

Benefits

- Makes physician guides available one on one, where possible, and by phone during normal business hours in all U.S. time zones
- Provides medical understanding and reassurance for complex or challenging cases
- Assists with many facets of the claim, as needed, including utilization review, medical litigation, and claim settlements
- Accelerates claims closings and, in turn, helps lower claims costs

Clinical Expertise, Integrated Claim Strategy

Many claims examiners value the educated perspective of a professional nurse in their case management process. At Paladin, our Physician Guide service takes it one step further by assigning a dedicated physician to individual claims.

Each physician guide is skilled at consulting with patients, families, treating physicians, and employers, as needed. Guides also assist claims examiners in arriving at a better understanding of strategies for managing medical issues through:

- Follow-up communication with treating physicians and other providers
- Collaboration with providers on developing beneficial care plans
- A focus on moving toward maximum medical improvement ('permanent and stationary'), return to work, and case settlement
- Active involvement in cases in which there has been no measurable improvement in the patient's rehabilitation potential of future medical expenses and laying the ground work for settling cases.

The Paladin Physician Guide Program (PG Program) is also known in the industry as Telephonic Case Management (TCM). Paladin Physicians manage the medical aspects of a claim to assist in resolving medical issues expeditiously, improve outcomes, and promote Return to Work (RTW) when appropriate and necessary.

Examples of how the Paladin Physician Guide Program (PG Program) can be utilized are below, but are not all inclusive:

- Immediate hospitalization following injury
- Catastrophic injuries (spinal/brain, loss of limbs)
- Quadriplegia, paraplegia or severe spinal cord injury
- Severe burns (3rd degree of 9% or more of body surface) or disfiguring
- Cumulative trauma claims or AOE/COE questions
- Complex claims requiring care coordination (loss of function of major organs, heart attack, multiple co-morbidities acting as barrier to recovery)
- Chronic pain claims/opioid dependency requiring coordination and medical oversight for detoxification and chronic pain programs
- Demonstrated prior or current alcohol or substance abuse
- Medical-Legal coordination for settlement strategy

The purpose of the Physician Guide Program (PG Program) is to give the Examiner/Adjuster a clinical resource to review the case and work in tandem with the treating provider to implement an interdisciplinary treatment plan based upon medical guidelines to improve outcomes and assist in return to work when appropriate and necessary. The PG will communicate with the injured worker, the employer, the treating physician and the Examiner/Adjuster throughout the assignment.

UTILIZATION REVIEW WITH THE PHYSICIAN GUIDE:

The Physician Guide (PG) may also authorize Utilization Review (UR) requests that come in on current PG telephonic case management cases, or the PG may refer the request to Utilization Review for processing if an authorization is not recommended or in the opinion of the PG, the request may go to a specialty match physician for review.

REFERRAL PROCESS

1. The Examiner/Adjuster will send an email outlining specific requests or handling instructions and include any related documents, if possible, last 6 months of medical records pertinent to claim (progress reports, diagnostics, operative report, therapy notes, medication history, IME, med legal reports, etc.) to MCCPDQ.mailbox@denstargroup.com and indicate in the subject line 'Physician Guide Program'.
2. The Adjuster will include the following in the body of the email:
 - a. Claimant First and Last Name
 - b. Claim Number
 - c. Date of Birth

WHAT TO EXPECT

1. Initial roundtable between PG and the Examiner/Adjuster will be scheduled by Paladin managed care coordinator. Confirmation email will be sent to PG and the Examiner/Adjuster with date/time and contact information for conference call. The Examiner/Adjuster can invite other claim staff to the call (i.e. manager, director).
2. Initial email from the PG will be sent to the Examiner/Adjuster upon assignment to ensure that the PG is aware of goals.
3. Once goal is achieved, (i.e. the injured worker has reached MMI, specific goal/task is achieved, etc.) the PG will inform the Examiner/Adjuster of closure via email.

PHYSICIAN GUIDE CASE EXAMPLES

EXAMPLE #1

Implementation of qualified medical evaluator (QME) recommendations for maximum medical improvement (MMI) determination and strategic use of utilization review (UR).

- **Profile:** 28-year-old female nurse assistant sustained an injury to her low back after assisting a resident in the bathroom. Injured worker identified as high risk for poor treatment outcome, multiple co-morbidities, psychosocial factors and opiate disorder. QME recommendations were useless as injured worker was not deemed MMI but no treatment recommendations provided.
- **Request:** Referred to Paladin physician guide (PG) to help move file toward MMI and settlement.
- **Paladin Intervention:** PG coordinated plan with goal for MMI status at QME re-evaluation. PG facilitated treatment, lumbar epidural was authorized and scheduled; facilitated spinal surgery consult after lumbar epidural and found to be non-surgical; authorized limited cognitive behavioral therapy. UR non-certified functional capacity evaluation with treating physician as injured worker was not a good candidate.
- **Solution/Outcome:** PG was able to move case along toward MMI by expediting treatment plan. On QME re-evaluation, she was deemed MMI. Claims examiner was able to settle by compromise and release for \$42,000.

EXAMPLE #2

Arising out of employment/course of employment (AOE/COE), deposition prep and qualified medical evaluator (QME) review.

