Case Management Best Practices & Ethical Decision Making

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Disclosures

The presenters do not have any personal financial interest or relationship with any commercial interest or the manufacturer(s) of any commercial product that is discussed in the activity.

Objectives

- Describe the definitions of case managers and their role in workers' compensation cases
- Identify factors that may impact a claim including health literacy and social determinants of health
- Discuss ethical codes & principles that guide case managers during the claims process
- Discuss advocacy for best practices using a case study

Case Management Definitions

The practice of case management is professional and collaborative, occurring in a variety of settings where medical care, mental health care, and social supports are delivered. Services are facilitated by diverse disciplines in conjunction with the care recipient and their support system.

(ACMA/CCMC, September 2022)

Case Management Definitions (Cont.)

In pursuit of health equity, priorities include identifying needs, ensuring appropriate access to resources/services, addressing social determinants of health, and facilitating safe care transitions.

Help navigate complex systems to achieve mutual goals, advocate for those they serve, and recognize personal dignity, autonomy, and the right to self-determination.

(ACMA/CCMC, September 2022)

Selection and Assignment of a Case Manager

1. State Board Licensed Professional Nurse (RN) and other certification
2. Responsible for and held to professional conduct standards and ethics
3. Communicates professionally with providers and coordinates treatment of injured workers for the most optimal and cost-effective outcomes
4. Understands the health care delivery system and medical information
5. Allocates resources, multitasks, and communicates with a variety of health care disciplines for collaboration
6. Uses professional nursing training skills to communicate with injured worker and worker's family members
7. Possesses a knowledge base of workers' compensation and the goals and intent of workers' compensation insurance coverage

Titles for Case Managers

- Nurse Case manager
- Medical Case Manager
- Certified Case Manager
- Social Worker Case Manager
- Rehabilitation Case Manager
- Utilization Review Case Manager
- Clinical Case Manager
- Outpatient Case Manager
- Vocational Case Manager
- Addictions Case Manager
- Behavioral Case Manager
- Hospital Case Manager
- Inpatient Case Manager
- Insurance Nurse Case Manager
- Case Manager
- Workers' Compensation Nurse Case Manager

What Distinguishes Case Managers

Registered Nurses (RN) ONLY - CM Certifications

- COHN/CM or COHN-S/CM
- CMGT-BC (formally RN-BC – included all nursing certifications)

RN not required-many RNs obtain these certifications

- CCM – almost 90% are RNs

  How do you know if CCM is nurse - look for the RN in their credentials
- ACM
- CRC
- CDMS and ADMS
- C-SWCM and C-ASWCM

Relevant Certifications (not specific to CM)

CRRN	ABVE	CVE	CVRP	NBCC
CLCP and CLCP-CCLCP	BCRP (OTR/L)	MSCC	ACSW (LCSW or LMSW)	Others

Education AND Employment Requirements

Commission for Case Manager Certification

Qualify with ONE of the Following Education Categories

License*	**Degree+**	**Certification***
Examples: RN, LPN, LCSW, LPC, Rx	Baccalaureate or Master's Degree from an accredited institution, in a Health or Human Services Field	Examples: CRC, CDMS

AND ONE of the Employment Categories

12 Months Full-Time Case Management Experience	**24 Months Full-Time Case Management Experience**	**12 Months Full-Time Supervisory Experience**
**Supervised by a CCM	**Supervisor does NOT have to be a CCM	**As a Supervisor of individuals who provide Case Management

(CCMC, 2025)

Professional Backgrounds

88% RNs

8% LCSW or LMSW

4% Miscellaneous Workers' Compensation (CRC, CDMS)

61% CCMs – Practicing for ≥ 10 years

(CCMC, 2025)

What are SDOH?
Healthy People 2030

- **Neighborhood and Built Environment**
- **Health Care Access and Quality**
- **Educational Access and Quality**
- Economic Stability
- Social and Community Context

(US Department of Health & Human Services, n.d.)


VS

Access to Transportation

Transportation provides access healthcare

How does employee get to/from work?

