Catastrophic Injury

What’s Next?

Presentation by
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Objectives

• Is it reportable
• Learn the nature of catastrophic injury
• Understand reporting requirements
• Review best practices in handling catastrophic injury
• Learn what services are available to assist employers and claims professionals
• Present a team approach case study
Is It Reportable?
Case: 51 year-old male teacher trips over instrument case and falls into orchestra pit, sustaining a concussion injury

YES
MECC Case Study

**Case:** Fatality involving 70 yr old worker with no immediate family nor dependents

**YES**
MECC Case Study

Case: A permanent total disability by statute

YES
MECC Case Study

Case: Back injury with surgical complications.
Total incurred of $275,000
MECC Case Study

Case: Three employees injured in a work related automobile accident

YES
Case: Injured employee out of work for 1 ½ years: claim is being contested

YES
MECC Case Study

**Case:** Amputation of index finger at first joint from machine related injury

**NO**
Declines in Claim Frequency Are Consistent for All Injury Types Except Permanent Total

Frequency at First Report

-5% 30% -19% -17%

Contains information obtained from NCCI, used with permission

Source: NCCI Research Brief, July 2009
"But we've never experienced a claim above our retention"

Example of an actual excess claim

On August 28, Michael tripped and fell head first down a set of stairs while carrying a box of files. He was diagnosed with a spinal cord injury and quadriplegia.

Claimant: Michael A.
DOB: March 13, 1953
Status: Divorced with no children
Occupation: Teacher

Direct Claim Cost: $1,931,547

<table>
<thead>
<tr>
<th>Annual Medical Cost</th>
<th>Annual Indemnity Cost</th>
<th>Claim Duration</th>
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<td>$76,410</td>
<td>$33,979</td>
<td>21+ years</td>
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Nature of a Catastrophic Injury

- Traumatic Brain Injury (TBI)
- Spinal Cord Injury (SCI)
- Severe burns
- Traumatic amputations
Evolution of Injury Survival
Pre 1970

- Pre 1970
  - Neurosurgeon
  - Registered Nurse and staff
  - Physical Therapist
Evolution of Injury Survival
Post 1970

- Trauma Surgeon
- Neurosurgeon
- Neurologist
- Orthopedist
- Psychiatrist
- Physiatrist
- Pulmonologist
- Oto-laryngologist
- Ophthalmologist
- Plastic Surgeon
- Rehabilitation nurse
- Physical therapist
- Occupational therapist
- Speech pathologist
- Neuro-psychologist
- Clinical psychologist
- Social worker
- Recreational therapist
- Dietician
- Vocational Counselor
Traumatic Brain Injury
Causes of TBI

- Falls, 28%
- Motor Vehicle-Traffic, 20%
- Struck By/Against, 19%
- Assault, 11%
- Pedal Cycle (non MV), 3%
- Other Transport, 2%
- Other, 7%
- Unknown, 9%
- Suicide, 1%
Injury Overview: Traumatic Brain Injury

- **TBI**: insult to brain caused by external physical force to produce altered state of consciousness; cognitive, physical, and/or behavioral deficits may result.

A concussion is a violent jarring or shaking that results in a disturbance of brain function.

![Diagram of brain injury](image-url)
Brain Trauma Physical Deficits

- Speech
- Vision
- Hearing
- Other sensory or motor deficits
- Headaches
- Seizure disorders
- Spasticity of muscles
- Impaired coordination
- Paralysis
Brain Trauma Cognitive Deficits

- Decreased attention
- Impaired concentration
- Decreased carryover of learning
- Disorientation
- Executive function impairment
- Inflexibility or rigidity in thinking
- Short-term memory problems
Brain Trauma Behavioral Deficits

- Agitation/Lethargy
- Combativeness-either physical or verbal
- Delayed or impulsive responses
- Restlessness
- Sleep disturbance
- Social inappropriateness
- Verbal &/or motor perseveration
- Wandering

- Anger
- Anxiety
- Disinhibition
- Euphoria
- Flat affect
- Frustration
- Guilt
- Labile emotion
- Inconsistency
Spinal Cord Injury
Causes of Spinal Cord Injuries