- **Profile:** QME opined that there was compensability for valley fever claim in endemic area, but claims denied compensability as they did not agree with QME. There was also an internal condition causation dispute for hypertension.
- **Request:** Paladin physician guide (PG) was asked to review the file for causation and identify errors in QME's rationale as well as prep defense attorney for deposition of QME expert.
- **Paladin Intervention:** PG identified flaws in QME report that does not show an understanding of the epidemiology, ecology and transmission of the disease. QME did not review the injured worker's specific work conditions in the investigative reports or extra-employment exposures. PG provided deposition of expert preparation for causation dispute of hypertension and prepped defense attorney for QME deposition.
- **Solution/Outcome:** On deposition, QME was upset but did not change opinion on compensability. However, he conceded that this case was odd. Claims was able to settle by compromise and release at \$150,000 while maintaining denial of compensability.

EXAMPLE #3

High exposure reduction and claim mitigation strategies/strategic use of utilization review (UR)/complex injury care coordination and strategic coordination of med-legal evaluation.

- **Profile:** Misdiagnosed 3rd degree burns requiring intensive burn treatment that was delayed. There was a history of depression, workplace issues, multiple pain areas, burn injuries needing grafting, somatic complaints and high adverse childhood experiences-domestic violence. Terrible agreed medical evaluator (AME) opined that all somatic complaints and multiple organ systems were compensable, and applicant attorney looking for 100% disability.
- **Request:** Paladin physician guide (PG) was asked to coordinate care needed for this complex injury and mitigate high exposure to prevent 100% disability.
- **Paladin Intervention:** PG facilitated all appropriate medical care for burn at Center of Excellence Burn Center, achieved maximum medical improvement (MMI) for burn with little permanent disability and future medical, identified multiple inappropriate diagnoses from gynecology and neuropsychology agreed medical evaluators (AMEs), facilitated Psybar neuropsychology with good results (no cognitive deficits), and facilitated evaluation with gynecology with good results (gynecology issues were non-industrial).
- **Solution/Outcome:** Able to decrease exposure with good collaboration with claim examiner and defense attorney. Compromise and release for \$150,000, while independent medical review (IMR) upheld for narcotics, sedatives and retrospective review of urine drug screen.

EXAMPLE #4

Coordination of detox/functional restoration program for opioid disorder.

- **Profile:** Female nurse assistant who injured her low back and has been off work for several months with no response to conservative treatment. She's on Norco for pain and visited emergency department asking for more narcotics.
- **Request:** Paladin physician guide (PG) assigned to communicate with injured worker and treating physician the visits to the emergency room, monitoring of the narcotics and need to reduce.
- **Paladin Intervention:** PG discussed referral to addiction specialist with treating physician and spoke with injured worker regarding a multidisciplinary pain evaluation, which she agreed to attend. PG coordinated the detox program and functional restoration program, which she initially did well and was able to wean off all meds, but addiction specialist reported that she was high risk for relapse.
- **Solution/Outcome:** Injured worker fell in shower at home, broke her wrist, and claims received bills from emergency department and orthopedist. Narcotics were prescribed, but she did not disclose her opioid disorder. PG communicated with orthopedist, all narcotics were non-certified by utilization review (UR), and claims pushed for settlement. She agreed to settle by compromise and release for a few thousand dollars.

EXAMPLE #5

Complex care coordination/addiction evaluation/prosthesis complications/strategic use of utilization review (UR) and claims and defense attorney collaboration.

- **Profile:** Injured worker who had below knee amputation, dependent of narcotics, and has accepted gastrointestinal complaints and post-traumatic stress disorder/depression. Injured worker found to be obtaining additional narcotics from the street. He has been resistant to settling and only settled indemnity.
- **Request:** Paladin physician guide (PG) assigned to coordinate with multiple specialists for prosthesis complications, neuroma surgery, possible complex regional pain syndrome, pain management evaluations, gastrointestinal specialist and treatment.
- **Paladin Intervention:** PG coordinated care with multi-specialists and recommended evaluation with addiction specialist. Claims and defense attorney were able to get agreement with applicant attorney for evaluation at UCLA substance abuse department. Evaluation by addiction specialist diagnosed injured worker with opioid disorder and recommended outpatient medication assisted treatment (MAT) program, which PG coordinated, but injured worker failed to attend.
- **Solution/Outcome:** Despite PG efforts to coordinate medication assisted treatment and inpatient detox programs, injured worker declined, and treating physician continued to prescribe narcotics despite opioid disorder. Utilization review (UR) was employed and non-certified the meds as well as a new powered wheelchair that was requested. Settlement was eventually reached for full compromise and release.

Contact Paladin Managed Care Services today

Paladin is setting the industry standard for managed care services by involving physicians in every service. This unique approach incorporates the medical expertise of physicians at the level where it can do the most good — for our client, the patient, and the policyholder paying the premium. Our full set of physician-guided managed care services covers Clinical and standard Medical Bill Review, Case Management, Physician Guide and Utilization Review.

To learn more, call us at 800.559.5556, email us at info@paladinmc.com or visit us at www.paladinmc.com

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