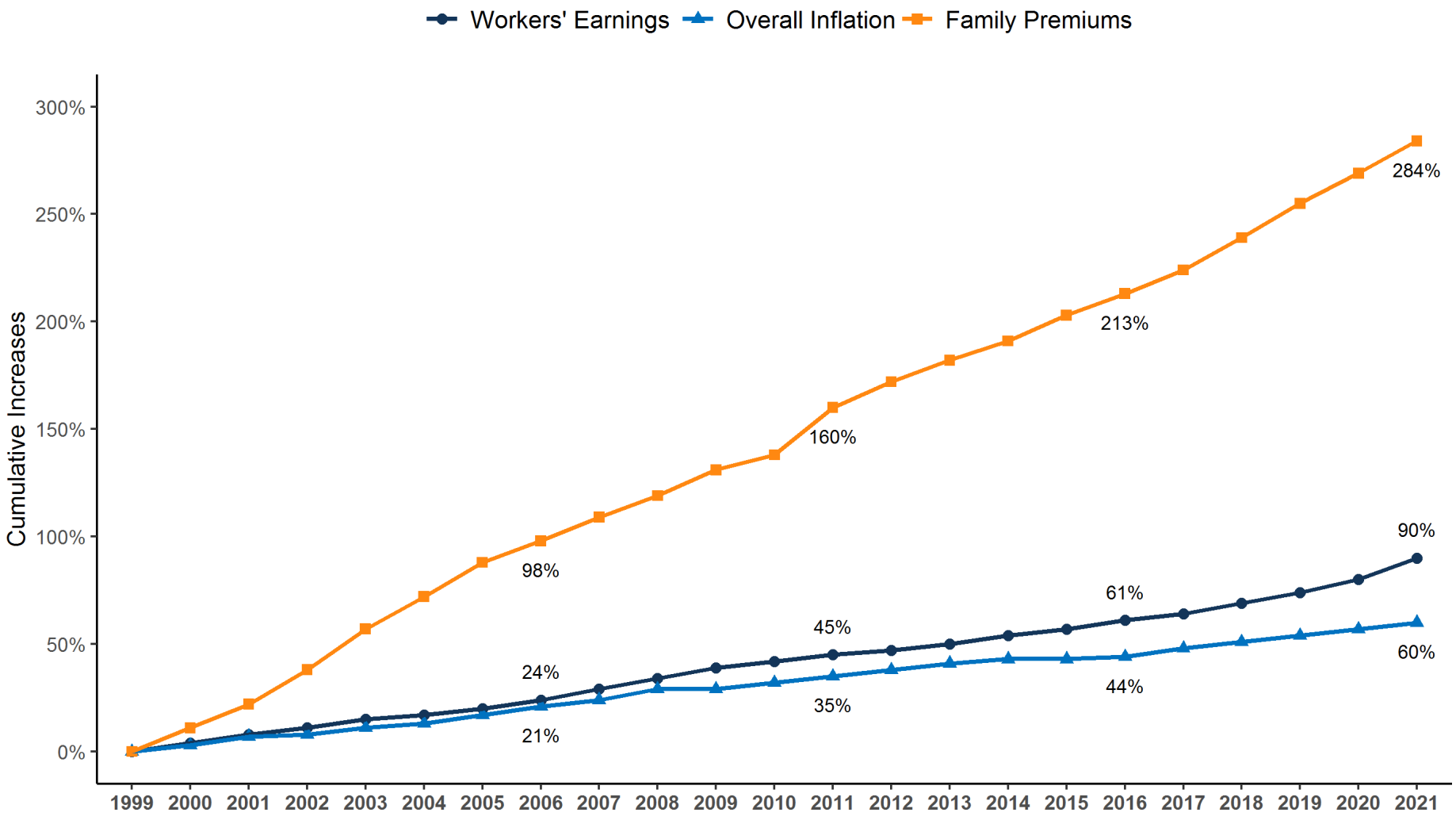
Medical Assistance Transportation Program (MATP) free transportation or reimbursement to medical appointments

(PA Department of HHS, n.d.)