- MVA: 44.5%
- Falls: 18.1%
- Violence/Assaults: 16.6%
- Sports: 12.7%
Injury Overview: Spinal Cord Injuries

- **SCI**: insult to spinal cord from pressure, overstretching or tearing, swelling, or reduced blood supply; (transection of the cord is rare); loss of neurologic function is either complete or incomplete.
Spinal Cord Impairments and Disabilities: below the level of injury

- Sensation
- Motor function
  - Breathing
  - Hand function
  - Walking
- Urination
- Bowel function
- Sexual function

- Autonomic function
  - Blood pressure regulation
  - Temperature
  - Sweat
  - Inability of body to correct for changes in position, temperature, stress, distension
Serious Burns
Injury Overview: Burns

- Second most frequent cause of accidental death in U.S.
  - 500,000 ER visits annually
  - 50,000 acute admissions
  - 20,000 burn unit admissions
- 12,000 deaths will result
- Types of burns
  - Fire/Flame 64%
  - Electricity 7%
  - Work related 22%
Traumatic Amputations
Injury Overview: Traumatic Amputations

- Accidental severing of some or all of a body part
- 50,000 occur in U.S. annually
- 1/3 due to trauma
- 80% experience phantom pain for over 4 years
- Prosthetics for major limbs are continually evolving
  - Example myoelectric arm = $110,000
Can we really control costs when injuries are so severe?
Be Prepared

- Assure employer guidelines are in place
  - Steps to be taken
  - Know how to communicate 911 needs
  - Verify employee data is current, especially emergency contacts
  - Never short cut safety guidelines/procedures/instruction
  - Know how to immediately report to your TPA or insurer

**Ultimate responsibility of reporting is with EMPLOYER**
Assessing Client Resources

- Previous experience with CAT injury type
- Nurse case manager resources
- Cost containment arrangements
- Open to assistance by carrier
- Retention level does not matter
A Catastrophic Injury Occurs

Immediate thoughts are for the employee and their family.
Team Approach - Medical Management
Consultative Claims Team to Improve Outcomes

- Recommend CAT experienced
  - medical case managers
  - centers of excellence
  - key providers
- Ongoing review of resources
- Monitor quality of care
- Confer with designated insured contacts
- Confer with provider resources
- Assist in long term planning
- Medical cost projections
- Assist in structured settlements
- Medicare Set-Aside trusts
Post-injury Claims Management

• First 24 hours in managing the loss are the most critical
• Investigation of the accident immediately
  - Compensability
  - Third party recovery possibilities
• Nurse case manager skilled in catastrophic injuries
Catastrophic Claim Reporting

- Immediately notify TPA of the severe injury
  - By telephone
  - Don’t wait!
- TPA should notify the excess carrier
  - By telephone
  - Don’t wait!
Approach to Managing Care & Costs of CAT Injuries

• Claim analyst and medical manager respond
• Assessment made of the injury and insured’s resources
• Troubleshoot issues
• Review plan of action
• Assist with cost projections
• Provide education, recommend key resources
  - Expert nurse case managers
  - Centers of excellence
  - Cost management approaches
Nurse Case Manager Selection

- Licensure/certification
- Clinical background
  - Type and years of catastrophic injury experience
- Communication skills: lynch-pin for team
- Knowledge of appropriate resources
- Pro-active intervention
- Outcome focus
- Reporting
Role of the Nurse Case Manager

- Coordinator
- Consultant
- Facilitator
- Monitor
- Problem Solver
- GATEKEEPER

- Advocate
- Counselor
- Resource Finder
- Communicator
- Evaluator/Assessor
- ADVOCATE
Centers of Excellence: Acute Care

- Level I Trauma Centers
- Provide expert live-saving care
- Specialists available
- Contact for your nurse case manager
- Timely transfer of patients to acute rehabilitation
Centers of Excellence: Rehabilitation

- Accreditation, i.e., CARF for SCI/TBI
- Dedicated team for specific injury
- Early transfer from acute care to rehab
- Prevention of secondary complications
- Comprehensive educational programs
- Team focus
- Community reintegration focus
- Expert injury specific MD’s/Physiatrist (PM&R)
Rehabilitation: Activities of Daily Living

