

# MEDICAL CASE MANAGEMENT

## COMMON REFERRAL CRITERIA

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### DIAGNOSIS

- Severe burns
- Amputations
- Multiple trauma
- Repetitive Motion Injury
- Head injury
- Thoracic Outlet Syndrome
- Complications follow surgery
- Wound care (non-healing wounds)
- Spinal cord injury
- Psychiatric diagnosis

### PROCEDURES

- Pain Management Programs
- Fusions, Laminectomy, Discectomy
- IDET
- Injection therapy
- Discograms

### PRE-EXISTING CONDITIONS

- Diabetes
- Cancer
- HIV/AIDS
- Failed or repeated surgeries
- Multiple back claims/injuries
- Neuromuscular diseases

### OTHER

- Potential Catastrophic Injury (Mandatory - See Claims Procedure 114)
- Chronic Pain Program (Mandatory – See Claims Procedure 309)
- Treatment occurring outside of ND (within 2 days of claims registration)
- Live in rural community; small hospital/facility
- Elderly injured worker
- Inappropriate physician related to diagnosis
- Unclear diagnosis; no established treatment plan
- Understanding barriers – language, education
- Injured worker requesting 2<sup>nd</sup>/3<sup>rd</sup> opinions
- Redirecting care
- Use narcotics past the acute phase/drug abuse patterns
- Referral to out-of-state physicians
- Psychological issues become a barrier in the recovery process
- Home Care Services
- Complications while hospitalized
- Cost of claim
- Prior compliance issues
- Multiple providers/drugs