Health Care Access & Quality

- Higher prevalence of health concerns
- Wages failing to keep up with benefits costs
- Growing prevalence of high deductible health plans
- Lack of employer recognition of costs issues

Health Care Access and Quality



Source: KFF Employer Health Benefits survey, 2018-2021

Access to Health Care and Quality

- Low-income workers tend to approach health care like the uninsured
- Lack knowledge of health plan and health care system and workers' compensation system
- Delay care due to dept and have difficulty paying medical bills
  - Lack of transportation
  - Lack of childcare
  - Lack of flexible work schedules
- Understanding SDOH with non-traditional benefits can lower overall costs and improve outcomes

Assistance from Community Resources

- Local Health Bureaus
- Food Banks
- Transportation Companies
- Medicaid
- Pennie
- 211

https://pa211ne.org

Education

- Less education is linked to lower income
- Higher SES allows for better access to better healthcare experts
- Strongly associated with life expectancy, mortality, and morbidity
- Quality education linked to better health
  - ***Health Literacy***

(Morrissey, 2019)

Health Literacy in the City (Video)

Warning Low Health Literacy Effects . . .

- Everyone
- Highly intelligent people
  - Even college educated
- ALL cultures and ALL ethic groups
- All socioeconomic status
- All genders
- All ages
  - more prevalent in ≥ 65 years old

You can't tell by looking . . .

Nurses (n = 30) asked to estimate health literacy of patients (n = 65).

Results: Nurses only identified **19%** of patients with **low health literacy.**

Nurses **overestimated** patients' abilities **MOST** of the time

(Dickens et al., 2013)

So, Look for Red Flags

- Frequently miss appointments
- Don’t adhere to treatment
- Incomplete forms
- Will read it at home
- Pretend to read information
- Don’t admit difficulty reading
- Forget glasses

Things We Can All Do

1. Use Simple, Non-medical Language (AKA Clear, Plain Language)

2. Use Universal Precautions

3. Help Patients Participate in Their Own Care

4. Confirm Understanding (Teach Back)

(U.S. Department of Health and Human Services, n.d.)

Proactive Strategies to Minimize Exposure

Occupational Back Injury Case Management

Case Scenario
Kurt Hurt

Client: 51-year-old male, sheet metal worker

- Background: Recently moved to a new residence (weekend before accident was reported), past medical history includes hypertension, diabetes, and degenerative arthritis of the hip
- Living Situation: Duplex, 2nd floor, 15 steps to his apartment
- Transportation: Valid state license and car that is 10 years old
- Employment: Non-union sheet metal worker, less than 6 months on the job- the employer does not hold a high opinion of this IW.
- Education: Graduated high school. Attempted college many years ago and completed 30 credits but no degree
- Family: Divorced with three children (ages 10, 12, and 15)
- Insurance: No health insurance

Incident:

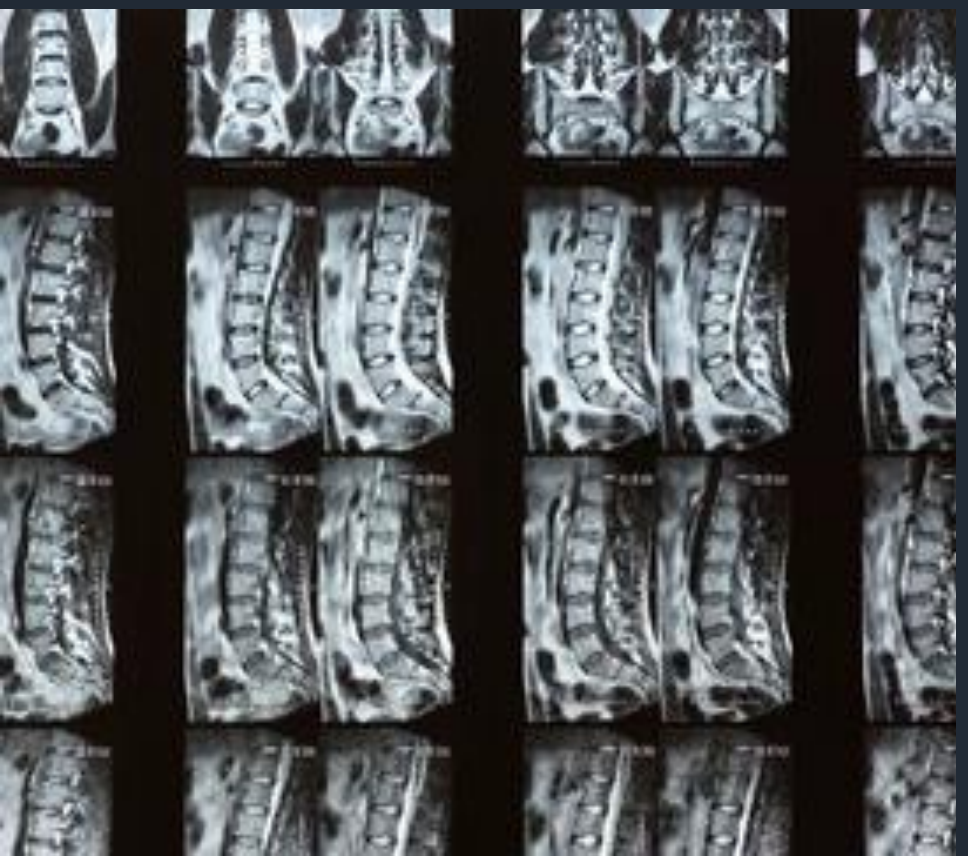
Unwitnessed fall at work on March 30, 2025, reported low back pain.

