Case Managers and Disability Managers: 
Working Together Toward Return-to-Work Goals

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When an employee becomes ill or injured, a number of professionals may come together to handle the case, whether it is covered by workers’ compensation or short-term or long-term disability. The interdisciplinary team may very well include a nurse or vocational case manager, perhaps working for an insurance company or workers’ compensation carrier, and a disability case manager, who may work for an employer or with the company as a consultant.

In this context, case management and disability management come together as two distinct, yet complementary, disciplines. The case manager, who advocates for the medical needs of the employee, and the disability manager, who acts as a liaison between the employer and the employee, work closely together toward a positive outcome of maximum medical recovery and ultimately a return to work (RTW).

Cooperation between the two professionals begins with mutual understanding and respect for the expertise and role of each in the process. Clear and open communication is essential. Information must flow between the two parties regarding the employee’s medical condition, prognosis and time frame for recovery, and status for returning to work, with or without medical restrictions.

The role of the case manager centers on the medical aspects of the case. The case manager should accompany the employee to physician’s appointments, follow up with telephonic case management, and in general keep track of the progress toward RTW goal. The physical rehabilitation must be designed to successfully enhance the injured worker’s return to work.

From the Editor

In This Issue

Renee Mattaliano takes the reader on a team-oriented tour that demonstrates the best care and early successful outcomes for ill/injured employees. She walks with the reader along the path where case managers and disability managers work hand in hand to accomplish the successful return to work. She has developed and now shares with the reader her “Tips for Cooperative Working Relationships.”

Kimberly A. Ferris reviews first the three major contacts on a workers’ compensation file: injured worker, provider, and employer as the means to obtain quality care with timely and cost-effective outcomes. She reminds us of the importance of the claims adjuster’s role for a successful outcome.

She outlines the need to provide updates to the adjuster of any medical and return-to-work changes on the file. She outlines the need to educate the adjuster regarding any concerns, inconsistencies of the injured worker, and red flags. Each of the contacts is ongoing throughout the life of the file, which will bring quality medical management and cost-containment on any given file.

Jacqueline Perkins and Vineta Mitchell bring to us a strong image of the role that field case managers (FCMs) play in healthcare. They take their image to another level by saying FCMs have a unique position that affects continued quality improvement and can prevent many of the repeat hospitalizations that result from uncoordinated and fragmented case management. Provision of the FCM services in today’s healthcare environment is an innovative approach to bridging the gap in that healthcare needs of the individual improve outcomes and reduce recidivism. This position is the means to stop the revolving door leading to repeat hospitalization and missed opportunities for quality improvement in the management of chronic illness. This is FCM’s impact to reduce healthcare cost.

John Lowe asks the reader the following question: “Physical rehabilitation of injured workers: At what point should it start?” Once he has our attention, he sets the stage for his discussion. Physical rehabilitation is often a primary component in the return-to-work process; however, there is no generally accepted consensus regarding when an appropriate referral for physical or occupational therapy is appropriate. Lowe provides us six situations in which early referral for rehabilitation should be considered. Discussion closes by pointing out that the physical rehabilitation must be relative to the work demands of the injured worker. Then set treatment goals that are specific to the return-to-work process. The physical rehabilitation must be designed to successfully enhance the injured worker’s return to work.

—Frances Snowden, BS, RN, CRRN, CCM
Contributing Editor
workplace, and the opportunity for therapeutic work hardening. Companies that have formal RTW programs may offer modified duties or transitional assignments to help ill/injured employees ease back into the workplace.

For the disability manager, the RTW process begins in conjunction with medical recovery. Long before the person is able to come back to work, the disability manager prepares a plan for the employee to transition back to the workplace. Periodic updates from the case manager on the employee’s health status and recovery are essential to the disability manager, who not only monitors when the person might be able to come back to work but also tracks other benefits such as Family and Medical Leave Act. An employer’s policy may be to have Family and Medical Leave Act benefits run concurrent with short-term disability or workers’ compensation.

When handling the case of an ill/injured employee, the sharing of information must be mutual. For the disability manager, this means making sure that the case manager has details about whether the employer has an RTW program and, if so, what options might be available to help the employee resume working. With a clear understanding of the RTW program with the employer, the case manager is able to discuss with the physician and other clinicians about the employee’s abilities to perform work, as well as any lingering medical concerns or limitations.

Although the goal is a successful RTW process, relapses or reinjuries can happen. Should this occur, the RTW process is interrupted and the need for medical treatment resumes. The case manager will mostly likely step in to assist with an assessment, a care plan, and a follow-up. In this situation, the disability manager must provide as much information as possible to the case manager, including what problems exist, how the relapse or reinjury occurred, and other pertinent details. Information gathering is essential to help the case manager prepare the right questions for the physicians so that an appropriate and targeted treatment plan can be established.

As this discussion demonstrates, the ideal working dynamic between the case manager and the disability manager is open communication and frequent updates. Conduits of information must be established in both directions: From the disability manager to the case manager to the physician and other clinicians and from the case manager to the disability manager and to the employer and/or manager or supervisor.

In my own career as a disability manager, I can recall many good working relationships with nurse case managers because we worked together on behalf of an employee who was ill or injured. For example, when I was a disability case manager working for a large employer, our insurance carrier employed nurse case managers to whom cases were referred. After each physician’s appointment, the nurse case manager reported back to me with the status of the employee’s recovery, the prognosis for resuming employment, and so forth. This enabled me to keep the manager informed about when the person would be likely to come back to work and whether there were any medical restrictions.

My relationship with my nurse case manager counterpart was very collegial, whether we spoke on the phone or traded e-mails. Our communication was always cooperative and focused on the outcome to which we were both committed: a healthy recovery and a safe and medically sound RTW plan for the employee.

Orienting to mutual goals and successful outcomes is the foundation of any work relationship between professionals from different fields. For nurse case managers and disability managers, helping ill/injured employees recover and return to work establishes common ground for a successful partnership.

**Tips for a Healthy and Cooperative Working Relationship**

- Establish proactive communication among all parties.
- Provide frequent updates between the case manager and the disability manager, and to other involved parties (e.g., the physician and the employer).
- Understand each party’s responsibility. For example, the case manager should know that the disability manager is responsible not only for RTW but also for tracking other types of benefits for the employee and managing internal relationships with supervisors and managers.
- Appreciate and understand each person’s roles and responsibilities, including what information they need to provide to other stakeholders.
- Focus on common goals, namely helping the ill/injured employee return to work because it is medically feasible.

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