- Eating
- Dressing
- Grooming
- Toileting
- Homemaking
- Driving
- Public transportation
- Wheelchair transfers
- Ambulation
- Communications
- Bed Transfers
- Sexual functioning
- Vocational
Brain Injury Model Systems for Rehabilitation

- Univ. Alabama
- Santa Clara Valley (CA)
- Craig (CO)
- Spaulding (MA)
- Mayo Clinic (MN)
- Rehab Institute (MI)
- JFK-Johnson (NJ)
- Mt. Sinai (NY)
- Charlotte Institute (NC)
- Ohio State
- Moss (PA)
- Pitt (PA)
- Univ. TX-Baylor
- VA Commonwealth
- University Washington
Spinal Cord Injury Model Systems for Rehabilitation

Santa Clara Valley (CA)  
Craig (CO)  
National Rehab (D.C.)  
Univ. Miami (FL)  
Shepherd (GA)  
Rehab Institute Chicago  
Spaulding (MA)  
Univ. Michigan  

• Missouri  
• Kessler (NJ)  
• Case Western Reserve  
• Thomas Jefferson (PA)  
• Univ. Pittsburgh  
• VA Commonwealth  
• TIRRR (Texas)  
• Univ. Washington
Burn Rehab Model Centers

- University of Washington
- University of Texas Southwestern
- Johns Hopkins
- University of Colorado
- Galveston Shriners
Reserving a CAT Claim: Things to Consider

- Jurisdiction
- Age
- Education/Transferable skills
- Statutory Rules
- Medical
  - Acute Medical
  - Annual Recurring Medical
Reserving a CAT Claim: Medical

**Acute:**
- Hospital/surgical
- Inpatient rehabilitation
- Outpatient rehabilitation
- Home modifications
- Equipment
- Transportation
- Medical Case Management

**Annual Recurring:**
- Physician
- Attendants/Facility
- Pharmacy/Supplies
- Therapies/Diagnostics
- Durable Medical
- Transportation
- Hospitalization
Acute Cost Example: Home Modifications

- Meet reasonable and necessary standard; state statute
- Enable injured worker to be independent in their environment
- Meet building codes
- Utilize experts
- Average home modification cost $57,000

Note: therapists do not know construction
Annually Recurring Cost Example: Attendant/Facility Care

• Highest category amount for recurring costs
• Represents about 2/3 of annual medical cost
• Dealing with home health agencies
• Facilities for long term placement
MECC Case Study

Case: 64 year-old divorced male who fell from back of truck on 1/30/09 and sustained cervical fractures and spinal cord injury; reported to MECC 2/10/09. He had no family. Vietnam Veteran with Masters degree.
MECC Recommendations and Actions

- Transferred to Center of Excellence
  - Nursing care and resources inadequate at current rehab center
  - MECC provided recommended resource
    - Negotiated rate for employer
    - New Cat NCM
- Guidance on approval for air transfer
- Coordinated team rehab conference
MECC Recommendations and Actions

• MECC met with injured worker
  - Depressed
  - Isolated
  - Suicidal.
• Encouraged VA recreational resources
• Patient responds positively
• Greeter for new patients
Outcome for Employee & Employer

- Discharged home with community based rehab and attendant care
- Refuses a power chair and uses his manual chair
- Convinced he will walk
- Rejoins community
- Progresses to ambulating with a special walker
- Scheduled for adaptive vehicle driving
- Participating in vocational rehabilitation
- Successful cost outcome
Today, he lives independently without attendant care, uses adaptive equipment as needed, and follows up with needed lifelong medical care. With the resources provided through a team approach and his own decision to make the best of his circumstances, he is a productive member of the community again.
Summary

- Catastrophic injuries involve potential life-threatening conditions
- Be prepared and caring
- Timely report to all parties
- Develop a best practice plan for managing
- Utilize key resources
- Reduce loss costs
- Reserve for the life of the claim
Thank you for your questions!