- Medical Findings: Bulging disc at L5-S1 with no nerve involvement
- Treatment: Sporadic physical therapy, opioid medication for pain
- He has conflicting RTW orders and has opted to follow the off work slip from his PCP and not the WC physician.
- The employer cannot accommodate restrictions due to the nature of the work and the small workforce.

Overview & Red Flags
Kurt Hurt

- **Patient:** 51-year-old male sheet metal worker (<6 months employment)
- **Incident:** Unwitnessed fall at work (March 30, 2025), reported at end of shift
    - **Investigation Needed:** Exact location of alleged incident vs. nature of work duties
- **Timing Concern:** Recently moved to second-floor duplex (weekend before injury)
    - **Causation Question:** Did injury occur during weekend move involving 15 stairs?
- **Insurance Status:** No health insurance, workers' compensation claim filed

Medical Provider Assessment & Clinical Findings
Kurt Hurt



Initial Diagnosis (Dx): Lumbar strain (ICD-10: S39.012A)

- Physical exam: Limited ROM, paraspinal tenderness, negative SLR
- Treatment: NSAIDs, activity modification, PT referral

Updated Dx: L5-S1 bulging disc without nerve compression (ICD-10: M51.26)

- MRI findings: Disc bulge without nerve impingement, degenerative changes
- Treatment implications: Longer recovery timeline, specific exercise protocol

Comorbidities: Hypertension, Type 2 Diabetes, Hip Osteoarthritis, smoker

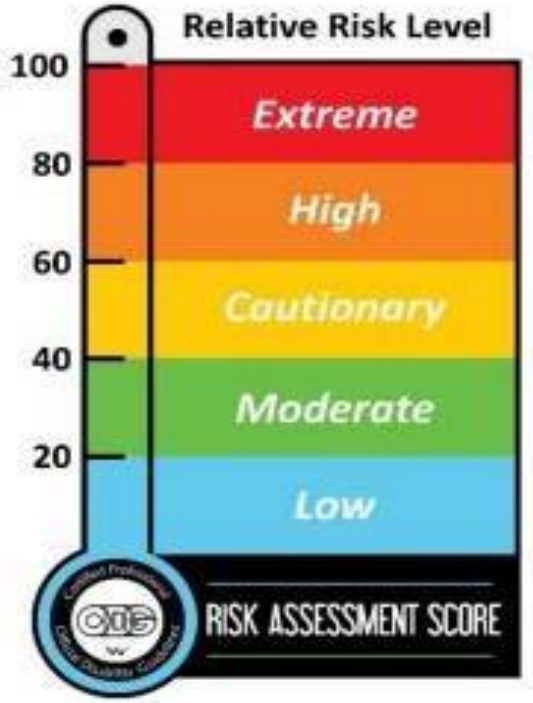
Red Flags:

- Inconsistent pain behaviors during observation vs. examination
- Poor PT compliance (4/12 sessions attended)
- Functional discrepancies (observed capabilities exceed reported limitations)

