR and clinical oversight should not stop at the individual claim. Clinically complex claims can also reveal patterns across a UR program, including:

- Repeated treatment requests
- Guideline variation
- Recurring provider behaviors
- Emerging jurisdictional issues

Frequent escalation points may indicate where a program needs closer review, education or adjustment.

Oversight from a dedicated clinical team helps evaluate what is happening across the broader book of UR activity, not just one request at a time. That perspective helps payers understand trends, identify opportunities for improvement and strengthen decision-making across the program. For complex claims, this combination of claim-level insight and program-level clinical oversight gives payers the opportunity to create a more disciplined, consistent and responsive approach.

Moving from Transactional UR to Deeper Claim and Program Intelligence

Enlyte connects UR with case management, peer review, pharmacy and other clinical programs. Just as important, Enlyte's dedicated UR clinical team provides oversight that helps inform decisions at both the claim level and the program level. This connected model helps clients identify risk earlier, understand the broader clinical context and activate the right resource at the right time.

For routine claims, a single review may be enough. For complex claims, context becomes critical. Claims teams need more than a determination. They need a clear view of what the claim needs next, the clinical support to help move it forward and the program oversight to keep improving how complex claims are managed.

Transactional UR answers the request. Connected clinical oversight helps clients understand what the claim needs next and how the program can improve.

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