Case Studies from a Workers’ Compensation Rehab Perspective

Michelle Baker BS, RN, CRRN ,CCM
CASE STUDY #1

- 35 year old male client who had an above knee amputation with traumatic brain injury following a motor vehicle accident.
- Team goals were wheelchair level mobility with the possibility of short distance ambulation.
- Team anticipated requiring full time supervision secondary to traumatic brain injury long term.
- Family and client goals were ambulation in the community and return to work.
- Initial prosthesis was simple and safe
- Multiple medical complications coupled with traumatic brain injury delayed rehabilitation by 12-18 months.
CASE STUDY #1

• Psychosocial factors included: a wife pregnant with a 2\textsuperscript{nd} child; delivered 4 months after injury; the older child was 18 months at the time of the injury.
• There was a persistent family desire to have client in the home setting despite the home being a split level, in a remote area. The client was unable to ambulate with his prosthesis and required 24 hour supervision.
• The client had no insight into his brain injury and his wife needed his support in the home, causing her to turn a blind eye to some of his deficits.
• His wife would leave the children in the home with the client for child care.
Resolution Case Study #1

- Gait training in multiple settings
- Remote area
- Inexperienced home health providers/therapists
- Required expert evaluation and input
- Composite knee provided
- Ambulation more evident
- Initial equipment required due to inability to ambulate
- Equipment changed with progression
Resolution Case Study #1

• Increased activity
• Equipment changes
• Bathroom equipment required 3 transfers
• Concrete walkway
• Architect evaluation
• Accessibility addressed

As client began to ambulate:
• addition to the home
• elevator
• widened kitchen access
• widened children's bedroom door
• paved driveway
• family and injured worker education
• coordinated multiple traumatic brain injury programs
Resolution Case Study #1

• By waiting for rehab to be completed, the family could be more focused and wait for the clients long term abilities to be more evident.

• Prosthetic use became more evident over the course of his rehab and he exceeded team expectations; he was driving, watching his children for short periods and looking into returning to work.

• A social worker was consulted by the case manager to assist with financial and child care issues because his wife was leaving him with the children prematurely.

• Expert physical therapist was consulted to assist in a treatment plan for visiting physical therapist and then outpatient therapy. Collaborative visits made with case manager and physical therapist with expert to assist in treatment plan.
Case Studies from a Workers’ Compensation Rehab Perspective

Chikita Mann, MSN, RN, CCM
CASE STUDY 2

- The injured worker was driving his police motorcycle in a parking lot 15 miles/hour. He came upon a pothole and was not able to miss it. He hit it and it flipped with his vehicle landing on him.
- He sustained left distal TIB/Fib fracture with compartment syndrome left leg.
- Treatment received: Surgery of Left leg fasciotomy left leg with external fixator.
- Obstacle # 1: Chronic Osteomyelitis
- Obstacle # 2: Wound infections
CASE STUDY 2 cont.

• Solution:
   Referral to 4 different specialists
    ▪ orthopedic surgeon
    ▪ wound specialist
    ▪ infectious disease
    ▪ vascular surgeon
   Transportation
   Medications
   Home health care
Case Study 3

Tim

- Office worker who no longer met criteria for case management
- Adjuster wanted Case Manager to remain on the case
- Tim continued to contact the case manager to discuss events
Case Resolution

- Discuss case with adjuster
- Discuss case with supervisor
- Educate Tim on why case management case was being closed
- Send letter to Tim with contact information
A nurse case manager is meeting her client at the physician’s office. The waiting area is filled and when the injured worker arrives, the NCM says “Hello, how are you?” The client proceeds to tell the NCM that he is not doing well at all, has constant pain and thinks that he will never be able to go back to work. The client later calls an attorney and accuses the NCM of requesting/disclosing personal health information in a crowded waiting area. What should the NCM have done?
Options

• Always be careful of any greeting in areas where there are others. It’s best to not ask open ended questions.

• If the injured worker starts to disclose any PHI in areas where others might overhear, the NCM should stop the injured worker from disclosing anything until there is no chance that the conversation could be overheard.
CASE STUDY #5

- Client is 54 year old male who sustained a C6 spinal cord injury while working as a diesel mechanic resulting in tetraplegia.
- Following a short local acute rehabilitation stay it was apparent he needed expert treatment.
- There were multiple medical complications, included non-healing stage IV sacral wound.
- The client did not feel the wound and was non-compliant with staying in bed.

- Psychosocial aspects included wife who worked full time and had a second evening job.
- She wanted control but was not involved in any care that occurred.
- Client was being transferred 2 hours in ambulance for wound clinic visits.
- Case manager inherited the case at this point.
Resolution Case Study #5

Hurdles:
- Initial equipment was inappropriate
- Lack of experienced providers
- Expert assessment from start needed
- Client resistant to providers
- Required out of state rehabilitation center
- Required home health staff training
- Family training
- New providers in local area
Resolution Case Study #5

- Expert spinal cord injury consultant
- Home modifications evaluated
- Appropriate equipment replacement
- Specialty long term mattress
- Computer, large button phone
- Accessible van for transport
- Expert physical therapy evaluation in home
- Expert physical therapy training home health staff
- Home modifications provided to increase ability to direct care
- Home health assistance
Resolution Case Study # 5

• After return home and access to new providers in the area, education to already established providers and continued education to the client and family, the client was able to begin work with a vocational counselor looking at sedentary work using his mechanical knowledge of trucking for a new position.
• Completed his driver evaluation and obtained his drivers license back. He purchased a full size van that he could drive from his wheelchair independently with assistance to access the ramp.
• Social work was consulted for long term financial assistance to apply for social security disability.
• Psychological counselor engaged to assist in marital issues and adjustment to his disability.
CASE STUDY 6

- The injured worker was driving his police motorcycle in a parking lot 15 miles/hour. He came upon a pothole and was not able to miss it. He hit it and it flipped with his vehicle landing on him.
- He sustained left distal TIB/Fib fracture with compartment syndrome left leg.
- Treatment received: Surgery of Left leg fasciotomy left leg with external fixator.
- Obstacle # 1: Chronic Osteomyelitis
- Obstacle # 2: Wound infections
CASE STUDY 6 cont.

• Solution:
  ➢ Referral to 4 different specialists
    ▪ orthopedic surgeon
    ▪ wound specialist
    ▪ infectious disease
    ▪ vascular surgeon
  ➢ Transportation
  ➢ Medications
  ➢ Home health care
Case Study 7

Louise

- 60 year old manufacturing warehouse production worker
- Job required extensive standing/walking on concrete floors which led to a job related knee injury
- Surgery
- Course of therapy
- Obesity kept her off work
Case Resolution

- Nutritional Counselling
- In depth conversation with Louise regarding need for change
- Therapist evaluated work setting
- Therapist provided therapy 3 times a week at plant
- Restricted work hours
- Started to lose weight
- Restrictions were permanent – but she was able to be promoted to a supervisor position
“I was on workers comp for 18 months to recover from a job injury. After that, I had to go to rehab to cure my addiction to daytime TV.”