Phase-Referral to CM	Interventions
Assessment (Week 1)	• Initial interview /assess physical & psychosocial status • Confirm if a panel is in place for the employer and identify current provider • Identify any barriers to recovery (i.e., support system, transportation, language, health literacy) • Clarify medical history and comorbidities • Address RTW expectations • Obtain job description from employer/confirm if the employer can accommodate restrictions
Treatment Coordination (Weeks 1-6)	• Schedule/Attend medical appointments • Coordinate interdisciplinary communication • Advocate for evidence-based protocols; discuss benchmarks for recovery with treating provider • **Request RTW status with each encounter from 1st contact** • Address opioid reduction- if appropriate • Coordinate diagnostics if ordered • Facilitate PT orders and provider location • Follow up with providers-confirm compliance and/or completion of treatment plan elements • Document all communication with all involved in case
Return-to-Work Facilitation (Weeks 3-10)	• Continue to address RTW expectations/timeframes from all involved (providers, client, employer) • Facilitate FCE and/or work site ergonomic assessment if ordered by provider, • Mediate between provider restrictions and job demands/document objective functional improvement
Resolution Planning (Weeks 8-12)	• Discuss RTW full duty and document maximum medical improvement • Facilitate/coordinate IME if progress stalls*

Kurt Hurt ODG Benchmarks & EBP Treatment

Risk Assessment Score: 47.67 Risk Score Color: Yellow (Cautionary)



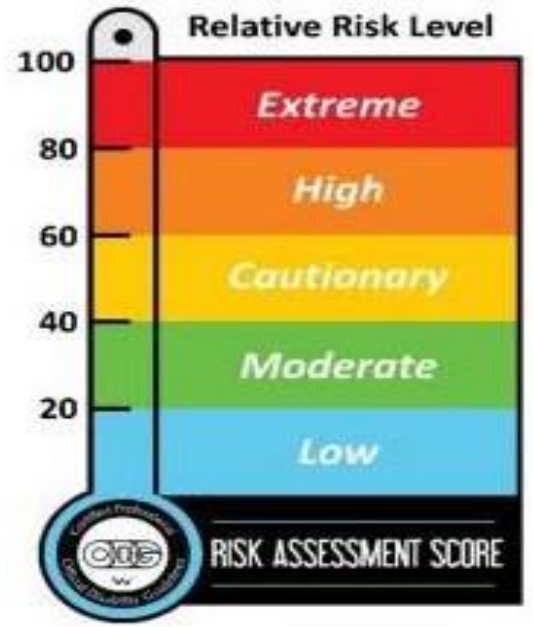
Age: 51
Jurisdiction: PA
Job Demand: Medium Duty
AWW: $750

ICD CODE: S39.012A
Strain of muscle facia & tendon of lower back initial encounter

	Best Practices	Typical	Maximum
ODG Indemnity Cost	$1,285.71	$2,214.29	$3,214.29
ODG Medical Cost	$5,157.98	$11,451.51	$17,776.20
ODG Expense & Admin Cost	$858.77	$1,054.95	$1,495.43
ODG Total Cost	$7,302.46	$14,720.75	$22,485.92
ODG RTW Duration	18	31	45

Kurt Hurt ODG Benchmarks & EBP Treatment

Risk Assessment Score: 83 Risk Score Color: Red (Extreme)



Age: 51
Jurisdiction: PA
Job Demand: Medium Duty
AWW: $750

ICD CODE:
M51.26 – Other intervertebral disc displacement lumbar region
S39.012A – Strain of muscle facia and tendon of lower back initial encounter

	Best Practices	Typical	Maximum
ODG Indemnity Cost	$6,857.14	$15,357.14	$22,928.57
ODG Medical Cost	$15,906.27	$41,443.93	$67,165.49
ODG Expense & Admin Cost	$2,395.99	$3,359.33	$4,887.97
ODG Total Cost	$25,159.40	$60,160.40	$94,982.03
ODG RTW Duration	96	215	321

Return to Work Progression & Exposure Control

RTW Timeline:

- **Immediate - Week 2:** Modified duty (≤15 lb lifting)
- **Weeks 3-6**: Progressive duty increases (to 40 lb lifting)
- **Weeks 7-8:** Regular duty with ergonomic modifications
- **Week 12:** Full duty or MMI with permanent restrictions

Exposure Control Measures:

- Documentation of non-compliance/inconsistencies
- Evidence-based treatment protocols
- Active return-to-work participation requirements

Quality Metrics and Outcomes

Measuring success in work recovery

- Recovery benchmarks (i.e., ODG based on Dx)
- Return-to-work expectations
- Exceptions to outcomes (i.e., other health conditions)
- Patient satisfaction
- Return on investment (ROI)
  - $ Spent / $ Saved

Codes of Ethics and Conduct Comparison

Shared Ethical Foundation

Professional Codes of Ethics
Nursing, CCMC, CRCC, CDMS

1. Client/Patient-Centered Care
2. Professional Boundaries and Relationships
3. Confidentiality and Privacy
4. Professional Competence
5. Collaborative

Ethical Principle	CCMC (Certified Case Manager)	CRCC (Commission on Rehabilitation Counselor Certification)	CDMS (Certified Disability Management Specialist)	RN (Registered Nurse)
Core Values	Autonomy, Nonmaleficence, Beneficence, Justice, Veracity	Autonomy, Beneficence, Fidelity, Justice, Nonmaleficence, Veracity	Autonomy, Nonmaleficence, Beneficence, Justice, Fidelity	Autonomy, Justice, Beneficence, Nonmaleficence
Client/Patient Focus	Client advocacy is central; placing public interest above self-interest	Primary obligation to clients with disabilities; respecting their autonomy	Client-centered approach; promoting client autonomy and well-being	Primary commitment to the patient/recipient of care
Professional Responsibility	Authority, accountability, and obligation to maintain competence	Commitment to ethical practice and professional growth	Maintaining competence and professional standards	Authority, accountability and responsibility for nursing practice
Confidentiality & Privacy	Protection of client information; respect for privacy	Protection of confidential information; privileged communication	Safeguarding client privacy and confidential information	Protecting patient privacy and confidentiality
Cultural Competence	Cultural sensitivity and appropriate service delivery	Multicultural considerations in all aspects of practice	Cultural competence in service delivery	Respect for unique attributes of every person
Professional Boundaries	Maintaining appropriate relationships with clients	Clear guidelines on professional relationships and boundaries	Establishing clear professional boundaries with clients	Maintaining professional boundaries and relationships
Professional Development	Obligation to maintain and improve knowledge and skills	Commitment to continuing education and professional growth	Ongoing professional development	Maintaining competence through continuing education
Research & Publication	Ethical standards for research involving human subjects	Guidelines for research, authorship, and publication	Ethical conduct in research activities	Advancing the profession through research
Technology & Records	Proper record keeping and appropriate use of technology	Guidelines for technology, social media, and virtual services	Proper documentation and use of technology	Ethical use of technology and proper documentation
Collaboration	Professional relationships with healthcare team members	Relationships with other professionals and employers	Interdisciplinary collaboration	Collaboration with other health professionals

Ethical Challenges and Resolution

Duty to patient vs. payer obligations

- Balance patient advocacy with resource stewardship
- Align treatment with evidence-based guidelines while addressing individual needs
- Communicate coverage limitations transparently (i.e., work r/t only)
- Keep recovery and return-to-work as primary goals
- Document decision-making processes

Ethical Challenges and Resolution

Maintaining Professional Boundaries

Establish Clear Roles

- Injured workers
- Providers
- Employers
- Insurance Carrier

Documentation

- Objective records
- Rationales for treatment
- Accurate timelines
- Functional assessments
- Record all communications

Ethical Challenges and Resolution (Cont.)

Reporting Obligations

- Mandatory reporting for misrepresentation
- Work status and restrictions
- Safety concerns or workplace hazards
- Balance transparency with information protection

Confidentiality Considerations

- Appropriate releases
- Only necessary information
- Protected health information
  - (HIPAA & State WC Regulations)
- Explain privacy practices
- Comply with both HIPAA and workers' compensation regulations

Kurt Hurt
A Look at Ethical Challenges

Ethical Principles

- Autonomy vs. Beneficence
- Nonmaleficence
- Justice
- Veracity

Kurt Hurt (cont.)

Satisfying the Customer Who Referred the Claim

- Timely Updates
- Expediting Treatment and Obtaining Documentation
- Transparency
- Customer Service

Conclusion:

Managing this case involves navigating complex ethical and professional challenges. The case manager must balance the client's needs with professional standards and the expectations of the referring customer.

By adhering to ethical principles and maintaining clear professional boundaries, they can provide effective and compassionate care while ensuring fairness and transparency in the claims process.

Thank you!

Any questions?

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Code of Ethics & Conduct Comparison Chart Chart Appendix

Code of Professional Conduct (1 of 2)
Principles

Commission for Case Manager Certification

PRINCIPLE 1: Board-Certified Case Managers (CCMs) will place the public interest above their own at all times.

PRINCIPLE 2: Board-Certified Case Managers (CCMs) will respect the rights and inherent dignity of all of their clients.

PRINCIPLE 3: Board-Certified Case Managers (CCMs) will always maintain objectivity in their relationships with clients.

PRINCIPLE 4: Board-Certified Case Managers (CCMs) will act with integrity and fidelity with clients and others.

PRINCIPLE 5: Board-Certified Case Managers (CCMs) will maintain their competency at a level that ensures their clients will receive the highest quality of service.

PRINCIPLE 6: Board-Certified Case Managers (CCMs) will honor the integrity of the CCM designation and adhere to the requirements for its use.

PRINCIPLE 7: Board-Certified Case Managers (CCMs) will obey all laws and regulations.

PRINCIPLE 8 Board-Certified Case Managers (CCMs) will help maintain the integrity of the Code, by responding to requests for public comments to review and revise the code, thus helping ensure its consistency with current practice.

Code of Professional Conduct (2 of 2) Rules

Commission for Case Manager Certification

RULE 1:
A Board-Certified Case Manager (CCM) will not intentionally falsify an application or other documents.

RULE 2:
A Board-Certified Case Manager (CCM) will not be convicted of a felony.

RULE 3:
A Board-Certified Case Manager (CCM) will not violate th code of ethics governing the profession upon which the individual's eligibility for the CCM designation is based.

RULE 4:
A Board-Certified Case Manager (CCM) will not lose the primary professional credential upon which eligibility for the CCM designation is based.

RULE 5:
A Board-Certified Case Manager (CCM) will not violate or breach the Standards for Professional Conduct

RULE 6:
A Board-Certified Case Manager (CCM) will not violate the rules and regulations governing the taking of the certification examination and maintenance of CCM Certification.

Code of Ethics CRCC Objectives

- Promote public welfare by specifying ethical behavior
- Establish principles that guide ethical behavior
- Serve as an ethical guide designed to assist in constructing a professional course of action
- Serve as basis for the processing of alleged Code violations

Values and Principles

- respecting human rights and dignity of all people;
- ensuring the integrity of all professional relationships;
- acting to alleviate personal distress and suffering;
- enhancing the quality of professional knowledge and its application to increase professional and personal effectiveness;
- promoting empowerment through self-advocacy and self-determination;
- respecting and understanding the diversity of human experience and appreciating culture;
- emphasizing client strengths versus deficits;
- serving individuals holistically; and
- advocating for equitable and appropriate provision of services.

Code of Professional Conduct

Certified Disability Management Specialist

PRINCIPLE 1:
Board-Certified Disability Management Specialists shall endeavor to place the public interest above their own at all times.

PRINCIPLE 2:
Board-Certified Disability Management Specialists shall respect the integrity, dignity, and protect the welfare of those persons or groups with whom they are working.

PRINCIPLE 3:
Board-Certified Disability Management Specialists shall always maintain objectivity in their relationships with clients.

PRINCIPLE 4:
Board-Certified Disability Management Specialists shall act with integrity and dignity in dealing with other professionals.

PRINCIPLE 5:
Board-Certified Disability Management Specialists shall keep their technical competency at a level that ensures their clients will receive the benefit of the highest quality of service the profession can offer.

PRINCIPLE 6:
Board-Certified Disability Management Specialists shall honor the integrity of the CDMS credential and respect the limitations placed on its use.

PRINCIPLE 7:
Board-Certified Disability Management Specialists shall obey all laws and regulations, avoiding any conduct or activity that could harm others.

PRINCIPLE 8:
Board-Certified Disability Management Specialists shall help maintain the integrity of the CDMS Code of Professional Conduct.

Code of Ethics for Nurses

American Nurses Association

PROVISION 1: Dignity and Respect
The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

PROVISION 2: Primary Commitment
A nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.

PROVISION 3: Trust and Advocacy
The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.

PROVISION 4: Responsibility and Accountability for Practice
Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care.

PROVISION 5: Duties to Self
The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.

PROVISION 6: Ethical Work Environments
Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.

PROVISION 7: Knowledge Development and Social Policy
Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.

PROVISION 8: Collaborative Relationships
Nurses build collaborative relationships and networks with nurses, other healthcare and nonhealthcare disciplines, and the public to achieve greater ends.

PROVISION 9: Commitment to Society and Social Justice
Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.

PROVISION 10: NEW! A Global Nursing Community
Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.